ORIGINAL ARTICLE

Local Government Programs to Tackle Stunting in the Eyes of Indonesian Villagers: A Qualitative Study

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ABSTRACT

Introduction: Stunting is a major threat to the quality of human resources and the nation's competitiveness. Government intervention is crucial, as the consequences of stunting can lead to substantial economic losses. **Materials and methods:** This study employed a descriptive-qualitative research design, focusing on 10 pairs of parents with stunted children aged 2–5 years living in a village. Snowball sampling was used to access hard-to-reach populations. The research was conducted in October 2023. Data were collected using semi-structured interviews and analyzed through interactive data analysis techniques, including data reduction, data presentation, and conclusion drawing. **Results:** The parental age ranged from 21 to 52 years, with an average age of 26.25 years. Most parents had a high school education (40%). The majority of women were housewives (60%), while most men were laborers (40%). Regarding the children's characteristics, 40% were born stunted, while 60% were born with normal growth. The children were typically the first to third born. Three key themes emerged from the qualitative analysis: local government programs related to stunting, the implementation of these programs, and the challenges faced by the community in relation to the programs. **Conclusion:** Six programs were identified in this study, and their implementation was recognized by the community. However, the community's understanding of these programs is largely limited to the assistance provided in the form of funds and goods for their children to overcome stunting. There is a need to strengthen socialization and dissemination of information regarding stunting-related programs.
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INTRODUCTION

Stunting is a major threat to the quality of human resources and the nation's competitiveness. Stunting is measured by a height-for-age z-score that is more than 2 standard deviations below the WHO Child Growth Standards median. Child stunting can occur with in the first 1000 days after conception and is associated with many factors, including socio economic status, dietary intake, infections, maternal nutritional status, infectious diseases, micronutrient deficiencies, and environmental conditions (1).

The first 1,000 days of life are the most critical period to address stunting. During this window of life, the brain's growth rate and neuroplasticity (the neural connections made by millions) are at their peak, making malnutrition particulary devasting devastating and putting the child at significant risk (2).

Stunting is a prevalent health issue in Indonesia. In 2007 and 2014, the prevalence of severe stunting was largely driven by socioeconomic inequality. However, recent trends indicate a shift, with a reduced association between wealth and stunting and a significant increase in access to health services for the poor (3). This suggests that stunting is not solely caused by poverty (3).

According to established frameworks, the causes of stunting can be divided into two categories: direct and indirect.. Direct causes include nutritional intake and health status. Addressing these requires political commitment, policy action, and implementation, with involvement from the government, non-governmental organizations, and other stakeholders (4). The central government needs to work together with local governments, community organizations, and even

entrepreneurs (5). Stunting is a complex problem that requires coordination not only from the (specific) health sector but also from non-health sectors (6).

The government must also play a role, as the consequences of stunting have the potential to cause significant economic losses. A 2021 study found that the national prevalence of stunting among toddlers in Indonesia was 24.4%. This translates to a potential economic loss of IDR 15,062–67,780 billion, or 0.89–3.99% of Indonesia's total GDP (7).

The COVID-19 pandemic, which lasted approximately two years, also contributed to the increased prevalence of stunting. In West Bandung district, despite various targeted strategies, stunting rates have continued to rise (8). Therefore, prevention and control efforts through nutritional interventions should be viewed as an economic investment. Addressing stunting must begin long before a child is born, even during adolescence, to break the cycle of stunting across the life cycle (7).

The evaluation of the stunting program, as outlined in the National Strategy for the Acceleration of Stunting Prevention 2018-2024, indicates that it has not yet been implemented optimally. The evaluation highlights four main issues: inadequate communication and coordination, insufficient resources (both human and financial), lack of support from local governments, and the absence of standard operating procedures at the local level for policy implementation (9).

