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IMPLEMENTATION OF STUNTING PREVENTION PROGRAM POLICY IN PANGKEP REGENCY

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ABSTRACT

Stunting is one of the targets of the Sustainable Development Goals (SDGs), including Sustainable Development Goal 2, namely eliminating hunger and all forms of malnutrition. This study aims to analyze the implementation of stunting prevention program policies in Pangkep Regency. This study uses a qualitative method with a phenomenological approach. Data collection was carried out through observation, interviews, and documentation, while data analysis was carried out through the stages of data collection, data condensation, data presentation, and drawing and verifying conclusions. The results of the study indicate that the implementation of stunting prevention policies has been running quite well, although there are still several aspects that have not been implemented optimally. The success of policy implementation was analyzed using the MSN Policy Implementation Model, which includes *mentality*, *system*, and *networking approaches*. In the *mentality approach*, Health Office officials have demonstrated a good commitment and understanding of the urgency of the stunting problem, which is reflected in their attitudes and concrete steps in implementing prevention programs. However, in terms of responsibility, obstacles were still encountered in the form of changes and reductions in budget allocations from 2021 to 2022. Furthermore, in 2023, the management of the Special Allocation Fund (DAK) for the stunting program was transferred to the Population and Family Planning Control Agency (DPPKB). In the *system approach* , policy implementation has been carried out in accordance with Pangkep Regent Regulation Number 23 of 2020. However, cultural factors in the community, such as parenting patterns that do not comply with recommended practices and the high risk of early marriage that has the potential to cause low birth weight (LBW), remain challenges in stunting prevention efforts. In the *networking approach, a strategic partnership with Dompet Dhuafa has made a positive contribution, particularly in supporting the acceleration of the Open Defecation Free* (ODF) declaration.

INTRODUCTION

Public policy is not created without a specific purpose and objective. The purpose and objective of public policy are designed to address various problems that arise in society. These problems vary widely in type, variety, and intensity. Therefore, not all public problems can form the basis for the formation of public policy. Only public problems that can motivate many people to participate in thinking and finding solutions can result in public policy (Widodo, 2021). Failed policy implementation can be caused by several factors, namely: 1.

Limited information can result in an inaccurate understanding of the policy object, policy implementers, and the substance of the policy to be implemented, resulting in inadequate policy results. 2. Similarity in policy content and internal ambiguity can lead to failure in policy implementation because they indicate significant deficiencies or shortages related to supporting resources. 3. Public policy implementation will be difficult if not supported by adequate support during policy implementation. 4. The distribution of potential, including the division of roles among policy implementers and the organizational structure involved, is related to the differentiation of tasks and authorities, which can affect success (Pramono, 2020).

Dachi (2017) emphasized that health policy plays a crucial role among health practitioners in Indonesia, particularly for practitioners and academics in the health sector at the regional level. This is in line with the increasing complexity of health issues and changes in the level of authority in health sector development, which involves a shift from a centralized to a decentralized approach. A thorough understanding of health policy and careful analysis are expected to provide valuable input in the formulation of effective health policies, capable of addressing the complexity of various health challenges, both in the context of implementing short-term and long-term development in the era of health decentralization. Rahmadhita (2020) explains that stunting, or the condition of short toddlers, refers to nutritional status analyzed using the height/age (PB/U) or height/age (H/U) index. In anthropometric standards for assessing child nutritional status, this measurement is at a threshold (Z-Score) of <-2 SD to -3 SD (short/stunted) and <-3 SD (very short/severely stunted). Stunting is a chronic malnutrition problem caused by insufficient nutritional intake over a long period of time, resulting from food that does not meet nutritional needs. Stunting can occur from when the fetus is in the womb and only becomes visible when the child is two years old.

Afnizar et al. (2022) added that stunting is a condition of growth failure in toddlers caused by chronic malnutrition, causing the child to be shorter than other children their age. This malnutrition can occur from the time the fetus is still in the womb and in the early period after birth. However, symptoms only become apparent after the child is 2 years old. Factors that influence stunting include maternal nutrition and child nutrition, which affect child growth. The age of 0-24 months is considered the golden period, where adequate nutrition is crucial. Short-term impacts include impaired brain development, intelligence, physical growth, and body metabolism. Meanwhile, long-term impacts include decreased cognitive abilities, academic achievement, and immunity. Saputri & Tumangger (2019) stated that "stunting is one of the targets of the Sustainable Development Goals (SDGs), including Sustainable Development Goal 2, namely eliminating hunger and all forms of malnutrition by 2023 and achieving food security. The target set is to reduce stunting rates by 40% by 2025." Stunting has multidimensional causes and is not solely due to poor nutrition experienced by pregnant women and toddlers. Therefore, the most crucial interventions in reducing stunting prevalence need to be implemented during the first 1,000 days of life (HPK) of toddlers.

