



Analysis of the Implementation of Stunting Prevention Policies in North Tapanuli Regency

¹Naomi F. Aritonang, ²Donal Nababan, ³Laura M. Siregar
^{1,2,3}Sari Mutiara University Indonesia

Email: naomiveronica13@gmail.com, nababan_donal@yahoo.com, laura.boreg@yahoo.co.id

Keywords

Stunting, Health Policy, Indonesia, Tapanuli Utara District, Malnutrition.

Abstract. This study discusses the issue of stunting in Indonesia, particularly in the Tapanuli Utara District. Indonesia, with its vast population, faces fundamental health challenges, including stunting resulting from malnutrition in toddlers. The research indicates that the rate of stunting in Indonesia surpasses the threshold set by the WHO, especially in areas with high poverty and low education levels. The primary objective of this research is to understand the implementation of stunting prevention policies in the Tapanuli Utara District. The study adopts a qualitative approach using a phenomenological research design. Data collection was carried out through in-depth interviews, observations, and documentation. Findings from this study show that even though various stunting intervention programs have been implemented, there remain obstacles in their application. A primary factor is the community's lack of knowledge about the significance of the stunting issue and the perception that stunting is caused by hereditary or genetic factors. Policies at the national and provincial levels have been developed to address this issue, but their implementation at the district level requires stronger coordination among various stakeholders. In conclusion, despite ongoing efforts to address the stunting problem in Indonesia, a more integrated and holistic approach is still needed, as well as increased community awareness of the issue.

1. INTRODUCTION

Indonesia, as one of the countries with the largest population in the world, still faces various quite complicated health problems. Apart from still facing various problems that are common in developing countries, such as malnutrition and other diseases. Currently, Indonesia is experiencing stunting levels as the impact of malnutrition on toddlers in Indonesia exceeds the limits set by WHO. Stunting cases are often found in areas with high poverty and low education (Ministry of Health of the Republic of Indonesia, 2018). The nutritional problem of stunting is a crucial nutritional problem. Stunting is a disruption in the growth and development of children due to chronic malnutrition and recurrent infections, which is characterized by their length or height being below the standards set by the minister who handles government affairs in the health sector. Malnutrition during a child's growth and development at an early age will hinder physical development, increase morbidity, hinder the child's mental development, and even cause death. Efforts to improve nutrition are activities carried out in an integrated, integrated and sustainable manner to maintain and improve the nutritional status of the community. Reducing stunting cases must involve collaboration between the health sector and the non-health sector in the form of promotive, preventive, curative and rehabilitative efforts carried out by the local government and the entire community.

Globally, the stunting rate in 2000 was 32.6%. When compared with the stunting figures in 2017, there were around 150.8 million or 22.2% of toddlers who were stunted. Of the total figure, half of the toddlers who experienced stunting, namely 55%, with a total of 83.6 million toddlers who experienced stunting, came from Asia. Meanwhile, more than a third come from Africa with a percentage of 39% (Ministry of Health of the Republic of Indonesia, 2018).

It is important to handle stunting using a cross-sectoral approach through integrating national, local and community programs at the central and regional levels. The national strategy to accelerate stunting reduction is implemented to achieve the target of sustainable development goals by 2030. The National Strategy to Accelerate Stunting Reduction aims to: reduce the prevalence of stunting, improve the quality of preparation for family life, ensure adequate nutritional intake, improve parenting patterns, increase access and quality of health services, and improving access to drinking water and sanitation. And its implementation with target groups includes: teenagers, prospective brides and grooms, pregnant women, breastfeeding mothers, and children aged 0-59 months (Presidential Decree No. 72 of 2021).



In its implementation, good organization is needed, organization is an important element to direct integrated stunting management interventions that can be implemented from planning, implementation, monitoring and evaluation as well as reviewing implementation results. And the need for a division of duties and responsibilities is important both between provincial governments, up to village level governments.

Policies in overcoming the problem of reducing the incidence of stunting must focus on the First 1000 Days of Life (HPK) or what is called Scaling Up Nutrition (SUN) up to 24 months of age. WHO recommends a 3.9% reduction in stunting per year to meet the stunting reduction target by 2025, namely 40% throughout the life cycle. Intervention in this case requires firm policies, strategies, regulations and cross-sector coordination from the government and all stakeholders to ensure the implementation of important points such as community empowerment, poverty eradication, food security and education which will indirectly change bad culture and paradigms. in terms of nutritional care, both in the short term (specific interventions) and long term (sensitive interventions).

The goal/target of the 2020-2024 national medium-term development plan (RPJMN) is to reduce the prevalence of stunting (short and very short) in children under 5 years of age to 14%. Nutritional status is very closely related to the problem of stunting in Indonesia. The high rate of stunting not only has an impact on health but also has an impact on income levels and access to economic resources. This is because stunting not only fails to develop physically, but also affects brain (cognitive) development. National stunting prevalence in 2022 (21.6%), stunting reduction target with the government work plan (RKP) in 2021 is 17.5%. So the decline from 2022 to 2023 is 4.1%. And the target in the National Medium Term Development Plan (RPJMN) is 14%. So the decline from 2023 to 2024 is 3.5%. The average acceleration of stunting reduction to achieve the RPJMN target is 3.8% per year.

