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## Study of the Role of Government and Community Participation in Stunting Countermeasures System in Lumajang Regency

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#### **Abstract**

**Background:** Programs in the framework of accelerating the reduction of stunting in Indonesia, including in Lumajang Regency, but the results obtained are still not optimal, some obstacles include ineffective stunting prevention programs and ineffective allocation and utilization of resources and funding sources. The purpose of this study was analyze the role of government and community participation in stunting prevention in Lumajang Regency.

**Research methods:** Qualitative research through a Case Study approach (case study) which was conducted in two Sub Districts in Lumajang Regency. The research informants consisted of key informants namely the head of the Puskesmas, the main informants namely mother with stunting infants and additional informants were stakeholders related to stunting countermeasures. Data processing and analysis used the Thematic Content Analysis method (content analysis).

**Results:** The role of government in overcoming stunting was less than optimal, this was due to among others the intervention from the Puskesmas that was not optimal, intervention from stakeholders that was not optimal, budgeting for stunting was still not optimal, cross-sectoral cooperation was not optimal, counseling about stunting was not optimal and the Village Government / Kelurahan and related stakeholders had not been optimal in overcoming stunting. Community participation was needed in overcoming stunting. The acceleration of stunting countermeasures must synergize all available resources. Community participation at this time was still lacking, among others: the role of community organizations in dealing with stunting was still minimal, counseling on issues of suboptimal nutrition, from the role of mothers there was no effort so that children's nutrition was fulfilled and there was no accompaniment by cadre's / mass organizations / PKK.

**Conclusions and Recommendations:** The role of government and community participation is still not optimal. The role of the government that has not been optimal is the intervention of the Puskesmas and stakeholders in overcoming stunting, cross-sectoral cooperation in overcoming stunting and regarding lack of nutrition education. The lack of community participation is that community organizations such as PKK / Aisyiyah / Muslimat have not carried out activities in stunting countermeasures and there has also been no assistance by PKK / Aisyiyah / Muslimat. Suggestions for the Lumajang Regency Government are expected to form a stunting Management Team from the Regency to the Village level, integrated planning and budgeting from each related sector and stated in the Regional Action Plan for stunting prevention and is also expected to increase education to the community, stakeholders and community organizations regarding stunting and the problem.

**Keywords:** Community participation, Stunting, The role of government,

### 1.0 INTRODUCTION

Indonesia is based on WHO data included in the third country with the highest prevalence in the Southeast Asia / South-East Asia Regional region with an average stunting prevalence of 36.4%. Other nutritional problems in  
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Indonesia include underweight, stunting, wasting and micronutrient deficiencies. Based on the results of Riskesdas (Basic Health Research) in 2018 the prevalence of stunting toddlers was 30.8%, it shows a decrease in the prevalence of stunting toddlers when compared with the results of Riskesdas in 2013 which amounted to 37.2%.<sup>[1]</sup> However, if we look at the WHO (World Health Organization) target which must reduce the stunting condition by 40% the number of stunted children under the age of 5 by 2025 (WHO, 2018)<sup>[2]</sup> then what is currently happening in Indonesia is a serious problem and must be done seriously intervene. Nutrition problems faced by Indonesia are not just stunting, Indonesia is included in 17 countries that experience a double burden of nutrition problems (Global Nutrition Report, 2014).<sup>[3]</sup>

The problem of stunting is a priority, this is because stunting is not a trivial problem but very influential on the quality of human resources, the problems that are caused are very broad ranging from failure to grow, barriers to cognitive and motor development and metabolic disorders in adulthood. Currently 159 million stunting children worldwide and 9 million of them live in Indonesia (World Bank, 2016) meaning that 1 in 3 children in Indonesia are currently stunted. Meanwhile, according to the latest survey (Riskesdas, 2018) the number of stunting toddlers in Indonesia is 30.8% and for Baduta stunting is 29.9% this has decreased compared to the conditions in 2013, but is still very high when compared to the national target (RPJMN) which is 28%. This condition when viewed from the classification according to WHO (World Health Organization) is in the high category with a range of values of 30% to 45%. The distribution of stunting to Toddlers and Baduta in Indonesia based on the results of the 2018 Riskesdas can be ascertained to be spread throughout Indonesia with the highest number of prevalence is East Nusa Tenggara Province at 42.6% and the lowest prevalence is DKI Jakarta Province at 17.7%.

