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Efforts To Reduce Stunting Through The Program For Providing Additional Food Assistance For Children At Posyandu, Sidorejo Village

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ABSTRACT

The growth and development process of children under five is an important aspect in the development of future generations in Indonesia. Although efforts have been made to address *stunting*, its prevalence is still quite high in Indonesia, including in North Sumatra. This study aims to evaluate the impact of the efforts to alleviate stunting through the child supplementary feeding program at the Posyandu in Kelurahan Sidorejo, Medan City. The research method used is qualitative with a postpositivism approach, which involves researchers in understanding the context of the phenomenon being studied. The results showed that efforts to prevent *stunting* through the supplementary feeding program have had a positive impact, such as improving children's nutritional status and better monitoring of growth and development. Based on these findings, it is recommended that the community, government, and future researchers continue to work together to increase knowledge and access to *stunting* prevention programs to reduce its negative impact on children's growth in Indonesia, especially in Sidorejo Village, Medan City.

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INTRODUCTION

Stunting is one of the growth disorders caused by inadequate nutritional intake and for a long time, starting from pregnancy to 24 months of age (Hizriyani, 2021). Stunting has emerged as a significant nutrition problem globally, especially in poor and developing countries. Stunting is one of the targets of the Sustainable Development Goals (SDGs), particularly Goal 2, which aims to eliminate all forms of malnutrition by 2030 and achieve food security (Eka et al., 2022). Stunting remains a major public health problem in Indonesia, especially among under-fives, and has the potential to reduce the productivity and quality of Indonesia's human resources in the future. Stunting occurs due to inadequate food intake and the presence of infectious diseases.

In Indonesia, data from the Ministry of Health published at the BKKBN National Working Meeting shows that the prevalence of stunting will be 21.6% in 2022 (Humas BKPK, 2023). This issue must be addressed in line with the Convention on the Rights of the Child, specifically Article 6 paragraph 1, which states that every child has the right to life, and governments must ensure that children can survive and grow up healthy. Health is a human right, not only for adults but also for children. One of children's health rights is adequate nutrition, which prevents stunting. The Indonesian government, along with local governments and communities, needs to collaborate with international organizations such as the World Health Organization (WHO) and UNICEF, which focus on child health and well-being issues.

Ignoring the right to adequate nutrition for children is a violation of human rights by the state. The law is a form of state responsibility in upholding children's rights, and the prevention and handling of stunting must be carried out holistically in various sectors with commitment and synergy between the central government, local governments, parents, families, and communities (Nasution & Trimurni, 2024). One way to combat stunting is by monitoring the health and development of toddlers through Integrated Service Posts (Posyandu). Posyandu plays an important role in the community and is at the forefront of stunting prevention.

Stunting is still a serious problem in Indonesia, including in North Sumatra, as shown by the results of stunting prevalence monitoring from 2021 to 2023. Although there has been a slight decrease in stunting rates, significant changes have not been seen. For example, the stunting rate only decreased by 0.5% from 2021 to 2023. This indicates that stunting is still a common problem in North Sumatra, so more focused efforts are needed to address the problem.

In Medan City, particularly in Kelurahan Sidorejo, data from 2021 to 2023 shows fluctuating stunting rates. Although there was a slight decrease in stunting cases in 2023, the problem still remains. These fluctuations highlight the need for targeted interventions to effectively combat stunting, especially in Sidorejo Village, where supplementary feeding programs have been implemented. Stunting is an important indicator of child health that reflects chronic undernutrition that stunts growth.

Fluctuations in the prevalence of stunting in North Sumatra, particularly in Sidorejo Village, underscore the ongoing challenges in addressing stunting in Indonesia. Despite some improvements, the prevalence of stunting has only decreased slightly, by 0.5% in two years, indicating that stunting remains a serious problem.

Factors that contribute to stunting include inadequate dietary intake and infectious diseases, as well as other factors such as maternal ignorance of parenting practices, indifference to child health, and poor economic conditions. First, maternal ignorance of parenting practices is closely related to the nutritional status and intake of children. Appropriate childcare practices aim to support the physical, emotional, social and intellectual development of children from infancy to adulthood. A mother's knowledge can result in good or bad nutritional status for the child. This highlights the need for mothers in Sidorejo Village to be educated on childcare practices, which should be monitored by the Posyandu.