The government has launched a national action plan to accelerate the reduction of stunting rates in Indonesia in 2021-2024 (RAN-PASTI) which must emphasize convergence activities at the village, regional and national levels to prioritize specific nutrition and nutrition-sensitive intervention activities in the first 1000 days of life. (HPK). Specific nutritional interventions aimed at pregnant women and children in the first 1000 days of life (HPK) with a contribution of 30% to reducing stunting are generally carried out by the health sector. Meanwhile, sensitive nutrition interventions are aimed at various development activities outside the health sector with a contribution of 70% to reducing stunting rates targeting the general public and not specifically pregnant women and children in the first 1000 days of life (HPK) (BKKBN Regulation No.

Various stunting management programs have been implemented, However, it has not been running efficiently and has not been implemented on an adequate scale. A study by the World Bank and the Ministry of Health identified that the majority of pregnant women and children under two years old do not have adequate access to basic services, while children's growth and development is dependent on access to specific and sensitive nutritional interventions, especially during the 1,000 HPK. There are 28.7% of underprivileged children who have simultaneous access to basic services, generally including access to birth certificates, drinking water, sanitation, and exclusive breastfeeding. And it can be concluded that an integrated or convergent nutritional approach is very important for handling stunting and nutritional problems.

Based on North Tapanuli Regency Regional Regulation Number 49 of 2017 concerning the Implementation of a Healthy Regency, it is stated that the implementation of a Healthy Regency aims to increase awareness, willingness and ability to live in a clean, safe, comfortable and healthy community for people in order to achieve the highest level of public health. , so that various health programs and other sectors with a health perspective are implemented, and as interventions for the development of human resources that are economically and socially productive.

North Tapanuli Regency has been designated as one of the focus locations for integrated stunting management, therefore the role of the regional government is needed in the form of strategies and policies to reduce the prevalence of stunting in North Tapanuli Regency. In 2021, the North Tapanuli Regency Government has formed a stunting reduction acceleration team based on Regent's Decree Number 80 of 2021 concerning the Acceleration of Stunting Reduction and formed a Stunting



Reduction Acceleration Team and a stunting reduction acceleration task force which will serve as a guide in implementing integrated stunting management interventions.

Stunting prevention requires holistic and integrated efforts. Presidential Regulation Number 72 of 2021 concerning the acceleration of stunting reduction is one of the strategies in Scaling Up Nutrition (SUN) involving various sectors which must be addressed with strong coordination at both the central and regional levels. Dissemination of information and advocacy to stakeholders and other stakeholders in various cross-sectors at the same level and training and education efforts need to be carried out for structural levels to be able to explain and carry out empowerment in improving the nutritional status of the community.

Basic Health Research notes that the national prevalence (prevalence) of stunting has reached 37.2%, then increased from 2010 by 35.6% and 2017 by 36.8% and looking at this growth, around 8 people are suffering from less than optimal growth. 9 million Indonesian children or one in three Indonesian children. The prevalence (prevalence) of stunting in Indonesia is higher than other countries in Southeast Asia such as Thailand (16%), Vietnam (23%), and Myanmar (35%). The prevalence of stunting in Indonesia according to the Ministry of Health fell from 24.4% in 2021 to 21.6% in 2022.

The prevalence of stunting in North Sumatra Province ranks 6th with a decline in prevalence nationally between 2021 and 2022 based on SSGI data from the Indonesian Ministry of Health, namely 4.7%. North Sumatra Province recorded a significant reduction in stunting. Achievements of Stunting Prevalence in North Sumatra Province: In 2018, the stunting rate was 32.2%, in 2019 it was 30.11%, in 2020 it was 27.7%, and in 2021 it was 25.8%, and in 2022 it was 21.1%. And this achievement makes North Sumatra Province above the national level which was recorded at 21.6% in 2022. The North Sumatra Provincial Government targets the prevalence of stunting to be 14% in 2024. And for regencies/cities in North Sumatra, the highest stunting prevalence rate for toddlers in the 5 regencies/cities is in South Tapanuli Regency, namely 39.4%, Padang Lawas Regency 35.8%. Based on basic health research, the prevalence of stunting in North Tapanuli Regency in 2019 was 42.19%, and in 2021 the stunting rate decreased by 26.7%, and in 2022 it increased by 27.4%. And it can be concluded that in North Tapanuli Regency it is still high and has not reached the WHO target of 20%.