Based on the above conditions, the Indonesian government immediately took steps to create a National Action Plan for stunting handling in 2017 that emphasizes convergence at the national, regional and village level to prioritize specific nutrition and sensitive nutrition intervention activities and policies related to stunting handling in Indonesia through several regulations including Presidential Regulation number 42 of 2013 concerning the Acceleration of Nutrition Improvement through reducing stunting focus on the first 1000 days of life and a multisector approach<sup>[4]</sup>, Presidential Instruction number 1 of 2017 concerning the Healthy Living Community Movement (Germa) through regular physical activity, consumption of healthy eating, early detection, healthy environment, health education and healthy lifestyle<sup>[5]</sup> as well as the latest through Presidential Regulation number 83 of 2017 concerning Strategic Food and Nutrition Policies, among others, food availability, food affordability, food utilization, improvement of community nutrition and health services. Guidelines for food and nutrition institutions.<sup>[6]</sup>

Stunting is caused by multi-dimensional factors so that in handling it also requires the role of all parties. Looking at the stunting rate in Indonesia of 30.8%, it means that almost 9 (nine) million Indonesian children are stunted, this is a serious problem that needs attention. The RPJMN (National Medium-Term Long-Term Plan) targets stunting in Indonesia to be 19% by 2024, Ministry of National Development Planning / National Development Planning Agency (2019).<sup>[7]</sup> It needs an appropriate policy and strategy to be able to reduce these conditions quickly in Indonesia, especially for regions with high stunting rates. The National Action Plan for Handling Stunting with specific nutrition interventions (the health sector) and sensitive nutrition interventions (the non-health sector), the National Team for the Acceleration of Poverty Reduction (TNP2K) in national strategies in accelerating the prevention of stunting 2018-2024 (Satriawan, 2018) and also policies and stunting prevention strategies in Indonesia are multi-actor and optimizing the role of stakeholders (Izwardy, 2019).<sup>[8]</sup> The stunting reduction policy has an integrated stunting intervention location that is 100 Priority Regencies / Cities (Sardjoko, 2018)<sup>[9]</sup> where one of them is East Java Province because it is one of the major contributors to the stunting rate in Indonesia, which ranks Big 11 with a number of 32% (Riskesdas, 2018).

Many activities have been carried out in order to accelerate the reduction of stunting in Indonesia, including in Lumajang Regency, but the results obtained are still not optimal. Activities that have been carried out in Lumajang Regency but the results obtained are still not optimal. Activities that have been carried out in the District of Lumajang in stunting prevention include the management of anemia of pregnant women and young women, the provision of female teenage girls, the provision of vitamin A to infants, PMT to KEK Pregnant Women but have not touched all the targets, promotion and counseling of IMD and exclusive breastfeeding, feeding infants and children, immunization, forming KP-ASI etc. Interventions conducted are still focused on specific interventions. Specific interventions, campaigns and outreach about stunting are still not a concern and are still very limited both at the district and village / kelurahan levels. The role of the community for stunting prevention and control is still only carried out by cadres, whereas for existing community organizations there has not done much in stunting prevention and control. This is caused by several obstacles including ineffective stunting prevention programs, lack of optimal coordination of the implementation of specific and sensitive nutrition interventions at all levels (related to planning and budgeting, implementation and monitoring - evaluation), ineffective and efficient allocation and utilization of resources and

funding sources, limited capacity and quality of dissemination related to stunting and various prevention efforts (Satriawan, 2018).

The purpose of this study was to analyze the role of government and community participation in stunting prevention systems in Lumajang Regency.

