

LOCAL KNOWLEDGE-BASED STUNTING COMBAT BASED ON THE ROLE OF INSTITUTIONS IN MALANG REGENCY, INDONESIA

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Abstract

The occurrence of stunting is considered serious and is associated with high morbidity and mortality rates. Many factors cause high incidence of stunting in toddlers. Direct factors related, to, stunting are, food, intake, and, health status. Indirect, factors related to stunting are, parenting patterns, health, services, maternal, factors and household environment. The root cause of stunting is the low economic status of the family. Research that raises social aspects in handling stunting is a development and innovation of research, considering that most of the studies that have been conducted focus on handling stunting from the aspect of health services. This research aims to overcome Stunting Based on Local Knowledge Based on Institutional Roles, Factors that Influence and Optimization of Stunting Overcoming. The type of research is a phenomenological approach, primary data is collected using interviews from competent informants. This research is also supported by secondary data, namely documents, journals and scientific studies that are considered relevant to the research objectives. Data analysis uses an interactive model, consisting of four activities that must be carried out continuously and repeatedly by researchers, namely; data collection, data reduction, data presentation and drawing conclusions. The results of the study show that local knowledge-based stunting control is based on institutional roles that tend to public health services, so it does not contribute much to improving social enterprises for handling stunting. Local knowledge-based stunting control is based on influencing factors that also tend to public health services, so it further weakens social enterprises for handling stunting. Handling stunting supported by local knowledge contributes to the institutional role in Malang Regency, if everything can run well and compactly, the stunting rate will continue to decline.

Keyword: Stunting Prevention, Local Knowledge, Institutional Role, Process Objektivasi and Eksternalisation.

I. INTRODUCTION

Studies on stunting state that it is a condition in which a child experiences stunted growth caused by a lack of nutritious food intake. In 2022, stunting affected around 162 million children under the age of five. If this continues, it is estimated that there will be 127 million children under the age of five who suffer from stunting in 2025. (Nuheriana et al., 2022). Stunting, a condition of malnutrition that has lasted a long time and takes a long time for children to develop and recover, is diagnosed through anthropometric examinations expressed in standard average values. (Anasiru and Domili, 2018).

Stunting describes a state of malnutrition that has lasted a long time and takes time for children to develop and recover (Pratama and Harjatmo, 2020). Stunting is a disorder that attacks toddlers or young children who fail to grow or develop too slowly. (Vinci and Parahita, 2022). The occurrence of stunting is considered serious and is associated with high morbidity and mortality rates, decreased immunity causing minor illnesses, the risk of developing diabetes, obesity, cardiovascular disease, cancer, stroke, old age, and poor cognitive development and productivity. Therefore, prevention and control must be addressed immediately. (Panigoro and Modjo, 2023). Stunting is considered a serious public health problem if the prevalence of stunting is in the range of 30-39 percent. (Setiawan, Machmud, and Masrul 2018). Disruption of nutritional intake during pregnancy can affect the baby's birth weight so that the baby's weight is less than 2500 grams or Low Birth Weight (Wulandari and Arianti, 2023). LBW is one of the factors that influences the incidence of stunting in toddlers (Mardani, 2017).

The results of the study by Mugianti et al., (2018) showed that low energy intake is a factor causing stunting because total energy is directly related to lack of physical growth in children. Low energy intake is also influenced by the mother's ignorance about stunting who assumes that her child does not have nutritional problems so that the mother does not make special efforts to increase energy intake for her child. Anis and Indriyany (2023) stated that this special effort can be in the form of making creative foods that can make children interested in eating. Stunting results in a lack of appetite so that food consumption in children is reduced. The results of the study by Astuti et al., (2020) showed that providing additional food and increasing maternal knowledge about toddler nutrition affects the process of providing food to toddlers in the daily menu. Counseling and training are very much needed for mothers of toddlers to update their knowledge (Astuti, et al., 2020).

Many factors cause high, incidence of stunting in toddlers. Direct, factors related to stunting are food, intake, and, health status. Indirect, factors, related to stunting, are parenting patterns, health, services, maternal factors, and, household environment. The root cause of stunting is the low economic status of the family (Semba and Bloem, 2001). Inadequate nutrient intake, especially from total energy, protein, fat and micronutrients, is associated with physical growth deficits in children. Protein is a regulatory substance in the human body. Protein in toddlers is needed for tissue maintenance, changes in body composition, and for the synthesis of new tissue. In addition, protein can also form antibodies to maintain the body's resistance to infection and foreign substances that enter the body (Almatsier, 2001). Starvation or semi-starvation can change body composition. Protein not only does not increase, but is also used up, so that body cell mass decreases. Malnutrition can, increase, the risk of infection, while, infection, can, cause malnutrition in malnourished, children (Sudirman, et al. 2021).

