

Research Article

Factors Inhibiting Implementation of Disaster Management Policies (Case Study of Stunting Management in Rokan Hilir Regency)

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Abstract.

Globally, in 2020 it was estimated that 149 million children under the age of 5 will experience stunting (WHO, 2020). In 2021, the stunting prevalence rate in Indonesia would still be 24.4%, even though the WHO maximum limit for stunting in a country is 20%. Meanwhile, the prevalence of stunting in West Sumatra at the end of 2021 was 23% (Ministry of Health, 2021). To accelerate the reduction in stunting rates, the government is implementing a convergent intervention approach involving multiple sectors at various levels. Implementation of convergent interventions was carried out by combining or integrating various resources to achieve a common goal, namely ensuring that services from each specific nutrition intervention and sensitive nutrition intervention are available in districts/cities and villages and are easily accessed and utilized by community groups in need, especially mothers. Pregnant women, breastfeeding mothers, and children aged between 0 and 23 months were referred to as 1000 HPK households or priority targets. Apart from that there were important target categories, namely children aged between 24 and 59 months, women of childbearing age, and young women. This research examines the factors inhibiting the implementation of disaster management policies (Case Study of Stunting Management in Rokan Hilir Regency). This research was carried out to deal with stunting and accelerate the reduction in stunting prevalence. The involvement of all stakeholders in encouraging, modifying, and expanding the scope of work areas certainly requires support and sufficient budget from the central and regional governments. The role of multi-stakeholders is really needed by building commitment, shared perspectives, resource support, and actor strength. The approach taken is a qualitative approach with descriptive analysis methods. The data required in this research consists of primary and secondary data. The units of analysis in this research are people or parties who are considered to have knowledge about the implementation of food security policy innovations in dealing with stunting and also from the policy implementing apparatus. Some of whom have certain positions, including staff, the community and also from NGOs which are parties involved in implementing food security policy innovations to combat stunting in Rokan Hilir Regency.

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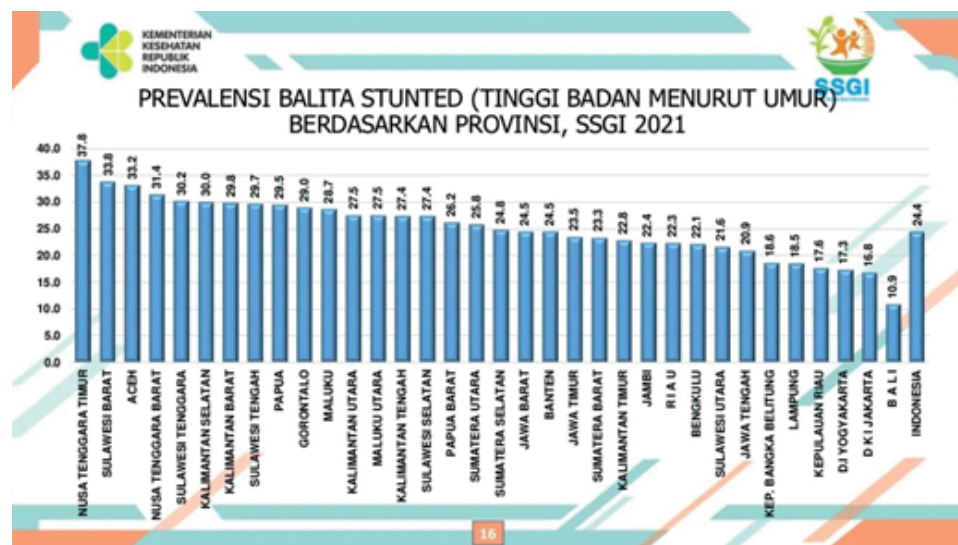
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1. Introduction

Every year, Indonesia has experienced a decline in the prevalence of stunting. However, the current stunting prevalence rate is still far from the target of 14% which must be achieved by 2024 or as many as 5.33 million children under five are still stunted. In 2013, the stunting prevalence rate was 37.2%. In the following five years, this figure decreased to 30.8%. In 2019, stunting also decreased to 27.7%. Because there is no data collection, the stunting prevalence rate in Indonesia in 2020 is estimated to fall to 26.92%. This figure is predicted to decrease by 0.75% compared to 2019 (27.67%). In 2021, the stunting prevalence rate will be 24.4% (kemkes.go.id, 28 December 2021).



