

EVALUATION OF STUNTING CONTROL POLICIES IN KERKAP DISTRICT, NORTH BENGKULU REGENCY

Margaretha Rosalina¹, Bobby Mandala Putra², Heru Purnawan³

^{1,2,3} Universities of Prof. Dr. Hazairin, Jalan Jenderal Ahmad Yani No. 1

Corresponding Author Email: rosalianamargareta@gmail.com

ABSTRACT

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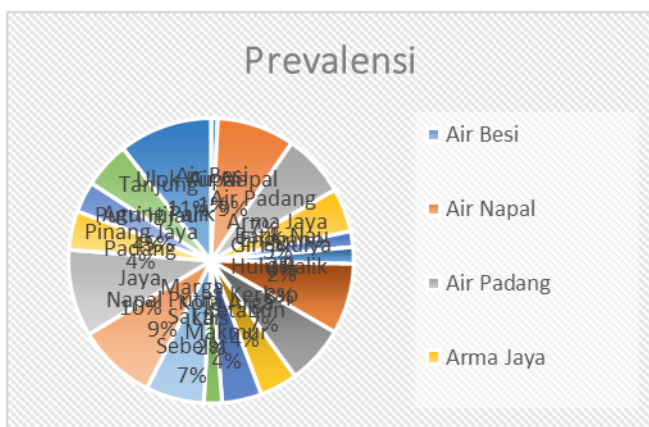
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The source of the problem is limited access to health services. The absence of adequate health services, especially in rural areas, can make it difficult to discover and treat malnutrition problems in children early. Children who suffer from Stunting are not only shorter than their peers but are also more susceptible to disease with the type of research applied being descriptive research with a qualitative approach. The aim is to find out the results of the Stunting Prevention Policy in North Bengkulu, especially the Stunting Family Assistance program. The research aspects that will be studied by researchers are: 1) the composition and ideal criteria are by the criteria in the family assistance program guidelines, 2) the work mechanism has been carried out by the family assistance program guidelines, people who are at risk of stunting receive referral services and social assistance from local government. 3) The work steps seen from the family support team work steps are good, they carry out monthly counseling at the posyandu once a month. 4) the division of tasks has been carried out well according to each section.

1. INTRODUCTION

Stunting is a disorder of child growth and development characterized by less than standard length or height.



Based on Figure 1.1 above, there are 6 sub-districts with the highest prevalence, namely Ulok Kupai, Padang Jaya, Napal Putih, Air Napal, Hulu Palik, and Kerkap. The lowest prevalence is in 6 sub-districts, namely Enggano, Air Besi, Batik Nau, Giri Mulya, Lais, and Putri Hijau.

Children who suffer from stunting are not only shorter than their peers but also more susceptible to the disease. Children who are stunted entering their adolescence tend to become obese and vulnerable to non-communicable diseases. The results of the study showed that stunting was related to low learning achievement, long education, and low income when

growing up. As a result, low education in stunted children will have an impact on lower employment and income, and children who grow up with stunted nutritional status have a high chance of becoming individuals who are less motivated to learn and less able to obtain a better education. (Angraini et al., 2020).

Another source of problems is limited access to health services. The absence of adequate health services, especially in rural areas, can lead to difficulties in finding and treating malnutrition problems in children early. Prevention and treatment of malnutrition are also influenced by a lack of knowledge and awareness about the importance of routine nutrition check-ups. (Lestari, 2023).

The purpose of this study is to find out the results of the Evaluation of Stunting Control Policies in North Bengkulu especially in the Stunting Family Assistance program, Based on the formulation of the problem raised in this study.

The Lester and Steward model, Jr. (2000), categorizes policy evaluation into four types while types or models proposed as follows: Process evaluation. Evaluation of the policy implementation process.

2. ETHODS

The type of research used in this study is descriptive research with a qualitative approach. The type of qualitative descriptive research is the study of problems in society, as well as the procedures that apply in society and certain situations including the relationship between activities, attitudes, and ongoing and influential views of a

phenomenon. The qualitative approach seeks to reveal the phenomenon and is comprehensive according to the context. The data collection process uses interviews, observation, and other techniques by utilizing the researcher as a key instrument. The data that will be collected in the field will be data, behavior, and sentences in a special context that is natural.

3. RESULTS AND DISCUSSION

A. Aspects of the Composition and Ideal Criteria of the Family Assistance Team

In this interview, the Composition and Ideal Criteria of the Family Assistance Team on June 10 and July 1, 2024, were discussed.