## **2.0 METHODOLOGY**

This research was a qualitative research through a case study approach (Case Study). The focus of research was the role of government in overcoming stunting and community participation in stunting prevention. The role of the government analyzed was the intervention carried out by the Primary Health Care (Puskesmas) and its network, the intervention was carried out by the village government and stakeholders related to stunting, budgeting for stunting prevention and cross-sectoral cooperation in stunting prevention. Community participation in the study was the role of community organizations in the village / kelurahan in stunting prevention, the ability of mothers and families in overcoming family nutrition problems and counseling and mentoring by cadres or organizations in the village / kelurahan. The informants in this study consisted of key informants, namely 2 Head of Puskesmas, the main informants were 4 stunting mothers and additional informants whose data was collected through FGD (Focus Group Discussion) were 29 stakeholders related to stunting consisting of Village Heads, Lurahs, The Head of Village PKK, Babinsa, Cadre Coordinator, Posyandu Cadre, PKH Assistant, Posyandu Cadre Gerbang Mas, Head of People's Welfare, Chairperson of Muslimat, Chairperson of Aisyiyah, Village Midwife, Village Nurse, Nutritionist and village government apparatus.

Data collection techniques through in-depth interviews, observation, Focus Group Discussion, and document review. This qualitative research was presented in an exploratory analysis. Data processing and analysis in this study used the Thematic Content Analysis method (content analysis). Data collection was carried out by in-depth interview technique (Indepth Interview) and the results were recorded using a recording device and then transcribed and coded, after which the same important sentences were grouped and carried out reduction and categorization and then narrowed again into themes.

Triangulation in this study was carried out using source triangulation which consisted of key informants, key informants and additional informants and also technical triangulation using in-depth interviews (in-depth interviews) and Focus Group Discussion (FGD) to explore more deeply about the role of government and participation community in overcoming stunting problems in Lumajang Regency. The study was conducted from May to September 2019 in Lumajang and Yosowilangun Sub Districts, Lumajang Regency. This study used several research ethics namely Informed Consent, Anonymity and Ethical Clearance from the Faculty of Dentistry, University of Jember No.533 / UN.25.8 / KEPK / DL / 2019.

## **3.0 RESULTS & DISCUSSIONS**

### **3.1 Role of the Government**

Efforts to reduce stunting were carried out through two interventions, namely specific nutrition interventions to overcome direct causes and sensitive nutrition interventions to overcome indirect causes. In addition to addressing direct and indirect causes, supporting prerequisites that include political and policy commitments for implementation, government and cross-sector involvement, and the capacity to implement were needed. Decreasing stunting required a holistic approach, which must begin with the fulfillment of supporting prerequisites. Conceptual framework an integrated stunting reduction intervention.

The results of this study indicated that the role of government in overcoming stunting was less than optimal, some of which were lacking, the first of which was the intervention from Puskesmas that was not yet optimal. Puskesmas interventions had not been optimal in stunting prevention, this was due to several conditions including innovations that were still not focused on stunting, budgeting was not optimal, socialization was less focused, PMT was still only biscuits, interventions focus on teenage girl. As stated by key informants in the following interview excerpt: "From the midwives themselves, what has been done and also from the puskesmas, there are already innovations for pregnant women, there are already many, but even for stunting handling, there is no specific activity for stunting, still participating in events existing right now ... we are not working on stunting but we are more into adolescents, because teenagers are important to be dealt with immediately ... .. (IK2, 56 years)

Specific nutrition interventions are activities that directly address the occurrence of stunting such as food intake, infection, maternal nutritional status, infectious diseases, and environmental health. These specific interventions are generally provided by the health sector. There are three groups of specific nutrition interventions, the first is priority interventions, namely interventions identified as having the greatest impact on stunting prevention and aimed at reaching all priority targets; Supporting interventions, namely interventions that have an impact on

nutrition and other health issues related to stunting and are prioritized after priority interventions have been carried out.

If the specific interventions that should be carried out by the Puskesmas are not optimal then the stunting problem cannot be resolved properly. Implementation of Puskesmas interventions that have not been optimal is one of the reasons also because the focus of the budget has not yet led to stunting problems but there are still many to intervene with pregnant women and young women as well as several other programs, while stunting is still combined with existing activities so that it is less than optimal. This was stated by the informant in the following interview excerpt. "... If for example our budgeting is not in accordance with the conditions of the children under five years old, especially giving the PMT what the budget is, this year it is indeed not yet optimal, including the budget for socialization and intervention is still lacking. If for the next year, God willing, yes, the budget for stunting toddlers under five is already determined, which is quite worth it ... "(IK1, 55 Years).