The policy to accelerate stunting reduction nationally is based on Presidential Decree no. 17 of 2021 which is based on 5 pillars, namely: increasing leadership commitment and vision in ministries/agencies, provincial regional governments, district and city regional governments and village governments, increasing communication on behavior change and community empowerment, increasing the convergence of Specific Interventions and Sensitive Interventions in ministries/institutions, provincial regional governments, district/city regional governments, and village governments, increasing food and nutrition security at the individual, family and community levels, and strengthening and developing systems, data, information, research and innovation. The stunting reduction policy in North Sumatra Province has been included in the RKPD, namely: intervention for the 1,000 HPK target group, intervention to increase the provision of drinking water and sanitation, intervention to increase access and quality of nutrition and health services, intervention for other target age groups, intervention to increase awareness, commitment and maternal and child care and nutrition practices, interventions to increase access to nutritious food. And the stunting reduction policy contained in the regional strategic activities (KSD) in 2023 is reducing the prevalence of stunting through sensitive and specific nutritional interventions with strategic activities of providing additional food for pregnant women with chronic low energy (KEK), underweight toddlers and 250,000 school children.

The North Tapanuli Regency Government in implementing stunting prevention policies is assisted by other stakeholders/regional officials, because stunting prevention is multisectoral. There are several solutions that have been implemented by the North Tapanuli Regency Government to reduce the prevalence of stunting, including: improving the quality and training of health workers in the field of health services, increasing the knowledge of mothers of toddlers and cadres through nutrition posts and IYCF (Infant and Child Feeding) training activities, providing vitamins A for



toddlers, Fe for school girls, PMT for pregnant women and PMT for toddlers, cross-sector and cross-program coordination of efforts to handle and intervene stunting, nutritional surveillance, youth posyandu innovation. Handling stunting is very important to address negative problems in terms of hampering children's development. This can disrupt mental health so that the child's level of knowledge is not ideal, endanger reduced efficiency in adulthood, make children more vulnerable to disease and cause children to be at higher risk of experiencing constant illness in their adult life, despite the obstacles and These various types of problems are considered to add to the shortfall of 2-3% of GDP (Gross Domestic Product) every year.

An indirect factor of stunting is the public's knowledge that stunting is not a crucial problem that must be addressed but rather that stunting occurs due to hereditary or genetic factors. This assumption is supported by direct factors in the behavior of people who do not implement exclusive breastfeeding, namely by providing food at the beginning of birth, such as giving bananas, honey, sugar, etc., as well as unequal distribution of additional food. Apart from that, another factor is the health status of infectious diseases such as acute respiratory infections (ARI) and diarrhea. This causes the number of stunting cases in North Tapanuli Regency to still not reach the target set by WHO.

2. METHOD

This type of research is qualitative research. Qualitative research is a research procedure that produces descriptive data in the form of written or spoken words from people and observed behavior, not in the form of numbers. This research aims to describe the implementation of stunting prevention policies in North Tapanuli Regency. In this case the research uses a phenomenological research design where respondents consciously express similar meanings that they experience in their lives (Saryono and Anggraeni, 2013). This research was conducted in North Tapanuli Regency from January 2023 to June 2023. The reason for choosing this research location was because it had never been studied by other researchers. The subject of the research is stunting prevention policy in North Tapanuli Regency.

Research informants in the implementation of stunting prevention policies involve several relevant regional apparatus organizations (OPD) that have direct contact with the community, namely:

Table 1. Informants

No	Informant	Amount
1	Head of the Women's Empowerment Control and Child Protection Service (DP2KBP3A)	1 person
2	Head of the North Tapanuli Regency Health Service	1 person
3	Head of Community and Village Empowerment Service (DPMD)	1 person
4	Head of Community Health Center	1 person
5	Village Midwife	1 person
6	Village head	1 person
7	Residents of North Tapanuli Regency are affected	3 people

Primary data is the results of in-depth interviews with them, in the form of interview notes. Secondary data is non-human elements, in the form of documents, videos, audio recordings and photos. To make it easier to search, the data is coded CW = Interview Notes; CFGD = Focus Group Discussion Notes; CO = Observation Notes; DF = Photo Document; RA = Audio Recording; and RV = Video Recording.

Data collection techniques as a material for obtaining results in research. The techniques used in data collection are as follows:

According to Angrosino, observing activities are activities of paying attention to phenomena that occur in the field through the researcher's five senses, often with instruments or devices and then recording them for scientific purposes. through observation activities in data collection requires researchers to go directly to the field with the aim of observing and inspecting directly in the field regarding the implementation of the Stunting prevention policy in North Tapanuli Regency. Interviews are an interactive data collection technique, namely a communication activity carried out

in two directions. The purpose of interview activities is to obtain information or data from informants regarding a topic in research, informants can also be asked for advice regarding solving problems in research. In this research, Interviews will be conducted with parties who understand and comprehend the problems and objectives of this research, so, it can be concluded that in this research, researchers use semi-structured interview techniques so that the interviewer can freely ask questions but still be guided by the references that will be asked according to what has been prepared. Documentation in this case can be in the form of regulations, relevant books, activity or accountability reports, photos or videos of field activities, as well as other relevant data. The documentation in this research was used to obtain data related to activities for implementing stunting prevention policies in North Tapanuli Regency. It can be concluded that in this research, the researcher used a semi-structured interview technique so that the interviewer could freely ask questions but was still guided by the references that would be asked according to what had been prepared. Documentation in this case can be in the form of regulations, relevant books, activity or accountability reports, photos or videos of field activities, as well as other relevant data. The documentation in this research was used to obtain data related to activities for implementing stunting prevention policies in North Tapanuli Regency. It can be concluded that in this research, the researcher used a semi-structured interview technique so that the interviewer could freely ask questions but was still guided by the references that would be asked according to what had been prepared. Documentation in this case can be in the form of regulations, relevant books, activity or accountability reports, photos or videos of field activities, as well as other relevant data. The documentation in this research was used to obtain data related to activities for implementing stunting prevention policies in North Tapanuli Regency. Documentation in this case can be in the form of regulations, relevant books, activity or accountability reports, photos or videos of field activities, as well as other relevant data. The documentation in this research was used to obtain data related to activities for implementing stunting prevention policies in North Tapanuli Regency. Documentation in this case can be in the form of regulations, relevant books, activity or accountability reports, photos or videos of field activities, as well as other relevant data. The documentation in this research was used to obtain data related to activities for implementing stunting prevention policies in North Tapanuli Regency.

The instruments in this research are the researchers themselves and research support tools, such as books, audio and video recording documentation tools, as well as interview guides in the form of detailed questions. Meanwhile, documentation is carried out by collecting reading sources, photos, data and other supporting documents related to the Stunting Prevention Policy in North Tapanuli Regency. To check the validity of the data in this study, researchers used triangulation techniques.

3. RESULTS AND DISCUSSION

Implementation of the Stunting Prevention Policy in North Tapanuli Regency **Stunting Prevention Policy in North Tapanuli Regency**

The North Tapanuli Regency Government in implementing stunting prevention policies is assisted by stakeholders / other regional apparatus, because stunting prevention is multisectoral. There are several solutions that have been implemented by the North Tapanuli Regency Government to reduce the prevalence of stunting. This can be seen from the answers of two informants when asked about "How is the stunting prevention policy implemented and what stunting prevention strategies have been implemented?"

"Specifically, the Health Service tends to implement specific stunting prevention policies. The Health Service immediately took intervention measures for children (personal) suffering from stunting. The intervention carried out is through Community Health Centers in the North Tapanuli district, totaling 21 Community Health Centers, by distributing food that meets nutritional standards to toddlers suffering from stunting. The provision of food is carried out in a coordinated manner, namely assisted by Posyandu cadres and PKK women in the sub-district/village who are coordinated by nutrition workers from the Community Health Center. And together we process food ingredients into a nutritious menu and give it directly to toddlers who suffer from stunting" (Informant 1)



"The DP2KBP3A Service implements stunting prevention policies using sensitive interventions, namely by holding outreach on parenting patterns, sanitation, the environment and poor water conditions. The strategy that has been implemented is to use larger village funds for nutritious food needs that will be provided to children suffering from stunting. "By maximizing cadres in teaching about simple but nutritious food processing, especially local food, for example Moringa leaves and wake-bang leaves which can be processed into nutritious food" (Informant 2)

Furthermore, when asked whether the implementation of the stunting policy was in accordance with the policies set by the Government, both informant 1 and informant 2 answered in the same way that the implementation was in accordance with government policy. Handling stunting is carried out through specific interventions and sensitive interventions targeting the first 1000 days of a child's life. Stunting reduction policies can be achieved through 5 pillars, one of which is increasing the convergence of Specific Interventions and Sensitive Interventions in ministries/institutions, provincial Regional Governments, district/city Regional Governments, and Village Governments. Researchers discovered that this has been implemented in the North Tapanuli district government, especially in the Health Service and DP2KB Service.

Increasing leadership commitment and vision in ministries/institutions, provincial regional governments, city district governments and village governments is one of the pillars in the National Strategy for Accelerating Stunting Reduction. The regional government of North Tapanuli Regency issued a policy through Regent Regulation Number 49 of 2020 concerning Reducing Stunting through Specific Nutritional Interventions. This regulation was created with the aim of improving the nutritional status of the community and the quality of human resources with the strategies that will be implemented, namely education, training and counseling on health and nutrition through family independence, the community movement for healthy living, and strengthening the movement for the first 1000 days of life.

"What policies of the Government, especially the PMD department regarding stunting prevention, have been implemented and what strategies have been implemented to prevent stunting?"