Secondly, indifference to child health can significantly impact optimal child health. Achieving optimal health requires integrated and comprehensive health efforts at both the individual and community levels. According to Article 47 of Law No. 36/2009 on Health, health efforts are organized through promotive, preventive, curative, and rehabilitative activities that are integrated, comprehensive, and sustainable. Indifference to children's health can be seen from the refusal of immunization, which sometimes occurs due to misunderstandings about post-immunization effects, such as fever. This is one example of a lack of awareness about the positive impact of immunization on children's health, which is often caused by inadequate explanations from health service providers.

Third, poor economic conditions are an important factor contributing to the high rate of stunting among children under five. Families with limited financial resources struggle to meet their household's food and nutrition needs. This financial weakness can be a barrier to good child nutrition, leading to stunting. Adequate funding is needed to ensure proper education and access to nutritious food.

These three factors maternal ignorance of childcare practices, indifference to child health, and poor economic conditions - highlight the complexity of the stunting problem in Sidorejo Village. Some mothers may not recognize stunting as a problem, and consider their stunted children as normal. This ignorance and indifference is often attributed to the family's financial situation, where parents are more focused on earning a living than addressing their children's health concerns. Stunting is still considered a taboo topic in society, and many consider it a normal condition.

In this context, the role of Posyandu as the frontline in health services becomes very important in addressing stunting in Sidorejo Village. Preliminary research at the Posyandu in Sidorejo Village shows that a supplementary feeding program has been implemented as a solution to combat stunting. The program, which is regulated in the Regulation of the Minister of Health of the Republic of Indonesia No. 51 of 2016 on supplementary feeding standards, is carried out by Puskesmas in collaboration with Posyandu to ensure adequate nutritional intake for stunted children. Studies highlight that empowering Posyandu cadres and ensuring community involvement can significantly

improve program outcomes by increasing maternal and child nutrition awareness (Chabibah & Agustina, 2023). Based on the above explanation, this study aims to explore efforts to reduce stunting through the supplementary feeding program at the Posyandu in Sidorejo Village. This research will examine the function and implementation of the program, taking into account the factors that contribute to stunting, as previously described.

LITERATURE REVIEW

Program

Programs, in both general and specific contexts, refer to structured plans designed to achieve certain objectives. Program embodies the realization or implementation of a policy and involves sustained, organized efforts within an institution (Riwukore et al., 2022). It is characterized by its continuity and collaborative nature, requiring the involvement of multiple individuals. Munthe (2015) adds that programs are carefully planned and operate within a structured framework to achieve desired outcomes. Similarly, Nuraida (2020) highlights that a program aims to produce specific results or exert influence through its activities. Collectively, these definitions emphasize that programs are systematic, goal-oriented frameworks implemented over time to fulfill specific purposes.

Social Welfare

Welfare is a multifaceted concept encompassing prosperity, security, and the fulfillment of basic human needs. According to the Big Indonesian Dictionary, welfare is a state of well-being and safety. Similarly, Law No. 13 of 1998 emphasizes that social welfare involves a comprehensive system enabling individuals to meet their material, spiritual, and social needs, fostering a sense of security and dignity in alignment with Pancasila. The United Nations (UN) defines social welfare as organized efforts by government and private institutions to address basic needs, mitigate social issues, and enhance the quality of life for individuals and communities.

Child welfare, as a subset of this concept, emphasizes safety and emotional fulfillment, particularly through adequate parental affection, as outlined by Nasikun (2001) in his four indicators of welfare: security, prosperity, freedom, and identity. Addressing poverty is central to child welfare, given its link to stunting. Poverty, as explained by Cahyat et al (2007) and Syawie (2011), represents the inability to meet basic needs, perpetuating vulnerability. It is categorized into absolute poverty (basic needs unmet), relative poverty (context-dependent), and subjective poverty (self-perceived). These economic constraints hinder access to adequate nutrition, which is critical for children's growth and development (Haria et al., 2023). Efforts to combat poverty and improve welfare should integrate these perspectives to address systemic and community-specific challenges effectively.

