

Original Research Article

The Role of Government Policies in Preventing and Reducing Stunting

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Abstract: The purpose of this study was to describe and analyze how the implementation of the village government's role policy in preventing and reducing stunting was based on the mayor's regulation number 25 of 2021 concerning the role of the village government in preventing and reducing integrated stunting in Telaga Biru Village, West Banjarmasin District, Banjarmasin City. In this case, the researcher used a qualitative research approach. The location in this study is "Telaga Biru Village," in West Banjarmasin District, Banjarmasin City, South Kalimantan Province. The research informants included implementors comprising seven village heads, community service workers, KPM, posyandu cadres, heads of TP-PKK, nutritionists at Puskesmas, and heads of social protection volunteers.

Keywords: Policy Implementation, Government Policies, Stunting.

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INTRODUCTION

Currently, health issues that are a priority besides Covid-19 are tackling the accelerated reduction of stunting in children. Therefore, children's health must be considered, especially nutrition in children. Regulation of the Minister of Health of the Republic of Indonesia Number 29 of 2019 concerning the Management of Nutritional Problems for children due to disease states that every child has the right to survive, grow and develop optimally. In addition, an effort is needed to overcome nutritional problems for children who are malnourished and have diseases that cause nutritional problems that hinder children's growth and development. The problem of malnutrition in children is a case that often occurs in Indonesia. One of the problems of malnutrition in Indonesia is stunting in children.

The problem of stunting also, of course affects children in one of the cities in Indonesia, namely the city of Banjarmasin, South Kalimantan Province, where currently the Provincial Government is also prioritizing efforts to accelerate the reduction of stunting in addition to Covid-19 because stunting can lead to low-quality human resources and growth for toddlers. From this, it can be seen that stunting in Banjarmasin is still a problem threatening children's health. To minimize this problem, the government is pushing for acceleration to reduce stunting in children in Indonesia as capital

towards future golden generations and prioritizing achieving the national target of reducing stunting by 14% in 2024. Because of this,

The policy regarding the role of the urban village government in preventing and reducing stunting is already contained in Mayor Regulation 25 of 2021, namely regarding the role of the village government in preventing and reducing integrated stunting in the City of Banjarmasin. This policy is the latest policy issued by the Banjarmasin city government to prevent and reduce stunting, stunting prevention includes specific nutrition interventions as well as sensitive nutrition, which supports the responsibilities of the sub-district government in Banjarmasin City with the convergence of stunting and the sub-district government is required to develop guidelines in preventing and reduce integrated stunting to overcome conditions of growth failure in children under five due to chronic malnutrition or stunting, especially in the first thousand days of birth in the world.

Kelurahans in improving community nutrition and preventing stunting can carry out activities such as providing clean water and sanitation, providing additional nutritious and toddler food, training for health checks for pregnant and breastfeeding mothers, assisting posyandu in encouraging activities for examining pregnant women and breastfeeding,

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improving sub-district living dispensaries, increasing food security, and other quality of life management activities in line with kelurahan rights.

From the formulation of the problem that has been described, the purpose of this study is to describe and analyze how the Implementation of the village government's role policy in preventing and reducing stunting is based on Mayor Regulation Number 25 of 2021 concerning the role of the village government in preventing and reducing integrated stunting in Telaga Biru Village, West Banjarmasin District Banjarmasin city. The benefits of this research are theoretically expected to increase knowledge, insight, and information related to "The Role of the Kelurahan Government in Preventing and Reducing Stunting (Implementation of the mayor's regulation policy number 25 of 2021 regarding the role of the kelurahan government in preventing and reducing integrated stunting. Study in Telaga Kelurahan blue, West Banjarmasin sub-district, Banjarmasin City).

