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Government Strategies to Reduce Stunting Through Specific and Sensitive Nutrition Interventions in Tarakan City, North Kalimantan Province

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Abstrak

Stunting merupakan masalah kesehatan kronis yang berdampak pada tumbuh kembang anak dan menjadi salah satu penyebab kematian tertinggi pada anak di Indonesia. Untuk mengatasinya, pemerintah menerbitkan Peraturan Presiden Nomor 72 Tahun 2021 tentang percepatan penurunan stunting. Kebijakan ini ditindaklanjuti oleh Pemerintah Kota Tarakan melalui Peraturan Walikota Nomor 1 Tahun 2024, sejalan dengan visi misi kepala daerah yang menekankan peningkatan derajat kesehatan masyarakat. Penelitian ini bertujuan untuk mengevaluasi efektivitas strategi yang diterapkan Pemerintah Kota Tarakan dalam menurunkan angka stunting serta dampaknya bagi masyarakat. Penelitian dilakukan dengan metode kualitatif melalui wawancara mendalam terhadap informan yang dipilih secara purposive, serta analisis dokumen dan data sekunder dari laporan resmi dan sumber relevan lainnya. Hasil penelitian menunjukkan strategi tersebut berjalan efektif, mendapatkan respons positif dari masyarakat, serta menunjukkan tren penurunan angka stunting. Pelaksanaan kebijakan juga menunjukkan kolaborasi antarlembaga yang sesuai dengan tugas dan fungsi masing-masing perangkat daerah, mendukung capaian target nasional.

Kata Kunci: *Stunting; Anak; Kesehatan; Kebijakan*

Abstract

Stunting is a chronic health problem that affects the growth and development of children and is one of the highest causes of death in children in Indonesia. To address this, the government issued Presidential Regulation Number 72 of 2021 concerning the acceleration of stunting reduction. This policy was followed up by the Tarakan City Government through Mayor Regulation Number 1 of 2024, in line with the vision and mission of the regional head which emphasizes improving the degree of public health. This study aims to evaluate the effectiveness of the strategies implemented by the Tarakan City Government in reducing stunting rates and their impact on the community. The research was conducted using qualitative methods through in-depth interviews with purposively selected informants, as well as document analysis and secondary data from official reports and other relevant sources. The results showed that the strategy was effective, received a positive response from the community, and showed a downward trend in stunting rates. Policy implementation also shows inter-agency collaboration in accordance with the duties and functions of each regional apparatus, supporting the achievement of national targets.

Keywords: *Stunting; Children; Health, Policy*

INTRODUCTION

Stunting is a condition of growth failure where children who suffer from this disease have a nutritional status that shows numbers below the minimum dietary needs of children. Stunting can be a risk factor for death, impaired motor development, functional imbalances in children, and so on, which are not typical of children their age (James W, Elston D, 2020). Stunting is one of the nutritional problems faced by the world, especially in poor and developing countries. Where globally, as many as 22.9% or around 154.8 million children under the age of 5 years are reported to suffer from stunting, a problem highlighted especially by the Government of Indonesia (Aura Regita et al., 2023).

Children who suffer from stunting are characterized by growth and development different from those of other children their age (Chawari & Hasdiansyah, 2024). This is caused by chronic malnutrition and recurrent infections, where children who suffer from it have a body length or height that does not match the standards set by the Ministry of Health. The condition of children suffering from stunting is a serious problem because it is a significant increase in mortality, the incidence of obesity, low cognitive and motor development, and low income levels (Boucot & Poinar Jr., 2020).

The factors that cause stunting are malnutrition experienced by pregnant women and children under five, and several other factors are divided into direct, infectious, and indirect factors (Mulyani et al., 2025; Mulyaningsih et al., 2021; Santoso & Pujianto, 2024). Direct factors include maternal factors, contagious factors in enteric infections (such as diarrhea, malaria), and clinical infections, and indirect factors such as economic and environmental conditions, especially water and sanitation facilities in households (Rachman, 2018).

