



Breaking the Stunting Cycle: Government Efforts in Post-COVID-19 Era

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Abstract. This study aims to analyze the government's efforts in addressing post-COVID-19 stunting in Tambak Kalisogo Village, Jabon District, Sidoarjo Regency, using a descriptive qualitative research method and purposive sampling technique. Data was collected through interviews, observation, and documentation and analyzed using Miles and Huberman's interactive analysis model. The results revealed that the government implemented various programs such as the Prosperous Child Village (PCV), supported by Kemendes PDTT, DP3AKB, Ministry of Religion, Dispaperta, health centers, and PKK. These programs aimed to enhance families' knowledge and skills in food and nutrition, provide reproductive health education, and promote balanced nutrition campaigns. The implication of this study is that collaboration between various sectors is essential to combat stunting and improve child welfare, especially during the pandemic.

Keywords: Prosperous Children Village Program · stunting · pandemic covid-19

1 Introduction

Indonesia is an archipelagic country with one of the largest fishery potentials and productions in the world. The problem of nutrition in Indonesia is still quite perturbing, which is marked by the high rate of stunting in this country [1]. Stunting is also referred to chronic malnutrition identifying a disturbance in height growth that lasts for a long time. Stunting causes poor development in toddlers, impaired cognitive function, metabolism and decreased activity [2, 3]. The stunting rate in Indonesia in 2021 is 24.4% or decreased by 1.6% from the previous year. The growth of stunting cases in Sidoarjo Regency has now decreased from 28% in 2018 to 14% in 2022. The following data on stunting decline in several Districts in Sidoarjo Regency.

Based on Table 1, it can be seen that Jabon District experienced the highest stunting decline, while the least decreased was Balongbendo District. This shows that Jabon District has succeeded in dealing with stunting. Jabon District is an area where most of the populations make a living in the fields of agriculture, fish and seaweed cultivation. The characteristics of Jabon District area are dominated by ponds and rice fields. This is beneficial for fulfilling community nutrition because it produces abundant agricultural and fishery products. However, it turns out that the stunting rate in Jabon District is still high. The following is the distribution of stunting in Jabon District.

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Table 1. Scope of Stunting Reduction Area

District	Total
Jabon	494 toddlers
Candi	316 toddlers
Buduran	208 toddlers
Gedangan	448 toddlers
Balongbendo	94 toddlers

Source: Health Office of Sidoarjo Regency

Table 2. Stunting Rates in Jabon District

No	Village	Numbers of Stunting
1	Dukuhsari	462
2.	Kedung Rejo	474
3.	Keboguyang	474
4.	Besuki	81
5.	Permisan	182
6.	Kedung Cangkring	393
7.	Panggreh	395
8.	Balongtani	271
9.	Tambak Kalisogo	204
10.	Kedung Pandan	424

Source: Jabon District Health Center Data

Based on Table 2, it can be identified that the highest stunting rate in Jabon District is in Kedung Rejo Village and in Keboguyang Village, while the lowest rate is in Besuki Village. The government has made Efforts in dealing with stunting by initiating the Prosperous Child Village Program (KAS) in 2018. This program is the result of cross-sector collaboration aimed at increasing the role of families in fulfilling children's welfare rights through strengthening knowledge and skills in the field of food and nutrition for child development. Considering the problems that have been described, the present study examines the government's Efforts in dealing with stunting after the COVID-19 pandemic (case study in Tambak Kalisogo Village, Jabon District, Sidoarjo Regency). This study also attempted to conduct stakeholder mapping that had not been done by previous studies. The problem of stunting is a shared responsibility, not only of the community and village government, but also of the local government as the most authorized actor in policy and decision-making.

2 Methodology

The research method used in the present study is descriptive with a qualitative approach. The research is carried out by understanding what phenomena are experienced by research subjects, for example behavior, perception, motivation, and so on by being described in the form of sentences and language on an original special feature by utilizing various scientific methods [4]. Data Collection Techniques is done through interviews, observation, and documentation [5]. Interviews were conducted in-depth with pre-determined informants and considered to be the most knowledgeable in handling post-covid-19 stunting in Tambak Kalisogo Village. Determination of informants was completed using purposive sampling technique. The key informant in this research is the Head of Tambak Kalisogo Village. The data analysis technique uses the techniques according to [6] namely data collection, data reduction, data presentation, and drawing conclusions.

