



Analysis of Balanced Nutrition Program Implementation Against Stunting in Toddlers

Sugiyanto¹, Sumarlan², Anto J. Hadi³ ✉

¹Bachelor Program of Nursery, STIKES Bhakti Pertiwi Luwu Raya, Palopo, Indonesia

²Diploma Program of Midwifery, STIKES Bhakti Pertiwi Luwu Raya, Palopo, Indonesia

³Master Program of Public Health Science, Universitas Aupa Royhan, Medan, Indonesia

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Abstract

Nutrition and stunting problems cannot be separated. Unbalanced nutritional intake will result in children experiencing growth and development failure (stunted). The purpose of this study was to evaluate the process of implementing a balanced nutrition program in overcoming the problem of stunting carried out by health workers in the working area of Bantilang Public Health Center. The research design used descriptive qualitative. The sample amounted to 15 informants. Sampling used a purposive sampling technique. Data analysis using the Collaizi (1978) method. This study produced a number of themes, namely: (1). Balanced Nutrition Program implementation was running less than optimal; (2). Barriers to the implementation of the Balanced Nutrition Program; (3). Efforts to overcome barriers to the Balanced Nutrition Program at the Public Health Center in Bantilang. The Balanced Nutrition Program in the work area of the Bantilang Public Health Center has been implemented, but it has not yet run optimally due to several obstacles including limited community participation and local government. So it is necessary to monitor and evaluate the implementation of the Balanced Nutrition Program by the East Luwu District Health Office.

INTRODUCTION

Indonesia still faces nutritional problems that have a serious impact on the quality of human resources. One nutritional problem that is the main concern at this time is the high number of short toddlers (stunting). Stunting can occur as a result of malnutrition, especially in the first 1000 days of life. Fulfillment of nutrition and health services in pregnant women needs attention to prevent stunting. Stunting will affect the level of intelligence of children and health status in adulthood. As a result of malnutrition in the first 1000 days of birth is permanent and difficult to repair.

Based on the Nutrition Status Monitoring

(Pemantauan Status Gizi or PSG) in 2017 conducted by the Ministry of Health, infants under five years old (toddlers) who experienced nutritional problems in 2017 reached 17.8%, the same as the previous year's number. The number consisted of toddlers who experienced malnutrition 3.8% and 14% undernourished. Basic Health Research in 2013 recorded the prevalence of national stunting reaching 37.2 percent, an increase from 2010 (35.6%) and 2007 (36.8%). Indonesia's stunting rate is well above the 25.7 percent average for the Southeast Asian region (UNICEF / WHO / WB, 2018). The results of the Indonesian Longitudinal Family Life Survey (IFLS 1993, 1997, 2000, 2007, 2014) did show imp-

rovement after the 1997 financial crisis. However, this survey only represented around 83 percent of Indonesia's population (Claudia et al., 2018).

When viewed only based on toddlers with poor nutrition, there were 14 provinces recorded that the proportion of malnutrition was greater than the national average. East Nusa Tenggara is a province that has the largest number of children under five with malnutrition, which is 6.9 percent of the population of children under five in the area. West Papua, in 2016, recorded 5.6 percent of children under five suffering from malnutrition, while South Sulawesi ranked seventh with 5% malnutrition in 2016. South Sulawesi data on the nutrition of children under five shows that in general children in South Sulawesi have a middle ranking compared to other provinces in Indonesia. Almost all indicators of nutritional status resemble the national average data. For malnourished children are 12.0% and malnutrition is 5.1% (national average respectively 13.0% and 5.4%). Based on data received from the Health Service of the Province of South Sulawesi, the number of stunting in Indonesia in 2015 was 29.0%, in 2016 as much as 27.5% and in 2017 as much as 29.6% while in South Sulawesi, in 2015 there were 34.1%, in 2016 35.6%, and in 2017 34.8%.

This problem has actually become a serious concern by the government. This is indicated by the existence of several policies that have been carried out by the government through the policies of the Coordinating Ministry in the Field of Human Development and Culture which instructed the relevant ministries to deal with stunting issues, such as the Ministry of finance which has allocated a budget for handling Stunting in 2018, and the Ministry of Health of Republic of Indonesia has carried out specific nutrition interventions in the first 1000 days of life including macro and micro nutritional supplementation (giving Fe tablets, Vitamin A, *Taburia* supplement), exclusive breastfeeding and weaning food, fortification, balanced nutrition campaign, carrying out classes of pregnant women, administering worm medicines, handling malnutrition, and the National Health Insurance.

Following up on these instructions, the Public Health Center in Bantilang has also implemented a number of policies which are an extension of the Ministry of Health of the Republic of Indonesia in accordance with Minister of Health Regulation No. 41 of 2014 to address the problem of stunting, namely by implementing a balanced nutrition program (*Program Gizi Seimbang*) that has been implemented in recent years. According to Arlius et al. (2017) in their research said that one of the implementation of the nutrition program is monitoring the development of body weight of children under five.

The selection of the Public Health Center of Bantilang as a place of research was based on a preliminary study which was still found several cases related to nutrition and stunting, even though the Public Health Center of Bantilang has implemented the Balanced Nutrition Program policy in accordance with the direction of the Health service of East Luwu Regency East. The purpose of this study was to evaluate the process of implementing balanced nutrition program in overcoming the problem of stunting carried out by health workers in the working area of Bantilang Public Health Center.