According to the Indonesian Nutrition Status Survey (SSGI) results, Indonesia's stunting cases nationally were at 24.4% in 2021. This shows that Indonesia has passed the limit set by the WHO of 20%. Based on the Kaltara Newspaper published on the website of the BPK RI Representative of North Kalimantan, the prevalence of stunting in North Kalimantan Province is 27.5%, about 3% higher than the average national prevalence. According to the report in the newspaper, Nunukan is the area with the highest prevalence of stunting, followed by Tarakan City, which is the second highest with a prevalence of 25.90%. (Lamunsari, 2022)

Then, a year later, in 2022, in the online source benuanta.co.id in the BPK RI North Kalimantan portal, it was stated that North Kalimantan was designated as one of the three best provinces in achieving stunting reduction. North Kalimantan Province reduced the prevalence of stunting by 5.4%, from 27.5% in 2021 to 22.1% in 2022. (Julianti, 2023) In this province, one of the areas that received appreciation for handling and reducing stunting is Tarakan City. Tarakan City was designated the first winner of the performance evaluation results of the Acceleration of Stunting Reduction at the North Kalimantan Province Level. This is because Tarakan City is an area that shows a significant stunting reduction process and shows a continuous decline over the past few years (Tarakan, 2023)

The development process of Tarakan City's stunting status according to SSGI (Indonesian Nutrition Status Survey) data, e-PPGM (Electronic Application-Recording and Reporting), and prevalence issued by the Ministry of Home Affairs in Tarakan City can be seen in the following table:

Table 1. Prevalence of Tarakan City Stunting Rate

No	Year	Prevalance (SSGI)	Prevalance (e-PPGM)	Prevalance (Kemendagri)
1.	2021	25,90%	8.19%	-
2.	2022	15,40%	6.24%	8.2%
3.	2023	14,80%	4.56%	6.4%
4.	2024	-	TW I (3.99%) TW II(3,84%)	4.6%

Source: Processed by the author, 2024

Based on the explanation above, there was a significant decrease in the stunting rate in Tarakan City, and it met the target set by the Tarakan City government in the Regional Medium-Term Development Plan (RPJMD) to make the stunting rate below 6%. In the implementation process, the Tarakan City Government has updated the regulations, namely, the Tarakan Mayor Regulation Number 1 of 2024 concerning the Acceleration of Stunting Reduction in the Region. The regulation followed Presidential Regulation Number 72 of 2021, which the central government had previously issued. This shows that the city government is severe in carrying out the process of accelerating stunting reduction in Tarakan City (MASSOLO, 2024)

In this Mayor's Regulation, the government applies or uses a strategy as a convergent nutrition intervention approach involving various multi-sectors at various levels. The implementation of convergent interventions is done by combining or integrating multiple resources to ensure that the services of each specific nutrition intervention and nutrition-sensitive intervention are available and easy to access and utilize by the community groups in need. Especially priority groups or targets for accelerating stunting reduction at various regional levels.

Specific nutrition interventions target the direct causes of stunting, including lack of food and nutrient intake and infectious diseases. Meanwhile, sensitive nutrition interventions target the indirect causes of stunting, such as increasing access to nutritious food and parental awareness in caring for children (Hastira, 2023; Hossain et al., 2017; Soofi et al., 2024). Then, convergence is defined as an intervention approach in a coordinated, integrated, and joint manner so that all programs to accelerate the prevention and reduction of stunting can be carried out optimally at various levels in Indonesia. Convergence efforts, also known as eight integration actions, are a process of accelerating stunting prevention starting from the planning, implementation, monitoring to evaluation stages of the activities or programs carried out and must be adjusted to the planning and budgeting schedules of each region (Tim Nasional Percepatan Penanggulangan Kemiskinan (TNP2K), 2019)

The author's interest is in researching the government's strategies to reduce stunting rates in Tarakan City. Where in its implementation the government has used the latest regulations that contain all the legal basis for its implementation, namely the Mayor's Regulation Number 1 of 2024 concerning Acceleration of Stunting Reduction in the Region which focuses on implementing the implementation of specific nutrition interventions and sensitive nutrition interventions in the regions as an effort to implement regional strategies in accelerating stunting reduction.

