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Implementation of Convergence Action to Accelerate Stunting Reduction in Labuhan Batu Regency, North Sumatra

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Abstract. *Indonesia has set a target in accordance with the SDGs Program in 2030 in the health sector, namely through efforts to improve nutrition and health quality in combating the prevalence of stunting. The achievement of the SDGs goals must be prepared from now on in cross-sectoral coordination. Over the last 20 years, the handling of the stunting problem has been very slow, globally, the percentage of children whose growth is stunted has decreased by only 0.6% per year since 1999. It is predicted that if this continues, 15 years later it is estimated that 450 million children will experience growth retardation or stunting. The contributing factor is thought to be the lack of cross-sectoral roles in preventing stunting, so it is necessary to strengthen the role through convergence action to accelerate stunting reduction. This research is a descriptive study with a qualitative approach using source triangulation, where researchers get data from different sources using the same technique, namely open and in-depth interview techniques. There were 5 informants involved in this study, namely 2 OPD KB Officers, 1 Provincial PIC, 1 Regency PIC and 1 Nutrition Manager. The instruments used for primary data collection were observation, field documentation and interview guides. The results of the study are the factors that encourage the implementation of convergence actions to accelerate stunting reduction are the government's commitment, as well as the involvement of various parties both from the health and non-health sectors, but still need to be further improved. Lack of awareness related to stunting handling and stunting reduction program management that is not well organized because it only considers that it is only the task of nutrition managers so that there is no synergy with others.*

Keywords: *Stunting, Convergence, Nutrition*

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INTRODUCTION

According to the Decree of the Minister of Health in 2010, stunting is defined as a nutritional status where the child's index of body length for age (PB/U) or height for age (TB/U) falls below the standard value or z-score (-2 SD to -3 SD for stunted and -3 SD for very short) in the standard assessment of nutritional status (severely stunted). Infant and child mortality rates are higher, illness frequency is higher, and body posture is worse in those who suffered from malnutrition as children (Akbar & Rivai, 2020). Economic damages for Indonesia will persist because of the permanent impairment of victims' cognitive capacity. The World Health Organization (WHO) ranks Indonesia as having the

third highest prevalence of stunting in Asia in 2017. A total of 36.4% is reached (Dewi & Ramadhan, 2016) in this case. But the number fell further in 2018, to 23.6%, as reported by the Basic Health Research (Riskesdas) database (Anwar et al., 2014).

Not only in Indonesia, research conducted by UNICEF shows that almost a third of children under the age of five in developing countries are short. India is the champion, the number reaches 61 million children. This means that 3 out of 10 short children in the world come from India. That is why, overcoming short toddlers is one of the concerns in the seven Millennium Development Goals (MDGs) programs. The Indonesian government itself, in 2015 targets the number of short toddlers to drop to 18% (World Health Organization, 2018).

Both the immediate and distant consequences of stunting can be undesirable (World Health Organization, 2021). Stunting causes growth failure and cognitive and motor development barriers in the short term, which can have a negative impact on a person's ability to learn and succeed in school. Stunting is a sign of a growth disorder , and if this occurs, the brain is at risk along with other organs. During the learning process, the child's response—their sight, hearing, and thought—are all intricately tied to specific nerve cells in the brain. Stunting has many negative consequences, including a higher risk of noncommunicable diseases like diabetes mellitus, hypertension, coronary artery disease, and stroke, as well as a decrease in intellectual capacity, structural and functional disorders of nerves and brain cells, and a diminished capacity to absorb school lessons that will have an impact on productivity in adulthood. Children who are stunted may have delayed or impaired development, poor motor skills and productivity, and an increased risk of developing chronic diseases. Stunting in children under five is associated with possible economic losses from lower labor productivity and increased maintenance expenditures. These will all lead to lower national human resource quality, productivity, and competitiveness. Overcoming stunting will be more successful in the future if it is approached from a family-based perspective. North Sumatra and South Sumatra are the only two provinces in Indonesia where the prevalence of stunting is over 40 percent. These numbers show that stunting is extremely common in Sumatra. In 2018, 32.5% of the population in North Sumatra Province was stunted (extremely short or short).

METHODS

This research is a descriptive research using a qualitative approach. The qualitative approach is to analyze several variables studied by collecting secondary data and interviews. Data from observations and direct interviews are made in the form of a resume.

RESULTS AND DISCUSSION

Overview of Labuhan Batu district

Labuhanbatu Regency is one of the areas on the East Coast of Sumatra. Geographically, Labuhanbatu Regency is located at 1041'00' - 2044'00'' North Latitude and 99033' - 100022' East Longitude with an altitude of 0-700 meters above sea level. Labuhanbatu Regency occupies an area of 2,561.38 Km^2 (256,138 Ha). The Labuhanbatu Regency Government Administration consists of 9 sub-districts, and 98 definitive villages/subdistrict with a description of 23 urban villages and 75 villages with a population of 517,220 people. The area of Labuhanbatu Regency is as follows:

Table 1. Area, Number of Villages/Kelurahan, Number of Population, Number of Households, and Population Acquired by Subdistrict of Labuhanbatu Regency/City in 2021

