

Policy Study on Optimizing Family Posyandu Functions to Accelerate Stunting Reduction

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Article Info

Article history:

Received January 6th, 2024

Revised February 28th, 2024

Accepted March 28th, 2024

Keyword:

Integrated family service;
Optimization; Sstunted;

ABSTRACT

Background: Based on data from the 2022 Indonesian Nutrition Status Survey (SSGI), the prevalence of stunting in West Nusa Tenggara reached 32.7%. Efforts to overcome stunting using a holistic approach must be carried out, including through the Family Posyandu. Various policies have been issued, one of which is the instruction of the Governor of West Nusa Tenggara No. 050.13/01/KUM of 2022 concerning the Optimization of Family Posyandu to accelerate stunting reduction in West Nusa Tenggara Province, but its implementation has not been widely evaluated. Therefore, it is necessary to study the effectiveness of its implementation to provide constructive suggestions for policymakers.

Research Objective: This research aims to identify the implementation of family posyandu, identify factors that influence its success and hinder its implementation, and produce a policy brief related to optimizing family posyandu to accelerate stunting reduction.

Research Methods: The research was conducted based on the criteria for an active posyandu, a stunting locus located in the Family Posyandu in the Parampuan Health Center Working Area, West Lombok Regency. Data was collected through Focus Group Discussions (FGD), in-depth interviews, and observations of the implementation of family posyandu.

Research Result: The research results show that there needs to be more disclosure regarding foster parents' involvement in optimizing family posyandu to support efforts to accelerate stunting reduction. Several parties' roles involved in implementing family posyandu could be more optimal. Not all targets come to Posyandu, especially teenagers because it is held in the morning when teenagers are at school. Not all family posyandu cadres have received training that meets standards to meet cadre competencies. Monitoring and evaluation of the implementation of family posyandu have yet to be carried out systematically and routinely. Optimizing the role of all parties involved in family posyandu needs to be carried out through increasing the number and capacity of family posyandu cadres on an ongoing basis, massive socialization through various media, systematic and routine monitoring and evaluation accompanied by follow-up efforts, and a well-developed family posyandu information system integrated to be implemented, starting from several pilot family posyandu, so that it can initiate the creation of a village health profile.

BACKGROUND

Stunting is a significant health problem in Indonesia, especially among toddlers. Based on data from the 2022 Indonesian Nutrition Status Survey (SSGI), the prevalence of stunting in West Nusa Tenggara reached 32.7%. Efforts to overcome stunting using a holistic approach must be carried out, including implementing Family Posyandu (1). Family Posyandu is an innovation in efforts to overcome health problems, with a family approach that carries out routine activities every month. There are five primary program coverage: Maternal and Child Health (KIA), Family Planning (KB), Immunization, Nutrition, and Diarrhea. These activities are also integrated with cross-sector programs (2). The Indonesian government has issued various policies regarding family posyandu to overcome stunting, including Minister of Health Regulation No. 67 of 2016 concerning family posyandu. The government also provides budget and human resources support for implementing family posyandu at the village or sub-district level (3). Based on Presidential Regulation number 72 of 2021 concerning the acceleration of stunting reduction, Republic of Indonesia National Population and Family Planning Agency Regulation number 12 of 2021 concerning the National Action Plan for the Acceleration of Stunting Reduction 2021 – 2024 and Governor's Regulation number 30 of 2021 concerning the Revitalization of Integrated Service Post, in the context of optimizing the function of family posyandu to accelerate the reduction of stunting in West Nusa Tenggara, the Governor of West Nusa Tenggara Instruction No. 050.13/01/KUM of 2022 concerning Optimization of Family Posyandu to accelerate stunting reduction in West Nusa Tenggara Province (4).

Even though there are government policies and support for family posyandu, their implementation has yet to provide optimal leverage to reduce stunting. Therefore, it is necessary to evaluate the policy for optimizing family posyandu to accelerate stunting reduction in West Nusa Tenggara, determine the factors that influence its success, and evaluate the program's effectiveness in reducing stunting rates.

Problem Formulation: What policies have been regulated regarding implementing Family Posyandu? How is the Family Posyandu implemented to accelerate stunting reduction? What factors influence the success of implementing Family Posyandu to overcome stunting?

The aims of this research were :

1. To know the policies that have been regulated regarding the implementation of family posyandu. Identify the implementation of family posyandu based on input aspects (such as personnel, tools and materials, financing), process (such as type of service, implementation time, and implementation procedures), and results (such as target number who utilize family posyandu) which supports efforts to accelerate stunting reduction
2. To identify the factors that influence the success of implementing Family Posyandu to accelerate stunting reduction.
3. To identify factors that hinder the implementation of family posyandu to accelerate stunting reduction
4. To produce a policy brief regarding the policy for optimizing family posyandu to accelerate stunting reduction

MATERIAL AND METHODS

Research Design

This research uses a mixed-methods sequential exploratory (quantitative-qualitative) research approach. First, qualitative data is collected and analyzed, followed by quantitative data to explore in-depth information about the factors that influence the success of the family posyandu program and evaluate its effectiveness in reducing stunting rates (8).

