

## **EVALUATION OF THE HEALTHY INDONESIA PROGRAM MODEL IN STUNTING PREVENTION MANAGEMENT IN THE WORKING AREA OF PUSKESMAS TAJINAN, MALANG DISTRICT**

**Rifzul Maulina<sup>1</sup>**

Prodi Pendidikan Profesi Bidan<sup>1</sup>  
Institut Teknologi, Sains dan Kesehatan RS dr Soepraoen Malang  
Email: [rifzulmaulina3@gmail.com](mailto:rifzulmaulina3@gmail.com)

### **ABSTRACT**

*Stunting is one of the problems that can human development globally. East Java is one of the provinces that has a high prevalence of stunting. This shows the low quality of health services. The government is committed to reduce stunting rates through several health policies. The policy is in the form of a program launched by the Indonesian Ministry of Health (Kemenkes), namely the Healthy Indonesia Program with a Family Approach (PIS-PK), Provision of Supplementary Food and the First 1000 Days of Life (HPK). The purpose of this study was to evaluate the intervention program for the management of nutritional status of stunting under five with elements of input, process and output. This research is a qualitative research. The initial informants were determined by purposive sampling technique. The data collection method was through in-depth interviews, observation and documentation of 6 initial informants consisting of the head of the puskesmas, the coordinating midwife for Children and Mother Health, the nutrition coordinator, the village midwife, framework and some target mothers. Two triangulation informants consisting of the family health coordinator and the district health office nutrition coordinator. The results showed that at the input stage, the health workers involved still needed additional, there were no nutrition workers. In the process element, some of the programs were well implemented including the family approach through home visits by framework, healthy programs for pregnant women, exclusive breastfeeding, growth monitoring, supplementary feeding, giving vitamin A except for the taburia program. In the output element, the coverage of the prevalence of stunting in the Tajinan Public Health Center, Malang Regency in 2018 was 17.24%*

**Keywords : Program Indonesia Sehat, Stunting, Evaluasi**

### **INTRODUCTION**

According to the results of Riskesdas, East Java is one of the provinces that has a high prevalence of stunting. The number of children under five with stunting in East Java in 2018 reached 25.2%. Malang Regency is included in the 100 priority districts for stunting with a stunting rate of 20% spread over 6 priority villages. Based on data from the District Health Office. In Malang in 2017, the prevalence of stunting in toddlers was 30,323 out of the total number of toddlers 154,188 under five, while for the Takarya Puskesmas it had 3,443 children under five with 607 short children and 322 very short toddlers so that the stunting cases were 929 under-five. Preliminary study data dated March 12, 2019 in Malang Regency, in the working area of the Tajinan Public Health Center, to be precise in Jambearjo Village, there were 145 children under five who were stunted, while at the Wagir Health Center, there were 136 children under five who were stunted (Dinkes, 2018).

The World Health Organization (WHO) states the resolution of global targets on maternal and child nutrition as a priority. Its main target is to reduce stunting in children by 40% globally or a 3.9% reduction annually between 2012 and 2025. The 2015-2019 National Medium-Term Development Plan states that there are four priority health development programs in Indonesia, one of which is the reduction in the prevalence of stunting. (WHO, 2012)

Based on research studies, it is known the factors that cause stunting. The factors that cause stunting from the mother are the mother's education level and the mother's nutritional status. Factors causing stunting in infants were history of FGR, history of LBW, sex of the child, and history of exclusive breastfeeding. Based on the data, this study aims to evaluate the management of the nutritional status of children under five with stunting in the work area of the Tajinan Public Health Center, Malang Regency through system elements (input, process and output) including programs :1) healthy for pregnant women, 2) exclusive breastfeeding for infants 0-6 months, 3) monitoring of infant growth and development, 4) provision of supplementary food, 5) giving vitamin A supplements to toddlers, 6) giving taburia, 7) Approach Family.

## **RESEARCH DESIGN AND METHODOLOGY**

This research is a qualitative research in the working area of Puskesmas Tajinan Malang Regency. The initial informants were determined by purposive sampling technique. The data collection method was obtained through in-depth interviews, observation and documentation of 6 initial informants consisting of the head of the puskesmas, the coordinating midwife for Child and Mother Health, the nutrition coordinator, the village midwife, framework and target mothers of child. The validity of the data was carried out on two triangulation informants consisting of the family health coordinator and the nutrition coordinator of the Malang Regency Health Office. The data analysis technique in this study is to reduce, display and draw conclusions.

## **FINDINGS AND DISCUSSION**

The results of the interview on the management of the nutritional status of children under five with stunting at the Tajinan PHC based on the input element in terms of human resources (human resources) still require additional nutrition coordinator positions. The task in the management of stunting toddlers has been integrated, but there is no special team and

the main tasks and functions are not according to their competence, especially the nutrition coordinator held by midwives. it's just that there is a shortage of anthropometry for measuring Body Length (PB) in infants, because they only have one tool.

