

# Reconstruction of Prevention and Handling of Stunting Policy in Public Health Center

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## Abstract

**Introduction:** Indonesia has severe nutritional problems, one of which is stunting. Stunting is a chronic malnutrition condition caused by many multi-dimensional. According to the Minister of Health Republic of Indonesia No. 43 of 2019 about Public Health Center, Public Health Center Services are part of public services and are basic routine health services consisting of Public Health Efforts (UKM) and Individual Health Efforts (UKP), one of which is the prevention and handling of stunting in Public Health Center. Demak III Public Health Center is a health center in the city that has an area of 18.78 km with a population of 38,218 people precisely on the road Cempaka Raya No. 5 Katonsari, Demak consists of 5 villages and 1 village namely Kalikondang village, Katonsari, Donorojo, Mangunjiwan, Cabean, and Tempuran. Of the six villages, Donorejo village is the village that has the highest number of stunting cases compared to other villages.

**Research Objectives:** The purpose of this study is to find out and analyze the reconstruction of prevention and handling of stunting policy in Public Health Center.

**Research Methods:** This research uses the paradigm of constructivism, which is the policies that exist in government agencies can be examined objectively related to accurate data, then constructed through the concept of law that is only tested again its strength. Methods used with Critical thinking. Critical thinking is the ability to think clearly and rationally, understand the logical relationship between ideas. The sampling method is a non-random sampling technique that is purposive sampling is a way of taking subjects based on a specific goal.

**Results and Discussion:** The description of the reconstruction of prevention and handling of stunting policy in Public Health Center through integration actions with stakeholders of government agencies in the Demak Regency area is still partial. With the policy that is still partial, in the prevention and handling of stunting by criticizing (critical thinking) existing policies. Prevention and reduction of stunting is carried out by health workers through programs with cross-sectors and networks already running.

**Keywords:** Reconstruction; Policy: Prevention and Handling of Stunting

## Introduction

Indonesia has a severe nutrition problem characterized by many cases of malnutrition. Malnutrition

is an impact of the state of nutritional status. Stunting is one of the malnutrition conditions associated with the inadequacy of past nutrients so that it is included in chronic nutritional problems<sup>1</sup>.

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Nutritional problems of a chronic nature, one of which is stunting. Stunting itself is a condition of failure to grow in toddlers due to chronic malnutrition so that the child is too short for his age (malnutrition occurs from the baby in the womb and the early stages after the

child is born, but only visible after the child is 2 years old)<sup>2</sup>.

Stunting when measured by paying attention to the height or length, age, and gender of toddlers. The habit of not measuring the height or length of a toddler's body in the community causes stunting events to be difficult to realize. This, sometimes causes people sometimes do not understand many factors that cause stunting<sup>3</sup>.

Stunting is caused by multi-dimensional factors and is not only caused by malnutrition factors experienced by pregnant women and toddlers. The most decisive intervention to be able to reduce stunting prevalence, therefore, needs to be done in the First 1,000 Days of Life (HPK) of toddlers<sup>4</sup>.

The first day of life (1000 HPK) is a golden period to child growth, starting from the gestation phase (270 days) to the child aged 2 years (730 days). This golden period is included in the growth of the brain, but at this time is also very vulnerable to various growth and developmental disorders. Malnutrition as a direct cause, especially in toddlers has a short-term impact on morbidity. If this problem is chronic, it will affect cognitive function, namely low intelligence level and impact on the quality of human resources. In recurrent conditions continuously (in the life cycle) than children who experience malnutrition early in life (period 1000 HPK) have a risk of non-communicable diseases in adulthood<sup>5</sup>.

According to Regulation of the Minister of Health No. 97 of 2014 concerning Health Services Period before

Pregnancy, Pregnancy, Childbirth, and Post-Childbirth Period, Implementation of Contraceptive Services, as well as Sexual Health Services, factors that aggravate the state of pregnant women, it is said that too young, too old, too often give birth, and too close the birth distance. Stunting can be affected by about 20% in BBLR babies, caused by mothers of two young gestational age (under 20 years)<sup>6</sup>.

According to Minister of Health Republic of Indonesia No. 43 of 2019 about Public Health Center, Public Health Center Services are part of public services and are basic routine health services consisting of Public Health Efforts (UMK) and Individual Health Efforts (UKP), one of which is the prevention and handling of stunting in Public Health Center.