3 Results and Discussions

3.1 Stakeholder Mapping for Stunting Handling in Sidoarjo Regency

Stunting handling in Sidoarjo Regency is carried out through the Prosperous Child Village Program (KAS) launched by the central government through the Office of Women's Empowerment, Child Protection and Family Planning (DP3AKB) in collaboration with other sectors, including the Health Office, Fisheries Service, Ministry of Religion, Education Office, Public Health Center, PKK and Integrated Healthcare Center (Posyandu). DP3AKB provides counseling related to reproductive health education for adolescents, Family Development for Toddlers, and parenting. DP3AKB also monitors through the Family Assistance Team (TPK) on the development of gestational age by continuing to disseminate information about good nutritional intake, as well as focusing on breastfeeding mothers regarding the importance of exclusive breastfeeding for six (6) months of birth before continuing with breast milk substitutes (MPASI).). In addition, it also cooperates with the Ministry of Religion (Kemenag) by educating and providing guidance to the bride and groom three (3) months before the wedding. This is because of young women are prospective mothers who are responsible for the nation's future generation. To raise a quality generation, young women must avoid nutritional and reproductive problems. Nutritional status will affect the reproductive system in adolescents which will result in the growth and development of children born later (especially stunting) [7, 8].

The Department of Health is responsible for collecting data on the target group, which includes pregnant women, breastfeeding mothers, young women, women of childbearing age (WUS), and children aged 24–59 months. The next step is to carry out priority interventions by providing additional foods for pregnant women, supplementation with blood-added tablets, providing additional foods for underweight children, managing malnutrition, monitoring and promoting education. Then carry out supporting interventions through pregnancy check-ups, Vitamin A supplementation, immunization, Integrated Management of Sick Toddlers (MTBS), zinc supplementation for the treatment of diarrhea, and calcium supplementation. The latter carries out priority interventions according

to certain conditions through activities for protection from malaria, prevention of HIV, and prevention of helminthiasis.

The Ministry of Religion takes a role in providing marriage guidance to prospective brides and grooms, conducting education on prevention of child marriage, premarital sex for adolescents, unwanted pregnancies, as well as assistance, counseling, and health checks in the three months of pre-nuptials which are carried out synergistically with the Office of Women's Empowerment, Child Protection. And Family Planning (DP3AKB) increasing the competence of Early Childhood Education Institute (PAUD) teachers. Parenting is identified as one of the factors that influence the incidence of stunting. The phenomenon of working mothers and children being cared for by others (family members or caregivers, etc.) causes childcare to be considered less well run which ultimately affects the growth and development of the child concerned [9].

The Health Center and the Districts office have a role in providing information related to stunting prevention activities, such as balanced nutrition campaigns, class assistance for pregnant women, administration of vitamin A deworming medicine, and handling of malnutrition. The Village Government, PKK and Posyandu are responsible for recording and reporting child weighing by cadres, conducting socialization to pregnant women and parents with children under five, as well as proposing offers to village governments and local governments related to stunting handling activities.

Based on the findings, it shows that the Department of Food and Agriculture has not yet been involved in handling stunting. This condition is very surprising because the agency should have the authority on food security which is closely related to the stunting problem and has not even been actively involved in handling stunting in Sidoarjo Regency.

The description of the role of the institution above can be mapped in the implementation of stunting handling in Sidoarjo Regency, which is categorized into three types of stakeholders. First, the main stakeholders have a direct relationship with the handling of stunting in Sidoarjo Regency. The main stakeholders in this research are the community, especially parents who raise toddlers in their family. Second, the supporting stakeholders do not have a direct relationship with the handling of stunting but have cares and concerns so that they participate in influencing public attitudes and government legal decisions. Supporting stakeholders in this case are the Ministry of Religion, the Fisheries Service, the Education Office, Public Health Centers, and PKK who provide counseling. Third, key stakeholders have the legal authority to make decisions according to their level. In handling stunting in Sidoarjo Regency, the key stakeholder is the Health Office and Women's Empowerment, Child Protection and Family Planning Office (DP3AKB).