METHOD

This type of qualitative research with the aim of obtaining more in-depth information about the analysis of the implementation of a balanced nutrition program in the work area of Public Health Center in Bantilang, Towuti District. The research design used in this research is descriptive qualitative. The purpose of this qualitative descriptive study is to analyze the description in a descriptive manner of the policy that has been implemented.

Participants in this study were 15 informants consisting of the Head of the Health Office of East Luwu Regency, the Head of the Public Health Center in Bantilang, the Balanced Nutrition Program Officials (PGS) of the Bantilang Public Health Center as many as 4 people, the Nutrition Cadres in the Work Area of the Public Health Center in Bantilang as many as 4 people, and the Patient or community as many as 5 people, who were taken by purposive sampling method. Purposive sampling itself is a sampling of research with certain considerations aimed at making the data obtained by the representative more representative (Sugiyono, 2010). In this case the researcher directly appoints informants who are considered to understand the policies of implementing a balanced nutrition program in order to tackle the problem of stunting at the Public Health Center in Bantilang. The inclusion criteria set by the researchers are respondents were willing to take part in research and were willing to tell the process of implementing Balanced Nutrition in their respective work areas, which was stated with informed consent, respondents had qualifications in accordance with their area of expertise, and for people who had children with problems nutrition and stunting.

Data collection technique was using triangulation of data collection (interviews, observations and document studies), while data analysis was performed using the Collaizi (1978) method in Sugiyanto et al. (2018) namely: describing the phenomena under study; collecting descriptions of phenomena from participants; reading all descriptions of pheno-

mena that have been collected from participants; returning to the original transcript and extracting meaningful statements; trying to decipher the meaning of each meaningful statement; organizing the meaning formulated into the theme group; writing a deep and complete description; returning to the participant for validation of the description; and if you get important new data from the validation results, then the data is combined into a deep and complete description.

RESULTS AND DISCUSSION

Characteristics of Participants / Informants

Participants involved in this study were 15 informants consisting of the Head of the District Health Office of East Luwu, head of Public Health Center Bantilang, Officer of the Balanced Nutrition Program (PGS) Public Health center of Bantilang, Nutrition cadres in the Work Area of the Public Health Center in Bantilang, and Patients or the public who are in the working area of the Public Health Center in Bantilang.

Thematic Analysis of Research

Based on the results of interviews conducted on 15 informants, the research results obtained several themes, namely: (1). Evaluation of the Balanced Nutrition Program at the Public Health Center

in Bantilang; (2). Obstacles to the implementation of the Balanced Nutrition Program of the Public Health Center in Bantilang; and (3). Efforts to overcome barriers to the Balanced Nutrition Program at the Public Health Center in Bantilang.

Evaluation Theme of the Balanced Nutrition Program at Public Health Center in Bantilang

Figure 1 shows that the evaluation of balanced nutrition programs in the work area of the Public Health Center in Bantilang in terms of implementation has been running for the last few years. According to the head of the Health service of East Luwu Regency and the head of the Public Health Center in Bantilang revealed that the Balanced Nutrition Program was running optimally. While based on the results of interviews with Nutrition officers and cadres of nutrition, and the community in the work area of the Public Health Center in Bantilang, they all agreed that the implementation of the Balanced Nutrition Program was running less optimally, therefore it is necessary to have an evaluation of the Balanced Nutrition Program. The following is an excerpt from the interview:

P1: “.....saya kira sudah bagus ya, semua Puskesmas di Luwu Timur ini sudah melaksanakan program itu secara maksimal”. (I

Table 1 Characteristic of Informants

Participant Code	Gender	Ages	Occupation
P1	Male	58 years old	Health Office employee
P2	Male	47 years old	Public Health Center Employee
P3	Female	45 years old	Officer of Balanced Nutrition Program
P4	Female	26 years old	Officer of the Balanced Nutrition Program
P5	Female	28 years old	Officer of the Balanced Nutrition Program
P6	Male	34 years old	Officer of the Balanced Nutrition Program
P7	Female	47 years old	Cadre of Nutrition
P8	Female	53 years old	Cadre of Nutrition
P9	Female	32 years old	Cadre of Nutrition
P10	Female	40 years old	Cadre of Nutrition
P11	Male	40 years old	Farmer
P12	Female	59 years old	Farmer
P13	Female	55 years old	housewife
P14	Female	48 years old	Teacher
P15	Female	52 years old	Farmer