METHODS

The authors used descriptive qualitative research methods in this study and conducted a literature review. According to Zulfirman (2022), descriptive qualitative research methods seek the truth of an object carried out naturally, in which the research

is to explain and describe the facts, nature, characteristics, and relationship of one element to another element objectively. Then, according to Faisea et al. (2020), a literature review is a search for national and international literature that not only reads literature but evaluates in depth and critically on previous research.

For data sources, the author uses data sources and research instruments directly in the form of interviews with the parties involved, observation, and documentation, and indirectly through documents—previous research documents, archives, reports, and various research-related photos that can be found in the mass media.

The data analysis technique used is the analysis model carried out by Miles and Huberman (Sugiyono, 2017), which states that data analysis consists of four stages of activities: data collection, data condensation, data presentation, and conclusion drawing. Thus, the author will thoroughly describe phenomena, events, thoughts, and actions carried out by individuals and groups through the data obtained using qualitative writing methods (Bennett & Elman, 2007; Chowdhury & Shil, 2021).

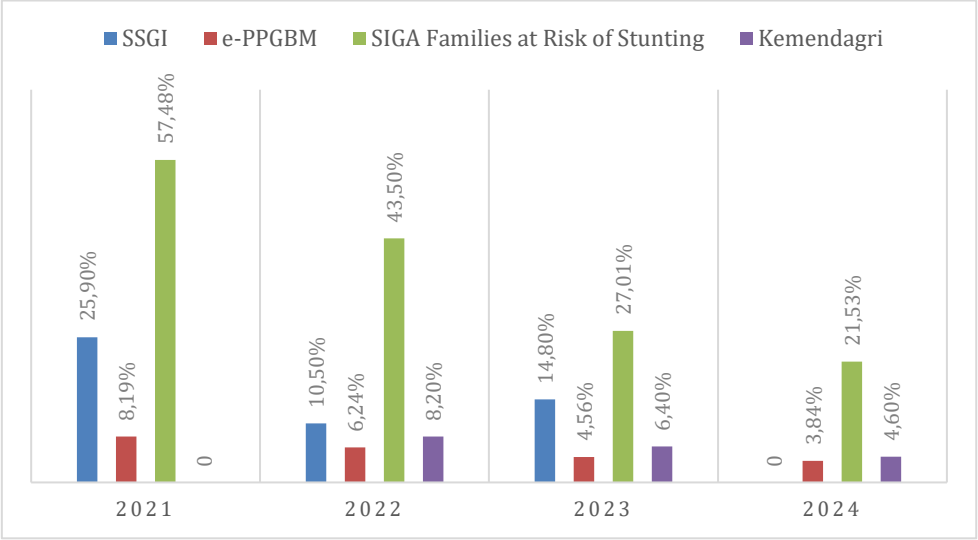
RESULT AND DISCUSSION

Legal Basis for the Stunting Reduction Action Plan

In accelerating stunting reduction in the North Kalimantan region, specifically Tarakan City, the city government issued a special regulation regarding the acceleration of implementation, which the Mayor and Deputy Mayor of Tarakan City directly head. The government issued Mayor Regulation Number 1 of 2024 concerning the Acceleration of Stunting Reduction in the Region, where, before the regulation's issuance, the city government itself had succeeded in reducing the number of stunting sufferers in Tarakan City. Before the issuance of the regulation, the Tarakan City government had carried out follow-up efforts to respond to Presidential Regulation Number 72 of 2021 regarding the acceleration of stunting reduction such as the appointment of Human Development Cadres, cross-sector coordination activities regarding efforts to accelerate the reduction in stunting rates carried out and the formation of the Stunting Reduction Acceleration Team. The Stunting Reduction Acceleration Team is a preparation made by the Office of Women's Empowerment, Child Protection, Population Control, and Family Planning (DP3APPKB) in the first effort to accelerate stunting reduction (Ridha, 2023). The results of this effort to accelerate stunting reduction can be seen in the diagram. 1 below:

Diagram. 1

Prevalence of Stunting Rates in Tarakan City 2021 - 2024



Source: Processed by the author, 2024

After Presidential Regulation Number 72 of 2021 was issued, the government also issued BKKBN Regulation Number 12 of 2021 concerning the National Action Plan for Accelerating the Reduction of Indonesia's Stunting Rate from 2021 - 2024. Based on the regulations that have been issued, Tarakan City issued a Statement of Commitment to Implement the Acceleration of Stunting Reduction as a concrete form of carrying out the orders of the central government. In the Statement of Commitment, several initial steps of integration actions were carried out, such as mapping activity programs together with all regional apparatus organizations and related parties to carry out programs that have been carried out periodically, and as evaluation material for improving programs deemed lacking. In addition, the government is committed to formulating policies and implementing campaigns in the context of behavior change and interpersonal communication to accelerate the reduction of stunted children, supported by the maximum role of the village (Perpres, 2020).

Until then, the Mayor's Regulation Number 1 of 2024 concerning the Acceleration of Stunting Reduction in the Region was ratified as a basis for the implementers of the acceleration of stunting reduction to have a stronger foundation in the implementation of their rights and obligations in these acceleration efforts, supported by the Mayor's Decree regarding the Acceleration of Stunting in Tarakan. Where the Decree is the Mayor's

Decree NO.100.3.3.3/HK-II/131/2024 concerning the Tarakan City Stunting Acceleration Team in 2024, the Mayor's Decree No.100.3.3.3/HK-V/261/2023 concerning the Location of Priority Villages for the Acceleration of Stunting Reduction in Tarakan City in 2024, and the latest is the Mayor's Decree No.100.3.3.3/HK-IV/250/2024 concerning the Location of Priority Villages for the Acceleration of Stunting Reduction in Tarakan City in 2025.

Regional Strategy

To accelerate the reduction of stunting contained in the Mayor's Regulation Number 1 of 2024, the implementation focuses on regional strategies in implementing activities to accelerate stunting reduction. The strategy was formulated to reduce the prevalence of stunting, improving the quality of family life preparation, ensuring the fulfillment of nutritional needs, improving parenting, increasing access and quality of health services, increasing access to drinking water and sanitation, increasing ownership of livable homes, encouraging active community participation in stunting reduction, and involving cross-sectors in stunting prevention and handling services (Tarakan, 2024). The regional strategies referred to and carried out through the implementation of priority activities, referred to as the Action Plan for Accelerating Stunting Reduction, are:

1) Provision of data on Families at Risk of Stunting

   In implementing the strategy in the form of providing data on families at risk of stunting, the regional apparatus responsible for implementation is DP3APPKB (Office of Women's Empowerment, Child Protection, Population Control, and Family Planning) together with BKKBN (National Population and Family Planning Agency) and supported by TPK (Family Assistance Team). In the implementation process, DP3APPKB continues the program previously carried out by BKKBN by taking data from the center in the application, which will be updated every 5 years. Then, in this period, the recorded data lasts from 2020 to 2025. This data is obtained because BKKBN and TPK members conduct data collection directly in the community using the house-to-house data collection method.

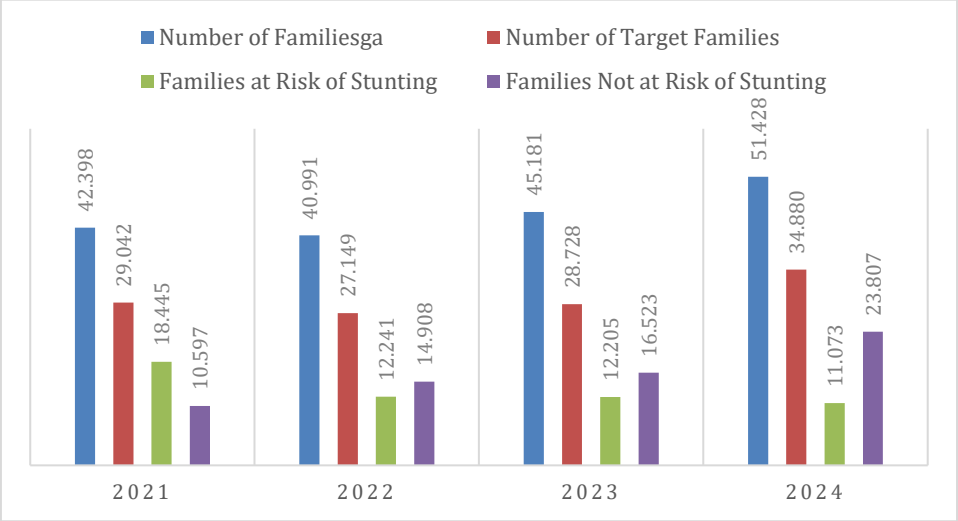
   Local officials and related organizations will check the community's population data and collect data on the current conditions in the community. The

