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## **Evaluation of stunting policy in Enrekang Regency in 2022**

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**Abstract**--Stunting is a global nutritional problem, including in Indonesia. To overcome stunting, the government has carried out an acceleration program for stunting prevention in 100 priority city regencies involving the health and non-health sectors through specific and sensitive nutrition interventions. This study aimed to evaluate stunting policy in Enrekang Regency in 2022. This study is a quasi-qualitative exploring the evaluation of stunting policy through in-depth interviews, observation and documentation. The data collection technique used was in-depth interviews in which respondents were selected through snowball sampling and obtained 10 informants consisting of 3 respondents as regular informants, 6 respondents as supporting informants and 1 respondent as a key informant. The results showed that the legality of the program issued by the

Enrekang Regency Government in supporting efforts to accelerate and control stunting is the Regent's Regulation Number: 107/KEP/II/2018 concerning Gerakan Masyarakat Peduli Stunting (GEMPITA) (or translated, the Stunting Care Community Movement). The availability of human resources and facilities and infrastructure to support the Regent's Regulation on the prevention and control of Stunting in Enrekang Regency is sufficient. Budget realization in accelerating stunting reduction comes from the Special Allocation Funds from the central government assisted by the regional budget (APBD) that is adjusted to regional finances and Village Funds budgeting. The implementation of the stunting prevention policy in Enrekang Regency has been running optimally, and every month *Posyandu* (the integrated health care center) activities are carried out to monitor the development of pregnant women and the development of toddlers.

**Keywords**---Evaluation, Policy, Stunting.

## **Introduction**

The Global Nutrition Report in 2020 reported that there were around 149 million or 21.9 percent of toddlers experiencing stunting worldwide and most of them were in the Asian region, namely around 81.7 million toddlers or 54.8 percent of the total figures. The World Health Organization (WHO) has set a stunting reduction target of 40 percent by 2025 (Development Initiatives, 2020).

According to the Joint Child Malnutrition Estimates from the 2018-2019 edition, the prevalence of stunting toddlers in the world was 22.2% in 2017 and 21.9% in 2018. This situation is the cause of approximately 2.2 million of all causes of toddler mortality worldwide. Data on the prevalence of stunting toddlers collected by the World Health Organization (WHO) revealed that Indonesia is included in the top-third country with the highest prevalence of stunting in the South-East Asia Regional (SEAR). The average prevalence of stunting toddlers in Indonesia from 2005 to 2017 was 36.4% (Ministry of Health RI, 2018a)

The Data from Basic Health Research (Riskesdas) in 2018 revealed that the prevalence of very short toddlers decreased from 2007 at 18.8% to 2013 at 18% and decreased again in 2018 at 11.5%. However, the prevalence of stunting has increased from 2007 at 18.0% to 2013 at 19.2% and increased again in 2018 at 19.3%. From these data, it can be concluded that in 2013, the prevalence of very short and short toddlers was 37.2% while in 2018, it was 30.8% (Ministry of Health RI, 2018b). This figure has not met the 2019 RPJMN target, namely, the number of stunting is less than or equal to 28%. The number of stunting toddlers in East Java in 2018 reached 30% of the total toddler population (Ministry of Health RI, 2018b)

The results of the Regency/City Recapitulation in South Sulawesi showed that there are 5 regencies/cities with the highest percentage (prevalence) of stunting toddlers, namely Jeneponto Regency at 48%, Enrekang Regency at 46%, Tana

Toraja Regency at 41%, Bantaeng Regency at 41% and Pinrang Regency at 41% (South Sulawesi Provincial Health Office, 2018).

For Enrekang Regency, the prevalence of stunting in 2019 has increased to 28.5%—and based on the results of PSG data in 2019, it was revealed that of the 14 *Puskesmas* (Community Health Center) in Enrekang Regency, there were five *Puskesmas* with the highest prevalence of stunting, including Buntu Batu at 47.7%, Baraka at 38.7%, Bungin at 37.9%, Masalle at 36.0% and Sumbang at 32.7.% (Enrekang Regency Health Office, 2019).