At the regional level, stunting remains prevalent, particularly in rural areas. The role of district governments and village heads has become increasingly important since the introduction of the village law in Indonesia. With substantial financial resources now being channeled from the central government to villages, there is a significant opportunity to scale up nutrition efforts (2). In rural areas, low levels of education exacerbate the stunting problem. In contrast, urban areas face challenges related to birth size (such as low birth weight and short body length), short-statured parents, and social factors like low parental education and economic conditions (10).

Previous research in Yogyakarta, focusing on the Bantul district, found that stunting alleviation programs prioritize poverty reduction, food access, prevention of early marriage, sanitation, education, and improving knowledge and perceptions (11). A qualitative study evaluating stunting convergence actions at the local government level revealed that acceptance at the village level was only partially achieved. Barriers at the sub-district and village levels include issues of commitment, staff capacity, and poor coordination. A shallow understanding and capacity weaknesses have led to the responsibility for stunting reduction defaulting back to the health sector as the primary responder. Additionally, local politics have influenced village-level implementation (12).

There is significant inequality between villages and cities, particularly regarding stunting conditions in rural areas. Based on this, the researcher is interested in conducting a qualitative study of government programs as experienced by rural communities in Gunungkidul district, Yogyakarta province, Indonesia.

MATERIALS AND METHODS

Study Design

This study was conducted in Gunungkidul, a districts in the Special Region of Yogyakarta Province. Gunungkidul has the highest stunting rate in Yogyakarta. The study employed a qualitative research design to explore existing phenomena. Specifically, a phenomenological approach was used to examine the high incidence of stunting in Yogyakarta, with a focus on Gunungkidul.

This qualitative study highlights the incidence of stunting in Gunungkidul based on the perspectives of policy users, exploring how community members perceive and experience government programs aimed at stunting prevention and their implementation. The phenomenological approach involved organizing data, reading and coding texts, identifying themes, interpreting data, and presenting findings. This method describes how certain events, such as stunting, occur within a specific area (13).

Study Setting and Sampling

The research was conducted in Gunungkidul district, where two villages were selected to represent both rural and urban characteristics. The research subjects were key Informant ts who could provide in-depth insights into the social phenomena or specific issues being studied. Informant Informant (14).

A snowball sampling technique was used to select the research subjects. This method was chosen to ensure comprehensive data collection, allowing for additional Informant ts to be included if initial data were incomplete. Data collection continued until saturation was reached, meaning no new information emerged from subsequent interviews. The Informant ts included parents with a history of stunted children aged 2–5 years in Pengkol and Baleharjo villages, Gunungkidul Regency. The process began by interviewing a parent couple with a stunted child to identify the challenges they faced, then proceeded to the next couple meeting the same criteria, until data saturation was achievedInformant Informant Informant Informant (15).

Data Collection

Data were collected over one month in October 2023. The author collaborated with the local health office and designated health centers to identify subjects meeting

the study criteria. The primary method of data collection was in-depth interviews.

In-depth Individual Interview

The interviews were semi-structured, following guidelines aligned with the study's objective of understanding community perceptions of existing policies and their implementation. All interviews were conducted in Bahasa Indonesia. The researchers, including two community empowerment lecturers and one medical lecturer, ensured that the interview guidelines were consistent with the study's objectives and thoroughly analyzed before use (15).

Interviews were conducted at the homes of parents with stunted children, with assistance from health cadres assigned by the local Public Health Service. The health cadres facilitated access to Informant ts' homes, allowing the researchers to observe living conditions and ensure privacy during the interviews. Each interview lasted between 30 and 60 minutes. Before beginning the interview, Informant ts completed a questionnaire to provide demographic information. A total of 20 Informant ts were included, comprising 10 pairs of parents (10 mothers and 10 fathers) of children with stunting.Informant Informant Informant Informant Informant.

Data Analysis

Data were analyzed using thematic analysis. The analysis process followed a three-component model: data reduction, data presentation, and conclusion drawing, conducted interactively throughout the data collection process. Each interview was recorded and reviewed by the first author. Data reduction was then performed to develop codes, followed by data saturation, which was achieved with the 10th Informant t pair. The codes were simplified according to the study objectives, followed by coding, organization, and critical review by the research team, ultimately resulting in the identification of themes. Discussions were held to minimize bias. Informant.