1) Midwife

The Ideal Composition and Criteria have met the criteria based on the interview below. As conveyed by Mrs. Sriulina Sihite, Amd.Keb as the Midwife of the Family Assistance Team said:

"Yes, of course, to open the practice, it requires a diploma and expertise in our village environment, using the language used by the surrounding community and of course using language that is easy to understand and polite. For now, everyone has used gadgets, so the midwives themselves can use gadgets here, there are still often bad and lost signals."

As conveyed by Helena Wati a TP PKK Cadre of the Family Assistance Team said:

"Yes, midwives use good language and are also able to use gadgets"

As conveyed by Desti Andriani the Family Planning Cadre of the Family Assistance Team said:

"Yes, you know, midwives communicate well and politely and can use gadgets"

As conveyed by Neli the parent of Nabila Humaira from toddlers at risk of stunting said that:

"Yes, you know, midwives invite mothers who have toddlers to go to the posyandu and can use gadgets"

As conveyed by Yensi Anita a pregnant woman at risk of stunting said:

"Yes, you know, midwives communicate well and politely and can use gadgets"

2) TP PKK Cadres

The Ideal Composition and Criteria have met the criteria based on the interview below. As conveyed by Helena Wati a TP PKK Cadre of the Family Assistance Team said:

"Yes, I know that cadres have a decree and also all cadres live in Jogja Baru and others are spread across several other villages, then we also often go to the field to directly visit people who have problems and we go down to the field, then the problem is the signal."

As conveyed by Mrs. Sriulina Sihite, Amd.Keb as the Midwife of the Family Assistance Team said:

"Yes, I know I have a decree, yes, I live in Jogja Baru village and then communicate well and can use gadgets"

As conveyed by Desti Andriani the Family Planning Cadre of the Family Assistance Team said:

"Yes, it already exists, living in Jogja Village has just gone to the field to see people who are at risk of stunting and can use gadgets"

As conveyed by Neli the parent of Nabila Humaira from toddlers at risk of stunting said that:

"Yes, you know, living in Jogja Baru Village and being able to communicate well and politely, then being able to use gadgets"

As conveyed by Yensi Anita a pregnant woman at risk of stunting said:

"Yes, you know, living in a village in Kerkap can communicate well and can use gadgets"

3) KB Cadre

The Ideal Composition and Criteria have met the criteria based on the interview below. As conveyed by Desti Andriani the Family Planning Cadre of the Family Assistance Team said:

"Yes, KB cadres are PPKBD who live in Jogja Baru village in the Kerkap sub-district and yes, they have a decree and then communicate with the community directly and go to the field, they can use mobile phones but are constrained by signals."

As conveyed by Mrs. Sriulina Sihite, Amd.Keb as the Midwife of the Family Assistance Team said:

"Yes, that's right, and resides in the village of Kerkap District and must have a decree and be able to communicate well and politely and then be able to use gadgets"

As conveyed by Helena Wati a TP PKK Cadre of the Family Assistance Team said:

"Yes, it is true that PPKBD members and yes have a decree and are located in every village in Kerkap District and can communicate well and politely and then can use gadgets"

As conveyed by Neli the parent of Nabila Humaira from toddlers at risk of stunting said that:

"Yes, I know and there is also a decree that lives according to the village and can communicate well and can use gadgets"

As conveyed by Yensi Anita a pregnant woman at risk of stunting said:

"Yes, you know and there is also a decree then they live in the village they live in and can communicate well and then can use gadgets"

B. Working Mechanism of the Family Assistance Team

In this interview, aspects of the Working Mechanism of the Family Assistance Team on June 10 and July 1, 2024, were discussed:

1) Main Tasks

The Working Mechanism of the Family Assistance Team has been fulfilled by the family assistance program based on the interview below. As conveyed by Helena Wati a TP PKK Cadre of the Family Assistance Team said:

"Yes, for those who are at risk of stunting and pregnant women, there is a history of referral if indeed the mothers have problems such as SEZ pregnant women. Stunting children have a direct referral and the health center also helps if for Catin there must be a certificate at this time."

The Working Mechanism of the Family Assistance Team has been met by the family assistance program based on the interview below. As conveyed by Neli the parent of Nabila Humaira from toddlers at risk of stunting said that:

"Every week Nabila is weighed, and judging from her development, if she loses weight, she is referred to Arga Makmur Hospital, then 3 weeks she goes for a long time, control is also and X-rays to the ENT Doctor are accompanied by the health center"

2) Role

The Working Mechanism of the Family Assistance Team has been fulfilled by the family assistance program based on the

interview below. As conveyed by Mrs. Sriulina Sihite, Amd.Keb as the Midwife of the Family Assistance Team said:

"Then usually the midwife provides health services, participates in posyandu activities, and gives directions to Catin to conduct counseling for Catin."

