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| Research Article

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# Effectiveness of the Stunting Reduction Program at Birayang Public Health Center, South Batang Alai District, Central Hulu Sungai Regency

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**Abstract:** Stunting is a condition of growth failure in children under five caused by chronic malnutrition so that children are too short for their age. Regulation of the Minister of Health of the Republic of Indonesia Number 23 of 2014 concerning efforts to improve nutrition that improving the degree of public health needs efforts to improve individual nutrition and community nutrition in all life cycles from the womb to the elderly with priority to nutrition vulnerability. The type of research used in writing this research, uses qualitative descriptive research. In this case, the researcher chooses informants who are considered to know the problem in depth and can be trusted as a source of data. The data source is the object of the researcher who is used as an informant, namely there are 11 people. The results of the research on the Effectiveness of the Stunting Rate Reduction Program at the Birayang Health Center, Batang Alai Selatan District, Hulu Sungai Tengah Regency, have not been good. This can be seen from the indicators of program success in good planning, good implementation and good supervision. Indicators of the success of goals in the achievement of goals and procedures are good. Indicators of satisfaction with the program are not good and the quality produced is not good. The indicators of the level of input and output in effective have not been well efficient enough good. Indicators of overall goal achievement in program objectives and program assessment have not been good. The effectiveness of the Stunting Rate Reduction Program at the Birayang Health Center, Batang Alai Selatan District, Hulu Sungai Tengah Regency, has not been good. Advice given to the Head of the Hulu Sungai Tengah District Health Office to further innovate and facilitate program activities. Head of Birayang Health Center to strengthen the role of nutrition officers or cadres. Posyandu cadres are expected to be better in the implementation of community nutrition detection, especially related to stunting toddlers regularly and the community, especially old people who have stunted toddlers, to implement a balanced nutritional diet to improve child nutrition

**Keywords:** Stunting, Program Effectiveness, Nutrition Improvement Program, Public Health Policy, Community Health Center

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## 1. Introduction

### A. Background

Stunting is a condition of growth failure in children under five (for infants under five years old) caused by chronic malnutrition, resulting in the child being too short for their age. Malnutrition occurs from infancy in the womb and in the early months after birth, but the condition of stunting only becomes apparent after the baby is 2 years old. One of the government's current focuses is reducing the prevalence of stunting. Reducing stunting rates is a government focus because stunting not only has a significant impact on child growth and development but also on Indonesia's future economy. Children who experience stunting will generally face developmental delays, affecting their productivity in adulthood.

Hulu Sungai Tengah is a district that still has a relatively high rate of stunting in South Kalimantan. The stunting rate in HST is 10.6%, making this a serious issue that must be addressed immediately by the local government. Batang Alai Selatan District ranks highest among the five districts with the highest prevalence of stunting in Hulu Sungai Tengah Regency. The stunting rate in this area is 10.87% out of 137 toddlers and has increased to 19.51% out of 239 toddlers, making this a serious issue that requires our collective attention. (Source: Data from the Hulu Sungai Tengah District Health Office). Based on news the author obtained from various sources regarding the increase in stunting in Hulu Sungai Tengah Regency, the author found the following problem phenomena:

1. Lack of parental awareness and knowledge about stunting, which affects children's growth and development.
2. The lack of human resources for stunting prevention is also a problem, such as the fact that there are only 2 nutritionists at the Puskesmas and 6 villages handled by Puskesmas staff during Posyandu.
3. Lack of socialization conducted by health authorities to the community.

Socialization is only carried out once a year, and when it is done, not all mothers of children under five are willing to attend for various reasons. Based on the above problems, the researcher is interested in studying this issue with the title "The Effectiveness of the Stunting Rate Reduction Acceleration Program at the Birayang Health Center, Batang Alai Selatan District, Hulu Sungai Tengah Regency (Case Study in Wawai, Wawai Gardu, Birayang, Cukan Lipai, and Mahela Villages)".

B. Problem Formulation

1. How effective is the Stunting Rate Reduction Acceleration Program at the Birayang Health Center, Batang Alai Selatan District, Hulu Sungai Tengah Regency (Case Study in Wawai, Wawai Gardu, Birayang, Cukan Lipai, and Mahela Villages)?
2. What factors influence the effectiveness of the stunting reduction acceleration program at the Birayang Health Center in Batang Alai Selatan District, Hulu Sungai Tengah Regency? A case study of Wawai, Wawai Gardu, Birayang, Cukan Lipai, and Mahela villages. C. Research Objectives 1. To determine the effectiveness of the Stunting Rate Acceleration Program at the Birayang Health Center in Batang Alai Selatan District, Hulu Sungai Tengah Regency, with a case study in the villages of Wawai, Wawai Gardu, Birayang, Cukan Lipai, and Mahela. 2. To identify the factors that influence the effectiveness of the Stunting Rate Acceleration Program at the Birayang Health Center in Batang Alai Selatan District, Hulu Sungai Tengah Regency, with a case study in the villages of Wawai, Wawai Gardu, Birayang, Cukan Lipai, and Mahela.