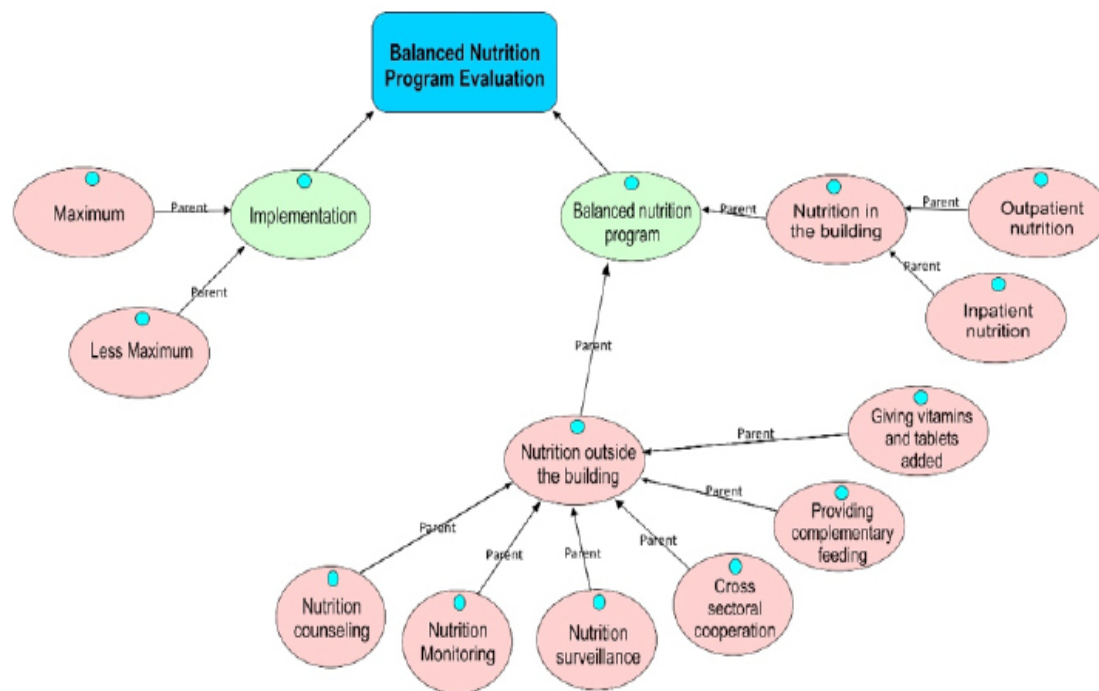


Figure 1. Evaluation Theme of the Balanced Nutrition Program

think it's good, all the Public Health Centers in East Luwu have implemented the program to the fullest).

P2: *"iye, sidah berjalan mi, sudah be-rapa tahun mi terlaksana program itu, dan bagus ji sa liat, semua kader-kader sudah menjalankan program ini secara maksimal"*. (yes, it has been running, this program has been implemented, and it is good if I see it, all cadres have run this program to the fullest).

P3: *"...ya, berjalan ji pak. Tapi ya be-gitu mi, kalo boleh sa bilang kurang maksimal kaya'nya. Karena selama ini bantuan dari pe-merintah untuk program ini tidak maksimal juga"*. (yes, it runs sir. But that's how it is, if I may say it's not optimal. Because so far the assistance from the government for this program is not optimal either). *"Saya tidak tau kenapa sampai tidak maksimal, tapi mungkin ya kalo menurut saya mungkin karena kenda-la apa namanya jarak kaya'nya yang terlalu jauh, kita tau sendiri to, bagaimana kondisi di sini harus menyeberang danau, jalannya yang belum bagus"*. (I don't know why it's not optimal, but maybe in my opinion maybe because the obstacle is too much distance, we know for ourselves how the conditions here have to cross the lake, the road isn't good either).

P4: *"mungkin kita tau mi dari pe-nanggung jawab tadi to,bahwa program ini memang berjalan, tapi ya begitu, kaya' tidak maksimal...."*. (maybe we know from the person in charge earlier, that this program is indeed running, but that is it, seems not optimal).

P8: *"setau saya pak, selama ka' jadi kader menurut saya program ini tidak berja-lan maksimal, contohnya pak, masa' kalo ada kasus gizi buruk masa' cuman dikasi penyuluhan sama biscuit ji..."*. (As I know sir, as long as we become cadres in my opinion this program is not running optimally, for example sir, if there is a case of malnutrition, just 'counseling with biscuit)

P14: *"kalo selama ini kami rasakan pak, program gizi itu biasanya hanya pem-berian biscuit saja, sama penyuluhan-penyu-luhan ji..."*. (what we have been feeling, sir, the nutrition program is usually only giving biscuits and counseling)

This evaluation was carried out to assess the success of the Balanced Nutrition Program (PGS) in overcoming nutritional problems in the work area of the Public Health Center in Bantilang, specifically the problem of stunting. The main purpose of the evaluation is not to blame but to see how big the gap

between achievement and expectations of a policy, the next task is how to reduce and close the gap. In general, the purpose of the evaluation of this policy is to see the suitability of the policy achievements of the Balanced Nutrition Program, factors related to the program / policy and efforts to overcome these gaps. As obtained from the results of interviews that show that the implementation of the Balanced Nutrition Program may not be maximized due to several factors, one of which is the distance of the Public Health Center in Bantilang located in Bantilang village with the district capital which is quite far away, thus allowing access and the handling of nutritional problems is experiencing delays which results in a high incidence of stunting.

It is undeniable that rural conditions far from cities will affect the prevalence of stunting, this is due to the lack of government attention to the village which is likely due to the distance to the village is too far or inadequate infrastructure conditions. This is in line with research conducted by Danila et al. (2018) revealed that the prevalence of stunting is increasing in rural areas. Likewise with previous research which says that the incidence of stunting is high in rural areas (Rachmi et al., 2016).