Demak III Public Health Center is a health center in the city that has an area of 18.78 km with a population of 38,218 people precisely on the road Cempaka Raya No. 5 Katonsari, Demak consists of 5 villages and 1 village namely Kalikondang village, Katonsari, Donorojo, Mangunjiwan, Cabean, and Tempuran. Of the six villages, Donorojo village is the village that has the highest number of stunting cases compared to other villages. Donorojo village at the beginning of 2019 has 342 toddlers where there are 39 and in October 2019 there are 346 toddlers there are 24 stunting. Although there has been a decrease in stunting in Donorojo village, but there are still toddlers who are in pain due to stunting so that the acceleration and handling of stunting continues and in monitoring the stunting program of Public Health Center Demak III area.

**Table 1: Stunting Data for October 2019**

NO	VILLAGE	NUMBER OF TODDLERS	NUTRITIONAL STATUS		AMOUNT
			VERY SHORT	SHORT	
1	Kalikondang	625	10	10	20
2	Katonsari	628	1	2	3
3	Donorojo	346	5	19	24
4	Mangunjiwan	692	4	7	11
5	Cabean	616	3	7	10
6	Tempuran	360	0	6	6
	Amount	3267	23	51	74

Data above the total of toddlers covered in the working area of Public Health Center Demak III as many as 3,267 toddlers where 23 of them belong to the category of very short toddlers and 51 toddlers belong to the short category. And a total of 74 toddlers with short and very short stature.

Demak regency is one of 16 districts in Central Java Province that is set to become a locus handling Stunting 2020. Demak regency is also included in 100 districts/cities of the National Stunting red zone, this is known from the results of Baseline Health Research year 2013, the number of Stunting Demak Regency is 50.28 (serious category), and in 2018 it dropped to 26.10. The decrease in stunting numbers is still a problem that must be solved because stunting can cause pain and death in children. With Donorojo village becoming a stunting locus and 9 villages outside the Demak III Public Health Center, the local government issued Demak Regent Regulation No. 11 of 2019 on decreasing the Prevalence of Short Toddlers (Stunting) in Demak Regency.

Obstacles in handling stunting in the Demak district can be from individuals, communities, and stakeholders. Constraints of the individual himself from genetic factors, economic factors, educational factors, environmental factors. Constraints from the community/village can be from human resources, infrastructure, and the environment as well as constraints from stakeholders themselves from regulations related to handling stunting is still partly that has not been used as a common ground to handle stunting in the Demak area.

Problems related to the prevention and handling of stunting policy in Public Health Center through integration actions with stakeholders of government agencies Demak regency has not been managed properly, this is a lot of problems in reducing stunting. The problems faced: Ineffective stunting prevention programs; Not optimal coordination of the implementation of specific and sensitive nutritional interventions at all levels related to planning and budgeting, organizing, and monitoring and evaluation; Not yet effective and efficient allocation and utilization of resources and funds; Limited capacity and quality of program implementation; There is still a lack of advocacy, campaigns, and dissemination related to stunting, and various prevention efforts; and there is still a lack of regulations governing the acceleration of

stunting prevention in the region.

## Research Methodology

Reconstruction of prevention and handling of stunting policy in Public Health Center through integration with government agency stakeholders with the method of Integrated Reporting System Stunting (SPTS) online in the area of Demak District based on Justice using the paradigm of constructivism policies in government agencies can be examined objectively related to accurate data, then constructed through the concept of law that lives tested again its strength. This construction process will run continuously because of the discovery of a new understanding, which can then be used as the basis for formulating a system or regulation in the form of legislation that can be applied in everyday life<sup>7</sup>. The method used Critical thinking. Critical thinking is the ability to think clearly and rationally, understand the logical relationship between ideas. According to Satjipto in modern law that existing policies need to be criticized to seek legal value in seeking justice in society. Critical Thinking is a thinking activity that is carried out by operating the intellectual potential to analyze, make considerations, and make informed decisions and implement them correctly<sup>8</sup>.

Data analysis used, using qualitative descriptive, by analyzing events, phenomena, or circumstances socially. Qualitative analysis in this case is an effort made by working with data, organizing data, sorting it into manageable units, synthesizing them, finding and finding patterns, discovering what is important and what is learned, and deciding what can be told to others. Techniques used from non-random sampling is purposive sampling, sample withdrawal aims to be done by taking subjects based on a specific purpose.

The type of research carried out is socio-legal research. Socio-legal research is a study that “combines” doctrinal legal studies with social studies. This fusion is based on the belief that the rule of law never works in a vacuum. The rule of law works in a space full of value systems, interests that can be dominant, not neutral. Social research can be concluded that the rule of law can provide justice or not.