LITERATURE REVIEW

According to Anderson in Islamy (2014), there are six types of policy categories, namely: substantive policies, a policy of the will of the government to be implemented, for example, health policies, development, health, education, labor wage standards, and others. Procedural policies (Procedural policies) are arrangements for how related policies will be carried out. In addition, the Implementation and formulation of

regulations relate to the people involved in this matter. Regulatory policies are intended to reduce the freedom of people whose actions they wish to control and also to direct the actions of these people, Intan, Sari, Widjajani, & Noor (2022).

Self-regulatory policies aim to direct a person's actions or the general public. However, in this policy, many people who become the target seek and support it to increase their achievement of interest them. Distributive policies (Distributive policies) support a person, the public, or a company to increase an activity that has social value and is helpful for society; this policy provides services to benefit certain circles. Furthermore, redistributive policies are policies from one group to another group in fulfilling their rights and authority or redistributing wealth and economic welfare.

Based on its essence, Implementation is an effort to achieve the goals set. As has been explained, policy implementation is the stage that will be carried out after the policy formulation stage is made by a person or authorized agency. According to Oktasari (2015), Implementation is to implement, which is from English, so it is interpreted as implementing. According to Agus Subianto (2020), the essential thing in state policy is implementing state policy. If a policy has been decided, it will only succeed and materialize if implemented. Meanwhile, V. Meter and V. Horn in Mustari (2015).

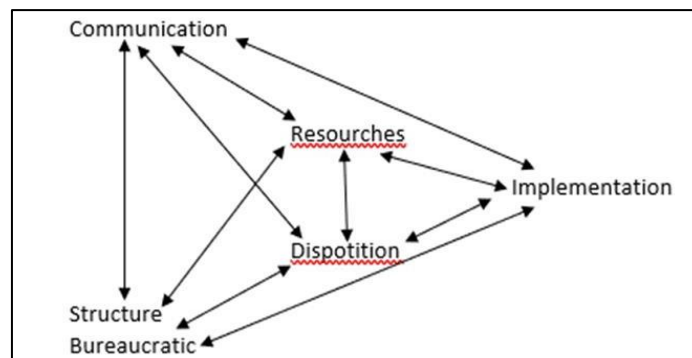


Figure 1: Implementation of the Edward III Model Policy
Source: Tahir (2014)

Stunts are a health problem in Indonesia. According to Anastasia (2014), stunting is a state of failed growth experienced by children under five due to chronic malnutrition and, as a result, makes children not as short as they should be, while Mayor Regulation Number 25 of 2021 states that stunting is chronic malnutrition which experienced by toddlers, especially for their lives in the first thousand days of life (HPK), and causes a state of growth failure in children under five. As a result, adults have a higher risk of having a chronic disease, and the growth and development of the child's brain are affected. From this it can be concluded

that stunting is a health problem since childhood due to malnutrition.

According to Caiden (in Mindarti, 2016: 4), the administration for public affairs, for him, public service is all service activities for all affairs of the public. Meanwhile, Moenir (2010); Nafi, Supriadi, & Roedjinandari (2018) says that service is an effort to fulfill public needs for rights owned by referring to material factors such as procedures, a method, or a system, in which these activities are carried out individually or by a group of people. According to Ratminto and Atik SW (2013), in the Implementation of

public administration, five things can be used in its Implementation, namely: service adaptability, bargaining position served, market type, locus control, and nature of service.

METHODOLOGY

Scope and Location Research

The scope of this research is the role of the sub-district government in preventing and reducing stunting (Implementation of the mayoral regulation policy number 25 of 2021 concerning the role of the sub-district government in preventing and reducing integrated stunting. Study in Telaga Biru sub-district, West Banjarmasin sub-district, Banjarmasin city) The location in this research is " Telaga Biru Village," which is located in West Banjarmasin District, Banjarmasin City, South Kalimantan Province.

Research Informants

Informants in this study were Implementors, totaling seven people consisting of Lurah, Pramubakti staff, KPM, Posyandu Cadres, Head of TP-PKK, Health Center Nutritionist, and Head of Social Protection Volunteers.