However, the prevalence of stunting in 2020 has decreased to 23.3%—and based on the results of PSG data in 2020, it was revealed that of the 14 *Puskesmas* in Enrekang Regency there were five *Puskesmas* with the highest prevalence of stunting, including Buntu Batu at 47.7%, Baraka at 38.7%, Bungin at 37.9%, Masalle at 36.0% and Sumbang at 32.7.% (Enrekang Regency Health Office, 2020)

The central government has a strong commitment to handling stunting problem. The commitment to accelerate nutrition improvement is manifested by the stipulation of Presidential Regulation Number: 42 of 2013 concerning the National Movement for the Acceleration of Nutrition Improvement which integrates health services, especially maternal and child health and disease control with approaches to various programs and activities carried out across sectors. The implementation of nutrition improvement is also included in the National Action Plan for Food and Nutrition (RAN-PG) 2015-2019 (Ministry of PPN/Bappenas, 2018).

This view became the basis to observe the evaluation of stunting policy in Enrekang Regency as an effort to prevent stunting in Indonesia, including in the Enrekang Regency area, which is one of the areas with the highest prevalence of stunting in South Sulawesi.

## **Methods**

### **Research site and design**

This study was conducted in Enrekang Regency, South Sulawesi. This study is a quasi-qualitative exploring the evaluation of stunting policy in Enrekang Regency by means of in-depth analytical observations or in-depth interviews and continuous documentation throughout the study.

### **Research informants**

The key informant in this study was the Regent of Enrekang Regency. Furthermore, the supporting informants in this study were the (Head of) Enrekang Regency Health Office, the Secretary of Bappeda, a Village Head, a Human Development Cadre and *Posyandu* (the integrated health care center) Cadres. And last, the regular informants in this study were mothers with stunting toddlers.

### Research instrument

The research instrument in this study was the researchers themselves and the tools used were interview guides, notebooks, stationery, recording devices and cameras.

### Data analysis technique

Techniques used for data analysis were divided into three, namely data reduction, data display and conclusion drawing/verification.

### Results

Table 1. Characteristics of Informants

No.	Initials	Age (years old)	Education	Occupation/ Position	Information
1	MBA	66 years old	S2	Regent	Key Informant
2	STR	55 years old	S1	(Representative of) Enrekang Regency Health Office	Supporting Informant
3	ARI	40 years old	S1	Secretary of Bappeda	Supporting Informant
4	TKB	41 years old	S1	Head of Tungka Village	Supporting Informant
5	MUR	50 years	S1	KPM	Supporting Informant
6	FIT	36 years old	S1	<i>Posyandu</i> cadres	Supporting Informant
7	SSU	27 years	S1	<i>Posyandu</i> cadres	Supporting Informant
12	DAR	37 years old	Senior High School	Housewife	Regular Informant
13	MAI	52 years old	Junior High School	Housewife	Regular Informant
14	ILI	33 years old	Senior High School	Housewife	Regular Informant

Source: Primary data, 2022

In-depth interviews were carried out at the time of the study and the following results were obtained:

### Information on Context Evaluation

Regarding this context evaluation, researchers obtained data from interviews on the legality and objectives so that the regent's regulation was issued to prevent stunting in Enrekang Regency. According to the Regent of Enrekang Regency, in his interview, it was revealed that the basis for consideration of the formation of

the Regent's Regulation on the prevention and control of Stunting was because stunting is dangerous and concerns the future problems of the people of Enrekang Regency. Besides, it can also become a burden on the state. The following is an excerpt from the interview:

*"The consideration was because stunting is dangerous if left unchecked; it concerns the future problems of the people of Enrekang Regency, for example, if 20% of children born are stunted and the development of their bodies and especially their brains is not the same as the development of other children of their age, and they are children in our country, then of course they will become a burden to the state, a burden on the community because they certainly won't be able to develop optimally, let alone help others to develop. This is the reason why we have to fight this stunting problem, but of course, it is not as easy as turning the palm of the hand."*

*(MBA, 66 years old, a key informant)*

The basis for consideration of the formation of the Regent's Regulation according to the head of the health office and secretary of Bappeda of Enrekang Regency was because stunting has become an international issue and not just a national issue. Furthermore, it has caused unrest and concern for the Enrekang Regency Health Office with the results generated in the Basic Health Research (Riskesdas) of Enrekang Regency in 2018 with a high prevalence of stunting. The following is an excerpt from the interview:

*"Actually, since a long time ago, the people of Enrekang Regency have been born short... because it is related to national concern, sorry, (I meant,) international concern regarding short people; this has encouraged Indonesia to achieve the 15% target (of stunting reduction) on the national scale in 2024. Stunting is an international issue, not just a local issue in Enrekang Regency—and also, based on the results of Basic Health Research (Riskesdas) in 2018, Enrekang Regency was ranked high among the areas in Indonesia with a high prevalence of stunting. Besides, Enrekang Regency, in 2017, became one of the loci of stunting prevention on a national scale, among 100 loci in Indonesia and this became our concern too."*