**Theoretical Basis**

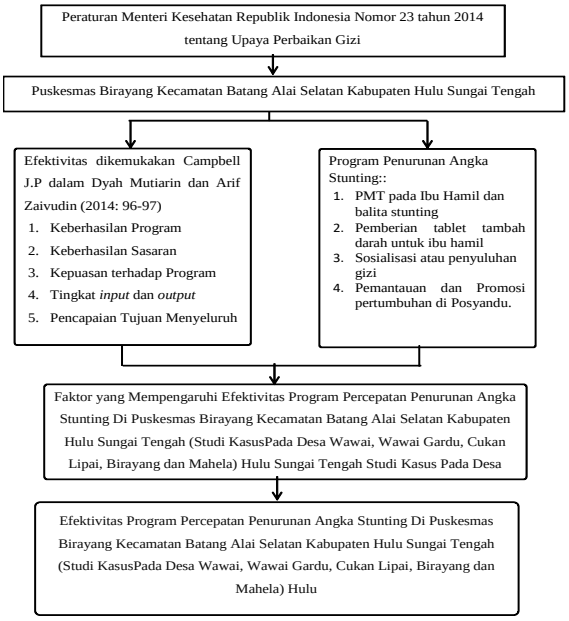
**A. Theoretical Review**

1. Definition of Effectiveness Effectiveness is the utilization of resources, facilities, and infrastructure in a certain amount, consciously predetermined to produce a certain quantity of goods or services from the activities it undertakes. Campbell J.P. in [1], [2], [3], [4], [5], [6] states that the general and most prominent measures of effectiveness are:

a. Program Success Program success can be viewed from the process and mechanisms of an activity carried out in the field.
b. Target Success Effectiveness is viewed from the perspective of achieving goals by focusing on the output aspect, meaning effectiveness can be measured by how far the output level is within the organization's policies and procedures to achieve the established goals.
c. Satisfaction with the Program Satisfaction is felt by users regarding the quality of the products or services produced.
d. Input and Output Levels The effectiveness of input and output levels can be seen from the comparison between input and output. If the output is greater than the input, it can be said to be efficient, and conversely, if the input is greater than the output, it can be said to be inefficient.
e. Overall Goal Achievement In this case, it is a general assessment with as many single criteria as possible, resulting in an overall effective organizational effectiveness assessment.

2. Stunting Stunting is a condition of growth failure in children under five years old (toddlers) due to chronic malnutrition, resulting in the child being too short for their age. This malnutrition occurs from infancy and in the early months after birth, but the condition of stunting only becomes apparent after the child is two years old.

**B. Framework**




## 2. Materials and Methods

**A. Research Approach**: This research is qualitative research. The focus is on a comprehensive depiction of program effectiveness, according to Denzin and Lincoln in [7], [8], [9], [10] 'the qualitative approach is a process and understanding based on a methodology that investigates social phenomena and human problems.

**B. Research Type**: The research type used in writing this study is descriptive qualitative research, meaning the researcher attempts to describe the events and occurrences that are the focus of attention without providing special treatment to those events.

**C. Data Sources**: Data sources were selected purposively to obtain information that was relevant and truly clear, by choosing informants who were knowledgeable about the issues present during the ongoing research. The informants in this study numbered 10 people.

**D. Data Collection Techniques**: The techniques used in this data collection are:

1. Observation
2. Interview

3. Documentation

**E. Data Analysis** Techniques Miles and Huberman in [2], [11], [12],[13] state that activities in qualitative data analysis are carried out interactively and continuously until complete, so that the data is saturated. Data analysis activities include:

1. Data Reduction
2. Data Display
3. Concluding Drawing/Verification

**F. Data Credibility Test** [2], [12], [14], [15] states, "Various ways of testing data credibility or trust in the results of qualitative research include extending observation, increasing perseverance in research, triangulation, discussion with peers, negative case analysis, and member checking."

## 3. Results and Discussion

A. The Effectiveness of the Stunting Reduction Acceleration Program at the Birayang Health Center in Batang Alai Selatan District, Hulu Sungai Tengah Regency (Case Study in the Villages of Wawai, Wawai Gardu, Cukan Lipai, Birayang, and Mahela).