Data Analysis Technique

The data analysis technique used is descriptive analysis. Sugiyono (2013) believes that this technique is intended for data analysis by mentioning and describing data that has been collected as it is. In addition, descriptive analysis techniques also interpret and explain data into logical, systematic, and meaningful information. According to Miles *et al.*, (2014), there are various ways of analyzing data: data condensation, which refers to the process of obtaining data and then selecting, simplifying, abstracting, and transforming. Presentation of data (data display) and drawing conclusions or verification (conclusion drawing and verification).

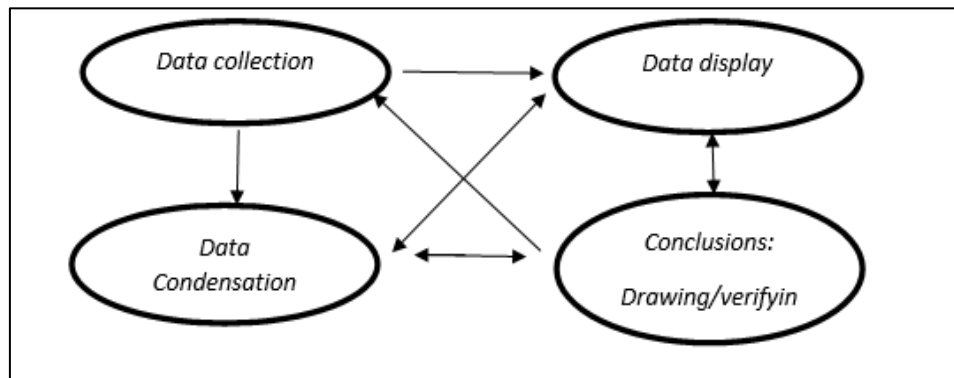


Figure 2: Data Analysis Stage
Source: Miles & Huberman (2014)

STUDY RESULTS

Implementation of the Village Government's Role in the Prevention and Reduction of Stunting

The following is an analysis of data regarding the Implementation or Implementation of the role of the

sub-district government in preventing and reducing stunting. Where in this data analysis, researchers used the theory from Miles and Huberman, namely:

Maternal and Child Health Services (MCH)

Table 1: Analysis of Maternal and Child Health (MCH) services

Data Condensation	Data Presentation	Conclusion
Based on the data that has been collected, the Telaga Biru Urban Village Government has a role in carrying out assistance and monitoring. In addition, the kelurahan also appointed a KPM as a representative from the kelurahan to record maternal and child health checks; because not all residents went to posyandu for pregnancy checks, maternal and child health checks, KPM was assigned to record data on the residents concerned, especially for mothers, children - children, as well as women who are	The Implementation of Mother and Child Health Services by the Telaga Biru sub-district is carried out by direct monitoring by the kelurahan every month, where in this MCH Service, the Kelurahan visits the posyandu and monitors the progress of the posyandu activities and ensures that indeed the residents of the Telaga Biru sub-district, especially for mothers and children Children receive supplements such as vitamin A supplements, calcium tablet supplements, and other supplements. In this service, the sub-district government also monitors examinations of pregnant women, how the child is growing, and their condition. Examination and administration of tablets and	The Telaga Biru urban village carries out MCH services by conducting monitoring and data collection, especially for pregnant women and children in the first 1000 days of life.

Data Condensation	Data Presentation	Conclusion
pregnant are recorded whether the mother and child have received supplements such as Fe supplements (supplements to prevent anemia), and vitamins.	supplements are carried out by the Puskesmas, which the midwife attends, and the role of the sub-district is to monitor the examination.	

Source: Researcher data analysis

Sudayasa (2022) said that the MCH Service Program is one of the main priorities for health development in Indonesia; Maternal and Child Health Efforts (MCH) are efforts in the health sector that involve the service and care of pregnant women, mothers giving birth, breastfeeding mothers, infants, and toddlers as well as preschoolers. Based on the results of the interviews, it can be concluded that the Telaga Biru sub-district carries out MCH services by conducting monitoring and data collection, especially for pregnant women and children in the first 1000 days of life.