*(STR, 55 years old, a supporting informant)*

As an effort to prevent stunting in Enrekang Regency, the Regent of Enrekang issued a policy in the form of Regent's Regulation Number: 107/KEP/II/2018 concerning Gerakan Masyarakat Peduli Stunting (GEMPITA) (or translated, the Stunting Care Community Movement), which is a regulation compiled to accelerate stunting reduction. The following is an excerpt from the interview:

*"There is a Regent's Regulation concerning GEMPITA (Regent's Regulation Number: 107/KEP/II/2018) because at that time we didn't have real data on how much was the prevalence of stunting in Enrekang Regency. To respond to stunting problem (at that time), based on suggestions from all parties, both from the Health Office and other parties, we issued a Regent's Regulation concerning GEMPITA in 2018, please see for the details. This is the basic policy umbrella for the issuance of other regent's regulations in preventing stunting."*

*(MBA, 66 years old, a key informant)*

### Information on Input Evaluation

Regarding this input evaluation, researchers obtained data from interviews on the availability of human resources, facilities and infrastructure—as well as, the availability of funds to support the prevention and control of stunting in Enrekang Regency. According to the Regent of Enrekang Regency, in his interview, it was revealed that the availability of human resources to support the Regent's Regulation concerning the prevention and control of Stunting in Enrekang Regency is sufficient. The following is an excerpt from the interview:

*"For the availability of human resources in Enrekang Regency, it is sufficient—because, in general, the human resource development in Enrekang Regency is ranked 4 or 5 in South Sulawesi. For Regency, we are in the top ranks, above us, there are Makassar-Parepare Palopo which are Cities with Mayors. So, for the availability of human resources, Enrekang Regency is still in the top ranks (sufficient)."*

*(MBA, 66 years old, a key informant)*

Furthermore, according to the head of the health office and the secretary of Bappeda of Enrekang Regency, it was also revealed that the availability of human resources is sufficient to support the prevention and control of stunting policy. The following is an excerpt from the interview:

*"Indeed, if we talk about the availability of human resources, it seems like it is lacking. But, all stakeholders in the health sector are provided with knowledge and understanding of how to reduce the prevalence of stunting, how to deal with stunting problem. Not only stakeholders in the health sector, ASN (civil servants) in the health sector are also provided with knowledge and understanding of this matter."*

*(STR, 55 years old, a supporting informant)*

*"From the government side, the human resources available are health workers, family planning extension workers, village midwives and so on. That's more than sufficient, actually, in terms of quantity, but in terms of quality, this is very relative,"*

*(ARI, 40 years old, a supporting informant)*

According to the Regent of Enrekang, in his interview, it was revealed that the availability of facilities and infrastructure to support stunting policy in Enrekang Regency is sufficient. The following is an excerpt from the interview:

*"We have sufficient facilities and infrastructure to support stunting policy. This is shown, for example, if stunting problem is caused by a lack in food needs, Enrekang Regency is a mountainous area that has sufficient agricultural land and all of them can provide needs that can become a source of income It can be a solution to prevent stunting."*

*(MBA, 66 years old, a key informant)*

Furthermore, according to the head of the health office and the secretary of Bappeda of Enrekang Regency, it was also revealed that the availability of facilities and infrastructure to support stunting policy in Enrekang Regency is sufficient because after successfully reducing the prevalence of stunting, there are many assistance provided, such as toilets from the central government, clean

water from the Public Work Office (PU), water closet (WC) from the Settlement Office (PERKIM). The following is an excerpt from the interview:

*"Alhamdulillah, after we have successfully reduced the prevalence of stunting, we received many assistance from the central government, there are toilets and clean water. The assistance is not specific from the health sector only, because in the prevention of stunting, almost all regional apparatus organizations' stakeholders are involved, for example, for clean water assistance, we get it from PU; for water closet (WC) assistance, we get it from PERKIM; for medicines and health supplements assistance, we get it from the health office; for family planning (KB), we get it from the family planning board, for the human resource development, we get it from the educational sector. Each has their own parts and terms, and we have succeeded to achieve it because we have successfully reduced the prevalence of stunting"*

*(STR, 55 years old, a supporting informant)*

*"If we talk about the availability of facilities and infrastructure, it seems like it is lacking, but now it is very optimal to encourage acceleration program for stunting prevention at the village level."*