Ethical Approval

The Chairman of the Research Ethics Committee of Dr. Moewardi Surakarta Regional General Hospital has approved this study (1.595/VIII/HERC/2023).

RESULTS

Table I: Characteristics of Parental Couples With Stunted Children (n=20)

Characteristics of Parent Pairs					Child Characteristics		
Name	Gender	Age	Education	Job	Gender	History Child of Birth	Child to
PP1	Female	36	Senior High School	Self Employed	Male	Stunted	Second
	Male	37	Senior High School	Self Employed			
PP2	Female	27	Junior High School	Housewife	Male	Stunted	Second
	Male	30	Junior High School	Self Employed			
PP3	Female	22	Junior High School	Housewife	Male	Stunted	First
	Male	21	Junior High School	Labour			
PP4	Female	29	Elementary School	Housewife	Male	Not Stunted	Second
	Male	31	Junior High School	Farmer			
PP5	Female	36	Elementary School	Farmer	Male	Not Stunted	Third
	Male	43	Elementary School	Farmer			
PP6	Female	44	Junior High School	Housewife	Male	Not Stunted	Second
	Male	39	Junior High School	Self Employed			
PP7	Female	44	Elementary School	Housewife	Female	Stunted	Third
	Male	52	Elementary School	Labour			
PP8	Female	34	Senior High School	Self Employed	Female	Not Stunted	First
	Male	45	Senior High School	Employee			
PP9	Female	31	Senior High School	Self Employed	Female	Not Stunted	Second
	Male	32	Senior High School	Labour			
PP10	Female	46	Senior High School	Housewife	Male	Not Stunted	First
	Male	46	Senior High School	Labour			

Ten parent pairs with stunted children participated in this study. The parental couples were aged between 21 and 52 years, with an average age of 26.25 years. Among them, 25% had only a primary school education. Most of the women were housewives (60%), while most of the men were laborers (40%).

Regarding the characteristics of the children currently identified as stunted, 40% were born with stunting, while 60% were born under normal conditions. The children were the first to third child in their families.

Three themes emerged from the qualitative analysis: 1) local government programs related to stunting; 2) implementation of local government programs related to stunting; and 3) constraints experienced by the community regarding these programs.

Table II: Theme and Subtheme Synthesis

Theme	Subtheme
Local government programs related to stunting	Through the Posyandu program
	Through the Village
	Through the District
	Through the Health Center
	Through BKKBN
Implementation of local government programs related to stunting	The village received funding from the Yogyakarta Penitentiary
	Posyandu is given boiled eggs, mung bean porridge, and PMT every month
	The village provides 1 box of biscuits
	The district provides: milk, soy beans, shredded meat, and palm sugar
	The Helath Center provides supplementary food for 3 months
	BKKBN provided eggs every week (14 eggs) for 4 months. Two eggs a day are consumed.
Constraints felt by the community related to the program	Village gives raw eggs, raw mung beans, and milk twice.
	The provision of assistance depends on the number of children.

Theme 1: Local government programs related to stunting

According to the interviews, six sources of government programs addressing stunting were identified in Gunungkidul: through the Posyandu program, the local village administration, the Gunungkidul Regency, the Public Health Service, BKKBN, and funding from the Correctional Institution in Yogyakarta. The following are excerpts from the in-depth interviews:

Informant PP1: "*I know that the Posyandu often provides additional ingredients, mom*"
Informant PP1: "*Yes, from the village*"
Informant PP3: *"Food is usually only supplementary food from Posyandu and supplementary food from Puskesmas (Public Health Service)"*
Informant PP3: *"From the regency...yes, 4 times."*
Informant PP4:" *There is the provision of additional food, then from BKKBN or what...oh, that's eggs*"
Informant PP9: *"It's from the Yogyakarta Correctional Institution, if I'm not mistaken."*
(In-depth Interview, 2023)