In addition to the distance between the village and the capital of sub-districts and regencies which is quite far, Bantilang village also has unsupported geographical conditions (mountain areas, hills and across the lake), this allows the level of coverage of protein and iodine consumed by the community is low, so that is what can result in stunted growth of toddlers. According to the research of Cahyono et al. (2016) the determining factor for stunting of children under five in the mountainous ecosystem zone is environmental sanitation.

Judging from its activities, based on the interviews it was found that the Balanced Nutrition Program (PGS) activities included nutrition programs in the building and nutrition programs outside the building. The following interview excerpts:

P1: *"program gisi kalo disini biasanya ada beberapa ruang lingkup, contohnya pelayanan gizi dalam gedung dan pelayanan gizi luar gedung...."* (nutrition programs here usually have some scope, for example nutrition services in buildings and nutrition services outside the building)

P2: *".....iye, programnya itu kaya' pelayanan dalam dan luar gedung, terus ada bagian-bagiannya lagi, misalnya kalo dalam gedung kaya' pelayanan pasien rawat inap dan rawat jalan, terus kalo yang luar gedung itu biasanya kaya' penyuluhan, pemantauan*

balita, ada juga dikasi vitamin sama tablet tambah darah, terus ada istilahnya MP-ASI sama PMT, sama apa namanya e...kerjasama juga sama pihak desa sama masyarakat....." (Yes, the program is like inside and outside building services, and then there are more parts, for example, if inside the building such as inpatient and outpatient services, then if the outside of the building is usually like counseling, toddler monitoring, there is also a recommendation of vitamins and Fe tablets, continue to have breast-milk complementary-food and with providing additional food, and let me think it ... cooperation also with the village and the community)

P3: *".....intinya kalo dalam PGS itu pak ada dua ji e....apa namanya, ruang lingkungannya, kaya' pelayanan dalam gedung dan luar gedung. Kalo dalam gedung kan biasa hanya untuk pasien ji di Puskesmas, terus yang luar gedung itu kaya' penyuluhan begitu, kalo posyandu biasa di kasi penyuluhan ke ibu-ibu biasa juga di kasi vitamin dan tambah darah, itu ji..."* (The point is that in the Balanced Nutrition Program (PGS), there are two... what's the name, the scope, such as inside and outside the building services. If in a building it is normal only for patients at the Public Health center, then outside the building is like counseling, if the integrated service post is usually given counseling to mothers and also given vitamins and Fe tablets.

Nutrition services in buildings are generally individual, which can be in the form of promotive, preventive, curative and rehabilitative services. The nutrition program in the building itself consists of nutrition programs provided to patients who are hospitalized and patients who are treated on an outpatient basis. It aims to monitor and meet the nutritional needs of each patient in order to accelerate the healing and recovery process. While nutrition services outside the building are generally nutrition services to groups and the community in the form of promotive and preventive. In the implementation of nutrition services at the health center required quality services, so as to produce optimal nutritional status and accelerate the healing process of patients. The outdoor nutrition program includes nutrition counseling, community nutrition surveys, toddler nutrition monitoring, provision of complementary foods-breast milk with Weaning food of recovery, provision of vitamins and Fe tablets to pregnant women, and cross-sectoral collaboration.

Law Number 36 of 2009 concerning Health

states that the aim of improving nutrition is to improve the nutritional quality of individuals and the community. Nutrition quality will be achieved among others through the provision of quality and professional health services in all health service institutions. One important health service is nutrition services in public health centers, both inpatient and outpatient. The nutrition approach is carried out through specific and sensitive activities, so the role of programs and related sectors must be synergistic.

Cross-sectoral collaboration is very influential in the successful implementation of the Balanced Nutrition Program in particular dealing with stunting. Local government, for example the village head, is an effective figure to approach the community. The involvement of leaders gives a great psychological impact on the people of their community. In addition, the community also often demands quality cadres who must understand health equally. Cultural background including belief in food and the meaning of food is very influential on food selection. The implementation of the Balanced Nutrition Program should involve Kinder Garden or Elementary school teachers in the neighborhood area. The issue of nutrition is not only the heavy duty of Posyandu cadres but also the responsibility of mothers of toddlers, cadres, health workers, local leaders, teachers and school children (Hardiansyah et al., 2017). Meanwhile, according to his research (Subagyo & Mukhadiono, 2010) shows that there are several forms of participation undertaken by the community in efforts to provide health services for under-fives such as the participation of workers, money and participation in the implementation of the program. With the cross-sectoral collaboration from upstream to downstream it is expected to reduce the number of stunting.

The theme of Barriers to the Implementation of Balanced Nutrition in the Public Health Center in Bantilang

Based on the results of interviews conducted with the informants, a theme was found about the obstacles to implementing balanced nutrition (Figure 2). According to the informant (nutrition officer and nutrition cadre) said that the perceived obstacle during running PGS in the effort to prevent stunting is difficult geographical conditions. Human Resources are still very limited, especially nutritionists, lack of awareness and interest of citizens to come to the Integrated Service Post, the lack of supporting facilities such as Integrated Service Posts which are limited in number, monitoring and evaluation management functions that have not been optimal, and the lack of involvement/assistance from both central and regional government. Meanwhile, according to

the local community, perceived barriers related to the implementation of PGS in the work area of the Public Health center in Bantilang include the lack of supporting facilities such as Integrated Service Posts, which are limited in number and far enough distance, the low interest of residents to visit the Integrated Service Posts because they are busy with work, lazy and far distance, besides that they feel the assistance provided by nutrition workers is still lacking. The following are excerpts of the interview:

P3: "...hambatanya itu ya...apa ya, kaya'nya kurang SDMnya, khususnya yang tenaga gizi ya pak, itu masih sangat kurang, kalo disini cuma dua ji yang ahli gizi, terus ya kaya' tadi yang saya bilang kalo disini itu jauh dari kota, menyeberang danau,....anu juga pak sa liat minat orang disini buat datang ke posyandu itu susah, lebih na utamakan kerjanya di kebun begitu,ada ji keterlibatan pemerintah desa, tapi cuman begitu ji tidak maksimik, tidak terlalu aktif....". (The obstacle is ... what is it, like lacking human resources, especially nutrition workers, sir, it's still very lacking, if there are only two nutritionists, then yes as I said before if it's far from the city, crossing the lake , and also sir, I see that the interest of people here to come to the Integrated Service Posts is difficult, prioritizing their work in the garden, there is village government involvement, but is not maximal, not too active).

P4: "...hambatanya, itu mi tadi jauh, harus pi menyeberang danau baru bisa kesini, terus ada juga desa diujung sana itu jauh sekali kalo mau ke Puskesmas, mendaki gunung pi jalannya baru tidak bagus jalannya, kalo musim kemarau begini, minta ampun itu debunya kalo tidak pake' masker muka' ta kaya pake bedak begitu hehehe..., apa lagi kalo musim hujan hu... kaya' kubangan tedong mi itu jalan, tidak bisa di lewati..." (The obstacle, it was far, you have to cross the lake to get here, then there is also a village at the end there that is very far if you want to go to the community health center, climb the mountain the road is not good, if the dry season like this, oh man, that's dust will make you like use 'face mask' from powder, hehehe ..., what else if it's in rainy season ... like a puddle of cows is the way, it can't be passed).

P5: "...begini mi pak, sama ji hambatanya semua ini pak, bahkan kalo di desa yang ujungnya yang tadi itu tidak adapi singal, jadi

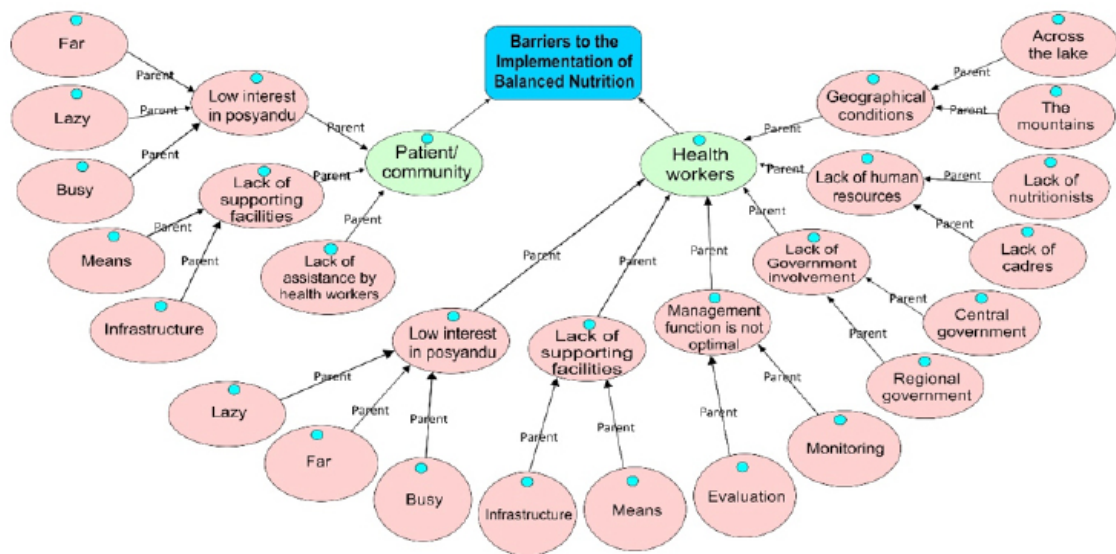


Figure 2. Theme of Obstacles to the Implementation of Nutrition Programs

kalo ada emergensi di sana kita tidak tau". (I see, sir, it's the same as all the obstacles, Sir, even if there is no signal in the village, so if there is an emergency there, we don't know).

P6: "...itu mi juga pak, kalo menurut saya, kondisi daerah ini yang susah di jangkau dan diakses.." (and, in my opinion, the condition of this area is difficult to reach).

P7: "...anu juga pak, kalo menurut saya, tidak ada apa e... apa namanya, pengawasan atau apa le'..monitoring dari dinas pak, jadi kami ya berjalan sendiri, kapus pun sekali-kali ji adakan rapat evaluasi itu pun biasa kalo ada masalah pi..." (and also sir, if in my opinion, there is no ... what's the name, supervision or what .. monitoring from the officer sir, so we are walking alone, even if we hold an evaluation meeting it is normal if there is a problem).

P8: "mayarakat disini juga kurang minatnya pak, biasa di jemput pi baru mau datang ke posyandu, padahal sudah di umumkan terus ada mi jadwalnya, tapi begitu mi malas..., lebih na pentingkan pi mericanya". (The people here are also lacking interest sir, usually in the new pickup, they want to come to the integrated service post, even though it has been announced that there is still a schedule, but once is lazy ..., they are more concerned with the field).