The Implementation of Mother and Child Health Services by the Telaga Biru sub-district is carried out by direct monitoring by the kelurahan every

month, where in this MCH Service, the Kelurahan visits the posyandu and monitors the progress of the posyandu activities and ensures that indeed the residents of the Telaga Biru sub-district, especially for mothers and children Children receive supplements such as vitamin A supplements, calcium tablet supplements, and other supplements. In this service, the sub-district government also monitors examinations of pregnant women, how the child is growing, and their condition. Examination and administration of tablets and supplements were carried out by the Puskesmas, which were attended by the midwife and the role of the village head monitoring the examination. Besides that,

Integrated Nutrition Counseling

Table 2: Analysis of Integrated Nutrition Counseling Services

Data Condensation	Data Presentation	Conclusion
Based on the data that has been collected, Integrated Nutrition Counseling services are held at the Posyandu. Besides that, integrated nutrition counseling can also be carried out at the puskesmas. However, the kelurahan conducts monitoring at the Posyandu, not at the puskesmas, because the existing posyandu cadres are appointed by the kelurahan. In the posyandu, a health center is also attending, namely a nutritionist. So in the posyandu, there are posyandu cadres from the puskesmas and the Kelurahan. Integrated nutrition counseling is carried out directly by nutritionists assisted by posyandu cadres. The Telaga Biru Urban Village has a role in monitoring the course of the activity.	The role of the Kelurahan in integrated nutrition counseling services, namely the Kelurahan monitors the course of activities; if there are indications of malnutrition or stunting for children or those with nutritional problems caused by the economy, the kelurahan plays a role in helping the person concerned to be encouraged to register himself for assistance through social services. In addition, the kelurahan also provides additional food for children who attend the posyandu. If there are children with signs of stunting or malnutrition, other food will be given specifically for children with malnutrition. In addition, the kelurahan also seeks assistance from third parties to provide additional food. So far, other food has been obtained from third parties.	Integrated nutrition counseling services by the Telaga Biru Village Government provide places and facilities for implementing integrated nutrition counseling by the puskesmas with the help of posyandu cadres and monitoring the course of these activities.

Source: Researcher data analysis

According to Supariasa (2013), Nutrition counseling is a two-way communication process between counselor and client to help clients overcome and make the right decisions in dealing with nutritional problems they face. Based on the results of the interviews, it can be concluded that the integrated nutrition counseling service by the Telaga Biru Urban Village Government provides places and facilities for implementing integrated nutrition counseling by the puskesmas with the help of posyandu cadres and monitoring the course of these activities.

The Implementation of integrated nutrition counseling services is also carried out at the posyandu; besides that, integrated nutrition counseling can also be directly carried out at the puskesmas. However, the kelurahan conducts monitoring at the Posyandu, not at the puskesmas, because the existing posyandu cadres are appointed by the kelurahan. In the posyandu, a health center is also attending, namely a nutritionist. So in the posyandu, there are posyandu cadres from the puskesmas and the Kelurahan. Integrated nutrition counseling is carried out directly by nutritionists assisted by posyandu cadres, and the Kelurahan also

monitors the course of the activity; if there are children with indications of malnutrition or stunting or those with problems with nutrition caused by the economy, then the kelurahan plays a role in helping the person concerned to be encouraged to register himself to get assistance through the social service so that the person gets assistance such as cash or non-cash assistance if he is underprivileged. The kelurahan also helps these residents get National Health Insurance and assistance - other help. In addition, the kelurahan also provides

additional food for children who attend the posyandu. If there are children with signs of stunting or malnutrition, other food will be given specifically for children with malnutrition. In addition, the kelurahan also seeks assistance from third parties to provide additional food. These other foods include eggs, vegetables, tofu, tempeh, rice, sardines, and biscuits.