"The PMD Service's policy is to prepare a budget from village funds to be used for preventing and handling stunting. From a regulatory perspective, it is also very possible that preventing stunting can also be a power source for the use of village funds, which is a national issue. And a comprehensive report on stunting prevention is a requirement for the distribution of village funds for the third stage in the following year. Like it or not, village funds must be used to prevent stunting. PMD budgets around 5 percent for stunting prevention. The strategy implemented is first by providing the village government and village community with knowledge about stunting, about the consequences of stunting in the future. The second is to direct the use of funds of at least 5 percent to be truly on target,

According to researchers, policies like this are quite good, but monitoring and evaluation in the field needs to be improved so that this assistance is allocated properly and correctly so that the implementation of the 5 pillars of the National Stunting Reduction Strategy in point 2, namely increasing communication on behavior change and community empowerment, can be realized. .

Inhibiting Factors in Combating Stunting

The obstacle factor in implementing the Stunting prevention policy in North Tapanuli Regency occurs due to shortages regarding human resources and other resources, for example regarding time, costs/funds and human energy. The North Tapanuli Regency regional budget for stunting prevention is allocated only 5 percent. The information factor is also an obstacle resulting in communication breakdowns. This was found by researchers in 2 informants. In the interview, the informant also said that there was a lack of public understanding of stunting.

"Are there any obstacles from the PMD department in implementing the stunting reduction policy?"

"The first obstacle is a problem of public understanding, because there is a culture of rejection or shame if their child is categorized as stunted, according to their understanding that their child is not stunted, even though stunting is when their height does not match their age. This is



something that really needs to be done to provide understanding to the public. The second obstacle is when the village government provides assistance but the assistance is not used properly, for example when the village government makes fast food according to nutritional standards and gives it to children who suffer from stunting but sometimes the food is eaten by the whole family meaning it is not on target or even the food it is not given to children suffering from stunting. There are two patterns of assistance provided, namely the first by providing fast food that meets nutritional standards and the second by providing food that will later be processed by yourself. If food is given, it may not be processed into nutritious food or there may be findings that the food is given to other people or sold by their families. And the third obstacle is related to the budget. For stunting prevention, the village budgets 5 percent. Considering that there are still many needs that must be executed in villages, BLT, Ketapang, and so on. "The next obstacle is cross-sectoral coordination which has not been optimal in distributing aid to handle stunting" (Informant 1) If food is given, it may not be processed into nutritious food or there may be findings that the food is given to other people or sold by their families. And the third obstacle is related to the budget. For stunting prevention, the village budgets 5 percent. Considering that there are still many needs that must be executed in villages, BLT, Ketapang, and so on. "The next obstacle is cross-sectoral coordination which has not been optimal in distributing aid to handle stunting" (Informant 1) If food is given, it may not be processed into nutritious food or there may be findings that the food is given to other people or sold by their families. And the third obstacle is related to the budget. For stunting prevention, the village budgets 5 percent. Considering that there are still many needs that must be executed in villages, BLT, Ketapang, and so on. "The next obstacle is cross-sectoral coordination which has not been optimal in distributing aid to handle stunting" (Informant 1) Considering that there are still many needs that must be executed in villages, BLT, Ketapang, and so on. "The next obstacle is cross-sectoral coordination which has not been optimal in distributing aid to handle stunting" (Informant 1) Considering that there are still many needs that must be executed in villages, BLT, Ketapang, and so on. "The next obstacle is cross-sectoral coordination which has not been optimal in distributing aid to handle stunting" (Informant 1)

"Are there any obstacles from the Health Service in implementing the stunting reduction policy?"

"The first biggest obstacle is how to make stakeholders in the sub-district aware, unite their perceptions with stake holders in the village so that they understand and know that tackling stunting is together. The second obstacle is that many stake holders or decision makers in sub-districts and villages do not yet understand 100 percent of the plans or strategies for dealing with stunting, there are still many village officials who cannot accept that in their villages many children experience stunting, they think it is something which is normal and does not need to be addressed. The third obstacle is from the families of children who suffer from stunting, on the one hand there are families who accept intervention and there are families who do not want intervention.

Barriers also occur due to parents' knowledge regarding nutrition related to providing diets to children. Parents who have good knowledge and understanding of nutrition tend to pay attention to their children's nutritional needs and nutritional intake, and vice versa. Apart from that, obstacles are also associated with environmental sanitation and the availability of clean water. In this case, researchers see that this is also an obstacle due to lack of information. According to Bambang Sunggono, what is an obstacle to implementing public policy is that role holders, in this case village officials, must have good information and be directly involved in accessing information so that they can play their role well.

The interview conducted with one of the informants, namely a resident who has a stunted child, is as follows:

"We as residents in this village have never enjoyed assistance in the form of additional food or other assistance. And in our opinion, our child is not a child who suffers from stunting as stated, our child is not tall and that is something that usually happens."

Obstacles were also obtained from several village heads in the sub-districts of North Tapanuli Regency, namely as follows:

"The village head is not willing to provide assistance for children suffering from stunting, the village head also does not want to allocate funds of 5% or around 20,000/child for a period of 6 months" because there are still many village needs that are more important than that."