As conveyed by Helena Wati a TP PKK Cadre of the Family Assistance Team said:

"We visit, if there is something needed in the family, we can communicate it later, it can be conveyed by the Village Head or Village Apparatus."

As conveyed by Desti Andriani the Family Planning Cadre of the Family Assistance Team said:

"Every activity is indeed from the health center, notification about family planning, if there is indeed such as assistance announced from house to house, we go to the field, so the report later we can take from there those that have been used or we cannot see from the results."

C. Steps of the Family Assistance Team

In this interview, aspects of the Work Steps of the Family Assistance Team on June 10 and July 1, 2024, were discussed:

1) First Step

The work steps of the Family Assistance Team have been fulfilled by the family assistance program based on the interview below. As conveyed by Helena Wati a TP PKK Cadre of the Family Assistance Team said:

"The work is the same, 5 with Midwives, 2 TP PKK Cadres, 2 KB Cadres. Just postpone if it's just a report, the report we have worked on in the village, just input it again if we are working in the field, if there are any problems, it may be postponed temporarily."

2) Step Two

The work steps of the Family Assistance Team have been fulfilled by the family assistance program based on the interview below. As conveyed by Helena Wati a TP PKK Cadre of the Family Assistance Team said:

"If it is from the village, it is not bad that it can be helped by the village government, and for stunted children, it can also get assistance from the health center."

As conveyed by Neli the parent of Nabila Humaira from toddlers at risk of stunting said that:

"get help from the health center and refer to Arga Makmur Hospital"

3) Step Three

The work steps of the Family Assistance Team have been fulfilled by the family assistance program based on the interview below. As conveyed by Helena Wati a TP PKK Cadre of the Family Assistance Team said:

"The cooperation of the cadres is now sophisticated, we report online via mobile phones. If the monitoring from the cadres has indeed been visited to the houses."

As conveyed by Desti Andriani the Family Planning Cadre of the Family Assistance Team said:

"Disabled online, reported to superiors and visited homes"

D. Division of Tasks According to Objectives

In this interview, aspects of the Division of Tasks According to Targets on June 10 and July 1, 2024 were discussed:

1) Midwife

The division of duties according to the target has been fulfilled by the duties in the family assistance program based on the interview below:

As conveyed by Mrs. Sriulina Sihite, Amd.Keb as the Midwife of the Family Assistance Team said:

"Usually, yes, to plan a healthy pregnancy, provide counseling on how to use, the side effects that are obtained if using the contraceptive. In normal pregnancy, usually midwives also provide antenatal services because usually, young mothers are still confused about how to take care of the baby or bathe the baby, the psychologist can also be helped, yes, because it is indeed the duty of the midwife herself to provide services during childbirth. Breastfeeding mothers are usually given services in the form of counseling only, providing suggestions on whether the breast milk is used after 6 months exclusive breastfeeding must be given for 6 months and the provision of counseling is usually pregnancy should be 2 years apart. For the child himself, usually, if something happens that may not be handled by the midwife, then a referral is given to the health center or the hospital. Yes, the midwife's job is only to monitor the beginning of pregnancy until the child reaches adolescence. If it is in the uterus and under the skin, yes because the midwife can still do this, contraception in the skin is like an implant, and contraception in the uterus is like an acrid or called a spiral. It seems that if a mother carries the disease, it is usually more a serious disease, it can be referred to an ob-gyn doctor. Babies or toddlers who are still in a normal state of illness with only fever can still be handled by midwives, so midwives can carry out the treatment, but if the fever is a high and more severe illness, then they are referred to the hospital. The immunization itself is carried out during the posyandu and at the same time as the health center team. If it is for the mother herself and the children, it is still the responsibility of the midwife and if it is for the environment itself, it is a shared responsibility. Yes, because usually, a person gets a complaint of an ordinary STI, the first thing to do is to visit a midwife, then if the person is found positive, you can be referred and counseling on how not to spread, it usually given for sex, condoms to protect the prevention of transmission. Yes, to prepare mothers and children, it is necessary because midwives alone are not enough and need to do examinations with doctors such as ultrasounds. Provide information on how to take care of the baby and then give information to the husband or the nearest husband so that the mother's psychology is not disturbed. Usually briefed whether the mother already has more than two children and the mother's age is more than 40 years old and no longer has children."