1. Program Success

a. Program Planning Based on observations, interviews, and documentation conducted by the researcher, it can be concluded that the program planning is good, as evidenced by the village's activity design. From the health center, there is socialization or education about factors that influence stunting, distribution of supplementary food for stunted toddlers and pregnant women, distribution of iron tablets for pregnant women, monthly growth monitoring of toddlers at the posyandu, and innovative activities from village facilitators. a. Program Implementation Based on the observations, interviews, and documentation conducted by the researcher, it can be concluded that the program implementation is quite good. The implementation of the stunting prevention acceleration program has been carried out for several activities such as stunting discussions, socialization, providing supplementary feeding for toddlers and pregnant women, and giving pregnant women iron supplements totaling 90 tablets during pregnancy. However, there are also activities that have not been implemented, such as adolescent girls' posyandu and innovative activities from village nutrition officers.

b. Program Supervision Based on the observations, interviews, and documentation conducted by the researcher, it can be concluded that the program supervision is good, with oversight from the health center and the availability of activity result reports. Supervision is also carried out for the distribution of supplementary feeding for pregnant women with chronic energy deficiency (KEK) and stunted children, nutrition socialization and counselling, and the distribution of iron supplements.

2. Target Achievement

a. Goal Attainment Based on observations, interviews, and documentation conducted by the researcher, it can be concluded that goal attainment is not yet good because the socialization held once a year is considered insufficient, while the monthly posyandu is already achieved. For supplementary feeding for toddlers, the target is for toddlers to finish one box per month, but in reality, many toddlers are unable to finish it within a month. For iron tablets for pregnant women with chronic energy deficiency, the target has been achieved throughout pregnancy. And the adolescent girls' posyandu has not yet been established. And the decrease in stunting rates is not significant, as evidenced by the relatively small decrease in the percentage of stunting cases over one year.

b. Procedure Based on the observations, interviews, and documentation conducted by the researcher, it can be concluded that the procedure is already good. The stages of monitoring nutritional status are when toddlers come to the health post, their weight and height are measured. Then look at the Health Card (KMS) for the toddler's nutritional status, specifically their weight-for-age (BB/U). Then the nutrition officer recaps the nutritional status for height-for-age (TB/U) and weight-for-height (BB/TB). To determine a toddler's nutritional status, the nutrition officer looks at the height-for-age (TB/U) standard; if the child falls into the short or very short category, they are considered stunted.

2. Program Satisfaction

a. Perceived Satisfaction Based on the observations and interviews conducted by the researcher, it can be concluded that the community feels the program is not good enough. Some things that are felt to be lacking include insufficient food distribution, as it is only provided once during pregnancy, and only once for toddlers. The annual socialization is also felt to be insufficient.

b. Quality Produced Based on the observations and interviews conducted by the researcher, it can be concluded that the quality produced is still not good because the activities carried out have not been maximized by the relevant parties. The results of this stunting prevention acceleration program are still lacking because some parents of stunted toddlers still don't know what stunting is and how to prevent and help their children grow better. The knowledge gained from the socialization is still insufficient because it only happens once a year, and the explanation of the foods that should be given according to balanced nutrition and other things is also not yet understood. Additionally, the provision of supplementary foods is still insufficient, so the children's growth is still not rapid. Because this is related to the growth of toddlers, the role of parents in implementing balanced nutrition for their children is very important.

3. Input and Output Levels a. Effective Based on observations, interviews, and documentation conducted by the researcher, it can be concluded that it is not yet good because of the lack of human resources, with health center staff also serving as village supervisors, and the lack of awareness among the community itself. Additionally, there is a lack of community knowledge due to very minimal socialization, only conducted once a year. b. Efficient Based on the observations, interviews, and documentation conducted by the researcher, it can be concluded that the project is quite good, with the funds used appropriately and efficiently according to needs. For the community health center, the funds come from the Special Allocation Fund (DAK), as well as from the central government, and these funds have been used appropriately for this program. On behalf of the village, a special budget has been created from the village funds budget for stunting management.

4. Overall Goal Achievement a. Program Goals Based on observations, interviews, and documentation conducted by the researcher, it can be concluded that the program's overall goal achievement is not yet fully satisfactory because the relevant parties have not fully implemented the activities. There has been a decrease in stunting rates, but it is not significant, so it needs to be increased further. This is because stunting depends on each individual and it is not easy to change everyone's behavior. Indeed, handling stunting is quite difficult because it is related to height, which requires a long process to increase the height of toddlers. b. Assessment Based on the observations and interviews conducted by the researcher, it can be concluded that not all activities are effective because only a few activities were deemed effective in preventing and reducing stunting rates. The provision of iron tablets for pregnant women is considered capable of preventing stunting, while supplementary feeding for toddlers is not expected to have a significant impact on addressing stunting. Accompanied by posyandu activities as an initial step to determine the nutritional status of toddlers.