## Discussion

An overview of the results of the reconstruction

of prevention and handling of stunting policy in Public Health center through integration actions with government agency stakeholders with the method of Integrated Reporting System Stunting (SPTS) online in the Demak district based on Justice, as follows:

The existence of 10 stunting locus in Demak Regency is a joint responsibility between health workers and cross-sectors, networks, and stakeholders in government agencies. With the existence of stunting locus in Donorojo village in Demak III Public Health Center area and 9 villages in Demak Regency, the local government issued Demak Regent Regulation No. 11 of 2019 on Decreasing the Prevalence of Short Toddlers (Stunting) in Demak Regency. With the issuance of the policy of the Regent Regulation, in each village that entered 10 stunting locus issued a policy in the reduction of stunting. Followed by villages that are not included in 10 stunting locus, one of them is Mangunjiwan village in Demak III Public Health Center. To reduce stunting with the method “Horn Banting” which is an acronym of Strengthening the Role of Posyandu to Help Prevent Stunting.

There are 10 stunting locus in Demak Regency in 2019/2010, among others: Bumirejo village 5.87/6,45, Sidomulyo village 9.85/13.2, Kedungori village

7.35/9.62, Sambiroto village 11.85/12.78, Betawalang village 17.44/19.81, Guntur village 18.87/18.86, Boyolali village 13.64/ 8.33, Gedang Alas village 11.63/10.69, Donorojo village 8.72/ 5.81, Kembangan village 26.82/14.75.

Demak district has 14 sub-districts and 249 villages, in 2019, Demak district 10 villages enter the Stunting Louth. With the highest entry in Central Java. Local government targets stunting cases to fall by 20 percent in 2021. With 10 villages entering the stunting lox, the local government issued Demak Regent Regulation No. 11 of 2019 concerning The Decrease in The Prevalence of Short Toddlers (Stunting) in Demak Regency, Regent Regulation No. 29 of 2019 RAD For Tackling Stunting in Demak Regency Year 2019-2021, Regent Regulation No. 2 of 2019 concerning Procedures for Distribution, Determination, Details, and Use of Village Funds in Demak District, and Regent Regulation No. 36 of 2019 concerning List of Village Authorities Based on The Rights of Origin and Local Authority of Village Scale in Demak district.

The data resulting from the recapitulation of short and very short toddler data (stunting) locus stunting village intervention in the District Office in August 2020 as follows:

**Table.2: Short and very short toddler data for August 2020**

NO	VILLAGE	NUMBER OF TODDLERS	NUTRITIONAL STATUS					
			VERY SHORT	%	SHORT	%	AMOUNT	%
1	Bumirejo	409	5	1,22	19	4,65	24	5,87
2	Guntur	567	14	2,47	93	16,40	107	18,87
3	Sidomulyo	335	7	2,09	26	7,76	33	9,85
4	Kedungori	258	0	0,00	19	7,36	19	7,36
5	Sambiroto	135	6	4,44	10	7,41	16	11,85
6	Boyolali	110	0	0,00	15	13,64	15	13,64
7	Gedangalas	258	11	4,26	19	7,36	30	11,63
8	Donorojo	344	5	1,45	27	7,85	30	8,72
9	Kembangan	261	12	4,60	58	22,22	70	26,82
10	Betawalang	562	22	3,91	76	13,52	98	17,44
AMOUNT		3.239	82	2,53	362	11,18	442	13,65

From table.2 is the data of short and very short toddlers in August 2020 in Demak Regency. With the stunting loathing, the Demak Regency Government-issued regulation of Demak Regent Regulation No. 11 of 2019 on Decreasing the Prevalence of Short Toddlers (Stunting) in Demak Regency.

### Conclusion

The prevention and handling of stunting policy in Demak district are still partial, so the existing policy needs to be done critically through a critical thinking method that is to find legal value in seeking justice in the community. So far, prevention and reduction of stunting is carried out by health workers through programs with cross-sectors and networks. The problem of stunting in the Public Health Center needs cooperation and mutual assistance through government integration actions in the Public Health Center area. Integration with government agencies with stakeholders is carried out in an online Stunting Integrated Reporting System (SPTS). With this online SPTS system will get information on data planning, implementation/activities, results of activities, and monitoring and evaluation. In obtaining data in government agencies using the online Stunting Integrated Reporting System (SPTS) method, data obtained: P1: Policies, SOP, Regulations, Decisions, and Guidelines; P2: Implementation of activities; and P3: Monitoring and evaluating the implementation and activities related to stunting in government agencies.

**Ethical Clearance:** Yes.

**Conflict of Interest:** No

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