The division of tasks according to the target has been fulfilled by the tasks in the family assistance program based on the interview below. As conveyed by Helena Wati a TP PKK Cadre of the Family Assistance Team said:

"Yes, counseling is provided, and maternal and child health services also receive services and services for women's reproductive health and family planning. Midwives also provide treatment or soothing for catin, midwives also monitor catin in taking supplements. Also, cats must have a certificate and be given counseling on using contraceptives. And also gave a referral to the health care service team. And assistance is provided to pregnant women, postpartum and children."

The division of tasks according to the target has been fulfilled by the tasks in the family assistance program

based on the interview below. As conveyed by Yensi Anita a pregnant woman at risk of stunting said:

"Yes, the service is given, the midwife also provides normal childbirth services every month, do pregnancy screening if you go to the midwife, because the midwife is the only one who is there, if the doctor is not there, yes, you will be told that the counseling does exist on its own"

The division of tasks according to the target has been fulfilled by the tasks in the family assistance program based on the interview below. As conveyed by Neli the parent of Nabila Humaira from toddlers at risk of stunting said that:

"Yes, there is the help of midwives, yes, there is a lot of nutrition provided by the Posyandu team and cooked 4 healthy 5 perfect food."

2) TP PKK Cadres

The division of tasks according to the target has been fulfilled by the tasks in the family assistance program based on the interview below. As conveyed by Helena Wati a TP PKK Cadre of the Family Assistance Team said that:

"Yes, assistance is given, yes informed. Yes, it was done, yes it was informed and yes it was told"

The division of tasks according to the target has been fulfilled by the tasks in the family assistance program based on the interview below. As conveyed by Mrs. Sriulina Sihite, Amd.Keb as the Midwife of the Family Assistance Team said:

"Yes, it is done by cadres, yes, it is informed by cadres, cadres assist CATIN, are informed to CATIN, and are told about contraceptives"

Process Evaluation

A. Aspects of the Composition and Ideal Criteria of the Family Assistance Team

Process evaluation is a measurement that looks at the process of implementing the Family Assistance Program, in terms of the Composition and Ideal Criteria of the Family Assistance Team by the existing criteria ranging from Midwives, TP PKK Cadres, and Family Planning Cadres who have followed the Family Assistance Program Guidelines but there are TP PKK Cadres and Family Planning Cadres who complain about obstacles related to signal problems in villages in Kerkap District, the need for a tower signal booster in Kerkap District Village.

B. Aspects of the Working Mechanism of the Family Assistance Team

Seeing that the implementation process has been running properly, including counseling and facilitation to families who are indeed at risk of stunting. In terms of services, it has been run by the working mechanism of the family assistance program. The results of interviews and observations found that the community also received facilitation of referral services and social assistance programs provided to people at risk of stunting in the Kerkap District. Then the role of the implementation of the mentoring task is also running well, every staff member in the Family Assistance Team has done their job well.

C. Steps of the Family Assistance Team

Judging from the work steps of the Family Assistance Team has been running well, starting from the work plan, the human resources are quite

available, and solutions related to the obstacles to the implementation of Family Assistance but after conducting research there there are no problems in the field, everything is running smoothly and if there are obstacles the Family Assistance Team only delays the time. Work steps are also going well related to counseling every month at the posyandu once a month, usually if the people at risk of stunting are too severe, they can be referred to Arga Makmur Hospital to get referral service facilities from the health center and accompanied by the health center. The local government also provides social assistance facilities to people at risk of stunting according to the needs of people at risk of stunting. The Family Assistance Team also records and reports the results of mentoring and monitoring families at risk of stunting as a consideration for taking the actions needed to accelerate the reduction of stunting. Recording and reporting are usually done through an application and/or manual.

D. Division of Tasks According to Objectives

Referring to Permeskes No. 28 of 2017 concerning the Licensing and Implementation of Midwife Practice, Midwives have the authority to provide services. Midwives carry out Maternal Health Services, Child Health, and Women's Reproductive Health Services and Family Planning have been carried out well. In family assistance, Midwives also assist and provide health services to Brides-to-be/Brides-to-be of childbearing age, pregnant women, maternity mothers, postpartum mothers, and newborns 0-59 months. Midwives have done their duties according to the target, of course, midwives are also assisted by TP PKK Cadres, Family Planning Cadres, and the local government to be able to reduce the number of people at risk of stunting and reduce the stunting rate in Kerkap sub-district. In the division of this task, it is necessary to study better for the collection of data on Prospective Brides / Prospective Brides of Childbearing Age, so that these Prospective Brides get married at the age that has been set in Law No. 16 of 2019 said that the minimum age limit of marriage for women is the same as the minimum age limit for men, which is 19 years old. If married is 19 years old and above, it will provide understanding to women and reduce the number of children at risk of stunting. Registration in the Family Assistance application needs to be seen as a development and the government sees the signals in this kerkap sub-district to help TP PKK Cadres and Family Planning Cadres to be able to record and record the Brides-to-be. The a need to provide supplements to improve nutritional status to prepare for a healthy pregnancy and reduce the birth of stunted children. Then the a need to communicate, information, and educate prospective brides of childbearing age about postponing pregnancy if they are not yet fit to get pregnant and can use contraceptives to delay pregnancy.