This study was in line with the results of research conducted by Syafrina et al. (2018) which stated that the budget for nutrition programs in the Padang Pariaman District Health Office was still insufficient and the budget for stunting prevention activities was not yet available, caused activities not to run optimally.<sup>[10]</sup> This was also supported by research which states that the budget was very significant influence on the performance of local governments, the higher the budget, the higher the performance of government officials according to Wulandari (2013).<sup>[11]</sup> The results of subsequent studies were to show that stakeholder intervention was not optimal. Based on the results of the interviews it was found that this can be seen from the stakeholders not yet intervening, there was no budget to address the problem of stunting, the use of village funds was not yet available, cross-sectoral support was not yet optimal. Stakeholder interventions or cross-sectoral if carried out well will achieve the goal effectiveness of 70%, so that if this has not been implemented then the stunting problem cannot be resolved. The results showed that cross-sectoral interventions were still not optimal, as stated by the informants in the following interview excerpt.

"..... And what is it done ... do you evaluate from the results of these activities because in the meantime from cross-sector there is no optimal action in handling this matter ... for stakeholders there is actually no problem, all support, support in the sense of only helping to socialize but in terms of action it is still not .... (IK1, 55 years).

The less optimal interventions from the FGD results were also caused by a number of things including ignorance across sectors or stakeholders about stunting and the problems and impacts caused by stunting. As stated by the informant during the FGD as in the following quotation. "..... I will say it is mediocre, ma'am. the average darungan village knowledge of stunting is minimal, except bu midwife bu. Even I was surprised, from Aisyiyah also yes her husband did not know, did not know at all what was stunting. With this meeting the results were extraordinary ... "(IT28, 46 years).

In order to provide support in the form of interventions that must be carried out, an understanding of what the program is intended for is needed as well as current problems and the impacts that would occur if such interventions were not carried out. If stakeholders do not understand stunting and the problems that exist in their area, the support provided is also very minimal. This study was also supported by research by Saputri and Tumangger (2019) that various obstacles faced in efforts to reduce stunting include: ineffective prevention programs, not optimal coordination of the implementation of specific and sensitive nutrition interventions at all levels, related to planning and budgeting, implementation, and monitoring and evaluation, ineffective and efficient allocation and use of resources and funding sources, limited capacity and quality of program implementation, lack of advocacy, campaigning, and dissemination related to stunting.<sup>[12]</sup>

The results of further research related to the role of the government are to show that budgeting in stunting prevention was still not optimal, including operational funds for stunting prevention, nothing special (included in existing activities), no budget for information media (leaflets, posters, etc.), availability of facilities and less pre facilities to handle stunting. As stated by the informant in the following interview excerpt: "..... We really have no focus if we have stunting, we have to do this. There are still classes of pregnant woman, such as salt, KIA, health promotor for counseling, ... yes, it is still included in several activities. Let's just say for making leaflet ... We really don't have budget so we can't do it like that, other than that the availability of facilities and infrastructure for handling stunting is still lacking, mbak ... "(IK1, 55 years).

This research was supported by research which stated that specific budgeting for the 1000 HPK movement such as campaign activities, socialization and advocacy, promoting cooperation, discussion and training did not exist in Pasaman Regency in 2017 according to Nefy, et al. (2017).<sup>[13]</sup> This makes there has not been any real movement in stunting prevention, if each sector does not yet have a budget for intervention, of course the implementation of interventions in stunting prevention is still less than optimal so stunting cases still cannot be reduced or suppressed. The research was also supported by research conducted by Saputri and Tumangger (2019) which stated that ineffective and efficient allocation and utilization of human resources and financial resources, local government (Dinas

Kesehatan) were less creative and innovative in making related programs. Overcoming the problem of stunting so that the existing budget was not optimally absorbed.