B. Factors Influencing the Effectiveness of the Stunting Reduction Program at the Birayang Health Center in Batang Alai Selatan District, Hulu Sungai Tengah Regency. The factors influencing the effectiveness of the Stunting Reduction Program in Batang Alai Selatan District, Hulu Sungai Tengah Regency (Case Study in Birayang, Wawai, Wawai Gardu, Cukan Lipai, and Mahela Villages) are: factors hindering the effectiveness of the Stunting Reduction Program in Batang Alai Selatan District, Hulu Sungai Tengah Regency (Case Study in Birayang, Wawai, Wawai Gardu, Cukan Lipai, and Mahela Villages), namely the lack of human resources such as low attendance of toddlers at posyandu and the lack of nutritionists in Batang Alai Selatan District, and community awareness factors, such as parents not attending posyandu and the lack of socialization regarding stunting, which is only done once a year. And the supporting factors for the effectiveness of the Stunting Reduction Program in Batang Alai Selatan District, Hulu Sungai Tengah Regency (Case Study in Birayang, Wawai, Wawai Gardu, Cukan Lipai, and Mahela Villages) are the coordination thru collaboration between district officials, puskesmas officials, posyandu cadres, government officials, and the community, as well as the smooth implementation of posyandu.

## 4. Conclusion

The effectiveness of the Stunting Reduction Program in Batang Alai Selatan District, Hulu Sungai Tengah Regency (Case Study on Birayang, Wawai, Wawai Gardu, Cukan Lipai, and Mahela Villages) is not yet optimal. This can be seen from the following indicators: First, in terms of program success, the planning was well-organized, as evidenced by the activity designs from the village, health center, and activity innovations from the village nutrition officers. The implementation was quite good, as several activities were generally carried out. Supervision is already good, with the health center overseeing it and reports being submitted after each activity. Second, the aspect of target success in achieving goals is not yet good because some activities did not meet their targets. The procedure is already good for each activity. Third, regarding program satisfaction, the community felt less satisfied because there were some things they felt were lacking, such as the provision of supplementary feeding (PMT), which was insufficient as it was only provided once. The quality of the results was also perceived as still not good because the activities carried out were not maximized by the relevant parties. Fourth, the input and output levels in terms of effectiveness are not yet good due to the limited number of program implementers in the field. Efficiency is quite good, with the funds used being appropriate for the needs and used effectively. Fifth, regarding the aspect of overall goal achievement, the program's goals are not yet well-achieved, although there has been a decrease in stunting rates, it is not significant and therefore needs to be further improved. The evaluation of all activities is not yet good, as only a few activities have been deemed effective in preventing and reducing stunting rates.

**Suggestions**

1. To the Head of the Hulu Sungai Tengah District Health Office, innovate activities to accelerate stunting prevention by more actively facilitating stunting prevention acceleration activities thru online information delivery or print media to promote healthier lifestyles and balanced diets.
2. To the Head of the Birayang Health Center, Batang Alai Selatan District, Hulu Sungai Tengah Regency, to strengthen the role of nutrition officers or cadres in disseminating information regarding the importance of a healthy lifestyle, including environmental health and nutritious food intake, in efforts to reduce stunting, specifically thru routine and comprehensive nutrition interventions. This is done door-to-door and accompanied by media such as videos, images, posters, or other visual aids. Then, provide more frequent socialization to the community and increase the intensity of direct activities such as prenatal classes, toddler classes, and adolescent health posts, along with a proposal for a larger budget so that all programs, especially socialization, can be implemented as often as possible to increase community knowledge. Next,

it is recommended to consider the human resource capacity for continuous training and development, and to make recommendations regarding the shortage of human resources serving at the UPT Puskesmas Birayang in Batang Alai Selatan District, Hulu Sungai Tengah Regency, specifically as nutrition officers. Creating a special team to handle stunting that can accommodate all relevant sectors for the formation of a stunting prevention and control team.

3. It is hoped that posyandu cadres will strengthen their role in the implementation of community nutrition detection, especially regarding stunting in toddlers, on a regular basis. This is done with the aim of early detection of stunting in toddlers so that intervention can be carried out as early as possible. Improving the implementation of each activity to prevent stunting, ensuring the best possible service and data recording.
4. To the public, especially parents of stunted toddlers, please implement a balanced nutritional diet to improve children's nutrition and receive adequate services and education to enhance their well-being. Also, please participate in activities related to the accelerated stunting prevention program, such as posyandu, socialization, and consume supplementary foods properly.

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