Data source: kemenkes.go.id

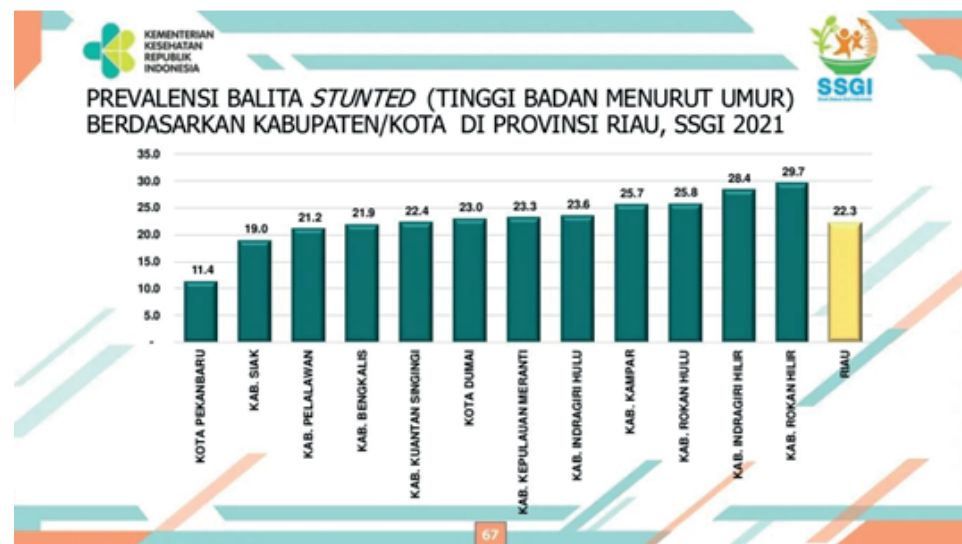
Figure 1: Percentage of Stunting Prevalence in Indonesia 2021.

If we look at each province, referring to the results of the 2021 Indonesian Nutrition Status Study (SSGI), East Nusa Tenggara is the area with the highest prevalence of stunting, namely 37.8%. Next are the provinces of West Sulawesi (33.8%), Aceh (33.2%), West Nusa Tenggara (31.4%), and Southeast Sulawesi (30.2%). Meanwhile, if we look at each district, referring to data from the National Population and Family Planning Agency (BKKBN), the district with the highest prevalence of stunted toddlers in Indonesia is South Central Timor Regency, East Nusa Tenggara Province (cnnindonesia.com, 23 March 2022). Based on the 2021 SSGI, the stunting prevalence rate in South Central Timor Regency reached 48.3% (kemkes.go.id, 28 December 2021).

The efforts of the central government and regional governments to reduce the prevalence of stunting are guided by the National Strategy for the Acceleration of Prevention of Stunting for the 2018-2024 period, which was followed by the issuance of Presidential

Regulation Number 72 of 2021 concerning the Acceleration of Reducing Stunting. This Presidential Decree regulates the national strategy for accelerating stunting reduction; implementing stunting reduction; coordinating the implementation of stunting reduction; monitoring, evaluation and reporting; and funding. This commitment (bappenas.go.id, 12 July 2022) has been designed to solve the multidimensional problem of stunting.

Apart from that, the stunting problem is part of the national priority program of the National Medium Term Development Plan (RPJMN) 2020-2024. The policies above are guidelines for regions in overcoming stunting problems in their regions. The prevalence of stunting in Riau Province in 2021 is 22.3 percent. This figure is slightly better than the average prevalence of stunting in Indonesia. However, faster changes are still needed to reach 14 percent by 2024 or must be reduced by 3 percent per year. The following is stunting prevalence data in Riau in 2021.



Data source: kemenkes.go.id

Figure 2: Prevalence of Stunting in Riau Province 2021.

Rokan Hilir Regency has the highest stunting rate in Rokan Hilir Regency, namely 28.87 in 2019. Data from the Riau Provincial Health Service reports that the average percentage of stunting rates in Riau this year is still high, namely 24.1 percent. However, now the stunting rate has decreased from year to year, although not yet significantly.

Stunting is a national issue where prevention is still ongoing today. The problem of stunting is a long-term problem that has an impact on the future of the nation [1]. Stunting is one of the goals of the Sustainable Development Goals (SDGs) contained in the 2nd Sustainable Development Goal, namely eliminating hunger and all forms of malnutrition by 2030 and achieving food security [2]. The aim is to reduce the stunting rate by 40%

by 2025 to reduce stunting globally and nationally because the problem of deformation is closely related to the quality of human resources in the future [3].

The impact caused by stunting is stunted growth which can be divided into short-term and long-term impacts. Short-term effects: increased incidence of morbidity and mortality, suboptimal cognitive, motor and verbal development in children, and increased health costs. Meanwhile, the long-term impacts: less than optimal body posture in adulthood (shorter than usual), increased risk of obesity and other diseases, reproductive health problems, less than optimal learning abilities and performance during school, and less than optimal productivity and workability [4].