Stunting is caused by multidimensional factors, including poor nutritional care practices, including a lack of maternal knowledge about health and nutrition before and during pregnancy and after childbirth. The most decisive intervention to reduce the prevalence of stunting needs to be carried out in the first 1,000 days of life (HPK) of toddlers (Anis, 2022). Key intervention opportunities that have proven effective include interventions related to child feeding practices and maternal nutritional fulfillment (Ramayulis et al., 2018). Stunting can also be prevented by several things such as providing exclusive breastfeeding, providing nutritious food according to the body's needs, getting used to clean living behaviors, doing physical activities, balancing energy expenditure and nutrient intake into the body, and monitoring child growth and development regularly (Millennium Challenge Account Indonesia, 2014).

The potential of a village that can be developed will always be a potential if it is not processed or utilized into a reality that is beneficial to the community. Therefore, regional potential requires certain efforts to make it useful to the community (Endah, 2020). Moreover, if the village's potential can be

utilized as a way out of the problem of stunting in Indonesia, this can greatly help the government to participate in efforts to prevent stunting, in addition, the utilization of this local potential can be a source of livelihood for the community. Every community has resources that are potential to meet needs (Dyah and Sulastri, 2020). As a potential, resources can be used as a driving factor for increasing welfare, but not automatically. This means that with abundant resources, the level of welfare is not automatically high. In order for resources to increase welfare, efforts are needed to change potential resources into actual ones in the form of utilization and utilization of available resources (Safitri, 2018). Discussing stunting is not only related to the medical world, of course social factors are also determining factors in overcoming stunting. One of them is Local Knowledge or local knowledge of the community. Local knowledge includes everything related to the local form of the local community.

II. LITERATURE REVIEW AND FRAMEWORK

Stunting or growth disorders are not a new concept. (Waterlow, 1994) The workshop discussed the epidemiology and natural history of stunting in Third World children. Although this condition is very common and is usually considered a manifestation of chronic malnutrition, in reality almost nothing is known about the causes and mechanisms in terms of nutrition, biochemistry, or metabolism (Mugianti, et al. 2018). Stunting is a condition in which toddlers have a length or height that is less than their age. Stunting toddlers in the future will have difficulty achieving optimal physical and cognitive development (Ministry of Health of the Republic of Indonesia, 2018). According to, the, Decree of the, Minister of Health, Number 1995/MENKES/SK/XII/2010 concerning Anthropometric, Standards for Assessing, Children's Nutritional Status, the definition of short and, very, short is nutritional status, based on the Body Length Index according to Age (PB/U) or Height Index according to Age (TB/U) which are the terms stunted (short) and severely stunted (very short). Short toddlers are toddlers with nutritional status based on length or height according to age when compared to WHO standards, the Zscore value is less than -2 SD and is categorized as very short if the Zscore value is less than -3 SD (Ministry of Health, RI 2016).

Stunting is defined as a condition where a toddler has a height according to age below minus 2 Standard Deviations ($< -2SD$) from the WHO median standard. A baby born has a normal birth length if the baby's birth length is between 48-52 cm (Ministry of Health of the Republic of Indonesia, 2010). Short birth length is influenced by the fulfillment of the baby's nutrition while still in the womb. Determining good intake is very important to achieve the proper body length. Birth weight, birth length, gestational age and parenting patterns are some of the factors that influence the incidence of stunting. Birth length is one of the risk factors for stunting in toddlers (Anugraheni, 2012). Stunting will begin to appear when the baby is two years old (TNP2K, 2017).

Health sociology initially emerged because the medical field required an understanding of social factors related to disease spread patterns (epidemiology) in certain community groups so that a scientific discipline called medical sociology emerged (Risya and Apsari, 2023). Along with the development of science, the healthy paradigm changes the focus from disease to health (which initially focused on treating after the disease occurred, eventually developing into more prevention before the disease occurs). Based on this, a new scientific discipline emerged, namely the sociology of health. The sociology of health is how to view social phenomena about healthy-ill behavior in society through a sociological perspective. Medical science certainly cannot run alone (Zhang, 2021).