P9: "...kaya'nya tenaga yang kurang pak, berapa orang ji kami disini kalo mau

survei gizi begitu pak, kewalahan kami, anu juga pak kalo sa liat, tidak ada apa namanya, jarang sekali orang dinas datang kesini untuk paling tidak cek programlah bagaimana-bagaimana begitu, ini inang tidak ada, ada mungkin tapi jaranglah". (It seems like the human resources is lacking, how many people are we here if we want to do a nutrition survey, sir, we are overwhelmed, and also sir, if I see it, it's very rare for service people to come here to at least check the program. maybe but rarely).

P10: "...lokasinya tidak mendukung pak, itu ji kalo saya". (The location does not support sir, if it is me).

It is undeniable that the geographical condition of an area will affect the quality of health services in the area. In Bantilang Village, for example, due to geographical conditions in the form of hills and mountains plus inadequate infrastructure, this area experienced difficulties in implementing PGS. The availability of the number of health workers, especially nutrition workers also plays an important role in the PGS program, because nutrition workers are the drivers and implementers of the program, the less nutrition human resources, the smaller and the success rate of the program. In addition to the very limited number of human resources, the problem faced is also the lack of support facilities for implementing PGS, for example the very limited number of integrated service posts. Meter and & (1975) emphasized that policy implementation needs to be supported by adequate resources, both human and non-human resources; the lack of resources will complicate the implementation of the policy. The

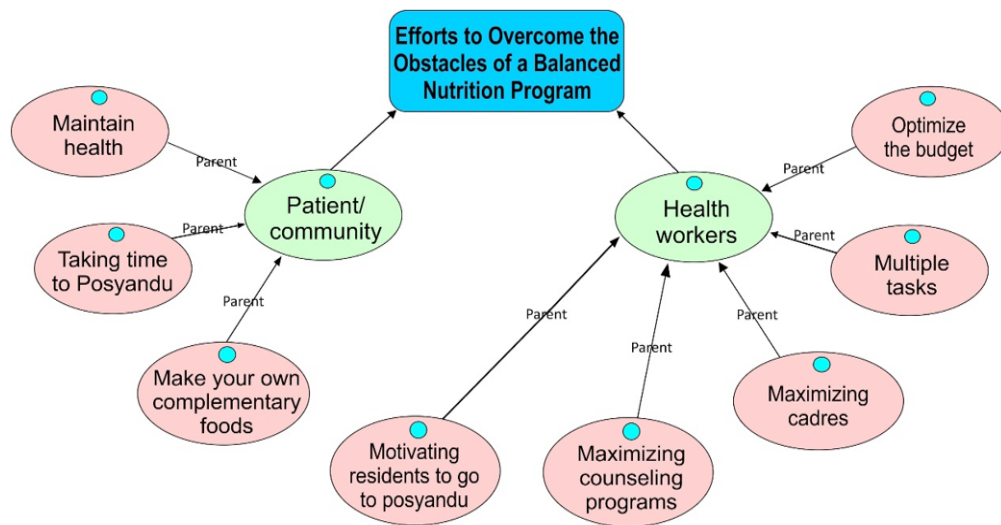


Figure 3. Theme of Efforts to overcome the Obstacles to the Balanced Nutrition Program

success of the program is very much influenced by the amount of human resources available. Based on observations at Public Health Center in Bantilang that nutrition workers and supporting infrastructure for PGS are still below standard. Purnama (2015) stated that the performance of a policy will be determined by financial, material, infrastructure and other resources.

The support and involvement of the local government is felt to be still very minimal in supporting the success of PGS in dealing with stunting issues in the work area of the Public Health Center in Bantilang, this is evidenced by the inauguration of nutrition cadres by the village head who is in the work area of the Public Health Center in Bantilang. Besides that, the support of village funds from the local government in dealing with stunting is also not optimal. Whereas since 2015, the Central Government has budgeted Village Funds that are large enough to be given to villages and are always increasing in number every year. However, according to the National Development Planning Board, the average allocation of Village Funds used for development activities related to stunting reduction is still relatively small. The central government through the Ministry of Villages, Development for Disadvantaged Areas and Transmigration has provided referrals and authority to the village government in supporting the program for handling stunting issues as stipulated in the Village Government Regulation No.19 of 2017 concerning the priority of using 2018 village funds related to stunting. Utilization of the village funds in handling nutrition and stunting problems is to improve the quality of health services such as construction / rehabilitation of village health posts; village birth halls and integrated service posts; provider of healthy food to improve

nutrition for children under five and children health care for pregnant and nursing mothers; community health cadre incentives; procurement of medical devices; and so forth. With optimal utilization of village funds in various regions / villages it is expected to reduce the incidence of malnutrition and prevent stunting for generations of the nation, so as to create a fair and equitable degree of health in the Republic of Indonesia.

Based on the results of interviews and observations the monitoring and evaluation management functions carried out so far have not been optimal. This is indicated by the evaluation carried out by the Department of Health which is only done once a year, but also found that the distribution of PMT to the community is not optimal whereas continuous monitoring and evaluation activities are very important to do to see the success of a program / policy. According to Dunn (2017) said that the monitoring function is to answer questions about what happened in the implementation process, how it happened and why. While the evaluation is to answer the question of what changes have occurred in the program / policy.