Maryanah (2023) stated that the main factors causing stunting are: 1. Lack of nutritional intake during pregnancy. According to the World Health Organization (WHO), approximately 20 percent of stunting cases occur while the baby is still in the womb. This condition is caused by inadequate and poor-quality nutritional intake in pregnant women, so that the nutrition received by the fetus is limited. The impact is stunted fetal growth in the womb, and this problem continues after the baby is born. 2. Recurrent or chronic infections

and inadequate maternal knowledge. Since still in the womb, babies still need nutrition for their growth and development. For this reason, maternal knowledge is needed about nutrition and good nutritional intake for themselves and the fetus in their womb. Likewise after birth, the first 1000 days (0-2 years), conditions can occur in toddlers when the child is still under 2 years old due to insufficient food, such as improper breastfeeding position, not being given exclusive breastfeeding, to MPASI (complementary food) that is of poor quality. Other factors that can trigger stunting include a child being born with fetal alcohol syndrome, a condition caused by excessive alcohol consumption during pregnancy. Repeated infectious diseases experienced since infancy cause the child's body to constantly require more energy to fight the disease. 3. Poor sanitation and lack of clean water availability. 4. Limited health services, including pregnancy and postnatal services. 5. Low maternal height is associated with an increased risk of underweight and stunting in children. Maternal height can also increase the risk of size discrepancies, especially between the size of the baby's head and the mother's pelvis. 6. Unintended pregnancy (attempted abortion, stress, physiological and psychological). 7. Weak emotional bond between parents and children, poor parenting practices.

Stunting is not only related to nutritional issues in children, but its management at the family level requires the involvement of fathers and mothers who are androgynous. This means that fathers and mothers have relatively equal roles and functions in childcare. The father's role is not limited to earning a living, but also involves guidance and attention to children at home. This principle is reinforced by the mandate stated in Law No. 36 of 2009 concerning Health, which emphasizes that efforts to maintain the health of infants and children are a shared responsibility of parents, families, communities, and the central and regional governments (Law of the Republic of Indonesia, 2009). The results of the Indonesian Nutritional Status Survey (SSGI) of the Ministry of Health stated that the prevalence of stunting in children in South Sulawesi reached 27.2 percent in 2022. In 2022, there were 14 regencies in South Sulawesi with a prevalence of stunting in children above the provincial average, with Pangkep Regency having the third highest prevalence of stunting in children in South Sulawesi at 34.2 percent after Jeneponto and Tana Toraja. In relation to Pangkep Regent Regulation Number 23 of 2020 concerning the Prevention and Reduction of Stunting in the Region, namely in Article 4 it states that "Reducing stunting aims to improve the nutritional status of the community and the quality of human resources" and Article 12 Paragraph (1) which states "In an effort to accelerate the prevention and reduction of stunting, revitalization must be carried out". And Article 14 Paragraph (1) states "In an effort to realize the convergence of health services in villages, especially the convergence of stunting prevention, the government forms health clusters in villages as a joint secretariat in the RDS". The Pangkep Regency Health Office is one of the agencies that provides health services to the community which has the task of implementing technical policies in the health sector by being responsible for providing programs and health services in addressing stunting problems, including organizational strategies in stunting prevention, collaboration with various stakeholders and implementing programs that will be carried out in Pangkep Regency.

METHOD

This study uses a qualitative research design to provide an overview based on the phenomena and realities that occur and analyze it to determine the level of success of the

implementation of the stunting prevention program policy in Pangkep Regency with a phenomenological approach that assumes reality as something that can be seen from various perspectives. Interactions with individuals and experiences of various events are understood based on subjective experiences. This study focuses on stunting prevention which aims to see how much effort is made by the local government in making policies and the Health Office in implementing the stunting prevention program policy as a concern for the target group of society.

Measuring the success rate of implementation of stunting prevention program policy in Pangkep Regency by using policy implementation approach according to Yulianto Kadji (2015), namely: 1. Mentality Approach *referred* to in the policy implementation aspect, namely the attitude, behavior and responsibility of the government in touching and changing the behavior of the apparatus as the maker or implementer of the policy and the target group of society. 2. System Approach *in* the aspect of public policy implementation basically includes a unit consisting of a number of components that are interconnected and interact to achieve the stated goals. Therefore, it can be understood that every policy to be implemented will certainly be influenced by various aspects in the system that surrounds it, both directly and indirectly involving several aspects, namely the regulatory system aspect, the cultural value system and the organizational function structure system. 3. Networking Approach *referred* to in policy implementation is built on the basis of public interest or target group of society by prioritizing the spirit of synergy and cooperation network between public policy stakeholders which includes strategic partnerships, synergy and mutual symbiosis.