data collection includes sanitation, drinking water sources, house types, and so on. It will be seen whether the family has healthy environmental facilities, such as a proper drinking water source and a proper toilet or MCK.

In addition, in the process, counseling will also be conducted on PUS 4, namely marriage at too young or too old an age, not having too many children, or using family planning, and not having too close a birth spacing between children. Then the family will also be assessed for welfare, whether they are at risk of stunting or not. The validity and accuracy of the data can also be ensured because the survey is conducted directly in the community. The following can be seen: the development of data on families at risk of stunting from 2021 to 2024:

Diagram .2

Data on Families at Risk of Stunting 2021 - 2024



Source: Processed by the author, 2024

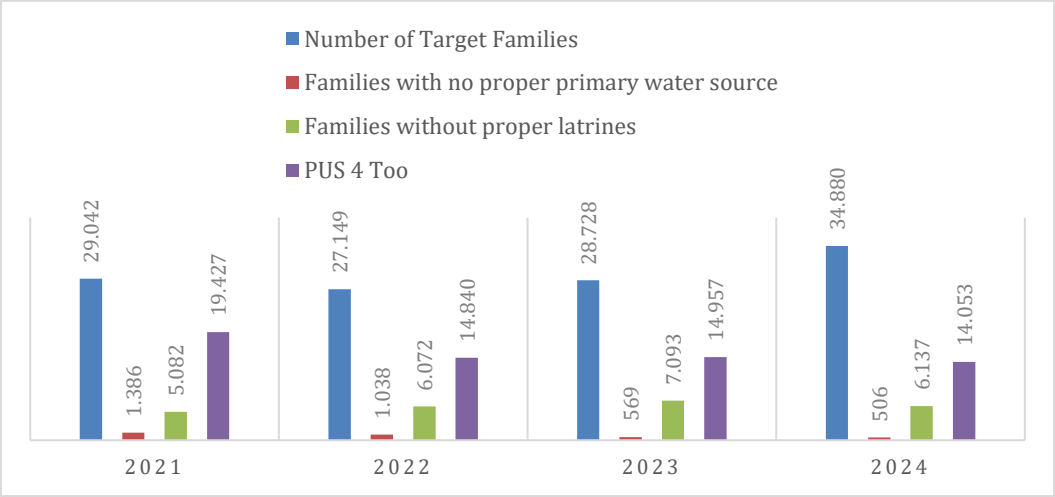
1) Stunting Risk Family Assistance

The regional apparatus responsible for strategies in the form of Stunting Risk Family Assistance is DP3APPKB, which collaborates with TPK (Family Assistance Team) in assistance and counseling. This assistance and counseling targets pregnant women, toddlers, teenagers, and couples who are about to get married (Nurlela Mariana Nababan, 2023; Yani et al., 2023). The aid is carried out directly by the TPK by visiting the community's house, and

the data that has been collected will be entered directly into the available application. Many challenges are faced when implementing this strategy. These include sanitation or toilets that are considered inappropriate for use. This is due to financial conditions and the community's mindset regarding livable housing, where families only think about having toilets without thinking about cleanliness and other factors. The following can be seen regarding data on the occupancy of target families at risk of stunting:

Diagram. 3

Occupancy Data for Families at Risk of Stunting in 2021 – 2024



Source: Processed by the author, 2024

2) Assistance to all prospective brides / prospective PUS (Fertile Age Couples)

