

Stakeholder Collaboration to Accelerate Stunting Prevention in the Village

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Abstract. Presidential Regulation No. 72 of 2021 concerning the Acceleration of Reducing Stunting stated that regency/city governments, village governments, and other stakeholders in implementing programs aimed at accelerating the reduction of stunting. This study analyzed cross-sector stakeholder collaboration at the village level in efforts to handle stunting within the Gemawang Primary Healthcare Center (PHC) working area, Temanggung Regency, Central Java. The study, conducted from April to September 2022, employed a qualitative approach, with data collected through in-depth interviews with key informants. The results revealed that stunting management policies were in place from the provincial to the district level and were subsequently followed up at the village level. Additionally, collaborative efforts had been made at the village level with religious figures, such as *ulama* (Islamic scholar) and priests. However, challenges remained there, including concerns expressed by some village heads over declaring their villages "stunting-free.". The reluctance has led to a lack of support from certain village officials. Therefore, aligning the perceptions with the objectives of the stunting management program is essential to ensure that all stakeholders can collaborate toward a common goal.

1 Introduction

Temanggung Regency is one of the regencies in Central Java with a relatively high prevalence of stunting, which was 20.5% in 2021, according to data from the *Studi Status Gizi Indonesia* (SSGBI) or Indonesia Nutrition Status Study for Toddlers. Consequently, the Temanggung Regency Government issued Regent Decree Number 444/236 of 2021 concerning the Villages as Focal Points for Combating Stunting and Nutritional Issues in Temanggung Regency for the year 2022. Two of these villages which are within the working area of the Gemawang Primary Healthcare Center include Krempong Village with a stunting prevalence of 45.95% and Gemawang Village with a stunting prevalence of 43.84% [1]. With the issuance of the Regent's Decree, it is expected that the village government and cross-sectoral regional apparatus organizations will collaborate to address the issue of stunting, particularly in the Stunting Focal Point Village in Temanggung Regency.

Presidential Regulation number 72 of 2021 concerning on the Acceleration of Stunting Reduction mentions in Articles 10 and 11 that regional governments, village

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governments, as well as stakeholders, must participate in implementing programs and activities related to accelerating stunting reduction [2]. Other stakeholders in the stunting management program include community leaders, religious figures, community organizations, and others. Research conducted in Pemalang Regency indicates that effective collaboration among stakeholders can contribute significantly to reducing stunting rates in rural areas. The stakeholders referred to in this study include village governments, community health centers, community health cadres, the Badan Perencanaan Pembangunan Daerah (Bappeda) or Regional Development Planning Agency, and the District Health Office [3].

Collaboration and cross-sector involvement are crucial elements in addressing stunting. To combat stunting at the village level, such collaboration is also essential, involving entities such as the primary healthcare centers, village governments, community health cadres, religious leaders, community leaders, and other relevant parties. This study aims to analyze cross-sector stakeholder collaboration at the village level in addressing stunting within the work area of the Gemawang Primary Healthcare Center, Temanggung Regency, Central Java.

2 Method

This qualitative study was conducted from April to September 2022 within the work area of the Gemawang Primary Healthcare Center, Temanggung Regency. Data were collected through in-depth interviews with key informants, including the Gemawang subdistrict head, nutrition officers from the Gemawang Primary Healthcare Center, village chiefs, and health cadres in two villages identified as stunting focal points within the work area of the Gemawang Primary Healthcare Center. Ethical clearance for this study was obtained with reference number 186/EA/KEPK-FKM/2022 issued by the Research Ethics Commission of the Faculty of Public Health, Universitas Diponegoro.

3 Results and discussion

3.1 Policy on Stunting Intervention

The Temanggung Regency Government has issued a regent's decree regarding stunting focal point villages in Temanggung Regency. Through this decree, it is expected that the local government will prioritize stunting intervention programs, including supporting the fulfillment of necessary resources and infrastructure. Gemawang Subdistrict has two villages designated as stunting focal point villages. In line with the regent's decree, the Gemawang Subdistrict has conducted stunting coordination meetings (*rembug stunting*) down to the village level as a follow-up action.

“...we have held and participated in stunting coordination meetings several times, at the district and subdistrict levels, and we follow up on them to the village level...” (I1)

Policies had been established from the provincial level to the district level, which is then implemented at the village level. At the village level was the Acceleration of

Stunting Reduction carried out by village heads through the establishment of Village-Level *Tim Percepatan Penurunan Stunting (TPPS)* or Stunting Reduction Acceleration Teams. Policies to accelerate stunting reduction highlight the need to strengthen technical policies within the scope of local and village governments in the implementation of stunting programs and activities, addressing the needs of the community according to the dynamics present in the community, as well as the need for continuous monitoring regarding follow-up plans for the results from the mentoring process [4]. The tasks of the TPPS at the village level include facilitating and ensuring the implementation of stunting reduction acceleration activities, supporting teams for at-risk families, conducting data collection, periodic monitoring and evaluation, organizing stunting coordination meetings, and reporting on the implementation periodically. Overall, policies on stunting intervention in Temanggung have been established properly; however, the implementation needs to be monitored to effectively reduce the nutrition issue at the village level.