Theme 2: Implementation of local government programs related to stunting

Of the six government programs related to stunting in Gunungkidul, the following implementations were reported by the community:

Informant PP1: " *Yes, additional food, usually eggs and green bean porridge.* "
Informant PP1:" *Yes. Yes, biscuits in one big box* "
Informant PP5:*" Yes, eggs, once a week, 14 pieces, for almost three months already.".*
Informant PP4: *"The supplementary feeding was given every day for 3 months, and I also participated in the kitchen.* "
Informant PP8: " *Yesterday, they gave us milk, biscuits, sugar, eggs, and green beans.*"
(In-depth Interview, 2023)

Theme 3: Constraints felt by the community related to the program

While the stunting programs and their implementation were generally helpful, the parent couples identified some obstacles. The following are excerpts from the interviews:

Informant PP2: *"not too. because of the new residents here"*
Informant PP3: *"Yes, it depends on the number of children; only Lutfi is here, but I don't know about the others."*
(In-depth Interview, 2023)

DISCUSSION

This qualitative research explored the views of villagers on local government programs aimed at addressing stunting. We found that six programs were implemented in 2023. Three key themes emerged: local government programs related to stunting, the implementation of these programs, and the obstacles experienced by the community in relation to the programs.

The research was conducted in Gunungkidul district, one of the districts in Yogyakarta, Indonesia. Government programs related to stunting have been well established, particularly following the issuance of the Indonesian presidential regulation on stunting. However, how these programs are implemented at the community level is critical, especially in Gunungkidul, which has the highest stunting incidence rate in Yogyakarta (16,17).
According to the community, the programs primarily involve government assistance. The six identified programs originate from Posyandu, the Public Health

Service, the village administration, the regency government, government institutions like BKKBN, and correctional institutions in Yogyakarta. The community perceives these programs as forms of assistance designed to help their children recover from stunting. The provision of food and raw materials through these programs is highly valued and seen as beneficial by the community. The supplementary feeding program from the Public Health Service, which has been researched previously, involves educating selected cadres on menus and cooking techniques, who then assist in providing food to children. This approach was also implemented effectively for four weeks for family companions in Bantul district (18). The effective performance of these cadres also requires short training sessions to enhance their knowledge (19).

It is crucial to educate the community about the incidence of stunting and the programs available to address it. Socialization and dissemination efforts are needed so that the community can actively engage in monitoring the implementation of stunting reduction initiatives (20). Involving journalists in nutrition campaigns, using public service announcements, and leveraging social media platforms (YouTube ads, web ads, Facebook, Twitter, and Instagram pages) can extend the campaign's reach and reinforce the messages conveyed through other channels (21).

For example, in West Java Province, Indonesia remains committed to addressing stunting by mobilizing all available resources. This includes forming young family guidance groups, integrated service posts, community nutrition coaching, promoting clean and healthy living behaviors, empowering integrated service posts, and training anti-stunting ambassadors. However, the effectiveness of these efforts has been limited by a lack of parental awareness regarding the importance of nutritious food for children. Therefore, the next strategy to combat stunting should focus on improvements in six key areas: education, nutrition, food, health, social protection, and housing (22).

The role of local governments in the stunting reduction program in Rokan Hulu District, one of the stunting loci, includes implementing additional policies related to stunting reduction. The local government has made efforts to build collaborative synergies between regional apparatus organizations to accelerate integrated stunting reduction efforts. This includes optimizing cross-sector roles in the convergence of stunting reduction initiatives in Rokan Hulu District. The district government is taking structured and comprehensive steps to reduce stunting, such as identifying stunting distribution, assessing the availability of programs, addressing implementation constraints in integrated nutrition interventions, developing activity plans to enhance intervention implementation, organizing stunting consultations, ensuring legal certainty for villages to execute their roles in integrated nutrition interventions, ensuring the availability and functionality of cadres who support village governments in these interventions, and improving systems for managing stunting data and monitoring child growth and development (23).