Based on interviews and observations conducted by researchers with several village heads, there are still several village heads from several sub-districts who are still reluctant or have not even allocated village funds. This is an inhibiting factor in implementing policies and this is in accordance with the inhibiting factor theory put forward by Bambang Sunggono that there are several inhibiting factors in implementing policies, namely the content of the policy is still vague, meaning that the objectives are not detailed enough, the means and implementation of priorities or policy programs are too general. In this case, the researcher sees that what is an obstacle to the implementation of stunting policies in villages is due to a lack of information and the presence of factors inhibiting interests according to Darwin (1999) that the aspect that is an obstacle is the existence of interests that can cause conflict when there is a target group or community that feels they are benefiting (Garnier) whereas on the other hand, they feel disadvantaged. The obstacles faced by informants who have the status of heads of community health centers are as follows:

"The head of the community health center said that assistance for children suffering from stunting is not in the budget, the existing assistance is intended for malnourished and malnourished children, as well as for pregnant women who experience CED. "And there is also a program to provide FE capsules for female teenagers, especially high school students, in order to overcome anemia in teenagers."

According to researchers, this is also an inhibiting factor because according to Darwin's theory (1999) one aspect of the 5 factors that is an obstacle is a lack of budget or the absence of a special budget allocation for dealing with stunting in community health centers.

OPD Efforts in Combating Stunting

There have been several efforts made to deal with stunting in North Tapanuli Regency. Efforts to tackle stunting must be carried out comprehensively and in synergy between the central government, provincial governments and district governments. The North Tapanuli Regency government's efforts are to supervise the implementation of policies on stunting prevention activities carried out by villages. And assessing village performance in preventing stunting as a coaching and supervision task.

"Is there supervision and policy guidance carried out in the implementation of the stunting reduction program?"

"Coordinated supervision is carried out between sectors, this supervision is mainly the provision of additional food (PMT), additional food that is served in ready-made form (already processed at the location). The health department has regularly monitored the implementation of activities. "Every time the Community Health Center provides a report to the health service regarding the evaluation of the provision of additional food" (Informant 1)

Supervision is in the form of evaluation where the evaluation for this year has not been carried out but the evaluation from the previous year has been carried out. "The previous year the budget was at least 3 percent, but because the stunting rate was still high, the budget was increased to 5 percent and efforts were made, namely by providing additional food" (Informant 2)

Efforts by the OPD, especially the PMD Service, to overcome stunting are also carried out by making policies by making a village fund budget of around 5% of village funds (20,000/KK). Villages that have data on Stunting children are given additional food assistance in the form of additional processed food managed by DASHAT (Healthy Kitchen to Overcome Stunting) by each village. Meanwhile, the DP2KBP3A Service is making efforts to train TPK (Family Assistance Team) cadres consisting of midwives, PPKBD cadres and village TP-PKK cadres who are tasked with providing



assistance to families who have children who are stunted or at risk of stunting as well as providing counseling.

Discussion

Stunting Prevention Policy in North Tapanuli Regency

Stunting is one of the targets of the Sustainable Development Goals (SDGs), which is included in the second sustainable development goal, namely eliminating hunger and all forms of malnutrition by 2030 and achieving food security. The target set is to reduce stunting rates by 40% by 2025 and 14% by 2024. The regional government of North Tapanuli Regency issued a policy through Regent's Regulation Number 49 of 2020 concerning handling stunting carried out through specific interventions and sensitive interventions targeting the first 1000 days of life carried out by the health sector and Sensitive Nutrition Interventions which will be carried out across the health sector targeting all communities. This regulation was made with the aim of improving the nutritional status of the community and the quality of human resources with the strategies that will be implemented namely education, training and counseling on health and nutrition through family independence, the community movement for healthy living, and strengthening the movement for the first thousand days of life. To accelerate stunting mitigation, the North Tapanuli Regency government has also formed a coordination team to accelerate stunting mitigation in 2021 by issuing a special decree for the team dealing with stunting.

The Health Service tends to implement specific stunting prevention policies. The Health Service immediately took intervention measures for children (personal) suffering from stunting. The intervention carried out is through Community Health Centers in the North Tapanuli district, totaling 21 Community Health Centers, by distributing additional food that meets nutritional standards to toddlers suffering from stunting. Meanwhile, the DP2KB Service implements stunting prevention policies using sensitive interventions, namely by holding outreach about parenting patterns, sanitation, the environment and poor water conditions. The strategy that has been implemented is to use larger village funds for nutritious food needs that will be provided to children suffering from stunting.