Prevention of Infectious Diseases and Immunization

Table 3: Analysis of Infectious Disease Prevention and Immunization Services

Data Condensation	Data Presentation	Conclusion
Based on the data that has been collected, services for preventing infectious diseases and Immunization are carried out at the toddler posyandu in the Telaga Biru sub-district, which are directly handled by the puskesmas at the posyandu. Immunizations are given to infants and toddlers with the aim that these children can avoid infectious diseases.	The Telaga Biru urban village implements infectious disease and immunization services by directly supervising and providing assistance; the same is true for maternal and child health services, as well as integrated nutritional counseling services. So in the three services carried out at the posyandu, the role of the kelurahan government is more on mentoring or monitoring and supervision to ensure that these services are indeed active and ensure that residents visit and come to the posyandu to get infectious disease prevention and immunization services.	The Telaga Biru Kelurahan carries out infectious Disease Prevention and Immunization services by visiting the Posyandu twice a month, providing assistance, education, and coaching.

Source: Researcher data analysis

Infectious diseases in the Regulation of the Minister of Health of the Republic of Indonesia Number 82 of 2014 are diseases that can be transmitted to humans caused by viruses, bacteria, fungi, or parasites, and prevention or control of infectious diseases is a health effort that aims to reduce and eliminate morbidity, disability and death, limit transmission and spread of disease so as not to spread. In addition to infectious disease prevention services, the kelurahan government also plays a role in implementing immunization services. Immunization is based on the word immune, resistant or immune. Children who have been given immunity to a disease means that child has been immunized. According to the Indonesian Ministry of Health (2015), Immunization is an effort to actively generate/increase a person's immunity against a disease. Based on the results of the interviews, it can be concluded that the Telaga Biru Urban Village carries out the Prevention of Infectious Diseases and

Immunization services by conducting visits to the Posyandu twice a month, then providing assistance and providing education and coaching.

Infectious disease prevention services and immunizations are carried out at the toddler posyandu in the Telaga Biru sub-district, which are directly handled by the puskesmas at the posyandu. Immunizations are given to infants and toddlers with the aim that these children can avoid infectious diseases. The Implementation of infectious disease and immunization services is directly supervised by the kelurahan as assistance, as is the case with maternal and child health services, as well as integrated nutritional counseling services. So in the three services carried out at posyandu.

Provision of Clean Water and Sanitation

Table 4: Analysis of Clean Water Supply and Sanitation Services

Data Condensation	Data Presentation	Conclusion
Based on the data that has been collected, currently, the Telaga Biru sub-district only has clean water in the reservoir in front of the Telaga Biru sub-district. Regarding access to proper sanitation, the Telaga Biru sub-district for sanitation currently provides three shared toilets for residents of the Telaga Biru sub-district, namely at Rt 12, Rt 34, and Rt 35 for the management of the toilets. Residents manage the toilets, and when the researcher observed the wc directly from the toilet, it can be said that the toilet is maintained and clean.	In implementing the current clean water supply service, the Telaga Biru Kelurahan only conveys this to the RTs, which later each Head of the RT will tell the residents to provide clean water themselves. Moreover, for sanitation, there are three shared WCs provided by the kelurahan through the Kotaku program; also, sometimes, the Telaga Biru Kelurahan takes action to clean up the roads and rivers.	The Telaga Biru urban village still needs to provide clean water supply services. The village administration carries out access to sanitation by cleaning the streets and rivers and providing three shared toilets through the Kotaku program.