3.2 Stakeholder Collaboration

A comprehensive approach, which harmonizes political and policy commitment, government initiatives, and cross-sectoral involvement, is necessary to accelerate the stunting prevention efforts [5]. At the district level, the Bappeda and *Badan Kependudukan dan Keluarga Berencana Nasional (BKKBN)* or National Population and Family Planning Board of Temanggung Regency coordinate the stunting intervention program. One of the activities that has been implemented is stunting coordination meetings at the district level, which are then followed up at the subdistrict level and eventually down to the village level.

“...so, the target, with commitment from several departments, is to reduce stunting to below 20%. The district has programs in several departments, with the most focus on the Bappeda)”(11)

The roles of the district government, village government, and health office in addressing stunting include program development, area development, program performance measurement, development of religious and community leaders, health care development, infrastructure development, capacity building, and communication development. Strong and systemic multi-sectoral collaboration is essential for effectively reducing stunting [5]. Program and area development should be emphasized on local potential and adapt to local culture, involving the community to foster a sense of shared responsibility between the government and the community [6, 7]. In terms of infrastructure development, the government is responsible for developing adequate and effective infrastructure to support health and stunting programs [6].

Policy stakeholders play a crucial role in addressing health issues within a region. Stakeholders act as implementers of content or policies to influence individuals or groups. Village officials themselves serve as facilitators in addressing health issues by monitoring families at risk of developmental delays. Coordination within the Regional Apparatus Organization is essential to ensure each position understands and performs its roles and functions effectively [8].

The involved stakeholders must collaborate and achieve consensus. Shared understanding involves having the same vision and mission, shared goals, a clear strategic direction, and a consistent definition of the problem. Shared agreement on program goals is essential for successfully addressing developmental delays. Additionally, stakeholders need to enhance their knowledge and information about developmental delay issues to understand the fundamental information regarding these delays [3].

At the village level, one effort undertaken at the village level was collaboration with religious figures, such as Islamic scholars and priests. This is done because certain community groups are more receptive to information or education from religious figures they trust. Religious figures are encouraged to participate in educating the community, including raising awareness about preventing child marriage, which is one of the causes of stunting.

“...in our village, we have also involved religious leaders through activities such as Qur’an recitations (yasinan) by Islamic scholars and the participation of priests, particularly in preventing child marriages.” (I2)

The role carries the meaning of a set of behaviors possessed by individuals in a societal position (figurehead) within a community. Furthermore, it is elaborated that the role is defined as an action performed by an individual (leader) within an event or circumstance. The role of religious figures entails creating behavioral changes or influencing societal behaviors that are interrelated with the progress of societal behavioral changes. Religious leaders play a crucial role in changing societal behaviors related to stunting issues.

The involvement of religious and community leaders is essential for the success of health programs and stunting prevention. In the context of health and stunting, the participation of religious and community leaders can be leveraged to enhance awareness, drive behavioral change, and ensure the sustainability [9]. One advantageous benefit of involving religious figures is gaining the trust of the community. Their involvement can help enhance community trust in the program, gather necessary data and information to measure program success, and develop more effective programs [10].

Religious leaders have credibility in the eyes of their followers. Their communication skills, persuasive abilities, and capacity to enlighten individuals through religious texts can promote awareness and encourage healthy lifestyle changes within the community [11]. Religious leaders can be effective agents of behavioral change. Their extensive coverage and activities mobilize their followers to adopt and disseminate religious narratives conveying messages, values, and social norms that provide information about stunting and its prevention methods. While religious figures influence many people, their ability to convey nutritional information poses a significant challenge; hence, the need for training and media support to help them disseminate health messages [12]. This statement is consistent with research conducted in East Nusa Tenggara, showing that the increase or decrease in stunting prevalence in each area is largely determined by the level of understanding of a religious leader about stunting. This finding is reinforced by the results of Focus Group Discussions (FGD) with 11 religious

leaders, revealing that the majority (81.1%) of them had an understanding of stunting [13].

In addition to religious figures and health cadres, villages also involve adolescent groups in addressing stunting issues. Stunting intervention programs cannot solely focus on downstream areas, meaning addressing nutritional problems only when toddlers are already experiencing malnutrition. Instead, it should begin upstream, targeting adolescents and prospective brides/grooms. Adolescents are engaged to receive socialization and education regarding adolescent health programs, and they are also involved in educating their peers. Stunting cases in adolescents are equally important as those in infants. Research conducted in South Africa indicates that nutritional status influences cognitive behavior in adolescents. Cognitive tests conducted tried to reveal that children with low scores typically had poor nutritional status. High cognitive scores are obtained by children with good nutrition during early childhood [14]. Poor cognitive performance in school children in Cambodia was influenced by several factors and is significantly associated with indicators of stunting, iron deficiency, and parasitic infections. Lifestyle patterns with nutritional enhancement programs in early life and school age can contribute to optimal cognitive performance [15]. There are a lot of stakeholders involved in the stunting reduction programs in the stunting reduction programs at the national or local level. Each stakeholder has its roles and responsibilities to contribute to the reduction program. It is important to clearly outline the roles of stakeholders to promote their active involvement, especially the local stakeholders that need to be advocacy-oriented in stunting management [16].