Stunting is caused by multidimensional factors and not only by malnutrition experienced by pregnant women and children under 5 years of age. Therefore, the most critical steps to reduce stunting must be implemented in the first 1000 days of life in children under five years of age.

2. Methods

This research was carried out in Rokan Hilir Regency. The reason for selecting research objects was due to the high level of stunting cases in Rokan Hilir Regency. In this research, the approach taken is a qualitative approach. The data required in this research consists of primary data and secondary data. Primary data comes from informants in the form of information and data from interviews with parties involved in policies in efforts to overcome stunting in Rokan Hilir Regency, including the community and NGOs. Secondary data comes from literature studies, articles, documents and photos, statistical data, and archives, both from the government and the community. The unit of analysis in this research are people who are considered to have knowledge about the Stunting prevention policy in Rokan Hilir Regency from among the policy implementing apparatus, some who have certain positions, some as staff, community members and also from NGOs. The facts required are in the form of words or actions of informants who provide data and information about the matter in question, through the process of interviews and observations. Data collection was also carried out through FGDs with relevant stakeholders. The triangulation method is carried out by reducing data, then describing and explaining the research results, then drawing research conclusions.

3. Results and Discussion

3.1. Transformation of Indonesian Bureaucracy

In every implementation of an activity there are always obstacles in its implementation. To achieve a desired desire in carrying out activities is not easy even if all these matters are carried out optimally. Achieving satisfactory results cannot be separated from obstacles and obstacles caused by several factors. The following are various things or factors that inhibit stunting sufferers from decreasing:

a. Lack of Information

One of the causes of the still high stunting rate in Indonesia is the lack of information to the public about the importance of paying attention to nutritional intake and personal hygiene in pregnant women and children under two years of age. Several inhibiting factors in overcoming nutritional problems for children in cases of handling stunting in Rokan Hilir Regency. In this aspect, the problem is because people often take feeding for children lightly, as well as personal hygiene, including washing hands with soap, or the effects of open defecation because they are reluctant to use the latrine. Even though these factors are closely related to stunting. Many people still don't know and many believe that stunting is a hereditary or genetic disease. A short child's body is often thought to be the result of heredity, even though the child is indicated not only by genetic factors but also by experiencing malnutrition, possibly stunting. Another obstacle is the public views that stunting is genetic or heredity and is a determinant of health whose value is the smallest when compared with things such as living a healthy life, maintaining a clean environment and health services. Determinant factors can be organic in nature and are causes that arise from within the organization or from within the individual himself.

b. Community Character

Community character is a community that has unique characteristics according to certain characteristics or traditional characteristics that have been passed down from generation to generation. The cause of stunting is not only the problem of poverty which has an impact on malnutrition in mothers and children. In fact, stunting is also caused by socio-cultural constructions that exist in society. Habits passed down from generation to generation in society influence parenting patterns and people's way of life. Some of these habits are known to be inappropriate for stunting prevention practices.

In this aspect, people still have a tradition of feeding bananas to babies under six months of age so that children are full and not fussy. In fact, during this period the best nutritional intake for babies is exclusive breast milk (ASI). This phenomenon suggests that handling stunting and social and cultural factors in society are two sides

of a coin that cannot be separated. Another problem faced is socio-cultural issues, underprivileged families have weak community understanding regarding parenting patterns, eating patterns and increasing access to clean water and sanitation to provide good nutrition to children. People sell agricultural and garden products in the form of processed vegetables and fruit. Fresh fish from ponds or from the sea is prioritized for sale and exchanged for money to buy other necessities.

People in general prioritize purchasing other necessities rather than things related to nutrition, as well as a lack of public knowledge in processing food ingredients, for example fish. Because many of them can only cook fish by frying and grilling, children get bored more quickly when eating fish. Providing additional food such as green beans, eggs, fish, milk, as well as vegetables and fruit for children, can all be obtained from local food. Providing additional food in the form of local food. The focus is on macronutrients and micronutrients for toddlers and pregnant women which are very necessary in efforts to prevent low birth weight (BBRL) babies and stunted toddlers. Three things that need to be considered in preventing stunting are improving diet, parenting patterns, and improving sanitation and access to clean water. Based on the daily dietary habits adopted by the community, there are several habits that are factors in the emergence of stunting in children, namely that they rarely give animal protein intake to their children under five, people prefer to serve food rich in spices. For them, food with spices is more important than food rich in protein.

c. Low Participation

Low community participation in posyandu, and lack of cross-sectoral coordination and support. As well as low awareness in carrying out early detection, especially health monitoring for pregnant women and toddlers. Below, the author describes the results of interviews with several sources regarding the inhibiting factors in overcoming nutritional problems for children due to disease, a case study of handling stunting in Rokan Hilir Regency. The government has taken the problem of stunting seriously, and the government has begun implementing programs to reduce the number of stunting. Many parents have an attitude of not caring, parents only trust the government's handling and they should be able to take care of themselves and maintain their child's nutrition.