Source: Researcher data analysis

Regulation of the Minister of Health of the Republic of Indonesia No.416/Menkes/PER/IX/1990 states that clean water is intended for daily use and can be consumed after cooking. In addition, clean water also includes healthy water used in human activities and should be free from germs that cause disease, apart from chemicals that can make clean water polluted. According to Suripin (2002), what is meant by clean water is safe water. Alternatively, healthy and good to drink, colorless, odorless, with a fresh taste. Then, sanitation is based on English, namely, 'sanitation,' which means health care; according to the World Health Organization or WHO in Huda (2016), sanitation is a business that oversees several physical environmental factors that affect humans, especially things that affect, damage physical development, health, and survival. Based on the results of the interviews, it can be concluded that the Telaga Biru urban village has not provided clean water supply services. For access to sanitation, the village administration has cleaned the streets and rivers and provided three shared toilets through the Kotaku program.

In the provision of clean water and sanitation, as stated in Perwali Number 25 of 2021, the sub-district government must provide safe drinking water and access to proper sanitation. Banjarmasin is a city with

many rivers, where rivers have become everyday life for its people, including in the Telaga Biru Village area, where daily activities are carried out using river water, such as bathing, washing clothes, defecating, or washing. Kitchen equipment and many poor people still need access to proper drinking water, so the sub-district must review it in implementing a clean water supply. Therefore, it is necessary to provide clean water and sanitation for the local community. The results of the interview, documentation, and observations of researchers show that currently, the Telaga Biru sub-district only has clean water in the reservoir in front of the Telaga Biru sub-district and the clean water itself from the kelurahan only conveys it to the RT-RT which later each Head of the RT will tell its residents to provide clean water themselves. In addition, in terms of access to proper sanitation, currently, the Telaga Biru sub-district for sanitation provides three shared toilets for the residents of the Telaga Biru sub-district, namely at Rt 12, Rt 34, and Rt 35 for the management of the toilets, which are managed by residents and when researchers observed directly to the toilets, it can be said that the toilets are maintained and clean, but the location of the shared toilets are not known by other residents or residents of the RT,

Social Protection

Table 5: Analysis of Social Protection Services

Data Condensation	Data Presentation	Conclusion
Based on the data collected, the Social Protection Services by the Telaga Biru Kelurahan focus on children from infants to the age of 18, which are carried out in collaboration with designated volunteers from the kelurahan. Every time there are children in the Telaga Biru sub-district zone who feel they need social protection, they will be monitored by volunteers such as abandoned children, buskers, clowns, sleeping on the side of the road, or children who are victims of violence, if indeed they have been monitored then the volunteers will notify the Kelurahan and together to pick up the child and take it later to be questioned further about his identity. After that, if the child in question still has a family, the village administration and volunteers will come to the child's house and discuss this with his family. However, suppose the child does not have a family or is not accepted by his family. In that case, the kelurahan, usually the lurah himself, will come to the field to discuss with relevant parties to find the best way to deal with the child in question.	In the Implementation of social protection before further handling of the child in question, usually the child is accommodated at the house of the volunteer leader, and the volunteer leader temporarily provides food, clothing, and the child's needs. , so that the kelurahan only takes part in finding the best way for the child.	The kelurahan carries out Social Protection Services by monitoring and finding solutions with related parties.

Source: Researcher data analysis

According to Suharto (2009), social protection is all activities carried out by the government, the community, or the private sector that are useful for the protection and fulfillment of basic needs, especially for the poor and vulnerable people in a life full of risks. Based on the results of the interviews, it can be concluded that the kelurahan carries out Social Protection Services by participating in monitoring and finding solutions with related parties.

The Implementation of social protection currently carried out by the Telaga Biru urban village focuses on children from infants to the age of 18, which is carried out in collaboration with volunteers appointed from the village. In implementing this social protection service, every time there is a child in the Telaga Biru sub-district zone who is felt to need social protection, volunteers will monitor it, such as abandoned children, buskers, clowns, sleeping on the side of the road or children who are victims of violence. If it has been

monitored, the volunteer will notify Kelurahan and together pick up the child and take it later to ask further questions about his identity. After that, if the child in question still has a family, the village administration and volunteers will come to the child's house and discuss this with his family. However, suppose the child does not have a family or is not accepted by his family. In that case, the kelurahan, usually the lurah himself, will come to the field to discuss with relevant parties to

find the best way to deal with the child in question. In this case, the child is accommodated at the volunteer leader's house before further handling the child in question. The volunteer leader temporarily provides food, clothing, and the child's needs. So that the kelurahan only contributes to finding the best way for the child.