No	Subdistrict	Total Area (km2)	Amount			Total population	Number of Households	Average Soul/Household	Population Density per km2
			Village (*Desa*)	Village (*Kelurahan*)	Village (*Desa*)+ Village (*Kelurahan*)				
1	Billah Barat	202.98	10	0	10	43,735	9,756	4.49	215.46
2	Rantau Utara	112.47	0	10	10	104,658	23,324	4.49	930.54
3	Rantau Selatan	64.32	0	9	9	86,021	19,170	4.49	1337.39
4	Bilah Hulu	293.23	24	0	24	68,020	15,159	4.49	231.97
5	Pangkatan	355.47	7	0	7	35,284	7,863	4.49	99.26
6	Bilah Hilir	430.83	11	2	13	54,562	12,160	4.49	126.64
7	Panai Hulu	276.31	7	0	7	42,672	9,510	4.49	154.44
8	Panai Tengah	438.74	9	1	10	43,431	9,679	4.49	98.99
9	Panai Hilir	342.03	7	1	8	38,837	8,655	4.49	113.55
City		2,516.38	75	23	98	517,220	115,268	4.49	205.54

Source: Central Bureau of Statistics of Labuhan Batu Regency

Based on the results of the 2020 Susenas, the population density of Labuhanbatu is around 193 people/km2. Thus, it can be concluded that the Labuhanbatu area is getting denser from year to year. Rantau Selatan sub-district is the most densely populated sub-district at 1,150 people/km2. The sub-district with the smallest population density in 2020 is Panai Tengah District, which is 94 people/km2.

Labuhanbatu Regency is famous for its oil palm and rubber plantations. Labuhanbatu Regency has a strategic location, which is at the intersection of West Sumatra and Riau, which connects regional development centers in Sumatra and Java, and is directly adjacent to the Malacca Strait so that it has adequate access to foreign countries. Like most other areas in the North Sumatra Region, Labuhanbatu Regency is an area with a tropical climate. Thus, this area has 2 seasons, namely the dry season and the rainy season. The dry season and the rainy season are usually marked by the number of rainy days and the volume of rainfall in the month of the season.

The ratio of health workers per population shows the availability of health workers and the coverage of services in providing health services. The ratio of specialists and general practitioners is 14 people per 100,000 population, the ratio of dentists is 5 people per 100,000 population, the ratio of midwives is 188 people per 100,000 population, and the ratio of nurses is 143 people per 100,000 population. In accordance with Kepmenkes No. 81/Menkes/SK/I/2004 concerning Guidelines for the Preparation

of Health Human Resource Planning at the Provincial, Regency/City and Hospital Levels, especially with reference to the method of calculating energy requirements based on a ratio approach to a certain value, strategic targets are set in 2020 It is expected that the availability of specialist doctors will reach 24 per 100,000 population, general practitioners 96 per 100,000 population, dentists 11 per 100,000 population, nurses 158 per 100,000 population, midwives 75 per 100,000 population, sanitarian 30 per 100,000 population, nutritionist 48 per 100,000 population. When compared with Kepmenkes No. 81/Menkes/SK/I/2004, the ratio of health workers per 100,000 population, almost all health workers have not reached the target, only midwives have exceeded the target of 183 with a target of 75.

Percentage of undernourished children under five (BB/Age), short (TB/Age), and thin (BB/TB)

Anthropometry can describe the level of health and nutritional status and can predict appearance, health and survival. In Indonesia, the types of anthropometry that are widely used, both in program and research activities are BB and TB. Fariyana et al. (2019) Each of these anthropometric indices has a reference standard or benchmark value to estimate the nutritional status of a person or group. Setianingsih & Hidayani (2018) If anthropometry is intended to measure a person who is thin (wasting), small (stunting) or growth retardation, then the indices of BB/TB and TB/U are suitable to be used (Orte et al., 2020).

The percentage of underweight toddlers was 1436 toddlers from the target number of 2510 or 57.2%, the number of undernourished toddlers (BB/U) was 1,830 toddlers from 36,717 toddlers who were weighed or 4.98%, and stunted toddlers were 237 cases out of 36,717 toddlers were measured or 0.64% (Nugraheni & Kirana, 2018).

Characteristics based on informants

The following are excerpts of observations, interviews of researchers with informants – informants. The informants involved in this study were 5 informants, namely; (1) 2 people OPD BKKBN; (2) 1-person Provincial PIC; (3) 1-person District PIC and; (4) 1-person Nutrition Manager.

Table 2. Informant Characteristics

Initials/Code	Age	Gender	Position	Service Life	Education
Informants (1)	44 Yrs	Man	OPD KB	18 Yrs	S1
Informants (2)	46 Yrs	Man	OPD KB	18 Yrs	S1
Informants (3)	51 Yrs	Man	Provincial PIC	14 Yrs	S3
Informants (4)	49 Yrs	Woman	District PIC	14 Yrs	S3
Informants (6)	32 Yrs	Man	Nutrition Manager	11 Yrs	S1

Based on the Distribution of Informant Characteristics, more men and on average have experience in carrying out tasks by looking at the long service life > 10 years.