Theme of Efforts to overcome the Obstacles to the Balanced Nutrition Program at the Public Health Center in Bantilang

Based on Figure 3. shows that from the results of interviews with nutrition officers, nutrition cadres and the community can be drawn themes about efforts to overcome the implementation of PGS in the work area of Public Health Center in Bantilang in an effort to prevent stunting is divided into two namely, first; Efforts made by nutrition officers are by optimizing the number of nutrition workers in this case, each nutrition worker will get additional workload

/ tasks, optimize the existing budget, both from the center and budget from regional government assistance, although the amount is limited, maximizing nutrition cadres to assist the implementation of PGS by conducting training and mentoring, maximizing health education, especially nutrition in order to prevent people / toddlers from getting stunted, with this counseling it is expected that the community will be more aware to behave clean and healthy life especially for families who have children under five, and the last is to continuously motivate the public to be diligent in visiting integrated service posts or insulated health services. While the second is an effort made by the community to overcome PGS obstacles in efforts to prevent stunting is to maintain the health of individuals so as not to get sick easily, consume nutritious food and make their own Breast-Milk Complementary-Foods, this is because the assistance of complementary-food (*makanan pendamping* or MP) and providing additional food program (*pemberian makanan tambahan* or PMT) recovery from nutrition workers is very limited, and try to always take the time to visit the integrated service posts or the nearest Public Health Center to monitor the growth of their toddlers.

The following is an excerpt from an interview with the nutrition officer/cadre:

P3: "...*penyuluhan tentang gizi di optimalkan mami, sama anu kan kurang ki tenaga disini jadi di..apa namanya, em...dimaksimalkan lah begitu, jadi biasa satu orang harus pegang berapa program begitu, mau diapa mi karna begitu mi kondisi, sama anu juga...anggaran to, karna anggaran terbatas jadi pokoknya di maksimalkan semua hehehe...*". (Nutrition education is optimized, it's the same as lacking the energy here is so ... um, um ... it's maximized so, so it's normal for one person to grasp how many programs are like that, how can I do this because of the conditions, same thing also ... budget to, because the budget is limited so the point is maximized by all hehehe).

P4: "*mudah-mudahan na perhatikan ki' dinas lah...*". (Hopefully noticed by related agencies).

P5: "*upayanya ya, sesuai program, kasi penyuluhan, pemberian biscuit, vitamin, tablet tambah darah itu ji*". (An effort, according to the program, giving counseling, giving biscuits, vitamins, Fe tablets.)

P6: "...*anu biasanya kami juga kasi*

motivasi-motivasi sama orang disini supaya rajin-rajin control, rajin ke posyandu bawa anak ta' ke posyandu begitu-begitu,...untung ada kader gizi di bentuk, jadi itu juga sangat membantu, jadi dioptimalkan mami kader gizinya juga". (Eeee..and usually we also give motivations to the people here so that they are diligent in control, diligent in the integrated service post, bring children like that ... fortunately there is a nutrition cadre in the form, so it is also very helpful, so it is optimized the nutritional cadre is also).

P7: "...*kalo saya sebagai kader pak, mungkin yang bisa sa lakukan ya...apa namanya mengajak warga untuk datang ke posyandu...*". (If I am a cadre, maybe I can do it ... inviting residents to come to the integrated service post).

P8: "...*anu pak kalo ada kasus segera sa lapor di petugas pak, supaya cepat di apa, di tangani begitu*". (eee.. sir if there is a case I immediately report to the officer sir, so that what is fast, handled so)

P9: "...*biasa juga sa tanya-tanya itu warga disini, kalo bisa bawa ki' anak ta ke posyandu, atau biasa sa kasi juga penyuluhan...*". (I also usually ask around the residents here, if I can bring their children to the integrated service post, or I will also give counseling).

P10: "...*penyuluhan pak...*". (....holding a counseling sir...).

The following excerpt from an interview with the community:

P11: "...*ya.. kalo saya ya mudah-mudahan sehat terus lah, makanya biasa sa tanya sama mamanya anak-anak kasi bersih-bersih itu makanan supaya tidak sakit-sakit ki*". (yeah ... if I hope to be healthy all the time, that's why I usually ask my mother's children to clean up the food so it doesn't get sick).

P12: "...*kalo orang disini pak, kalo ada anaknya yang di bilang apa gizi burung atau apa ga...? Biasa kami bikin sendiri itu buburnya pak. Karena biasa biscuit-biskuit yang dari puskesmas tidak ada, bosan juga pak masa itu-itu terus...*". (if people here sir, if their children are told what is bad nutrition or not ...? We usually make our own porridge sir. Because the usual biscuits from the Pub-

lic Health Center were not there, they were bored too).

P13: *"ku bikin sendiri itu buburnya pak..."* (I made the porridge myself, sir).

P14: *"...ya...jaga kesehatanlah, kalo kaya' rasa sakit-sakit biasa sa langsung bawa ke puskesmas atau posyandu kalo pas hari posyandu begitu ji"*. (yes ... take care of your health, if as usual pain I immediately take it to the Public Health Center or integrated service post if on schedule).