Early Childhood Services

Table 6: Analysis of PAUD Services

Data Condensation	Data Presentation	Conclusion
Based on the data that has been collected, PAUD services in Telaga Biru Village are divided into 2, namely, for children aged 2 to 3 years, parents who will participate in parenting services at Posyandu, and for the second PAUD service, namely for children aged 3 to 6 years who will participate. PAUD or kindergarten, the number of Kindergartners in Telaga Biru Village is seven, including Kindergarten Wildan, Kindergarten Mother, Kindergartner Azkia, Kindergarten Trisula, Kindergarten Son II, Kindergarten Prince III, and Kindergartner Kartini. In addition, the Telaga Biru Lurah is also the Mother of PAUD, where the Mother of PAUD is the prime mover in fostering early childhood education services covering ages 0 to 6 years in their respective areas, and the purpose of these Mothers of PAUD is to improve the quality of PAUD services.	Parenting PAUD services for children 0-3 years are carried out at Posyandu, usually guiding the Head of the PKK from the Telaga Biru Village and from the Puskesmas as well as to the child's mother regarding child growth and development to avoid malnutrition. Moreover, for PAUD services for children aged 3 to 6 years who are already in kindergarten, in practice from the Kelurahan, there is currently 1 out of 7 Kindergartens that are visited directly by the Lurah; in this monitoring, the kelurahan directly monitors how the child is developing and conducts coaching to avoid malnutrition which is also assisted by the head of the PKK.	Kelurahan carries out PAUD services by visiting the PAUD and implementing and monitoring parenting services for mothers with children who have not attended PAUD at Posyandu.

Source: Researcher data analysis

According to Perwali Number 25 of 2021, PAUD services are Early Childhood Education Services whose education level is prior to the Basic Education level, which is a coaching effort aimed at children from birth to the age of six which is carried out through the provision of education to assist physical and spiritual growth and development so that children have the readiness to enter further education, which is held in formal, non-formal, and informal ways. Based on the results of the interviews, it can be concluded that Kelurahan carries out PAUD services by visiting the PAUD and implementing and monitoring parenting services for mothers with children who have not attended PAUD at Posyandu.

The Implementation of PAUD services in the Telaga Biru Village is divided into 2, namely, for children aged 2 to 3 years, parents who will take part in parenting services at the Posyandu, Parenting services at the Posyandu are usually provided with coaching by the Head of the PKK from the Telaga Biru Village and the Puskesmas also regarding child growth and development to avoid malnutrition. Moreover, for the second PAUD service, namely for children aged 3 to 6 years who will take part in PAUD or Kindergarten, the number of kindergartens in the Telaga Biru Village is seven which includes Kindergarten Wildan, Kindergarten Mother, Kindergarten Azkia,

Kindergarten Trisula, Kindergarten II, Tk Putera III, and Tk Kartini. The Telaga Biru Village Head has been monitoring Tk Sadar Ibu, where the Telaga Biru Urban Village PKK also assists the Tk Sadar Ibu. In addition, the Telaga Biru Village Head is also the mother of PAUD, where PAUD Mothers are the prime movers in fostering early childhood education services covering ages 0 to 6 years in their respective areas, and the purpose of these PAUD Mothers is to improve the quality of PAUD services. So far, in the Implementation of the Kelurahan for kindergarten, only 1 out of 7 kindergartens have been visited directly by the Lurah. During this monitoring, the kelurahan directly monitors how the child develops and guides them to avoid malnutrition.