4.

CONCLUSION

Based on the results of the research that has been carried out, it can be concluded that:

1. On Composition and Criteria. Having the right criteria for each Family Assistance Team, each field has a good composition for human resources. Then each field can be adjusted to the condition of the workforce in each region without reducing the essence of the policy direction and strategy of the implementation of family assistance to accelerate the reduction of stunting in villages/sub-districts.
 2. Working Mechanism. In terms of carrying out its duties, the Family Assistance Team has done its best in every task, mainly starting from counseling, referral service facilities, and social assistance program receipt facilities. Each staff member in the Family Assistance Team has a division of duties and roles.
 3. Work Steps. In carrying out its work, the Family Assistance Team has 3 Work Steps of the Family Assistance Team, namely the Family Assistance Team in coordination with the related Stunting Reduction Acceleration Team (TPPS) regarding work plans, the implementation of counseling, recording, and reporting.
 4. Division of Duties. For this division of tasks, the Family Assistance Team has done the best in each of its tasks, starting from providing nutrition to children at risk of stunting, the Family Assistance Team and the Government must cooperate in efforts to reduce stunting.
- Based on the results of the research and conclusions, the author can provide some suggestions related to this research.
1. For PLKB/PKB to be able to see and monitor the Bride-to-be when getting married must be by the age that has been set by the regulations.
 2. For the Health Office, it is hoped that the nearest Health Center or Health Clinic should be added, so that people do not accumulate too much when seeking treatment at the Lubuk Durian Health Center. It is also necessary to add doctors to each health center in the Kerkap District to help midwives and other health workers.
 3. For the Kerkap Government, immediately improve or add a tower signal in the Kerkap District, so that TP PKK Cadres and Family Planning Cadres can input data on people at risk of stunting properly in the Family Companion application.

4. For the community, they must improve a healthy lifestyle and a 4 healthy 5 perfect diet and also have their health checked at the nearest health center.
5. For women, it is recommended to take the Blood Supplement Table to be able to prevent anemia or lack of red blood cells, and for pregnant women to prevent bleeding during childbirth.
6. For Kukerta Unihaz students, they can use the Remunggai Program to prevent stunting to reduce the stunting rate in North Bengkulu Regency

REFERENCES

- Agustin, M., Nurhaliza, R. C., Tahera, S., & ... (2024). The Importance of Understanding Nutrition and 1000 HPK in Preventing Stunting in AUD. *INTERDISCIPLINARY: Journal* ...<http://interdisiplin.my.id/index.php/i/article/view/6>
- Alim, K. Y., Rosidi, A., & Suhartono, S. (2019). Birth length, maternal height, and pesticide exposure were predictors of child stunting in agricultural areas. In ... *Journal of Nutrition and ...ejournal.almaata.ac.id*. <https://ejournal.almaata.ac.id/index.php/IJND/article/view/744>
- Angraini, W., Pratiwi, B. A., M. Amin, Yanuarti, R., Febriawati, H., & Shaleh, M. I. (2020). Stunting Health Education in North Bengkulu Regency. *Poltekita: Journal of Health Sciences*, 14(1), 30–36. <https://doi.org/10.33860/jik.v14i1.36>
- Arifin, K. M. Z. (2022). "EVALUATION OF STUNTING PREVENTION PROGRAM POLICIES IN THE PAMANUKAN AREA (CASE STUDY AT THE PAMANUKAN HEALTH CENTER)." *The World of Public Administration Journal*, 4(1), 35–44. <https://doi.org/10.37950/wpaj.v4i1.1344>
- Asmawanti-S., D., Sari, N., Fitranita, V., & ... (2022). Health Socialization to Prevent Stunting and Malnutrition in Pregnant Women and Clowns in Tanjung Jaya Village, Bengkulu City. *Creativity: Journal of ...https://ejournal.unib.ac.id/kreativasi/article/view/23846*
- Bonita, I. A., & Fitranti, D. Y. (2017). Consumption of fast food and physical activity as risk factors for overweight in stunted adolescents in junior high school. *Journal of Nutrition College*. <https://ejournal3.undip.ac.id/index.php/jnc/article/view/16893>