*(ARI, 40 years old, a supporting informant)*

Budget realization in accelerating stunting reduction, according to the Regent of Enrekang, in his interview, is sourced from the Special Allocation Funds from the central government for acceleration program for stunting reduction/ prevention and assisted by the regional budget (APBD) that is adjusted to regional finances. The following is an excerpt from the interview:

*"We provide the budget to support the acceleration program for stunting reduction/ prevention. In fact, the preparation of the budget from the regional government to reduce stunting in Enrekang Regency, seen from the regional financial balance, is considered sufficient. Even though in the midst of COVID-19 outbreak in 2020, 2021, all regional governments in this country have a decline in budgeting, we will still distribute it accordingly to support stunting prevention rather than solely using the funds allocated by the central government. This budget will be used for providing additional nutrition and other needs according to technical guidelines from the central government. So, for the budget realization, there is a Special Allocation Funds from the central government for acceleration program for stunting reduction/ prevention and assisted by the regional budget (APBD) that is adjusted to regional finances"*

*(MBA, 66 years old, a key informant)*

Furthermore, according to the head of the health office and the secretary of Bappeda of the Enrekang Regency, it was also revealed that the source of funds in the context of accelerating stunting reduction comes from the Special Allocation Funds from the central government and the BOK funds from the Health office as well as village funds. The following is an excerpt from the interview:

*"Whether (the budget) is sufficient or not, it's relative, but what we see is the result, when it comes to the budget, there are BOK funds at Puskesmas, which can be used for stunting prevention in each Puskesmas working area; there is also the regional budget prepared for stunting prevention."*

*(STR, 55 years old, a supporting informant)*

*"There is DAK for the BOK funds that can be used for acceleration program for stunting prevention, it is at the Health Service and there is also funds at Bapeda as the head of the convergence of funds team to coordinate monitoring and evaluation consolidation."*

*(ARI, 40 years old, a supporting informant)*

*"There are funds allocated from village funds"*

*(TKB, 41 years old, a supporting informant)*

### **Information on Process Evaluation**

Regarding this process evaluation, researchers obtained data from interviews on the perceived implementation of the prevention and control of stunting in Enrekang Regency. According to the Regent of Enrekang, in his interview, it was revealed that the prevention and control of stunting has been optimal (well-implemented). The following is an excerpt from the interview:

*"If we talk about success, let others judge it. We can see from the award(s) received from institutions that we are the best stunting manager in Indonesia, not only on the local scale but on the national scale, in Indonesia. Then, it means that the management is good because people have already judged it—and it is based on a survey. It is deemed good and has been awarded by the state, not only from the neighboring cities/ regencies."*

*(MBA, 66 years old, a key informant)*

Furthermore, according to the head of the health office and the secretary of Bappeda of the Enrekang Regency, it was also revealed that the implementation of the stunting policy has been optimized so far because almost every time, *Puskesmas* carries out socialization/ extension about stunting prevention. The following is an excerpt from the interview:

*"Almost every time, Puskesmas implements socialization/ extension about stunting prevention because we don't have to be afraid of costs burden. There is a budget at Puskesmas and BOK funds. There is no reason for Puskesmas not to carry out a large-scale movement to prevent stunting."*

*(STR, 55 years old, a supporting informant)*

*"In general, the results can actually be measured, is GEMPITA working? Is the prevalence of stunting decreasing, or not? If it is decreasing, then it means the policy has been optimally implemented."*

*(ARI, 40 years old, a supporting informant)*

Not only at the level of Regional Apparatus Organizations, further information was also obtained from the Village Head and Cadres who said that the overall implementation process after the issuance of the stunting policy in Enrekang Regency has been well-implemented, some of which through the monthly *Posyandu* activities and socialization carried out by *Posyandu* cadres to prevent stunting. The following is an excerpt from the interview:

*"It is quite well-implemented because every month we do Posyandu activities, besides there are also socialization by health workers/ cadres to prevent stunting"*

*(TKB, 41 years old, a supporting informant)*



*"The socialization has been well-implemented thanks to the Regent's Regulation, the performance of all cadres in the village is sufficient, although there are still many things that need to be addressed."*

*(MUR, 50 years old, a supporting informant)*

*"Usually, cadres are active along with the Health Office workers and village midwives, they are socializing through Posyandu activities; there are also BKB (Family Development for Toddlers) activities."*