RESULTS AND DISCUSSION

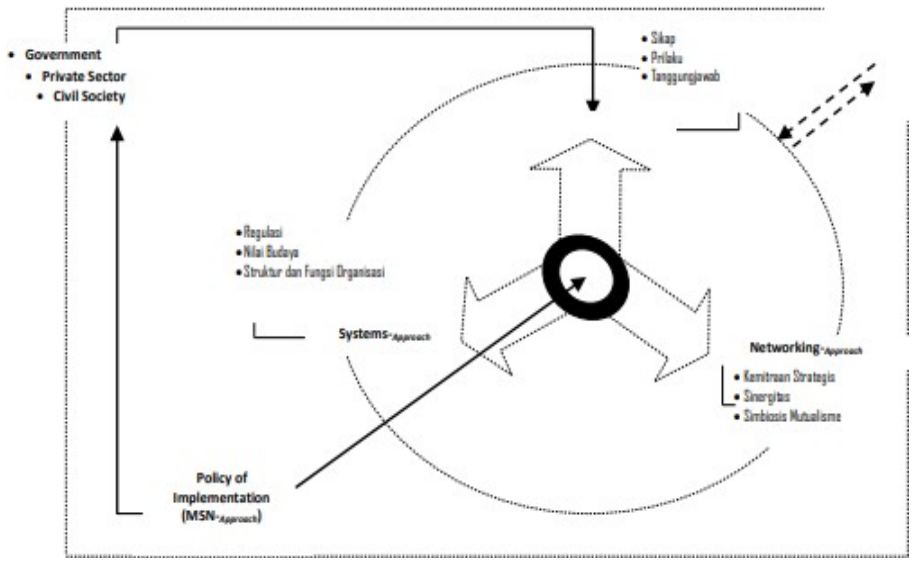
The stunting rate in Pangkep Regency ranked third highest in South Sulawesi in 2022. Based on data obtained in the field by researchers regarding the success rate of reducing stunting rates in 2021-2023, the following is shown:

No	Community Health Center	Toddler Short (TB/U)					
		2021	%	2022	%	2023	%
1	Pangkajene City	164	10.3	127	7.7	117	7,1
2	Bonto Perak	141	12,3	150	13,9	154	15,1
3	Minasatene	141	6,5	115	5,1	102	5,0
4	Kalabbirang	91	11,9	52	7,0	50	7,4
5	Bungoro	268	12,6	246	11,3	226	10,6
6	Bowongcindea	147	15,2	123	12,2	118	11,6
7	Labakkang	154	13,4	109	8,7	106	11,5
8	Pundata Baji	121	11,2	86	7,0	65	6,7
9	Taraweang	173	14,6	237	2,1	159	15,3
10	Ma'rang	311	21,0	310	17,6	290	16,0
11	Padang Lampe	68	11,6	46	8,3	25	3,9
12	Segeri	87	9,8	90	9,6	93	10,4
13	Baring	78	17,2	45	10,5	44	10,0
14	Mandalle	118	19,6	79	11,4	55	8,1
15	Balocci	39	3,9	65	6,6	66	6,7
16	Bantimala	156	26,9	129	21,9	75	12,7
17	Liukang Tupabbing	70	14,0	100	20,2	72	13,6
18	Sarappo	81	10.3	141	18.1	45	4.9

19	Sabutung	109	10.1	85	7.8	86	7.0
20	Liukang Kalmas	23	4.6	7	0.9	23	2.6
21	Pamantauang	42	7.8	51	9.2	56	11.4
22	Liukang Tangaya	109	11.1	88	8.2	200	16.1
23	Sailus	59	11.5	60	10.4	112	19.2
Amount		**2,748**	**12.1**	**2,541**	**10.6**	**2,339**	**10.0**

Source: *Service Health Regency Pangkep*

From the table above, it can be seen that stunting sufferers in Pangkep Regency in 2021 to 2022 experienced a decrease from 12.1 percent to 10.6 percent or only a decrease of 1.5 percent, while in 2022 to 2023 it only decreased by 0.6 percent even though the central government targeted a reduction of up to 14 percent in 2024. Therefore, cooperation is needed between the government, the private sector and the community in handling stunting cases in Pangkep Regency in accordance with Pangkep Regent Regulation Number 23 of 2020 concerning the Prevention and Reduction of Stunting in the region. Based on results study Which done regarding implementation The stunting prevention program policy in Pangkep Regency uses the theory from Yulianto Kadji (2015), namely the Mentality Approach , *the System Approach* and the Networking Approach *or* called the policy implementation model through the MSM- *Approach* as in the following image:



Based on the results of research conducted on the implementation of stunting prevention program policies in Pangkep Regency using the theory of Yulianto Kadji (2015), namely the Mentality Approach, System Approach and Networking Approach, the following conclusions can be drawn:

1) Mentality *Approach:*

a. Attitudes regarding how to address the seriousness of the stunting problem in Pangkep Regency have been properly understood. The Health Office can implement more significant stunting prevention policies through various activities to ensure that human resources, especially in Pangkep Regency, will be of higher quality as the

nation's future generation. Furthermore, the demographic bonus is a central issue, as by 2045, the region will be dominated by children born today.
b. Behavior, the Health Service regarding the concrete steps taken for the stunting prevention program in Pangkep Regency has been maximized, namely by carrying out several activities and also included in the Pangkep Regent Regulation number 23 of 2020 such as providing additional food (PTM) contained in article 8 paragraph (1), Immunization and weighing of toddlers contained in article 8 paragraph (3), Class for pregnant women in article 7 paragraph (2) and providing iron tablets for young women which is contained in article 8 paragraph 7 as well as various other activities that have been carried out by the Health Service to prevent stunting in Pangkep Regency.
c. Responsibility: The Health Office is responsible for carrying out its duties in preventing stunting in Pangkep Regency. The central government also allocates a budget for stunting cases from the Special Allocation Fund (DAK), which is then managed by the Health Office. However, the data shows a decrease in the budget from 2021 to 2022. In 2023, the stunting prevention budget was also coordinated by the Population and Family Planning Control Office. Therefore, maximum budget allocation is still needed to ensure the smooth handling of stunting in Pangkep Regency.
2) System Approach
a. The Regulatory System was created as a genuine reflection of the government's concern for the people of Pangkep Regency. Pangkep Regent Regulation Number 23 of 2020 serves as the basic foundation for implementing policies related to the stunting prevention program in Pangkep Regency.
b. Cultural Value Systems, which are still prevalent in society, contribute to stunting, one of which is the prevalent issue of early marriage in rural areas, which carries the risk of causing LBW (Low Birth Weight). Furthermore, socio-cultural contributions in society are influenced by parenting patterns that are not in accordance with stunting prevention practices. Parents' behavior of spending too much time using their cell phones, sometimes forgetting to feed their children, if allowed to continue, can impact children's nutritional problems.
c. Organizational Structure and Function: The Health Office, which handles stunting, recognizes the importance of organizational structure and function in implementing stunting prevention policies. They believe that organizational structure and function are essential foundations for developing and implementing effective and sustainable stunting prevention programs.
3) Networking Approach
a. Strategic Partnership In terms of strategic partnerships related to the stunting prevention program policy, it provides benefits to the Health Office with the presence of Dompet Dhuafa or non-governmental organizations that transparently assist and provide toilet assistance to the community as one of the fulfillment of proper sanitation as a form of sensitive intervention in stunting elimination. The local government also collaborates in forming a team for prevention and acceleration of stunting reduction, chaired by the Deputy Regent of Pangkep, to conduct evaluations every six months to determine the extent of the performance results that have been carried out.
b. Synergy: The Health Office has collaborated with various stakeholders and other sectors to create synergy, but this has not been maximized because they operate

according to their respective duties and responsibilities. Therefore, collaborative communication is needed to increase commitment to each program implemented to prevent stunting in Pangkep Regency.

c. Mutual Symbiosis: The Health Office and the private sector support each other and play an equal role in creating healthy, high-quality human resources that will enable them to compete in the future. Therefore, the public can understand the activities provided by the Health Office, including stunting prevention education, and feel successful in carrying out their duties in accordance with applicable policies. The private sector also voluntarily supports the Health Office.

CONCLUSION

The mentality approach, in the attitude aspect, has attempted to approach target groups in society such as pregnant women, toddlers, and adolescent girls by providing assistance. In the behavioral aspect, taking steps to implement activities directly in areas vulnerable to stunting. The system approach in the regulatory aspect, a supporting factor in stunting prevention is the existence of regulations that regulate where the main function of regulations is to control or control every action to be taken. The collaborative network approach in the strategic partnership aspect and mutual symbiosis of the role of Dompet Dhuafa as a non-governmental organization participates in supporting stunting prevention policies by going directly to target groups in society. Dompet Dhuafa successfully implemented the acceleration of the open defection-free declaration and stunting elimination, for this collaboration the Health Office awarded the non-governmental organization a certificate of appreciation. Meanwhile, the mentality approach in the responsibility aspect related to the implementation of the evaluation of the high number of stunting cases in the last three years, although the decrease is only a few percent, requires Health Office officials to work hard. A systems approach to the cultural value aspect where the inhibiting factors do not easily change the community culture from old habits, both in parenting and feeding patterns for children, as well as a collaborative network approach to the synergy aspect with the Department of Agriculture is still very much needed because currently the Department of Health is still carrying out its duties with its main duties and has not involved many other sectors.

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