Increased Commitment and leadership of the Village Government / SUBDISTRICT

Observation Matrix and interview guide with informants

No	Informant	Question	Statement /informant	Research findings
1	Informant (1)	Has so far conducted a meeting to increase the commitment and leadership of the Village Government / subdistrict	The government has conducted coordination and consolidation meetings by collaborating across sectors in the community and one of them is universities to jointly realize a program to accelerate stunting reduction with a target from 25.8% to 18% in 2024. However, it is only limited to discussing the involvement of each partner and has not been detailed As for the activities and costs handed over to each region and the partners involved to determine and budget for it.	Mou and MOA have been formed between Cross-sectoral
	Informants (2)		We have coordinated with the puskesmas and have formed a team to reduce the acceleration of stunting of family planning and there are already activities that we carry out together with active posyandu only.	FGD has been implemented and an agreement on activities with nutrition managers in labuhan Batu Health Office
	Informants (3)		We already have a forum in the Rector's Forum and the Provincial BKKBN has formed a Waatshaap group (WA) and members come from the PIC of Locus stunting district so as to facilitate coordination and discussion for each activity to be carried out.	Commitments have been formed in each district
	Informants (4)		We have coordinated with the Health office and Nutrition managers and agreed for the tri dharma activities of Higher	Planning has been made and prepared based on an agreement from the district

			Education. However, due to minimal funds and more manpower involved from the Health sector.	PIC and the Health office for the implementation of the stunting acceleration reduction program. The funds are still unclear to carry out these activities, which still requires a joint commitment.
	Informants (5)		We from nutrition managers have conducted Cadre training, especially for families who have stunting but we have not used a special stunting module still globally only.	Stunting cadres have been formed but modules are used not based on regional needs

The results of the interview concluded that based on one of the stunting reduction convergence actions from the aspect of increasing commitment and leadership of the Village / Kelurahan Government has been formed in each regional and regional locus. according to the needs of each region or village. Activity funds are not yet clear from each OPD so that this activity is still budgeted for by each implementer.

Because of chronic malnutrition, children under the age of five often experience stunting, a condition characterized by small stature relative to their chronological age. There is a window of opportunity in a child's life from the time they are a fetus until they are about two years old because of the child's rapid growth throughout this time. The effects of childhood stunting last not just in the present, but also into the future. The child's short-term development suffers as a result, and they may become indifferent or exhibit other abnormalities. Long-term effects include lower IQ test scores, slower cognitive growth, worse sensory integration, less focused attention, less self-assurance, and lower academic success. school. Imagine if the brain is unable to develop normally during this critical period; the effects of starvation would be long-lasting and hard to reverse. Malnutrition in its acute phase can be fatal. Hypothermia (easily chilly) owing to thin fat tissue, hypoglycemia (blood sugar levels below normal), and a lack of critical electrolytes and body fluids are only some of the dysfunctions that can occur and pose a threat to the future of the nation's youth.

Stunting prevention and control require holistic and integrated efforts. Presidential Regulation Number 42 of 2013 is one of the strategies in Scaling Up Nutrition (SUN) by involving various sectors that must be addressed with strong coordination both at the central level to the puskesmas (Community Health Center) level. Dissemination of information and advocacy to stakeholders and other stakeholders across various sectors at the same level and training and education efforts are needed to structural ranks in order to be able to explain and empower in improve the nutritional status of the

community, especially the nutritional status of children under five. Aiken et al. (2017) Furthermore, an important intervention to strengthen the 1000 HPK which is part of the culture in the social life of the community, is to conduct a short course in knowledge and education to mothers before pregnancy or before becoming a bride (prospective bride) as a provision for mothers in pregnancy to maintain the cognitive development of the fetus. which starts from the first trimester in its formation.

CONCLUSION

Cross-sectoral collaboration has been recognized as an important strategy in health development. Increased commitment for district/regional leaders plays a role in providing recommendations from the results of studies or research in stunting handling. No less important, the implementation of the practice of handling the acceleration of stunting reduction at the regional level by educating and promoting the community through a family approach in collaboration with universities and related institutions is a policy of higher education. The role of universities is very important in convincing local leaders that stunting is not just a health issue. In addition, it also helps provide education to the public about nutritional problems and nutritional issues, as well as community service universities can help collect data on existing cases so that they can become complete, complete and integrated data. Increased commitment and leadership of District/Village has been implemented but there are no guidelines or guidelines for handling stunting based on problems or situations at each stunting locus and still using general guidelines. The implementation budget for stunting reduction is still limited and only expects from the existing funds in each sector involved so that the implementation of activities is rather slow to carry out.

SUGGESTION

It is hoped that in order to continue to coordinate and advocate with the district government, budgets can be made available in the form of APBD and Village Funds on an ongoing basis. In addition, the sub-district and village parties must immediately cooperate with the PKK in the establishment of Dasawisma and Satellite Posyandu (Environmental Areas) and the Rector's Forum to involve students in every activity outside campus. For the officers of the Team for the Acceleration of Stunting Reduction to make modules or guidelines in the implementation of these activities.

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