3.3 Obstacles

Several obstacles were faced by stakeholders in villages in addressing stunting issues. One of them is that some village heads express concerns about their village being declared stunting-free. The perception of these village heads is that once a village is declared stunting-free, they will no longer receive assistance.

“...let’s just take the lessons learned; yes, there have been many aids ranging from anthropometry kit; then, recently there was also support for milk, and others. We’re afraid that if we’re no longer designated as a stunting focal point village, then, we won’t be able to receive assistance/supports anymore...”(I3)

Other obstacles in the stunting reduction program are related to the implementation. In the implementation process, there were several obstacles, such as the participation from the stakeholders not being optimal, insufficient resources, and the communities that sometimes reject the program intervention. Other research has also claimed that the incomplete availability of resources in the village and the lack of community awareness and enthusiasm to participate in the accelerated stunting reduction program are quite an issue [17].

The research conducted in rural China focuses on rural residents’ self-reliance in healthcare payments. Historically, village inhabitants have relied on central government support for healthcare payments; however, some economically disadvantaged individuals do not benefit from this assistance. This issue has prompted village authorities to establish

the Rural Cooperative Medical Scheme (RCMS). The village's dependence on healthcare services is influenced by various factors such as literacy rates, remote village locations, and the presence of health clinics. The quality of healthcare services offered by primary healthcare centers plays a crucial role in community empowerment regarding health importance. The RCMS is an essential mechanism in alleviating the financial burden of healthcare services in rural China [18]. These obstacles need to be addressed as soon as they occur during the implementation process. Therefore, monitoring and evaluation are highly important, and the person in charge should be able to decide to solve these obstacles.

3.4 Monitoring and Evaluation

The research findings indicate that every village head was required to report stunting cases in their respective areas and provide updates on any changes, whether improvements or declines. Reporting was done monthly and annually, presented during the *Musyawarah Perencanaan Pembangunan (Musrenbang)* or Subdistrict Development Planning Meetings. The Village Head's reports at the subdistrict level are then forwarded to the district level. Apart from the village level, primary healthcare centers also report data on toddler nutrition status periodically. The final reporting occurs in February and August, following synchronized weighing activities. During these events, data undergo verification and validation before being reported to the subdistrict and district levels.

Monitoring and evaluating health programs, particularly stunting programs, is crucial for assessing their effectiveness and impact in reducing stunting prevalence in low- and middle-income countries. The success of programs that effectively reduce stunting prevalence involves a combination of interventions such as nutrition education and counseling, growth monitoring and promotion, immunization, water, sanitation, and hygiene, as well as social safety nets. Contextual factors, including strong political commitment, cross-sectoral collaboration, active community involvement, and community-based service delivery platforms, have been identified as key drivers of program success [19].

Monitoring and evaluation programs are crucial for collecting data to assess the impact of interventions on achieving health goals. These programs help determine the necessary strategies in specific areas and assess the progress of implemented strategies [20]. The impact of stunting on program success can vary depending on factors such as health and nutrition intervention coverage, household assets, and sanitation. Political leadership and outcome-focused vision are crucial in driving changes to reduce stunting rates. In India is the success in reducing stunting in states like Chhattisgarh, Gujarat, and Odisha attributed to various determinants and improvements in implementation systems [19]. Other research in Indonesia also stated that the Regional Development and Planning Agency in district and province levels needs to monitor the stakeholders to make sure the program and budgeting plan for each stakeholder with support for priority intervention to prevent stunting [21].

Research results showed that the monitoring and evaluation were not regular. The monitoring and evaluation were only conducted when the higher institutions (Health Office, Regional Office, etc) requested a progress report or there is a program from the national or provincial level such as E-PPGBM (*elektronik-Pencatatan dan Pelaporan Gizi*

Berbasis Masyarakat – Electronic Recording and Reporting of Community Based Nutrition Data). Therefore, the program implementers at the village level could not make specific decisions according to technical issues during the program implementation. It is important to establish specific procedures and mechanisms related to the monitoring and evaluation process at the village level.

4 Conclusion

Collaboration among cross-sector stakeholders at the village level in addressing stunting has been implemented in the work area of Gemawang Primary Healthcare Center. One of the programs is the stunting coordination meeting (*rembug*stunting). Efforts to address stunting have involved stakeholders ranging from the district government to the village government, Health Office, religious Figures, and even adolescents participating in this program. This collaboration requires a strong commitment from various cross-sector stakeholders. However, there is a need for a shift in the perception of village officials and an increase in efforts toward village self-reliance so that they are not solely reliant on external assistance. It is expected that villages may become more self-reliant in utilizing available resources to support efforts in accelerating stunting reduction in their area.

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