Inhibiting Factors in Combating Stunting

The obstacle factor in implementing the stunting reduction policy in North Tapanuli Regency occurs due to the lack of convergence among OPDs in implementing strategies to accelerate stunting reduction. And another obstacle is the absence of evaluation supervision from the TPPS Decree and SK 233 of 2023 concerning the use of 5% village funds in North Tapanuli Regency. Convergence to accelerate stunting prevention should be carried out in a coordinated manner, so that the provision of assistance does not overlap, for example providing PMT through village funds so that it does not coincide with PMT from community health centers and PMT from integrated Kitchen Dashat and jointly targeting priority target groups living in villages to prevent stunting. However, in reality, at the implementation stage, monitoring and evaluation were not carried out optimally.

Apart from that, there is a problem of people's knowledge and understanding, because there is a stigma of shame if their child is categorized as stunted, according to their understanding that their child is not stunted, even though stunting is when their height does not match their age. These people feel that their children do not suffer from stunting, they think it is normal, height is not appropriate for age, and say it is a hereditary factor (genetics). This is in line with Darwin's theory which states that obstacles to policy implementation are at the issue of culture and the implementing apparatus.

Providing appropriate food ingredients and menus for toddlers in an effort to improve nutritional status will be possible if mothers have a good level of nutritional knowledge. Ignorance of information about nutrition can lead to a lack of quality or nutritional quality of family food, especially food consumed by toddlers. One of the causes of nutritional disorders is a lack of nutritional knowledge and a person's ability to apply information about nutrition in everyday life. The mother's level of nutritional knowledge influences attitudes and behavior in choosing food ingredients, which will further influence the nutritional situation of her family.

Obstacles that occur when the village government provides assistance but the assistance is not used properly, for example when the village government makes fast food according to nutritional standards and gives it to children who suffer from stunting but sometimes the food is eaten by the



whole family meaning it is not on target or even the food not given to children suffering from stunting. Barriers also occur due to parents' knowledge regarding nutrition related to providing diets to children. Parents who have good knowledge and understanding of nutrition tend to pay attention to their children's nutritional needs and nutritional intake, and vice versa. This is in line with research conducted by Hajjah PS (2019) which concluded that there is still a lack of socialization and education to the community so that some elements do not know the meaning of stunting. And related to the mother's lack of knowledge about nutrition causing stunting in North Tapanuli Regency, this is in accordance with research entitled Factors Associated with Stunting Incidents in Toddlers (Ni'mah & Nadhiroh, 2015). Where the results of the research are that poor maternal nutritional knowledge (OR=3.877; CI=1.410-10.658) is a factor associated with the incidence of stunting in toddlers. And related to the mother's lack of knowledge about nutrition causing stunting in North Tapanuli Regency, this is in accordance with research entitled Factors Associated with Stunting Incidents in Toddlers (Ni'mah & Nadhiroh, 2015). Where the results of the research are that poor maternal nutritional knowledge (OR=3.877; CI=1.410-10.658) is a factor associated with the incidence of stunting in toddlers. And related to the mother's lack of knowledge about nutrition causing stunting in North Tapanuli Regency, this is in accordance with research entitled Factors Associated with Stunting Incidents in Toddlers (Ni'mah & Nadhiroh, 2015). Where the results of the research are that poor maternal nutritional knowledge (OR=3.877; CI=1.410-10.658) is a factor associated with the incidence of stunting in toddlers.

And the next obstacle is related to the budget. For stunting prevention, the village budgets 5 percent. Considering that there are still many needs that must be executed in the village, BLT and other physical development of the village. The next obstacle is that cross-sectoral coordination has not been optimal in distributing aid to handle stunting. There are even several village heads in several sub-districts who have not yet allocated their budget because they consider the stunting problem not so important to be addressed immediately. For example, Muara sub-district, which consists of 15 villages, has not yet allocated village funds because they think there has been a lot of assistance from the government and there are still more important village needs.

Apart from that, the biggest obstacle is how to make stakeholders in the sub-district aware, unite their perceptions with stake holders in the village so that they understand and know that tackling stunting is together. Another obstacle is that there are still many stake holders or decision makers in sub-districts and villages who do not understand 100 percent about the plans or strategies for dealing with stunting, there are still many village officials who cannot accept that in their villages many children experience stunting, they think that This is normal and doesn't need to be addressed.

OPD Efforts in Combating Stunting

The North Tapanuli Regency government's efforts in preventing stunting include supervising the implementation of policies on stunting prevention activities carried out by villages. And assessing village performance in preventing stunting as a coaching and supervision task. Coordinated supervision is carried out between sectors, this supervision is mainly the provision of additional food (PMT), additional food that is served in ready-made form (already processed at the location). The health department has carried out regular monitoring of the implementation of activities. Every time the Community Health Center provides a report to the health service regarding the evaluation of the provision of additional food.