3.2 Tambak Kalisogo Village Government's Efforts in Handling Stunting Post-pandemic Covid-19

The Efforts of the Tambak Kalisogo Village Government in handling stunting after the COVID-19 pandemic are maintaining the implementation of the Prosperous Child Village Program (KAS). The central government appointed Tambak Kalisogo Village to conduct a trial of the KAS Program from August to December 2018 by involving stakeholders. Then the central government handed over the full authority to implement KAS program to the village government using village funds. The use of village funds

for stunting treatment has been regulated in the Regulation of the Minister of Villages, Development of Disadvantaged Regions, and Transmigration Number 11 of 2019 concerning Priority for the Use of Village Funds in 2020. The funding support from the central government has been regulated in Regulation of the Minister of Finance of the Republic of Indonesia Number 61/PMK.07/2019 concerning Guidelines for the Use of Transfers to Regions and Village Funds to support the implementation of integrated stunting prevention interventions. This regulation describes assistance from the central government provided to priority districts/cities. The assistance is the Health Operational Assistance (BOK) for stunting determined by the ministry that administers government affairs in the health sector. Health Operational Assistance (BOK) is a budget used to finance public health services in the field so not for curative efforts in the building [10, 11].

The handling of stunting in Tambak Kalisog Village is increasingly developing with the support from academics, namely Muhammadiyah University of Sidoarjo. Muhammadiyah Sidoarjo University has a Village Partner Development Program (PPDM) with a focus on Optimizing the First Thousand Days of Life (1000 HPK). 1000 HPK is an important period starting from the beginning of pregnancy until the child is two years old. This is a golden period of growth and development. [12] Explains that the nutritional status of 1000 HPK will affect the quality of health, intellectual, and productivity in the future.

Kalisogo Tambak Village Government also continues to coordinate with the Village Midwives, Districts, Community Health Centers, Health Offices, Education Offices, and Fisheries Offices. Districts, Health Center, and the Fisheries Service have a role in providing fish processing training, providing nutritious food and providing additional food (PMT). The village midwife focuses on prenatal activities, such as maternity class activities. While the Education Office through the Early Childhood Education Institute (PAUD) plays a role in providing education for students to enjoy consuming fish and drinking milk. This fish-eating program is in accordance with the potential of Kalisogo Tambak Village as an area that has abundant fish yields. Similar conditions also occur in Kampar Regency, which implements a fish-eating program in the management of stunting [13]. Fulfillment of child nutrition does not fully run as needed due to economic limitations. The condition of a low economic environment in a family setting makes it difficult to meet the basic needs of the family, especially in nutritious food intake for their children [14]. [15] Explained that the economic environment associated with poverty is one of the factors causing malnutrition in Indonesia.

Stunting handling efforts are also carried out through the Community-Based Integrated Child Protection Program (PATBM). The villages that pilot the PATBM project in Sidoarjo Regency are Tambak Kalisogo Village and Siwalanpanji Village. Kalisogo Tambak Village receives support from the State Gas Company (PGN) in implementing PATBM as a form of corporate social responsibility because the company has a gas processing station in Kalisogo Tambak Village. The result of the implementation of the KAS and PATBM Program in Tambak Kalisogo Village is a reduction in the stunting rate. In 2018 Tambak Kalisogo Village became the village with the highest stunting cases in Sidoarjo Regency, but in 2022 Tambak Kalisogo Village was free from the problem of stunting. However, this data has not been officially released by Jabon Health Center.