In cases of stunting, people have different perceptions and knowledge. Likewise with its handling. Without prioritizing socio-cultural factors, of course, handling of stunting cases will not go well. In addition, through this health sociology, we can find out the level of community collaboration in handling stunting cases (Yunri Merida, et al. 2024). By involving state officials and health workers. The community's understanding and knowledge regarding adequate nutritional needs, it is impossible to

realize healthy, intelligent, active and productive human resources. Several results of intellectual research between children in Java and outside Java conducted by IPB students show that Javanese children have higher intelligence when compared to outside Java (Iskandar, 2014).

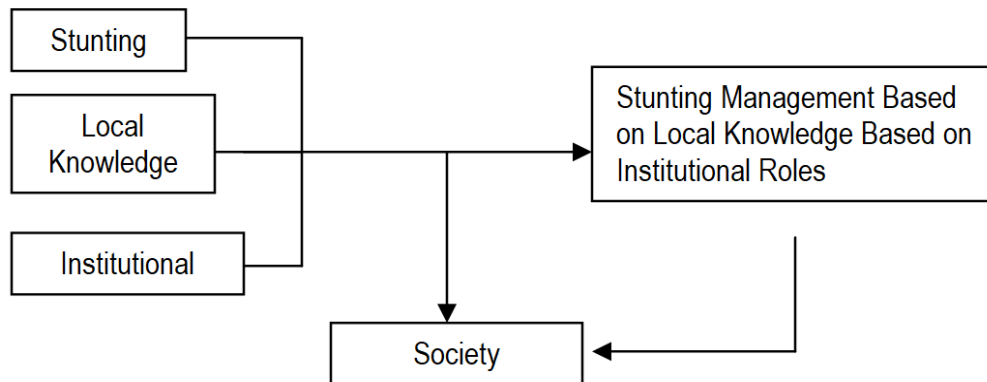


Figure 1: Conceptual framework

For Li (Li et al., 2016) local knowledge is defined as knowledge possessed by a community that occupies an area as the host. It can be interpreted that the host is a native of an area. In line with this statement (Roper et al., 2017), it states that knowledge has a level of geographical specificity. Although sometimes other studies state that even though knowledge reaches the stage of international knowledge, knowledge is still limited to certain local boundaries, it has a dimension of spatial specificity that makes the ability of knowledge in any location different from that available anywhere. The reason that the study of local knowledge is always a gap in mitigation or prevention is reinforced by the results of research from (Sattar et al., 2020) which states that the gap in local community knowledge is urgent information in a mitigation method. The inclusion of the gap between the knowledge that exists in the community and the mitigation policies carried out by the government.

In local knowledge, illness is an individual's assessment of the experience of suffering from an illness. A person is said to be sick if he or she suffers from a chronic illness, or other health or mental disorders that disrupt his or her work activities. Even if someone is sick like the flu, if he or she is not disturbed in carrying out his or her activities or work, then he or she is considered not sick. The definition of illness according to naturalistic etymology can be explained from an impersonal and systematic perspective, namely that illness is a condition or something caused by a disruption to the human body system. Sick behavior is defined as any form of action taken by an individual who is sick so that the individual can receive treatment.

III. METHODOLOGY

This research uses a qualitative type or approach, emphasizing the meaning, reasoning, definition of a particular situation (in a particular context), so that the research objectives are usually related to practical matters (Creswell, 2015). Collecting primary data using interviews used in this research is an in-depth interview technique. This technique uses a series of questions that researchers ask research subjects. Considering the naturalistic character, the form of questions or interviews conducted were open-ended and flowing in nature (Sugiyono, 2017). In testing the validity of the data, researchers use triangulation techniques. Triangulation techniques mean that researchers use different data collection techniques to obtain data from the same source, namely participant, observation techniques, in-depth interviews, and documentation, studies for the same data source simultaneously (Miles and Huberman, 2014). In this research, the data analysis technique used in this research uses an interactive model.

The selection of research locations is based on practical considerations because research must consider time, costs and energy. Primary data collection took place from March to April 2021, employing the following methods: interviews, observation, and document analysis. Interviews were conducted with members of the Blora Regency Stunting Prevention Coordination Team and Technical Team, including officials from the Regional Development Planning Agency, the Health Office, the Agriculture and Food Security Office, the Population Control and Family Planning Office, and the Social Services. Furthermore, interviews were also carried out with the Family Hope Program (PKH) district coordinator, PKH facilitators, regional coordinators for the Basic Food Program, and beneficiary families (KPM). To further enhance the interview findings, observations were made through visits to KPM households to gain firsthand insight into their living conditions and environment.