The regional apparatus responsible for this is DP3APPKB, together with the Ministry of Religious Affairs for Islam. For other religions, this is done by the Ministry of Religious Affairs. The TPK also assists in its implementation. The aid is carried out through premarital assistance through collaboration between the Ministry of Religion, the Health Office, and DP3APPKB. Then there will be the issuance of premarital certification by BKKBN, then an increase in religious counseling, and finally a campaign through the Office of Religious Affairs with a Khutbah to ensure that prospective brides understand the importance of things that will be passed after marriage. For other religions, similar counseling is also conducted.

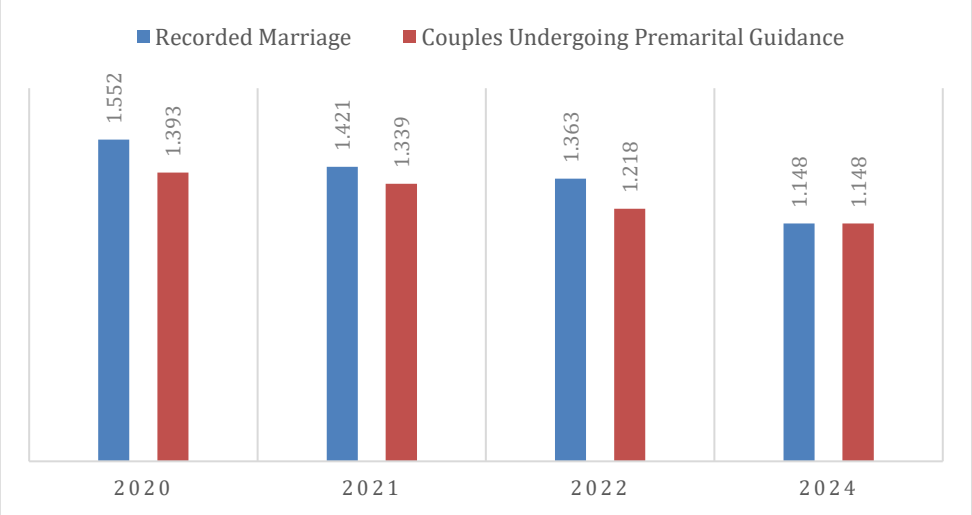
The guidance or mentoring period is ideally carried out 3 months before marriage or in the premarital period. In this process, counseling will be

provided as primary and complementary material with pretest and reflection facilitated by the Ministry of Religion, the Ministry of Health, and BKKBN. In the implementation process, materials that combine religious information with health and nutrition information will be provided, such as the importance of diet, the influence of education on parents, and the role of partners. In this counseling, the collaboration of the above regional apparatus will be carried out to provide tips and information.

Furthermore, integration will be carried out with the Health Office and Puskesmas regarding providing food and blood supplement tablets to prospective brides as well as conducting further health checks and administering vaccines to prospective brides before marriage to prevent and reduce the risk of babies who will be conceived having congenital diseases, and as an effort to prepare for marriage. In carrying out this collaboration, a very positive and cooperative response was obtained from the OPD (Regional Apparatus Organization) in its implementation. Then it can be seen regarding couples who conduct premarital guidance in the following diagram:

Diagram. 4

Trends in Couples Conducting Premarital Guidance 2020 - 2024



Source: Processed by the author, 2024

3) Surveillance of Families at Risk of Stunting

Stunting Risk Family Surveillance is a systematic and continuous observation of data and information about families at risk of stunting. The purpose of this surveillance is to detect early families who have the potential to have stunted children, so that appropriate prevention and treatment interventions can be carried out in their implementation. Surveillance of families at risk of stunting is used to consider taking action needed in Accelerating Stunting Reduction.

The regional apparatus responsible for conducting surveillance of families at risk of stunting is DP3APPKB, which collaborates with related organizations, such as the Family Assistance Team, the Health Office, and Posyandu Cadres. Where all Regional Apparatus Organizations or OPDs communicate regarding the method and target families to be visited. This data collection method is carried out directly by related organizations in collecting data. In the data collection process, it was found that the challenge in preventing stunting children lies in Human Resources or people who still do not pay full attention to these prevention activities.