P15: *"...ya, biar bagaimana tetap biasa sa usahakan bawa anak ku ke posyandu, baru nanti pergi kebun lagi..."*. (yes, so how can I still be normal, try to bring my child to the integrated service post, and then go to the garden).

Various efforts have been made both by health workers (nutrition cadres) and by the community directly. One of the efforts made by health workers in order to support the implementation of PGS to deal with stunting issues in the work area of the Public Health Center in Bantilang is the optimization of existing health cadres / integrated service posts. The cadres of integrated service posts are optimized by providing training and mentoring, so that the cadre can actively carry out posyandu activities in dealing with stunting issues. Sari (2018) in his research concluded that there is a relationship between training, mentoring and coaching by professionals for cadres and the activeness of cadres of the integrated service posts. This confirms that to optimize the cadres of integrated service posts as the front guard in dealing with stunting issues, it is necessary to provide training and mentoring on an ongoing basis to the cadres of the integrated service posts.

The implementation of integrated service post activities that participated by the community, especially mothers, can provide knowledge for mothers. Indirectly, the level of education can give a chance of stunting, the opportunity of stunting can be around twice for children who has parents with low education than high education (Beal et al., 2018). The role of the integrated service posts in stunting prevention in Indonesia is very important, especially efforts to prevent stunting in infancy. Through monitoring the growth and development of infants and toddlers are done once a month through filling the KMS curve (drawn curve on KMS (*Kartu Menuju Sehat*; a book to record body weight and height progress of babies and toddlers), toddlers who experience growth problems can be detected as early as

possible, so that they do not fall into chronic growth problems or stunting. The integrated service posts themselves cannot function optimally if there is no active participation from the community especially mothers. Implementation of intervention community-based for nutrition educational through health services can effectively improve complementary feeding and childrens' growth (Sharma et al., 2020). Asdhany & Kartini (2012) in their research, said that the higher the level of maternal participation in the integrated service posts activities, the better the nutritional status of children under five based on body weight / age. In other words it can be concluded that if the cadre of the integrated service posts is active in socializing the activities of the integrated service posts. To the community, the community, especially mothers, will also actively participate in the integrated service posts so that nutrition and stunting problems can be prevented as early as possible.

Another effort undertaken by the community in overcoming obstacles in implementing PGS in the context of dealing with stunting problems is to make Complementary Foods - Mother's Milk and PMT themselves. Exclusive breastfeeding can decrease trend stunting in children and has a significant role in nutritional status of child (Kumar & Singh, 2015). Breast milk should still be given until the age of 2 years followed by supplementary foods - mother's milk at the age of 6 months. Complementary Foods - Mother's Milk is food that is given to children in conjunction with breast milk. Complementary Foods - Mother's Milk itself is to supplement breast milk, not to replace breast milk. Giving complementary foods was associated with improved growth and weight gain (Kalanda et al., 2006; Roy et al., 2007). Even in the provision of Complementary Foods - Mother's Milk must be in accordance with the age, schedule and frequency of administration. Lestari et al. (2014) in their research found that there was a significant relationship between age of Complementary Foods - Mother's Milk and nutritional status (weight / height index) of children aged 1-3 years in Padang city in 2012 ($p = 0.001$). The relationship shows that if children are given Complementary Foods - Mother's Milk on schedule will produce a better growth of the child's kemang than children who are given Complementary Foods - Mother's Milk early. This was also emphasized by Widyawati et al. (2016) in a study that showed a significant relationship between the frequency of Breast-Milk Complementary-Foods and the nutritional status of children. Frequency of Breast-Milk Complementary-Foods / main food that is enough is 3 times or more can meet the consumption of food and nutrients needed by children according to their age.

While the recovery Providing Additional

Food Program (*Pemberian Makanan Tambahan* or *PMT*) is intended to meet the nutritional needs of toddlers as well as learning for mothers of the target toddlers. *PMT* recovery is very important given to toddlers who experience nutritional problems to meet their nutritional and energy needs. Fitriyanti & Mulyati (2012) in her study said that the administration of *PMT*-recovery for 2 months had an influence on changes in nutritional status based on Weight / Height and Weight / Age of toddlers malnutrition with an energy contribution of $54.60 \pm 15.42\%$ and protein $79.17 \pm 37.75\%$. *PMT* recovery is given in the form of food or local food ingredients. *PMT* recovery is only consumed by malnourished children under five and in addition to daily food rather than as a substitute for primary food. There are two types of local food-based recovery *PMTs*, namely Breast-Milk Complementary-Foods for infants and children aged 6-23 months) and supplementary foods for recovery of children under five 24-59 months in the form of family food.

CONCLUSION

This study concluded that the balanced nutrition program includes: the implementation of *PGS* is running less than the maximum, *PGS* covers nutrition programs inside and outside the building, barriers to implementing *PGS* experienced by Health Officers include geographical conditions, lack of human resources, low interest of citizens to integrated service posts, management functions are not optimal, and the lack of supporting facilities, while those felt by the community include; the lack of supporting facilities, the low interest of residents to integrated service posts, and the lack of assistance by health workers, efforts to overcome *PGS* barriers made by health workers namely; optimize existing budgets, double the tasks, maximize cadres, maximize counseling programs, motivate citizens to integrated service posts, while what the community does is to make their own Breast-Milk Complementary-Foods, maintain health, and try to take the time to integrated service posts.

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