



# Qualitative Analysis Of Nutrition Management Of Stunting Toddlers in The Work Area Of Jabung Public Health Center

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**Abstract.** Efforts in the context of the acceleration action plan One way to improve nutrition is to tackle stunting in toddlers, focusing on the First 1000 Days Life (HPK) or SUN ( Scaling Up Nutrition ). Stunting is the highest prevalence in the Jabung Health Center work area in Malang Regency , This show that quality service health is still low. The purpose of this study was to evaluate the management of nutritional status of stunted toddlers with input, process and output elements. This study is a qualitative study. Initial informants were determined using purposive sampling techniques. Data collection methods through interview deep, observation And documentation to 6 informant beginning Which consists of from head health center, midwife coordinator KIA, coordinator nutrition, midwife village, cadre And Mother toddler target. Two informant triangulation Which consists of from coordinator health family And coordinator nutrition Service Health Regency. Results study show on stage input that is power health Which involved Still need addition, Not yet There is power nutrition. On element process, part program implemented with Good covering program Healthy for woman pregnant, giving breast milk Exclusive, monitoring grow flower, giving additional food, giving vitamin A except for the program of giving sprinkles. In the elements output, coverage prevalence stunting in Health Center Jabung Regency Poor year 20 23 as big as 17, 84 %.

**Keywords:** Baby; Nutrition; Stunting

## 1. INTRODUCTION

Toddler age is an important period where growth and development occur very rapidly. During this period, toddlers require adequate nutritional intake, both in terms of quantity and quality, to support quite high physical activity and the ongoing learning process. If nutritional needs are not met, this can hinder their physical growth and intellectual development, which ultimately has the potential to create a lost generation . The impact is that the country will lose quality human resources.

Toddlerhood is a vulnerable age period for nutritional problems and diseases. Malnutrition in toddlers can inhibit physical, mental, and spiritual growth and development, which ultimately has an impact on the low quality of human resources. The nutritional status of toddlers is an important indicator in determining their health condition, because children under the age of five are included in the group that is vulnerable to health and nutritional disorders. The impact of malnutrition can be measured physically using anthropometric methods, with categorization based on WHO standards through the BB/U (Weight for Age), TB/U (Height for Age), and BB/TB (Weight for Height) indices .

One indicator of nutritional status is toddlers with very low height for age (TB/U) to exceed a deficit of two standard deviations (SD) based on anthropometric measurements,

known as stunting. The prevalence of stunting in Southeast Asia in 2022 is relatively high, reaching 2.8 % . In Indonesia, the stunting rate in toddlers reached 3.6 % in 2022 according to the Director of Nutrition Development of the Indonesian Ministry of Health. Based on Riskesdas 2023 data , the prevalence of stunting in East Java Province was recorded at 3.2 % (Ministry of Health, 2023 ) . In Malang Regency , the prevalence of stunting in 2023 was recorded at 10.95%, slightly decreasing compared to 2022 which reached 11.14%. However, according to the East Java Provincial Health Office , more than a third of toddlers (around 200 children) in Malang Regency still experience stunting. Until September 20 23 , the coverage of good nutrition in Malang Regency only reached 68.35%, lower than the national target of 75%. This shows that the nutritional status in Malang Regency is still concerning.

According to the World Health Organization (WHO, 20 2 3), stunting is a condition of chronic malnutrition that occurs due to low nutrient intake over a long period of time and frequent illnesses. Stunting can be influenced by various sensitive factors, such as lack of attention in parenting, use of unclean water, unhealthy environment, limited access to food, and poverty.

Stunting can also start during pregnancy. The mother's nutritional condition before, during, and after pregnancy greatly affects fetal growth. Pregnant women with malnutrition are at risk of giving birth to babies with low birth weight, which is one of the main causes of stunting . After birth, babies who do not get good breast milk are more susceptible to various infections due to lack of adequate nutritional intake and poor food hygiene. Providing Infant and Young Child Feeding (PMBA) is a key factor in supporting child growth. After 6 months of age, children need additional nutrition to meet their micro and macro nutritional needs, and must be ensured to be safe (WHO, 20 2 3).