From the results of the document review carried out at the time of the study, it was found that specific budgeting for stunting activities such as deliberation, promotion, and leaflet activities did not yet exist specifically, so it was only done at a few other meetings so that they could not focus. As stated by Satriawan, E. (2018), the obstacles in the implementation of acceleration of stunting prevention were the ineffectiveness of stunting prevention programs, not yet optimal coordination of the implementation of specific and sensitive nutrition interventions at all levels related to planning and budgeting, organizing, and monitoring and evaluation, ineffective and efficient allocation and utilization of resources and financial resources, limited capacity and quality of program implementation, and the lack of advocacy, campaigns and dissemination related to stunting and various prevention efforts. <sup>[14]</sup>

The results of this study also show that cross-sectoral cooperation in handling stunting was still not optimal, this was because all agencies were still working independently and not yet focused and integrated so that there was no unification of focus and goals cannot be maximally reached to solve existing problems. "... each sector is still working individually as PKH, the target of stunting is sometimes not included in the intervention, if it is proposed also it cannot, the Ketapang Office also has a built area that is not the same as the stunting enclave area. The point is that there is still no good collaboration between each sector to deal with problems, especially stunting ... (IT10, 31 years). Cross-sector collaboration that has not been optimal in this study is in line with research from Saputri and Tumangger (2019) which states that one of the problems in the field related to stunting is lack of cross-sectoral cooperation. The acceleration of handling of stunting problems cannot only be handled by the Department of Health alone, because it requires cross-sectoral collaboration to solve this stunting problem. It is this lack of cross-sectoral collaboration that has resulted in the non-optimal stunting countermeasures so that the goals cannot be achieved optimally. The issue of cross-sectoral cooperation is also supported by Saputri (2018) which states that other determinants which are cross-sectoral factors are: regional access, early marriage, heredity, economic factors and parental education. Therefore, good cross-sector collaboration is needed. <sup>[15]</sup>

The results of subsequent studies related to the role of government was to show that counseling about nutrition programs, especially stunting was still not optimal. This can be seen from the results of interviews with informants who stated there was no education from cadres, nutritionists, and PKK and mothers learned information from television and also counseling by midwives. As stated by the informant in the following interview excerpt. "... never before, there was no counseling about nutrition from cadres or PKK, who had been from the midwife. given to know eating regularly so that the milk is smooth, eating nutritious ... "(IU1, 25 years).

The research also showed the results that the extension activities carried out by midwives are without Counseling Event Unit (SAP) and without the media and conducted only in one direction, midwives who provided counseling and mothers of children under five as listeners. As stated by the informant in the quotation during the FGD below. "... yes ... we did not optimize counseling, utilizing the remaining time available in the posyandu we provide counseling only by letting us know something without preparation, directly and not using any media ..." (IT8, 50 years). Counseling is an educational system outside of school (non-formal) to provide information, explanations or instructions to be able to change and want to leave old habits and replace them with new behaviors to form good behavior. If the counseling has not been done optimally, the goal to change behavior for the better for mothers or families of stunting toddlers will not be able to reach the goal, meaning that mothers will carry out habits that have so far provided parenting to children so that stunting problems cannot be resolved.

The results of this study were strengthened by Nugrahaeni (2018) through research conducted showing that there were differences in the knowledge of mothers under five between before and after providing health education with flipchart media. <sup>[16]</sup> The research was also supported by the study of Custiani and Mass (2018) which showed a change in the form of an increase in maternal behavior to be good in giving Additional Breastfeeding (MP-ASI) after being given nutrition counseling. <sup>[17]</sup> The results of this study also showed that the village / kelurahan government and related stakeholders were not optimal in carrying out stunting prevention activities. As stated by informants during the FGD in this study, that the village government was not optimal in overcoming stunting in his village. "... The village has done a lot in dealing with health problems in the village, starting from pregnant women, posyandu, elderly, but the issue of stunting has never been budgeted, I too trust the cadres. But with this incident special attention needs to be paid to stunting ... "(IT28, 46 years)

In the context of stunting prevention, the village / kelurahan government is obliged to budget several menus for stunting interventions in the village / kelurahan fund budget, however if the village / kelurahan commitment is lacking, the case of children with stunting will not be intervened so that the prevalence of cases cannot go down. Budgeting in overcoming stunting in villages / sub-districts is not yet optimal with research conducted by Syafrina et al. (2018) which states that the budget for nutrition programs is not enough and the budget to prevent stunting is not

yet available, thus causing activities to not run optimally. The next thing about the role of stakeholders was not yet optimal, which was obtained from the information of the informants in the following FGD quote.