Based on the output element, the prevalence of stunting has decreased in 2018, namely 17.24%, this figure is much less than in 2017 and 2016, which reached up to 30% more. The prevalence reduction is supported by other programs including: Healthy program for pregnant women, exclusive breastfeeding, growth monitoring, supplementary feeding, vitamin A supplementation and taburia administration.

The results of observations on the facilities and infrastructure of the Tajinan Public Health Center in the management of stunting with a healthy focus for pregnant women are good.

The results of the interview revealed that at the implementation stage, all health workers had run the 1000 HPK program according to the guidebook, even to reduce the prevalence of stunting at the Tajinan Public Health Center, which participates framework to go directly to home visits as monitoring targets who have not received health services, especially mothers. pregnant to do ANC as an early detection and examination. The results of documentation of the coverage of health program output for pregnant women include health services for pregnant women who are monitored through Antenatal Care visits. The percentage of K1 visits was 96.5%, and K4 visits were 84.8%.

Based on the results of the research that The implementation of the nutritional status of stunting toddlers in the work area of the Tajinan Public Health Center, related to the health program for pregnant women, has been integrated quite well but has not been 100% resolved, because Human Resources (HR) still need additional, especially implementing personnel who are in accordance with their competence for cross-sectoral socialization about integrated ANC services.

The integration of a healthy program for pregnant women at the Tajinan Public Health Center is influenced by many factors, namely health workers implementing the program according to procedures, framework are also mobilized for home visits to motivate pregnant women who have not carried out integrated ANC visits. This is also supported by the percentage of pregnant women who made ANC (Antenatal Care) visits during the K1 visit, which was 96.5%, and K4 visits were 84.8%. (Rosita, 2016)

All health workers at the Tajinan Public Health Center must know the existing policies, so that at least they can provide counseling or health education related to standardized exclusive breastfeeding. The implementation process has been integrated in accordance with the policies of the Tajinan Public Center, although it is not yet optimal. Supported by the coverage of the exclusive breastfeeding program output at the Tajinan Public Health Center in 2018, which was 89.3%. This means that exclusive breastfeeding greatly affects the prevalence of stunting.

Based on the interview, the coverage of the infant's growth and development monitoring program is through weighing and measuring periodically every month and simultaneously through posyandu activities. The percentage of the presence of infants and toddlers in monitoring growth and development at the Tajinan Public Health Center in 2018 was 79.5%.

The supplementary feeding program at the input stage in the management of stunting toddlers in the working area of the Tajinan Public Center is quite integrated. The policy of providing additional food at the Tajinan Public Health Center involves framework and the Public in posyandu activities. The Tajinan Public Health Center has standardized procedures related to PMT including: 1) Local food or food ingredients and not given in the form of money 2) PMT Recovery is only as an addition to the food consumed by target children on a daily basis, not as a substitute for the main meal 3) PMT intended to meet the nutritional needs of target toddlers as well as a learning process and a means of communication between mothers of target children 4) PMT is an activity outside the puskesmas building with a Public empowerment approach that can be integrated with cross-program activities and other related sectors.. The output coverage of infants and toddlers at the posyandu that received PMT at the Tajinan Public Health Center in 2018 was 79.5%. This means that it is in accordance with the policy standards of the Tajinan Public Health Center, however, children must always be considered in the quality and quantity of food so that their health status, especially nutritional status can be optimal.

The percentage of output of the distribution of vitamin A in infants in February was 100%, while in August it was 98.51% and the percentage of distribution of vitamin A to infants in February was 100%, while in August it was 98.77%. This supports the integration of the vitamin A administration program, thus it is in line with the policy target of the Tajinan Public Center and greatly affects the prevalence of stunting.

The program for giving taburia to the input element in managing the nutritional status of stunting under five in the work area of the Tajinan Public Health Center is not effective, the coverage of the 2018 taburia distribution program output for children under five is 0%. This did not have a positive effect on reducing the prevalence of stunting under five.

## **CONCLUSION**

The healthy program for pregnant women related to the reduction of stunting under five has gone very well, this is supported by pregnant women who made ANC visits during K1, namely 96.5%, and K4 visits by 84.8%. The exclusive breastfeeding program related to the reduction of stunting under five has gone very well, this is supported in 2018 the coverage of babies using exclusive breastfeeding, which is 89.3%.

The development monitoring program for toddlers in relation to the reduction in stunting of children under five is running very well, this is supported by the presence of infants and toddlers for growth and development monitoring of 89.3%.

The supplementary feeding program related to reducing stunting of children under five is running very well, this is supported by the presence of 79.5% of infants and toddlers who get additional food at the posyandu. The program of giving vitamin A to infants related to the reduction of stunting toddlers is running very well, this is supported by the distribution of vitamin A to infants in February of 100%, while in August 98.51% The taburia program related to reducing stunting under five is not effective. This is supported by the nutrition coordinator, who as the implementing staff is not in accordance with the main duties and competencies and the coverage of the 2018 taburia distribution program for children under five is 0%.

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