According to WHO (2023 ) , interventions to overcome stunting in toddlers include prenatal and postnatal interventions, both specific and sensitive. This can be done through nutritional improvement efforts that focus on the first 1000 days of life. At the global level, this strategy is known as Scaling Up Nutrition (SUN), while in Indonesia it is known as the National Movement for Accelerating Nutrition Improvement.

The results of a preliminary study showed that the highest prevalence of stunting in Malang Regency in 2023 was in the Jabung Health Center working area , with a figure of 33.58%, an increase compared to 2022 which was 31.8%. Based on an interview with the Head of the Jabung Health Center , the Jabung area as an area has a risk of stunting caused by low iodine absorption in mountainous areas. Although most of the population are vegetable farmers who use pesticides, advocacy to the Agricultural Extension Agency (BPP) shows that the use

of pesticides in the area is still within safe limits and does not have a significant effect on stunting cases. The Jabung Health Center has also implemented various health programs oriented towards reducing stunting rates, with a focus on interventions during the First 1000 Days of Life (HPK) through prenatal and postnatal approaches.

This study aims to evaluate the management of nutritional status of stunted toddlers in the work area of Jabung Health Center, Malang Regency, using a system approach that includes input, process, and output aspects. This evaluation includes the following programs: 1) health for pregnant women, 2) exclusive breastfeeding for infants aged 0–6 months, 3) monitoring infant growth and development, 4) provision of additional food, 5) provision of vitamin A supplements for toddlers, and 6) provision of sprinkles.

## **2. METHOD**

This study is a qualitative study in the Jabung Health Center Working Area, Malang Regency. Initial informants were determined using purposive sampling techniques. Data collection methods were obtained through in-depth interviews (interview), observation and documentation to 6 informant beginning Which consist of head health center, midwife coordinator KIA, coordinator nutrition, midwife village, cadre And Mother Bali is here target. Validity data done on two informants triangulation Which consists of from Coordinator health family And coordinator nutrition public health Office Regency. Technique analysis data in this study by reduction, display and drawing conclusions.

## **3. RESULTS AND DISCUSSION**

From the results of interviews related to the management of the nutritional status of stunted toddlers at the Jabung Health Center, it shows that in terms of input elements, human resources (HR) still need additional personnel, especially for the position of nutrition coordinator. Although the tasks in handling stunted toddlers have been integrated, there is no special team, and the division of tasks is not fully in accordance with competence. Currently, the position of nutrition coordinator is held by a midwife. Health cadres play a major role in efforts to handle stunting, are active in integrated health post activities, and make home visits to motivate families who have not received health services. Based on observations, supporting facilities such as medicines, vitamins, micronutrients, and examination tools are adequate. However, there is a lack of anthropometric measurement tools for infant length because only one tool is available. Funding for activities is fully supported by the District Health Office.

From the process element, Jabung Health Center has implemented most of the 1000 First Days of Life (HPK) program according to existing guidelines. The policy for managing stunted toddlers involves empowering village midwives as the main implementers, with the support of cadres and other health workers to encourage pregnant women to make integrated ANC visits at the Health Center.

According to WHO (2023), stunting can start from the mother's nutritional condition before and during pregnancy, which greatly affects fetal growth. Pregnant women with poor nutrition are at risk of giving birth to babies with low birth weight (LBW), one of the main causes of stunting. After birth, babies who do not receive exclusive breastfeeding are at risk of infection due to lack of adequate nutritional intake and unhygienic eating patterns. Infant and Child Feeding (PMBA) plays an important role in supporting child growth. After six months of age, children need additional intake of sufficient and safe micro and macro nutrients (Mutia, 2020). Socio-economic factors, food security, availability of clean water, and access to basic services also influence the prevalence of stunting (Lailatul, 2015).

Margawati Research (2018) revealed that poor quality of antenatal care increases the risk of low birth weight (LBW) babies by 5.85 times compared to good antenatal care. This is important, because LBW is one of the main factors in stunting. From the output element, the prevalence of stunting in the Jabung Health Center work area experienced a significant decline in 2023, reaching 16.74%, much lower than in 2022 and 2021 which exceeded 30%. This decline in prevalence was supported by the implementation of various programs, including health programs for pregnant women, exclusive breastfeeding, monitoring child growth and development, providing additional food, vitamin A supplements, and sprinkles.