In this interactive model analysis, there are four activities that must be carried out continuously and repeatedly by researchers, namely data collection, data reduction, data presentation and drawing conclusions. The qualitative research analysis model is an interactive data analysis model that has been developed by Miles, Huberman and Saldana (2014), known as the interactive model as presented in the image above. This analysis is related to the program, aimed at developing local potential optimally, collaborating with local parties and institutions to provide conducive learning places and facilities for preventing and overcoming stunting. Monitoring and evaluation of the program need to be carried out with an evidence-based approach, through periodic monitoring and evaluation to address existing problems in the future.

IV. RESULT AND DISCUSSION

Based on data from the 2023 Indonesian Health Survey (SKI), the prevalence of stunting in East Java was recorded at 17.7 percent. This is equivalent to the conclusion that 1 in 6 toddlers are at risk of malnutrition. According to the Stunting Data in East Java in the 2023 SKI, the area with the highest stunting was Probolinggo Regency, which was 35.4 percent. Meanwhile, in Malang Regency, stunting data was recorded at 19.5 percent.



Figure 3: Stunting Case Audit in Malang Regency

The Malang Regency Government through the Malang Regency Health Office is very serious about cases of stunting or malnutrition. In order to overcome stunting in Malang Regency, a number of strategic programs have been prepared. Head of Community Welfare at the Malang Regency Health Office, Gunawan Djoko Untoro, said that his party has implemented 20 action programs to reduce stunting rates. He detailed the programs to reduce stunting rates in Malang Regency. Among them

are childbirth planning and prevention of complications (P4K), childbirth insurance (jampersal), integrated management of sick toddlers (MTBS), and partnerships between midwives and shamans.

Explanation of the research findings in Figure 4 as follows. The Ministry of Health launched community nutrition programs aimed at increasing access to and consumption of nutritious food, especially for vulnerable groups such as pregnant women, infants, and toddlers. These programs also encourage healthy eating patterns and food diversification. Monitoring and evaluation: The Ministry of Health monitors and evaluates the handling of stunting nationally. Data on stunting rates are obtained from routine child growth monitoring programs and are used to evaluate the success of the program and determine more effective steps in handling stunting. These results support and develop the studies conducted (Zhang, 2021; Yunri Merida, et al. 2024; Susilawati, 2023; Anis and Indriyany, 2023).

The Central Statistics Agency (BPS) has an important role in handling stunting by collecting and providing statistical data related to the nutritional conditions and growth of children in Indonesia. The following are some of BPS's roles in handling stunting: Collection of stunting data: BPS is responsible for conducting surveys and collecting data related to stunting throughout Indonesia. Surveys such as the Nutritional Status Survey (SSG) and the Indonesian Demographic and Health Survey (SDKI) provide data on stunting prevalence in various regions and age groups. Public data provision: After the data is collected, BPS makes stunting data publicly available through statistical reports and its official website. These results support and develop the studies conducted (Zhang, 2021; Yunri Merida, et al. 2024; Susilawati, 2023; Anis and Indriyany, 2023).