Apart from that, the efforts made are by planning a strategy, namely first by providing the village government and village community with knowledge about stunting, about the consequences of stunting in the future. The second is directing the use of funds of at least 5 percent to be truly targeted, by issuing a Regent's Decree regarding an additional nutritious food menu of approximately 20 thousand per person/day for 6 months and other efforts, namely by intervening in other things such as sanitation, latrines and clean water. . On the other hand, the DP2KBP3A Service is making efforts by training TPK (Family Assistance Team) cadres consisting of midwives, PPKBD cadres and village TP-PKK cadres who are tasked with providing assistance to families who have Stunting children or are at risk of suffering from Stunting.

4. CONCLUSION

In general, the implementation of stunting prevention policies in North Tapanuli Regency has not gone completely well. The regional government of North Tapanuli Regency has spent 5 percent of village funds. However, there are still some village heads who are not willing to provide assistance to children suffering from stunting, village heads also do not want to allocate funds of 5% or around 20,000/child for a period of 6 months. The regional government of North Tapanuli Regency also issued a policy through Regent Regulation Number 49 of 2020 concerning handling stunting. Policy implementation is not running properly due to a lack of convergence among OPDs in implementing strategies to accelerate stunting reduction.

REFERENCE

- Aryastami, n. K., & tarigan, i. (2017). *Kajian kebijakan dan penanggulangan masalah gizi stunting di indonesia*. Buletin penelitian kesehatan.
- Ayuningtyas, D. (2018). *Analisis Kebijakan Kesehatan: Prinsip dan Aplikasi (1st ed.)*. Depok: Rajawali Pers
- Badan Pusat Statistika. *Profil Kesehatan Ibu dan Anak Tahun 2020*.
- Bappenas (2018). *Pedoman pelaksanaan intervensi penurunan stunting terintegrasi di kabupaten/kota*. Rencana aksi nasional dalam rangka penurunan stunting: rembuk stunting, november.
- Dachi, R. A. (2017). *Proses Dan Analisis Kebijakan Kesehatan*. Yogyakarta, September 2017: CV BUDI UTAMA.
- Fikawati, S., & Syafiq, A. Veratamala.2017. *Gizi Anak dan Remaja*. PT RajaGrafindo Persada: Depok
- Hermawati dan Sastrawan. 2020. *Analisis Implementasi Kebijakan Program Penanggulangan Stunting Terintegrasi di Kabupaten Lombok Utara*. Journal Kesehatan Qamarul Huda.
- Kementerian Desa Pembangunan Daerah Tertinggal dan Transmigrasi. *Buku Saku Stunting Desa dalam Penanganan Stunting*. Jakarta: Kementerian Desa, Pembangunan Daerah Tertinggal, dan Transmigrasi; 2017
- Kemenkes, r. (2018). *Hasil utama riskesdas 2018*. Jakarta: kementerian kesehatan badan penelitian dan pengembangan kesehatan. Kementerian, p. P. N. (n.d.).
- Kemenkes, R. I. 2018. *Buku saku pemantauan status gizi tahun 2017*. Jakarta: Direktorat Gizi Masyarakat.
- Kemenkes RI. (2018a). *Buletin Stunting*. Kementerian Kesehatan RI, 1, 2
- Keputusan Bupati Tapanuli Utara Nomor : 61 Tahun 2016 *tentang Pembentukan Organisasi Dinas Kesehatan Kabupaten Tapanuli Utara*
- Keputusan Bupati Tapanuli Utara Nomor 80 Tahun 2021 *Tentang Pembentukan Tim Koordinasi Percepatan Penanggulangan Stunting di Kabupaten Tapanuli Utara Tahun 2021*.
- Keputusan Bupati Tapanuli Utara Nomor 266 Tahun 2022 *Tentang Penetapan Desa Lokasi Fokus Intervensi Penanggulangan Stunting Terintegrasi di Kabupaten Tapanuli Utara Tahun 2023*.
- Peraturan Presiden Republik Indonesia Nomor 72 Tahun 2021 *Tentang Percepatan Penurunan Stunting*.
- Peraturan Menteri Desa, Pembangunan Daerah Tertinggal, dan Transmigrasi Republik Indonesia Nomor 13 Tahun 2020 *Tentang Prioritas Penggunaan Dana Desa Tahun 2021*.
- Peraturan Bupati Tapanuli Utara Nomor 49 Tahun 2020 *Tentang Penanggulangan Stunting*.
- Siyoto, S. dan M. A. S. (2015). *Dasar Metodologi Penelitian*. Literasi Media Publishing.
- Sugiyono. (2014). *Memahami Penelitian Kualitatif*. Alfabeta.
- Undang-Undang Republik Indonesia Nomor 36 Tahun 2009 tentang Kesehatan.
- UU Nomor 36 Tahun 2009 tentang Kesehatan
- Winarno, B. 2012. *Kebijakan publik: teori, proses, dan studi kasus: edisi dan revisi terbaru*. Center for Academic Publishing Service.
- bapeda.tapanuliutarakab.go.id
- litbang.kemkes.go.id
- sumut.bps.go.id dinkes.sumutprov.go.id