*(FIT, 36 years old, a supporting informant)*

*"It has been well- implemented, because we, cadres, are also active in Posyandu activities, there are also socialization given to mothers"*

*(SSU, 27 years old, a supporting informant)*

Some specific nutrition intervention activities to support the acceleration of stunting reduction carried out by *Posyandu* cadres for pregnant women including giving vitamins, providing additional food, providing extension and skills to mothers, measuring maternal weight, height, HB and MUAC (Mid-Upper Arm Circumference). The following is an excerpt from the interview:

*"Regarding the activities in Posyandu that are carried out once in a month, cadres provide vitamins, provide immunizations, provide additional food and provide extension for ordinary mothers as well as teaching skills."*

*(MUR, 50 years old, a supporting informant)*

*"Usually, we check blood pressure, check HB, measure mid-upper arm circumferences and measure weight, yes."*

*(FIT, 36 years old, a supporting informant)*

*"We measure maternal weight, maternal height—MUAC and blood pressure too."*

*(SSU, 27 years old, a supporting informant)*

## **Discussion**

### **Context Evaluation**

From the results of the study, it was obtained information that the basis for consideration of the issuance of the Regent's Regulation was because stunting is dangerous if left unchecked as it concerns the future problems of the people of Enrekang Regency. It can become a burden to the state, a burden on the community because people with stunting cannot develop themselves optimally, let alone help others to develop, so stunting must be fought together.

In addition, the results of the study also obtained information that the basis for consideration of the issuance of the Regent's Regulation was because stunting has become an international issue and not just a national issue. It has caused anxiety and concern for the Health Office because based on the results of of Basic Health Research (Risikedas) in 2018, Enrekang Regency was ranked high among the areas in Indonesia with a high prevalence of stunting. Besides, Enrekang Regency became the first locus of stunting prevention in South Sulawesi, along with 100 other Cities/Regencies designated nationally.

As an effort to prevent stunting in Enrekang Regency and to respond to the results of a national survey which showed that Enrekang Regency was one of the regency with the highest prevalence of stunting in South Sulawesi, the Regent of Enrekang involved all regional apparatus organizations such as the Health Office, BKKBN, Bappeda to provide input and issue a policy in the form of Regent' Regulation Number: 107/KEP/ II/2018 concerning Gerakan Masyarakat Peduli Stunting (GEMPITA) (or translated, the Stunting Care Community Movement), which is a regulation compiled to accelerate stunting reduction which become the legal umbrella for other policies related to stunting, including the Regent's Regulation number 29 of 2020 concerning the role of villages in stunting prevention.

This study is in line with (Ekananda, 2021) on the evaluation of the stunting reduction innovation program at *Puskemas* (the Community Health Center) Simpang Periuk, Lubuklinggau who has made a stunting reduction innovation program, including PAK CAMAT and TEBU MANIS programs. This study is also supported by (Batara et al., 2018) that the political support shown by the government of South Sulawesi Province is in the form of a healthy terminal policy.

### **Input Evaluation**

The success of a policy evaluation process is highly dependent on the ability to utilize available resources. The resources in question include human, financial and time resources (Agustino, 2012). From the results of the study, it was obtained information that the availability of human resources in supporting the Regent's Regulation on the prevention and control of Stunting in Enrekang Regency is sufficient by involving all relevant regional apparatus organizations. For the Health Office of Enrekang Regency, it always carries out socialization/ extension by providing knowledge and understanding to the community which is assisted by *Posyandu* cadres to make efforts to prevent and treat stunting. The results of the study also obtained information that the fulfillment of human resources for stunting prevention in the village by involving village midwives, human development cadres, *Posyandu* cadres and PKK mothers is considered sufficient.

This study is in line with (Muthia & Yantri, 2019) that Health Workers also play a role in *Posyandu* activities to monitor the growth and development of toddlers, so when a 4-6-month-old baby is experiencing growth faltering, it can be followed up immediately.

The aspect of the availability of facilities and infrastructure in support of the Regent's Regulation on the prevention and control of stunting in Enrekang Regency is considered sufficient and every village has a *Posyandu*, Poskesdes, Posbindu, Plindes, *Posyandu* for the youth and *Posyandu* for the elderly. In addition, the issuance of the regent's regulation on stunting policy (the Regent's Regulation concerning GEMPITA), the provision of supporting facilities and infrastructure such as clean water, water closet, and toilet are the most important part in the prevention and control of stunting.