After collecting data in the form of surveillance of families at risk of stunting, a Decree was issued regarding the Stunting Locus, which in 2024 determined five areas, mainly in the coastal regions in Tarakan City, where most of the population are fishermen and pond workers. This is why most people, especially parents, do not pay full attention to the counseling process provided and the implementation of posyandu in the area. Most parents are unable or reluctant to bring their children to the posyandu. After all, they are hindered by work.

4) Stunting Case Audit

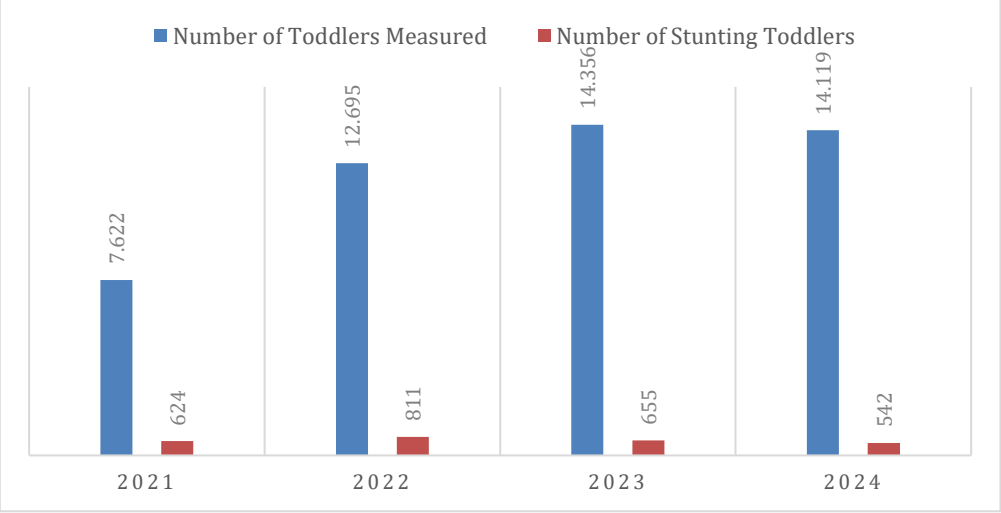
Stunting Case Audit is an activity to identify the risks and causes of stunting cases in predetermined target groups, including prospective brides, pregnant women, and toddlers (Azriani et al., 2024). This audit aims to find the root or primary cause of stunting instances and identify cases that are difficult to overcome to determine appropriate and effective treatment. The regional apparatus responsible for conducting this stunting case audit is

DP3APPKB, together with Bappeda Litbang, where DP3APPKB and Bappeda will be given a Team Decree to carry out the audit process.

In this audit process, an action plan or a steering meeting will be carried out between organizations, institutions, and so on, which are referred to as TPPS members. The TPPS members in the implementation team are chaired by the Deputy Mayor, who, in the implementation, is represented by the Regional Secretary as long as the Deputy Mayor has not been determined. Furthermore, this TPPS also includes regional apparatus such as DP3APPKB, Assistant 2, Assistant 3, UBT Rector, PDAM, Health Office, and other related agencies. This stunting case audit is also differentiated into an audit of children under two years old (baduta) stunting. This stunting case audit also discusses specifically children with special needs or disabilities.

Diagram. 5

Data on Toddlers with Stunting in Tarakan City in 2021 - 2024



Source: Processed by the author, 2024

Stunting Reduction Acceleration Action Program

The implementation of the stunting reduction acceleration program itself is divided into sensitive intervention activities and specific interventions with specific targets for adolescent girls, brides-to-be, pregnant women, postpartum women, breastfeeding mothers, and children aged zero to fifty-nine months. These activities include providing children with vitamin A and zinc, iron, calcium, and folic acid supplements to pregnant women, blood-boosting pills, counseling and education on breastfeeding, providing additional food to children, and many other services.