Local government programs must be sustainable and consistent. In North Sumatra, the implementation of convergence programs requires coordination and advocacy with the district government to ensure ongoing budget provision from the APBD and Village Funds, as well as collaboration with the PKK for the formation of Dasawisma and Posyandu (24).

In addition to convergence and integrated programs, regions have also developed good practices, such as providing stunting prevention training for cadres and mothers of childbearing age, and health promotion programs for prospective brides at least three months before marriage. Additionally, forming a bride-to-be data collection team and improving existing record-keeping systems are necessary to reduce stunting prevalence (25). Many regions in Indonesia have implemented stunting-related programs beyond just providing assistance. However, the community still requires education, as their understanding is largely limited to the concept of assistance.

The implementation of stunting programs in Gunungkidul District is perceived by the community as direct assistance, but it remains unintegrated and possibly less effective. An evaluation conducted in Pati District identified eight convergent actions: mapping and analyzing stunting prevention programs, formulating activity plans, conducting discourse, issuing a Regent Decree on Village Authority, training human development cadres, managing stunting data systems, conducting assessments and publications, and performing annual performance reviews (26). These efforts must be supported by robust network relationships within the governance framework, empowerment-based community participation, and collaborative funding between the government and the community, with an emphasis on local culture (27). Continuous coaching is also necessary (28).

According to a literature review, stunting prevention programs that have a direct impact include supplementary feeding, nutrition monitoring at Posyandu, and non-cash food assistance. Two of these recommendations have been implemented in Gunungkidul District (29). For instance, the study in Ende highlights the importance of sufficient funding and strong collaboration among stakeholders. Stunting reduction programs in developing countries must be viewed holistically, with improvements made across all aspects, including financial, institutional, environmental, technical, and social dimensions (30). Currently, stunting prevention policies are predominantly government-led, with limited

community involvement. There is a need to strengthen regulations to ensure effective implementation of stunting prevention and control efforts at the regional level and to involve mass media in increasing public knowledge and participation.

The constraints felt by the community require intensive communication, which can be built through community participation. Health cadres can play a significant role in this regard. While health cadre involvement in stunting programs has been implemented, challenges remain, including unprofessional personnel and unclear incentive schemes. With over 1.5 million cadres in Indonesia, there is considerable potential to develop communication within communities through a community empowerment model (20). It is also necessary to optimize public knowledge about stunting. Health promotion and education efforts should focus on increasing basic knowledge about stunting, its causes, and its impact on health, particularly among mothers in Indonesia (31). The successful implementation of nutrition-specific interventions is strongly supported by community knowledge, which influences their effectiveness (32).

In addition to cadres, youth can also be empowered to play a role in community development. Youth empowerment is an effective method to reduce the prevalence of stunting, requiring training, orientation, continuity, guidance, and follow-up programs. The challenges include funding, time, and the readiness of human resources involved in the implementation (33). A study in Serang, Banten, found that nutrition education and rehabilitation through workshops and training in two sessions over two weeks effectively increased community empowerment to reduce stunting. Improving the management of nutrition education and rehabilitation is essential to address malnutrition and achieve normal nutritional status (34). Strengthening stunting prevention efforts through literacy studies can provide nutrition education to key stakeholders, such as health workers, mothers of toddlers, and women of childbearing age or prospective mothers, promote interprofessional collaboration, and facilitate the provision of supplementary food (35).

CONCLUSION

In this research, the community experienced six programs implemented by the local government. While these programs have been helpful, an evaluation reveals a lack of integration in their implementation, as evidenced by the inconsistent assistance received in different villages. The community's understanding of the program is primarily limited to assistance in the form of funds and goods intended to help their children overcome stunting. The government needs to strengthen the socialization and dissemination of the stunting program, tailoring it to the specific needs of the community so that it does not have to be uniform across all areas.

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