Based on the findings explained above, it can be approved that the Efforts of Kalisogo Tambak Village government in dealing with stunting is successful; it is proven by zero stunting case in 2022. However, this does not mean that stunting handling programs can be stopped. It is necessary to strengthen the commitment of the village government and related stakeholders to maintain current conditions and overcome existing obstacles. The obstacle in handling stunting in Tambak Kalisogo Village is the community culture that is still thick. People still believe that newborn babies should consume enough milk to avoid jaundice. If exclusive breastfeeding is not smooth, people often give formula milk. Whereas from health point of view, newborns have milk reserves so they can survive for 3 days without consuming milk. The results of the study in West Sumatra also revealed that some mothers did not exclusively breastfeed for 6 (six) months on the grounds that mothers worked and breast milk alone was considered insufficient [16]. There is a significant relationship between exclusive breastfeeding and the incidence of stunting as explained by [17] regarding 70.7% of respondents who did not give exclusive breastfeeding in the working area of the Padang Gelugur Health Center, Pasaman. These findings indicate that the socio-cultural community can influence behavior in consuming and processing foodstuffs. This also occurs in the city of Semarang, one of the factors that influence the nutrition of the community including the factors of consumption patterns and food processing [18].

In addition to socio-cultural aspects, environmental aspects also affect the stunting problem. It has been investigated relating to the cause of the high number of stunting cases in Sidoarjo Regency, especially in Jabon District, is that the people have been consuming groundwater containing lead (Pb). To deal with the sanitation problems, the Regent of Sidoarjo Regency asked the Regional Drinking Water Company (PDAM) Delta Tirta to build a Drinking Water Supply System (SPAM) in seven districts which is eleven points in total. A similar result occurred in Enrekang Regency that 1 out of 3 households did not yet have access to clean drinking water [19]. These findings indicate that environmental health has a positive effect on optimal health for mothers and children [20].

The Minister of Health Regulation No.3 of 2014 concerning Community-Based Total Sanitation (STBM) explains that STBM is an approach to changing hygienic and sanitary behavior through community empowerment [21]. Behavioral changes in good sanitation and hygiene have the potential to reduce stunting. Poor sanitation and minimal water quality can cause children's body conditions to have difficulty absorbing nutrients [22]. Stunting is not only due to malnutrition/health, the influence of health is only 40% while the influence of the environment is 60%, namely from latrines, the environment, water, and others [23].

Some obstacles also occur from the prevention aspect; the Health Center has been in an agreement with the Office of Religious Affairs (KUA) so that the prospective bride and groom get an inter-vaccine first as a requirement to take care of the marriage. However, it turns out that the prospective bride was accepted without getting an inter-vaccine first most of the time related to the agreement. This shows that the parties involved do not yet have a strong commitment to stunting prevention. The review of challenges and obstacles must be addressed immediately by reviving the joint commitment so that the stunting problem must be resolved immediately [24]. Several studies explain that health

checks for prospective brides and grooms are very useful in fostering and maintaining family welfare with a marked decrease in maternal mortality and infant mortality rates in particular. However, there are still differences of opinion between pros and cons in the community [25–27].

4 Conclusion

The Government of Tambak Kalisogo Village's endeavor in coping with stunting is implementing the Prosperous Child Village Program (KAS). This program has been implemented since 2018 where Tambak Kalisogo Village is one of the four villages selected to be the pilot project. After the trial was completed at the end of 2018, the KAS program was fully implemented by the village government by utilizing village funds. The implementation of KAS in Tambak Kalisogo village involves various parties, such as the sub-district, the health center, the education office, the fisheries service, the health office, and the village sector. The government of Tambak Kalisogo Village also carries out PATBM in order to protect children from violence. The government's Efforts in dealing with the stunting problem in Tambak Kalisogo Village have succeeded in reducing the stunting rate to zero cases. However, there are obstacles in the continuity of the stunting handling program; those are the socio-culture there that is still thick and the lack of commitment from the relevant parties.

The results of this study are useful for stakeholders to increase commitment to addressing stunting issues in Sidoarjo District, especially the role of local government is needed. The limitation of this study is the small scope that only describes conditions in one village. Based on the identification of the problems that have been described above, the recommendations for future are, 1) commitment from relevant stakeholders is needed because the stunting prevention and handling program cannot stand alone. All related sectors must have synergy to implement stunting handling; 2) the role of the Food and Agriculture Service is needed in providing food assistance, food counseling for the community regarding the safe use of food and food crops for food crops and plantations.

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