"..... if in Aisyiyah, the TB is the one now because it is indeed an order from our branch that we are still being asked to help solve TB problems only. for stunting do not know yet, maybe already, later on when the meeting we will ask the branch ... "(IT22, 47 years). The complexity of the causes of nutritional problems or stunting makes the intervention must also be carried out by all sectors not only the health sector but all related sectors mainly in agriculture, social welfare, early childhood development, and education in schools which are indirect causes of stunting. Besides that, social organizations such as Aisyiyah, Muslimat, PKK are also very much needed to work on stunting. Through improving nutritional status, quality human resources can be developed followed by better economic growth. This impact can only occur if all sectors work together to overcome problems in their fields (The Lancet Series, 2013) in the Pusdatin of the Ministry of Health Republic of Indonesia. (2018). <sup>[18]</sup>

### 3.2 Society participation

The results showed that community participation in overcoming stunting was still not optimal. Participatory and innovative village development must utilize village resources to the greatest extent of people's welfare both human resources in the village and natural resources in the village. Stunting prevention requires the participation of rural communities both as a group or as members of the community. If community participation is lacking, the concept of convergence, synergy and integration in stunting handling in order to reduce stunting cases cannot be achieved so that the reduction in stunting prevalence as we expect cannot be realized. At present, there is no role for community organizations in stunting, both in the form of interventions and counseling and education to the community. Basically this is because the understanding of stunting is still lacking so they assume no need to do a role or an intervention. As stated by the informant in the interview excerpt below. "... PKK who has been carrying out activities for stunting is still Yoso lor village, which has a nutrition kitchen initiated by PKK mothers, if the one who has moved a lot is KMPK.

So e.. We are also assisted by KMPK to e.. Resolve this case. Yes, the KMPK helps e.. Gives understanding to toddlers' families and looks for solutions ..... "(IK1, 55 years). This was very much in accordance with research which stated that community participation and ownership was very possible when the nutritional conditions of the community were very decent and to develop it is very much needed by involving women with other members of the community. Training and capacity building are the best keys to empowerment (Chhabra I, 2015). <sup>[19]</sup>

The acceleration of stunting prevention and prevention needs to optimize and synergize all available resources. The National Team for the Acceleration and Poverty Reduction (TNP2K) has a strategy in accelerating stunting prevention by synergizing all available resources, namely increasing government resources by increasing effectiveness and efficiency and optimizing the role and mobilization of private, donor, civil society, individual and community groups resources.

Another thing that was also lacking from this study was that counseling about the problem of suboptimal nutrition, based on interview results found that the mother did not know at all about the problems of their children, mothers do not receive counseling about the condition of their children, mothers know nutrition problems from television and every posyandu there is no counseling. As stated by the informant in the following interview excerpt. "... there was no counseling, after the posyandu went straight home. There is no counseling together or individually never told, the subject is weighed and then to go home ... "(IU3, 32 yr). Counseling is an activity that provides education to the community in order to practice childcare properly so that the nutritional adequacy is met. Less than optimal counseling cannot provide the leverage to change the behavior of the mother or family in caring for their children. This research was supported by Azria and Husnah (2018) that there was an effect of counseling on balanced nutrition on the behavior of mothers' balanced nutrition practices. <sup>[20]</sup>

This research also showed that mothers did not make efforts to fulfill the children's nutrition, this could be seen in the results of the interviews found that the mother or family does not try to make children want to eat. As the informant stated in the following interview excerpt: "... Yes, there isn't, anyway, he likes to play with food [yes no, he just likes to eat, eat] if you don't want to do it then what else do you do, his son doesn't want to ...." (IU2, 29 years). Mother also didn't grow vegetables in her yard so that it can be consumed for the family. This was stated by the informant in the interview below:

"..... I was planted with nothing, it was fine, never really ... also did not have the seeds ...." (IU1, 25 years). The family did not make an effort because of lack of knowledge about the condition of the child, assuming that such conditions were common and common in young children. Utilization of the yard by planting vegetables or raising animals that could be used to meet family nutrition is important as stated in the Role of the Department of Food Security is the development of sustainable food restaurant areas (TNP2K, 2018). <sup>[21]</sup> Mother's knowledge about balanced nutrition could be reflected in the way mothers choose food ingredients for their family needs, especially for

their children. Economic factors also had an important role in the efforts made by the family, when the economy was lacking even though it had been given counseling, mothers were unable to fulfill it because of the inability factor. As stated by the informant in the following interview excerpt.