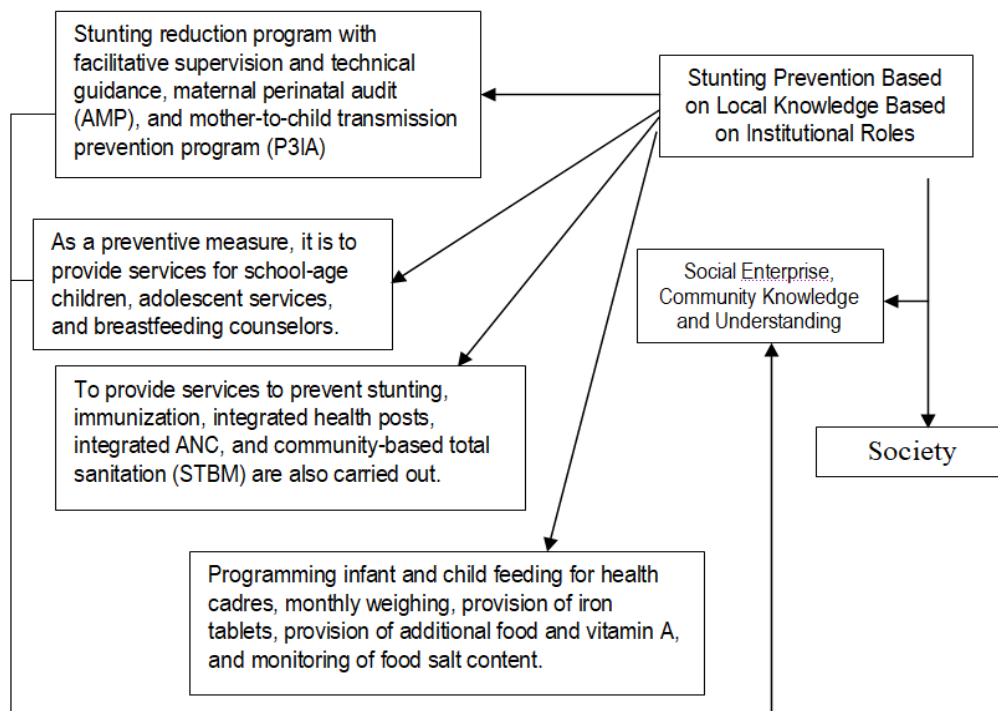


Figure 4: Research results or findings

The, Ministry of Women's, Empowerment and Child, Protection (Kemen PPPA) has a very important role in handling stunting, especially because stunting is often closely related to issues of child protection and gender equality. Here are some of the roles of the Ministry of PPPA in handling stunting: Prevention of early marriage: The Ministry of PPPA plays a role in encouraging the prevention of early marriage, which is one of the main factors causing stunting. By educating the public about the risks and consequences of early marriage, and advocating for policies and laws that protect children

from early marriage, the Ministry of PPPA contributes to efforts to prevent stunting in girls. Child protection: Stunting can occur because children do not get enough nutrition for various reasons, including the inability of families to provide nutritious food and poor environmental conditions. These results support and develop the studies conducted (Zhang, 2021; Yunri Merida, et al. 2024; Susilawati, 2023; Anis and Indriyany, 2023).

The role of the Education Office in handling stunting is very important because education has a direct impact on the nutritional and health conditions of children. Here are some of the roles of the Education Office in handling stunting: Health and nutrition education: The Education Office can include health and nutrition education programs in the school curriculum. This program will teach students, teachers, and parents about the importance of balanced nutrition and healthy eating patterns to prevent stunting. These results support and develop the studies conducted (Zhang, 2021; Yunri Merida, et al. 2024; Susilawati, 2023; Anis and Indriyany, 2023).

The role of village officials is very important in handling stunting because they are on the front lines and have direct access to the community at the local level. Here are some of the roles of village officials in handling stunting: Education and awareness: Village officials can play an active role in raising awareness about stunting among the village community. They can hold meetings, lectures, or awareness campaigns to educate the community about the importance of balanced nutrition and good health practices to prevent stunting. Identification and monitoring of stunting cases: Village officials can help in identifying stunting cases in their village by working with health workers and conducting regular child growth monitoring. Organizing programs and activities: Village officials can play a role in organizing local programs and activities related to handling stunting.

V. CONCLUSION

Handling stunting in Malang Regency is still one of the programs prioritized by the Government. Assistance for pregnant women and assistance for mothers of toddlers under two years old, if all can run well and compactly then he is optimistic that the stunting rate in Malang Regency will continue to decline, but if not then it is impossible for the stunting cases to be reduced. The Head of DPPKB explained that the task of DPPKB is only curative handling (prevention), the same task also occurs in other institutions under BKKBN. Although the stunting rate has been suppressed to around eight percent, the Deputy Regent of Malang Didik Gatot Subroto said that this success did not immediately make the Government satisfied. He emphasized that there are several important things that must be considered, not only several Regional Apparatus Organizations (OPDs), but involving all existing stakeholders. According to him, handling stunting cannot be completed if it is only done partially, but requires collaboration and cooperation from all parties so that the handling is truly effective and efficient.

Like the Population and Family Planning Control Service (DPPKB) through the recommendations given, the execution can be carried out through related services such as the Health Service, Food Security Service, Social Service, and other competent services. Meanwhile, regarding handling, there are several things that must be considered to reduce stunting in Malang Regency, including through various assistance and education for the community. Among them are assistance and education for prospective brides and grooms. The form is by providing education to prospective brides and grooms including health, healthy lifestyles with balanced nutritious food, and family planning programs including the age of prospective brides and grooms that are sufficient. This is very important to note because there are still many early marriages in Malang Regency. Most are inhabited by Ampelgading District. Government intervention must be strong because on average, these early couples do not know about healthy lifestyles and how to have children so that they do not have the potential to suffer from stunting.

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Conflict OF Interest

The, authors, declare that, the research was, conducted in the, absence of any, commercial or financial relationships that, could be construed as a potential, conflict, of, interest.

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