Stunting

Stunting is a condition in which children under five experience impaired growth and development due to chronic malnutrition, infections, or inadequate dietary practices. It is characterized by a height that is below the standard for their age. Stunting often results from prolonged nutritional deficiencies that may begin during pregnancy or become apparent after two years of age. According to WHO standards, stunting is defined by a height-for-age z-score below -2 standard deviations (stunted) or -3 standard deviations (severely stunted) (Halim, 2018). Stunted children are more vulnerable to diseases and may face long-term consequences such as reduced cognitive abilities and productivity (Nurmalasari et al., 2020).

The causes of stunting are multifaceted, including direct factors such as inadequate nutrition, genetic predisposition, and infections, as well as indirect causes like parental education, socioeconomic conditions, and health service accessibility (Sulistyaningsih et al., 2018). Factors identified by WHO include maternal health during pregnancy, household environment, food security, breastfeeding practices, and clinical infections.

Efforts to prevent stunting are categorized into nutrition-specific and nutrition-sensitive interventions. Nutrition-specific efforts involve health and dietary improvements, such as immunizations, vitamin supplementation, and supplementary feeding programs. Nutrition-sensitive strategies address broader issues like sanitation, family planning, and socioeconomic support, such as conditional cash transfers. These integrated approaches aim to reduce stunting rates and promote holistic child development.

Supplementary Feeding (PMT)

The early childhood years are crucial for human development, often referred to as the golden age due to the rapid and irreversible growth occurring during this period. Ensuring adequate nutrition for children under five years is essential for proper growth and development. Insufficient nutrition can lead to stunted growth and developmental delays. Chronic Energy Deficiency (KEK) in pregnant women can adversely affect both the mother's and baby's health. KEK, characterized by prolonged hunger, results in a Body Mass Index (BMI) below the normal threshold of 18.5 for adults.

Supplementary Feeding (PMT) is categorized into two types: preventive and therapeutic. Preventive supplementary feeding aims to maintain normal nutritional status and is provided for a maximum of one month. Therapeutic supplementary feeding, on the other hand, is designed to improve nutritional status and is provided as part of a recovery program. PMT can include both local and manufactured foods.

Supplementary Feeding principles include adhering to specific guidelines for both children and pregnant women. For children, PMT is given to those aged 6-59 months with a malnutrition status below -2 standard deviations. Each packet contains 40 grams of biscuits, with different quantities

provided based on age. Monthly monitoring at health centers ensures the effectiveness of the feeding program, which is discontinued once nutritional status improves. For pregnant women, PMT is given to those with a Mid-Upper Arm Circumference (MUAC) below 23.5 cm, integrated with Antenatal Care (ANC). The amount and frequency of biscuits provided depend on the trimester and the improvement in nutritional status.

The objectives of PMT are to meet the nutritional needs of at-risk children and pregnant women, using high-quality, safe foods with appropriate nutritional values. Therapeutic PMT aims to restore nutritional status and educate mothers about proper nutrition, provided daily for 90 days. Preventive PMT, managed by health workers, helps educate parents on nutritious snacks for their children, support community involvement, and ensure the continuation of health services. The target groups for PMT include malnourished children and pregnant women at risk of chronic energy deficiency.

Posyandu

The Integrated Service Post (Posyandu) is a communication forum aimed at providing technology and public health services for individuals crucial to the early development of human resources. Posyandu acts as a community action center dedicated to health and family welfare. The overall goal of Posyandu is to support the accelerated reduction of maternal mortality rates (MMR), infant mortality rates (IMR), and under-five child mortality rates (U5MR) in Indonesia through community empowerment efforts.

METHODOLOGY

This research aims to provide a thorough understanding of the effectiveness of the feeding assistance program for stunted children. This research uses qualitative research methods. The qualitative method is based on the philosophy of postpositivism and aims to examine the natural conditions of the research object, where the researcher acts as the main instrument (Sugiyono, 2017). Sampling and data sources were carried out using a purposive and snowball approach, while data collection techniques used a combined method (triangulation). Data analysis is done inductively or qualitatively, with a focus on meaning rather than generalization. Therefore, data analysis techniques are carried out with three approaches, namely data reduction, data presentation, and conclusion drawing (Miles et al., 2020).