Minister of Health Decree (KEPMENKES) Number 1529 of 2010 in (Gobel, 2016) concerning the Guidelines for the Implementation of Active Alert Village and Family Development, stated that one of the criteria for active alert villages and urban villages is the ease of public access to health service facilities and the development of Community-Based Health Efforts (UKBM) that carry out community-based surveillance, which in this case is like the Village Health Post (POSKESDES).

The results of the study obtained information that the budget realization in accelerating stunting reduction is sourced from the Special Allocation Funds from the central government acceleration program for stunting reduction/ prevention and assisted by the regional budget (APBD) that is adjusted to regional finances. In addition, the results of the study also obtained information that every village in Enrekang Regency is given full authority to be involved in stunting prevention and the allocation of funds can be used to finance the implementation of community nutrition improvement and stunting prevention, including for the honorarium for human development cadres and the honorarium for health cadres.

This study is also supported by (Muchlis et al., 2022) that the funding for human resource development including selection and recruitment costs as well as training and development costs shall be charged to BOK Funds for Stunting. Several types of costs incurred are for consumption, committee fees, consumables and so on.

### **Process Evaluation**

The focus of the evaluation component study is implementation. The implementation referred to in this study is a series of activities carried out to support the implementation of the prevention and control of stunting policy in Enrekang Regency. From the results of the study, it was obtained information that the implementation of the stunting policy in Enrekang Regency so far is considered to be optimal (well-implemented) because almost every time, Puskesmas carries out socialization/ extension about stunting prevention which is focused on *Posyandu* activities which are carried out every month.

In every *Posyandu* activity, Health Office workers and *Posyandu* Cadres provide nutritional health counseling and extension to pregnant women and mothers of toddlers to increase awareness and knowledge of mothers of toddlers so that changes in behavior can occur for the better. This study is in line with (Megawati & Wiramihardja, 2019) that cadres will feel appreciated if they receive consistent training and they are proud that the knowledge they have and what they get from the training can be useful for their own families and the community.

According to (Ministry of PPN/Bappenas, 2018), efforts to reduce stunting are carried out through two interventions, namely specific nutrition interventions to address direct causes and sensitive nutrition interventions to address indirect causes. The results of the study obtained information that specific nutrition interventions are more focused on preventing stunting within first 1000 days of life, including supplementary feeding to overcome Chronic Energy Deficiency (KEK) in pregnant women, giving blood-added tablets to pregnant women,

exclusive breastfeeding, zinc supplementation, iron fortification (giving Fe tablets), administering deworming drugs and vitamin A, dealing with malnutrition and overcoming infectious diseases. Most of these interventions involve health workers and can be carried out at *Posyandu* in coordination with health workers from *Puskesmas* assisted by *Posyandu* cadres.

This study is also in line with (Muthia & Yantri, 2019) (Efendi et.al., 2022) that the interventions that have been carried out to prevent stunting at *Puskesmas* Pegang Baru include PMT for toddlers (giving biscuits), PMT for pregnant women with chronic energy deficiency (KEK) (giving milk and biscuits), monthly antro activities at *Posyandu* and administering vitamin A and iodized salt.

The results of the study also obtained information that sensitive nutrition interventions to overcome indirect causes of stunting problem in Enrekang Regency are to involve regional apparatus organizations and stakeholders, such as building Toilets by the central government, providing clean water by the Public Work Office (PU), providing water closet (WC) by the Settlement Office (PERKIM).

According to the researchers, in implementing specific nutrition intervention program activities, it requires coordination across programs and across sectors because apart from the health sector, stunting prevention efforts are also carried out by involving non-health sectors such as the food, population and family planning offices.

## **Conclusion**

The legality of the program issued by the Enrekang Regency government in supporting efforts to accelerate stunting reduction and control stunting is the Regent's Regulation Number: 107/KEP/II/2018 concerning Gerakan Masyarakat Peduli Stunting (GEMPITA) (or translated, the Stunting Care Community Movement). The availability of human resources and facilities and infrastructure to support the Regent's Regulation on the prevention and control of Stunting in Enrekang Regency is sufficient. Budget realization in accelerating stunting reduction comes from the Special Allocation Funds from the central government assisted by the regional budget (APBD) that is adjusted to regional finances and Village Funds budgeting. The implementation of the stunting prevention policy in Enrekang Regency has been running optimally, and every month *Posyandu* (the integrated health care center) activities are carried out to monitor the development of pregnant women and the development of toddlers.

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