Community participation is needed in every government program to prevent stunting. The high rate of stunting in Rokan Hilir Regency currently shows that there is low community participation in preventing stunting. On average, families with stunted children have unclean or dirty toilets which harbor various viruses, fungi and bacteria. One of the bacteria can cause diarrhea, diarrhea that occurs repeatedly due to infection in toddlers can cause stunting. A housewife and her husband are only agricultural laborers whose

income is uncertain, it could even be said to be small, far below the district minimum wage. So they are unable to provide maximum nutritional intake to their children.

d. Lack of Knowledge About Children's Nutrition and Health

There is a lack of knowledge among residents, especially parents, about good lifestyle patterns in raising children. Stunting cases occur due to parents' lack of knowledge in caring for children, especially regarding providing food and drink. Unconsciously, many parents who have good financial means have given them the wrong food and drink, which threatens their children's health.

The main factor in children experiencing stunting is due to lack of nutrition, both during pregnancy and after they are born. Parents give their children snacks that contain artificial sweeteners, which are not allowed (to be consumed) by children under 5 years old, but because the parents don't understand, they just give them. Many people also think that food that is full of nutrients is expensive food, even though this is not true. There needs to be assistance to the community so that they are able to provide good nutritional intake for children. Creative ways are needed to be able to change people's mindset and culture in nutritional intake. Low knowledge of mothers regarding health problems, especially issues regarding nutritional needs in families, especially children. This could happen because of the mother's education level. So how important it is for teenagers to know about nutritional issues before they get married and have children, especially for young women. Because of this, it can prevent the growth of stunting in Indonesia. For example, before getting married, women must check their overall health condition, such as not being too thin, not too fat, and not suffering from anemia.

4. Conclusion

Inherently, the Indonesian bureaucracy is still stuck in the old problem of formalism. Although the Indonesian government's campaign on digital transformation is echoed (2), it has not shown the significance of digital-based bureaucratic reform. The Indonesian bureaucracy is stuttering with rapid changes due to the Covid-19 pandemic. Theoretically, based on the context of the problem, two concepts of the bureaucratic model can be experimented with, namely Innovation Bureaucracies and Post-Bureaucracy. Further research is needed to formulate a relevant bureaucratic model for the context of the pandemic and post-pandemic. Factors that hinder the implementation of disaster management policies in dealing with stunting in Rokan Hilir Regency are as follows: Lack of information to the public about the importance of paying attention to nutritional intake and personal hygiene for pregnant women and children under two years old.

Community Character, namely typical characteristics, traditional ways or hereditary habits in society that influence parenting and eating patterns. Low Participation: People don't want to go to posyandu, and there is a lack of coordination and support from across sectors. Lack of Knowledge About Children's Nutrition and Health. Parents' knowledge of good lifestyle patterns in raising children, regarding providing food and drink. It is important for teenagers to know about nutritional issues before they get married and have children, especially for young women. Suggestion 1. To the Rokan Hilir Regency Government, especially the Health Service, to improve the quality and quantity of staff and employees related to handling stunting in Rokan Hilir Regency. The important thing is village assistants, cadres, village midwives, together with community health centers who must be the spearheads of implementing stunting prevention in the community. Routinely, midwives and accompanying staff must receive special training to improve their abilities and knowledge. For example, holding training on handling and preventing stunting, STBM (Community Based Total Sanitation): Examples are: a. Explain the basic concept of STBM-Stunting, b. Carrying out community empowerment in STBM-Stunting, c. Carrying out communication, advocacy and STBM-Stunting facilities, d. Triggering STBM-Stunting in the community, e. Training techniques in STBM-Stunting Facilitator training. In order to continue to improve and provide assistance to the community in overcoming stunting cases in Rokan Hilir Regency; 2. To the community, so that they can be proactive in helping the government's implementation of tackling Stunting in Rokan Hilir Regency by paying attention to parenting patterns, eating patterns, as well as improving sanitation and access to clean water, so that children can get better nutrition, the community must understand and learn about fulfilling nutrition for children so that they are not affected by impacts that can increase the stunting rate in Rokan Hilir Regency.

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