The health program for pregnant women at the Jabung Health Center shows that in terms of human resources (HR), improvements are still needed, especially in health promotion related to nutrition and socialization of health services. Although the main tasks have been integrated, the implementation of health promotion is still carried out by personnel who are not competent. In addition, although the 1000 First Days of Life (HPK) program has been implemented since previous years, efforts in 2022 involved health cadres for home visits to motivate pregnant women to make integrated ANC visits at the health center. Program financing is subsidized by the District Health Office, with special attention to pregnant women with KEK (Energy Calorie Deficiency) in the form of milk distribution. Facilities and infrastructure, such as vitamins, medicines, ANC equipment, and counseling media, are adequate.

In the implementation phase, the program has been running according to the guidelines, and the involvement of cadres in home visits has had a positive impact on the coverage of ANC visits. Data shows that K1 visits reached 95.5% and K4 83.6%. However, additional personnel with appropriate competencies are still needed to support cross-sectoral socialization related to integrated ANC.

The exclusive breastfeeding program at the Jabung Health Center still has obstacles on the input side. Health workers are not yet fully competent in providing education about exclusive breastfeeding due to lack of training. The exclusive breastfeeding policy includes skin-to-skin contact practices, breastfeeding in the first 60 minutes, and breastfeeding according to the baby's needs. In 2022, the coverage of exclusive breastfeeding reached 86.8 % , indicating the success of this program in reducing the prevalence of stunting. Monitoring of toddler growth and development is carried out periodically through integrated health post activities. However, the limited availability of anthropometric tools is an obstacle, because only one tool is available for 12 fostered villages. Data shows that the presence of toddlers in growth and development monitoring reached 76.8 % . This monitoring is very important because it is related to the nutritional status and development of children.

The provision of additional food (PMT) is also carried out through posyandu activities. This policy involves cadres and the community with standard procedures, such as the use of local ingredients and the provision of additional nutrition. The coverage of PMT provision reached 76.8 % in 2022, but attention is still needed to the quality and quantity of food. The vitamin A provision program was implemented in February and August with very good distribution coverage of infants and toddlers, reaching almost 100%. The provision of this vitamin is one of the supporting factors in reducing the prevalence of stunting in the Jabung Health Center work area. However, the program for providing sprinkles has not been effective because the nutrition coordinator does not have adequate competence. This has resulted in poor sprinkle management, such as planning, distribution, and evaluation. In 2022, the distribution of sprinkles to toddlers was recorded at 0%, so it did not contribute to reducing the prevalence of stunting.

Despite the various obstacles and achievements, the programs at the Jabung Health Center have had a positive impact on reducing the prevalence of stunting, although improvements are needed in terms of human resources, program management, and health worker training.

## **CONCLUSION**

The health program for pregnant women in an effort to reduce the prevalence of stunted toddlers is running very well. This can be seen from the high coverage of ANC visits, which is 95.5 % in K1 and 83.6% in K4. The exclusive breastfeeding program has also shown significant success, with the coverage of babies receiving exclusive breastfeeding reaching 85.9 % in 2022.

The toddler growth and development monitoring program also went very well. The attendance of infants and toddlers for monitoring reached 85.9 % . Village midwives routinely weigh babies every month, and measurements of children's length and height are carried out simultaneously every year. The program for providing additional food for toddlers was also considered effective, with 78.9 % of infants and toddlers receiving additional food during posyandu activities. The vitamin A distribution program also showed high success. The distribution of vitamin A for infants reached 100% in February and 97.61 % in August. For toddlers, coverage reached 100% in February and 97.88 % in August.

However, the program for providing sprinkles has not been effective. This is due to the incompatibility of the competencies and duties of the nutrition coordinator who is the program implementer. As a result, the distribution of sprinkles for toddlers in 2022 was recorded at 0%.

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