RESULTS & DISCUSSION

Stunting Prevention Efforts

Efforts according to the complete Indonesian dictionary in the Language Dictionary (Ministry

of National Education 2008: 1451), efforts are efforts or conditions to convey an intention. Efforts are also interpreted as efforts to do something or activities that are aimed at. Efforts are efforts, reason, endeavors to achieve an intention, solve problems, find a way out. In the world of science, efforts are also called efforts, in other words, efforts are efforts, some experts argue that efforts are the same as efforts, this is the opinion of experts about efforts from different perspectives. Effort is a force applied to an object. So it is concluded that efforts are efforts that have a process in their completion, while efforts to prevent stunting are efforts made in handling stunting problems so that they do not increase. Efforts to Prevent Stunting The Indonesian government is dealing with stunting. In this study, there are several efforts to prevent stunting that must be a character or are included in the implementation at the Sidorejo Village Posyandu.

Sensitive Nutrition Interventions

a. Provision of Clean Drinking Water and Sanitation

Clean drinking water and adequate sanitation are basic human needs. Proper sanitation facilities, which include toilets and septic tanks, must meet health standards and be used either by individual households or shared among a few households. The government is responsible for ensuring the provision of clean water and sanitation. According to interviews, all respondents in Kelurahan Sidorejo reported having access to clean water and proper sanitation. The primary informant noted that residents use water from PDAM, suitable for bathing and drinking. The research indicates that the provision of clean water and sanitation in the area meets government regulations.

b. Information Dissemination on Stunting

Stunting prevention includes information dissemination through regular socialization by the puskesmas to posyandu cadres, targeting pregnant women and prospective brides. In Village Sidorejo, socialization efforts are supported by both the local government and posyandu. Monthly sessions at Posyandu Flamboyan VI educate pregnant women and prospective brides on stunting prevention and proper child-rearing practices. However, some informants noted that stunting socialization may occur annually depending on available funding. Overall, the research indicates that Posyandu Flamboyan VI actively contributes to stunting prevention efforts in the community.

c. Food Assistance

Food assistance involves the government providing staple foods like rice, vegetables, eggs, and chicken to help prevent stunting. In Kelurahan Sidorejo, this aid is delivered monthly, particularly to families with stunted children, sometimes directly to their homes if parents cannot collect it. However, some informants noted that food assistance is not consistently provided, leading some families to purchase additional food for their children. The research indicates that the distribution of food assistance in Kelurahan Sidorejo is uneven, with some stunted children receiving inadequate support.

Specific Nutrition Interventions

a. Child Monitoring at Posyandu

Routine child monitoring at Posyandu involves regular health checks for infants and toddlers to track growth and detect developmental issues early. This includes weighing, measuring height and head circumference, and assessing development. Posyandu services also offer immunizations, vitamin A, and supplementary foods like mung bean porridge and boiled eggs. In Kelurahan Sidorejo, monitoring is conducted monthly at Posyandu Flamboyan VI for all children, with variations in scheduling among different Posyandu. This routine is crucial for both stunted and non-stunted children, as it supports their overall health and development.

b. Additional Feeding (PMT)

Additional feeding is the fulfillment of nutritional intake for toddlers and stunted children to meet the needs and health in the child's growth and development process. Additional feeding (PMT) is divided into two, additional recovery feeding and additional counseling feeding. Additional recovery feeding is carried out to improve the nutritional status of the target, additional counseling feeding is carried out to maintain nutritional status by providing socialization about stunting. Additional feeding (PMT) is given for 15 days for 90 consecutive days, with food in the form of 4 healthy 5 perfect. Based on the results of interviews with key informants, key informants, additional informants agreed that additional feeding is given to stunted children routinely and accompanied by correct parenting patterns will get out of the stunting zone. In accordance with the Basic Principles of Providing Additional Feeding for Toddlers according to the Technical Instructions for Providing Additional Feeding from the Indonesian Ministry of Health in 2017, it differs from the technical facts in the field, including:

1. Additional food given to stunted children in Sidorejo Village is in the form of local additional food in the form of 4 healthy 5 perfect side dishes. Not with biscuits. Additional food for pregnant women is not given because pregnant women with chronic energy deficiency do not exist in Sidorejo Village, so the integrated health post in Sidorejo Village only focuses on stunted children.
2. Monitoring of weight gain is carried out every month at the integrated health post, if the stunted child cannot attend, the integrated health post will come to the stunted child's house.
3. If they have reached good nutritional status, additional food provision for children is stopped, then they consume balanced nutritional family food. The main informant, the integrated health post cadre, said that stunted children in Sidorejo Village had left the stunting zone but were already in the nutritional improvement zone.
4. Monthly monitoring is carried out to maintain good nutritional status, this is monitored by the integrated health post for stunted children in Sidorejo Village.