In addition, to support the role of the kelurahan in planning and preventing stunting, which includes the six service packages above, it is carried out by the kelurahan government, namely: preparing human development cadres (KPM). The beneficiary appointed from the Telaga Biru sub-district is a resident of the kelurahan and has never been a posyandu cadre or another health cadre. The last education is an undergraduate degree majoring in PAUD and can operate a computer. Even though they have yet to gain experience as posyandu cadres or health cadres, the

appointed KPM receive training and coaching to carry out their duties as KPM.

The Telaga Biru Kelurahan government collected data on the target group through the KPM on behalf of the Telaga Biru Kelurahan. The target group for data collection is mothers who are breastfeeding, who are pregnant, and children aged 0-23 months and children 24-59 months. In the Telaga Biru sub-district, there are 43 RT, and the data collection carried out by KPM to date has only been carried out in approximately 10 RT because the KPM is currently also a teacher in one of the PAUD in the Telaga Biru sub-district, because this is also due to the only number of KPM one person.

Kelurahan Telaga Biru has not yet held the formation and development of Healthy Kelurahan Houses in Telaga Biru Kelurahan, where the RKS consists of KPM, PKK, kelurahan PAUD teacher coordinators, health care coordinators, community leaders or religious leaders, posyandu cadres and various community groups who care about stunting prevention efforts. Based on the results of interviews with the Telaga Biru Lurah, the RKS will be formed in 2023, even though the RKS is something that should be considered beforehand in planning to prevent and reduce stunting. RKS function as an information center for essential social services in the village, especially in the health sector, health literacy space in the village (a vehicle for communication, information, and education, advocacy forum for village development policies in the health sector, and development of human development cadres).

So far, the sub-district has carried out the stunting consultation in the Telaga Biru sub-district only between people in the Telaga Biru sub-district. Stunting rebuke should be held every three months. Moreover, all members of the RKS coordinate the Implementation of stunting prevention programs or activities. Having an RKS can make it easier to monitor stunting. In the stunting meeting, the KPM and RKS are tasked with recording what causes it if someone does not receive the complete service package. At present, the stunting consultation in the Telaga Biru Village is only carried out by the Kelurahan, with various parties taking turns with related parties. Then, in addition to the above, according to the KB Coordinator, Idrus, a lack of knowledge about nutrition and economic factors caused stunting in the sub-districts in West Banjarmasin District.

Based on the results of interviews, the cause of stunting in the Telaga Biru Village was indeed caused a lack of knowledge about fulfilling nutrition. Therefore, the Telaga Biru Village, along with the posyandu cadres, the Head of the TP-PKK, and the health center, guided fulfilling nutrition. Apart from that, the leading cause of stunting in Telaga Biru Village, based on the

information obtained, is that many cases of stunting or malnutrition are caused by mothers of children who do not like vegetables. So because the mother does not like vegetables, the mother's child also does not eat vegetables. And for economic factors in the cause of malnutrition only a little.

CONCLUSIONS

From the study results, it can be concluded that in the Implementation of the Village Government's Role Policy in Preventing and Reducing Stunting, Implementation of maternal and child health (KIA) services, the Telaga Biru Village Government has the role of carrying out assistance and monitoring. In addition, the kelurahan appointed 1 KPM as a representative from the kelurahan to record maternal and child health checks because not all residents went to the posyandu to check their pregnancy and check the health of both mother and child. The kelurahan also monitors and accompanies activities and provides additional food for children who attend the posyandu.

Telaga Biru Kelurahan implements infectious disease prevention and immunization services by visiting Posyandu twice a month. The Kelurahan carries out the Implementation of clean water supply services for its residents by encouraging them to provide clean water themselves through the RT. The role of the kelurahan government is to accompany and participate in finding solutions to social protection problems. Volunteers carry out temporary shelters in social protection with personal budgets, and the sub-district government implements PAUD Services by visiting PAUD at the beginning of the school year to provide guidance and monitoring. *Republique de Côte d'Ivoire, ministere de l'economie et des finances, direction generale de l'economie. (2007). La Côte d'Ivoire en chiffres.*

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