In addition, there are several additional stunting activity programs such as the provision of UKM and UKP referral health services at the district/city level, health human resource capacity building programs, community empowerment programs in the health sector, population control programs, family planning development programs, empowerment and improvement of prosperous families, and so on. Then other action strategies are carried out to prevent and reduce stunting, such as strengthening collaboration, tasks, and joint responsibilities between TPPS, increasing food security and nutrition in families and communities, and each regional apparatus making data, research, and innovation through work programs.

Several other innovations accelerate the reduction of stunting, such as BAIS (Together Overcoming Stunting Intervention), GEMPITA (Movement for Taking Blood Addition Pills), RESLETING (Stunting Management and Education Check), BERAS KUNING (Together with the Community to Reduce the Risk of Stunting), PEDATI (Stunting Aware Officer), and so on.

Supporting and Hindering Factors for Accelerating Action to Reduce Stunting

In carrying out a policy, there are supporting factors so that the program or policy can run well and achieve the desired goals (Hastira & Patty, 2024). The supporting factors in the process of accelerating stunting reduction in Tarakan that can be seen are:

1. Good planning to determine the location, action, and program implementers is a supporting factor in implementing this action program. With the implementation of planning through a meeting known as rembuk stunting, it can be seen what the causes of stunting in Tarakan are and how to solve the problem.

2. A well-functioning understanding and coordination system between policy implementers or between OPDs (Regional Apparatus Organizations) that communicates about good action programs to carry out their obligations in helping the community.
3. Increased understanding of parenting, the role of spouses and parents, and the importance of nutritional balance in children given directly to the community through campaigns and counseling during posyandu and other health facilities.
4. Increased understanding of parenting, the role of spouses and parents, and the importance of nutritional balance in children provided directly to the community through campaigns and counseling during posyandu and other health facilities.
5. Contributions from cadres and the private sector who assisted during the implementation of the action program were also important in supporting its ongoing implementation.
6. Allocating adequate funds or budgets explicitly to help implement the program is also important. The existence of a sufficient budget during implementation makes program implementation the most needed supporting factor for the sustainability of the action program.

In addition to supporting factors, inhibiting factors or obstacles are encountered while running the program. The barriers faced in the field are:

1. Lack of health resources in the field, such as Family Support Team cadres. These cadre members also double as other medical officers, so their role as Family Companion cadres is not maximized. In addition, the number of families at risk of stunting that is not directly proportional to the existing health workers and TPK cadres is also one of the obstacles that must be faced in the field.
2. Many people still lack awareness and knowledge related to parenting and the importance of nutrition in children. This is due to the majority of people in the stunting locus working as fishermen and pond workers, who cannot regularly bring their children to the posyandu.
3. There is a lack of monitoring of young women, brides-to-be, and pregnant women taking blood-boosting tablets. Because the administration of blood-boosting

tablets is carried out at school, it cannot be monitored whether the teenagers, prospective brides, and pregnant women take them at home.

4. There is a lack of access to clean water services in remote areas and a lack of public awareness of sanitation and toilets in their respective homes due to the community's economic condition, which does not match their daily needs.

Posyandu services are unavailable in every ward for children under five, adolescents, pregnant women, nursing mothers, and the elderly.

CONCLUSION

The success of Tarakan City in reducing stunting rates is inseparable from the government's fast movement when Presidential Regulation Number 72 of 2021 was issued. The role and coordination carried out by the implementers of the acceleration of stunting reduction is undoubtedly one of the critical points in the success of the goals that have been set. In addition, conducting surveys directly to the community makes the action plan program more accurate in finding the causes and the right solution to overcome them. This is also supported by the role of the community, which is beginning to realize the importance of bringing children to the posyandu and properly parenting children. In addition, there is a need for additional Family Assistance Team cadres who only focus on counseling and data collection directly in the community, so that activities can be carried out effectively and efficiently. In addition, digitization is needed to implement data collection so that data can be accessed easily. Then, the lack of attention in the construction of MCK and sanitation is one of the factors that must be improved; it can be done by providing direct and targeted assistance, so that data collection is needed periodically every year.

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