The measures for alleviating stunting in the additional feeding program in Sidorejo Village

a. Preparation

The Sidorejo Village Integrated Health Post has prepared an implementation schedule, use of funds, identified potential targets for PMT recipients, and conducted outreach to the community and toddler families. The stages of preparation carried out are as follows:

1. Sub-district / health center. Conducting outreach from the health center to the integrated health post cadres for the implementation of PMT, meetings with the village and integrated health post cadres to determine the location and person in charge of providing additional feeding.
2. Village. The integrated health post records the target toddlers who receive PMT based on gender and age, and sends the data to the health center so that toddlers receive additional feeding every month
3. Integrated Health Post. Data collection of toddler targets according to priority criteria based on age group and gender. The integrated health post submits data on prospective PMT recipients to the sub-district and health centers to confirm their nutritional status.

b. Implementation

1. Distribution. Food distributed to health centers is calculated based on the number of stunted children for 90 days according to the consumption rules for each target. The distributed food is given to the integrated health post to be given to stunted children.
2. Counseling. Counseling activities are directed so that caregivers are aware of understanding the problem of child malnutrition and provide guidance in implementing PMT. Counseling is given to mothers of stunted children when providing PMT, and during toddler visits to the health center if the family cannot attend, the health center and integrated health post cadres visit the toddler's home.

c. Monitoring

Monitoring is carried out every month during the implementation of PMT, for toddlers, monitoring is carried out by monitoring weight, height, head circumference, and arm circumference every month.

d. Recording and reporting

1. Additional food menus are recorded by mothers of toddlers regarding the receipt of additional food which is monitored by Posyandu cadres and health centers every day.
2. The Posyandu, when carrying out monitoring activities at the Posyandu, records and reports it to the health center.
3. Recording of developments in the number of stunted toddlers and those who have recovered from stunting is reported to the health center.

Seeing the results of the description based on the researcher's findings through observation and interviews and the relevance of the theory that has been used in the previous chapter, efforts to prevent stunting are more towards specific nutritional interventions in the provision of additional food. This can be clearly seen from the results of interviews with respondents that stunted children in Sidorejo Village are out of the stunting zone by being given additional food provided by the government to the health center which is directed to the local integrated health post to be given to stunted children.

Furthermore, based on the results of interviews with respondents along with the known reality, the factor of stunting in Sidorejo Village is the parenting pattern of parents towards children that is not correct. Respondents are quite aware that conditions in the environment do not really care about children's health, but they also do not turn a blind eye to the fairly high stunting conditions. Therefore, what inhibits stunting that does not decrease is due to the parenting pattern that is not correct in the form of difficulty in being directed and turning a deaf ear to the advice given by those involved in health. Every month the family takes their child to the integrated health post to monitor nutrition. The family also carries out activities that support stunted children at home such as providing proper food, maintaining personal and environmental hygiene, monitoring children's growth and health.

CONCLUSIONS

This study highlights that efforts to eradicate stunting through the supplementary feeding program at the Posyandu in Sidorejo Village are effective through a combination of nutrition-sensitive and nutrition-specific interventions. Nutrition-sensitive interventions include ensuring access to clean water and proper sanitation, educating parents and future spouses on proper childcare practices, and providing social food assistance for underprivileged families. Respondents reported improved access to clean water, proper toilets and sanitation facilities, while socialization efforts provided important knowledge on stunting prevention. Social food assistance overcame economic barriers by improving children's nutritional intake, helping stunted children to recover.

In terms of nutrition-specific interventions, the study emphasizes the importance of regular growth monitoring at Posyandu. This allows parents to track their children's development and address growth issues early on. In addition, the provision of supplementary feeding (PMT) significantly improved the nutritional status of the children, taking them out of the stunting zone and towards a healthier state. Respondents observed noticeable changes in their children's health and growth, demonstrating the program's success in combating stunting in the community. Overall, these interventions demonstrate an effective and comprehensive approach to stunting prevention in Sidorejo Village.

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