"... Besides funding ... Even though we have been socializing sometimes the toddler mother who is not responding properly may be because economic factors cannot meet our expectations. It's okay, even though we say we have been socialized ... we have told us sometimes that e ... does not pay attention to what we say so there is no concern for what I say ... "(IK1, 55 Years).

This study was in line with research produced by Nugrahaeni (2018) which stated that the higher the level of knowledge of toddlers, the easier it would be for mothers to apply the health information, in addition to knowledge of economic factors also had an influence on family efforts to overcome their children's nutritional problems such as the results of research conducted by Illahi (2017) which showed a significant relationship between family income and the incidence of stunting in the village of the end of the plate. <sup>[22]</sup>

The results of subsequent studies indicated that there had been no assistance done by cadres or PKK or other community organizations. The limited knowledge and education of the family or mother of children under five so it was very necessary for the family companion to be able to intervene optimally and achieve goals optimally. In this study it was found that there was no assistance provided by cadres or PKK or other mass organizations as stated by the research informants below.

".... no, ma'am cadre came nametaken chatter biscuit continues even the just go home. [Yes, no, the cadre came only to deliver the biscuit and went home already] ... "(IU2, 29 years old)

Assistance is one way of education for mothers or toddlers' families when experiencing nutritional problems or stunting. One of the causes of stunting is the problem of knowledge and economic capacity which results in the mother or family being unable to provide children with food as needed. The results of this study were in line with the results of the research by Kusumawati, E. et al. (Kusumawati, Rahardjo, & Sari, 2015) <sup>[23]</sup> in Astuti et al. (2018) that in preventing stunting, community empowerment was needed by increasing the role and function of posyandu cadres. <sup>[24]</sup>

Related to the role of posyandu cadres is to obtain various health information in advance and more completely. Play a real role in the development of toddlers' growth and development and maternal health, therefore, providing information about preventing stunting for posyandu cadres is very important, because that way the cadres have the supplies to carry out their role in providing counseling to mothers at the posyandu, so hopefully the incidence of stunting can be reduced (Maywita, 2018) <sup>[25]</sup> in Astuti et al. (2018). The foregoing inspires us that the role of a companion for the mother or family is very important in parenting to children. The companion in question is all communities or organizations that have concerns such as the PKK, Muslimat, Fatayat, Aisyiyah and the said companion must obtain complete information in advance regarding stunting and the problem as well as how to overcome it and also how to assist it so that the main purpose of assisting mothers in toddlers in caregiving child eating is achieved and the problem of stunting can be resolved immediately.

#### 4. CONCLUSIONS

The role of government in overcoming stunting was less than optimal. The suboptimal roles were: intervention from Puskesmas is not optimal, intervention from stakeholders was less than optimal, budgeting for stunting was still not optimal, cooperation between sectors was not optimal, counseling for nutrition programs was still less than optimal, stakeholders do not yet understand stunting and do not know stunting problems in its area, the village / kelurahan government and related stakeholders were not optimal in stunting prevention activities and the village head's commitment was lacking in stunting prevention.

Community participation was needed in overcoming stunting. The acceleration of stunting countermeasures must synergize all available resources. Community participation was currently lacking, among others, the role of community organizations in handling stunting was still minimal, lack of community participation in stunting cases, counseling about suboptimal nutrition issues, mothers do not make efforts to fulfill children's nutrition, there was no assistance by cadres / mass organizations / PKK, civil society organizations had not yet carried out stunting related activities.

There is a need for a Stunting Problem Handling Team and a District Action Plan for convergence, synergy and integration across sectors. Increased dissemination, information dissemination and advocacy on all fronts. There needs to be a commitment of all resources to move together in overcoming stunting in Lumajang Regency.

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