Place and Time

This research was conducted at the Family Posyandu in the West Lombok District Health Service Working Area. This location is a family posyandu location that meets the following criteria :

1. Active Posyandu Purnama and Mandiri Posyandu
2. It is a Stunting Locus in the West Lombok Regency area

The research location was determined to be the sub-district with the largest population and the highest prevalence of stunting cases, so the selection of this location could be a representative picture of family posyandu in NTB. Based on the criteria above, the research location in this study was Mawar in the Parampuan Community Health Center working area, West Lombok Regency. Data collection was carried out

from July to September 2023: informants and data collection methods. Data was collected using Focus Group Discussion (FGD), in-depth interviews, and observation of family posyandu's implementation (9).

Data Source

The data sources in this research are primary and secondary (9). Primary data was collected through FGDs, in-depth interviews regarding policy implementation and other supporting information, and observations of the implementation of family posyandu. Secondary data comes from the Family Posyandu Implementation Report from the District and Provincial Health Services and policies related to Family Posyandu in NTB Province.

Instrument

The instruments used in this research were:

- Stationery.
- A tape recorder.
- An informant consent form.
- A seating map for the FGD process.
- Flipchart paper.
- Post-it paper.
- Paper tape.
- A marker.
- A list of questions to guide the implementation of the FGD.
- An in-depth interview form.
- An observation sheet for posyandu implementation.

Analysis

Data analysis was carried out using the triangulation method. Triangulation helps collect more complete and contextual data regarding the portrait of the phenomenon being studied (10). Triangulation was carried out, namely data collection methods including FGDs and in-depth interviews (in-depth interviews, observations of the implementation of family posyandu). Next, the data is analyzed based on themes and sub-themes according to the policy analysis theory.

RESULTS

Instructions from the Governor of NTB regarding Optimizing Family Posyandu. West Nusa Tenggara Governor Instruction No. 050.13/01/KUM of 2022 concerning the Optimization of Family Posyandu to accelerate the stunting reduction in West Nusa Tenggara Province, instructs regarding the tasks that must be carried out by related parties in implementing Family Posyandu as follows:

1. Chair of TPPS Districts/Cities throughout NTB, Bappeda, Health Service, DPMPD, BKKBN, TP PP Provincial and District/City throughout NTB to:
 - a. Activate sub-district posyandu working groups and village/sub-district posyandu working groups
 - b. Facilitate family posyandu to carry out its functions according to the SOP
 - c. actively. Coordinate and foster the implementation of District and Village TPPS duties
 - d. Facilitate the achievement of SIP and e-PPGBM application input (minimum 95%) every month
 - e. Calibrate family posyandu anthropometry tools periodically
 - f. Resolving obstacles to the implementation of family posyandu
 - g. Evaluating the implementation of interventions for stunting targets implemented by the Village TPPS
 - h. Growing and implementing a foster parent movement for stunted children in NTB
2. Specifically by TP-PKK:
 - a. Mobilize family posyandu targets to attend the implementation of family posyandu
 - b. Assistance in Providing Supplementary Food (PMT) Recovery for stunting targets comes from local food sources of animal protein such as eggs, meat, fish, chicken, etc.

The research results show that PMT Recovery assistance for stunting targets originating from local animal protein food sources has yet to run optimally, especially with assistance methods.

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3. Especially for Posyandu Cadres:
 - a. Identify the availability of standard anthropometric equipment (measurement and weighing) for posyandu services
 - b. Weight weighing using digital scales and following the SOP set by the NTB Provincial Health Service
 - c. Assistance in Providing Supplementary Food (PMT) Recovery for stunting targets comes from local food sources of animal protein such as eggs, meat, fish, chicken, etc.
 - d. Coordinate with Village TPPS and Human Development Cadres regarding the results of PMT Recovery assistance for stunting targets
The research results show cadres spearhead implementing family posyandu, but the number, capacity, and incentives received could be more optimal.

 4. Special Family Accompaniment Team:
 - a. Carry out assistance, including counseling, facilitation of referral services, and acceptance of social assistance programs for prospective brides and grooms, pregnant women, postpartum mothers, and children aged 0 – 59 months
 - b. Conduct surveillance on families, including prospective brides/prospective couples of childbearing age and families at risk of stunting
 - c. Conduct surveillance on priority targets to detect early risk factors for stunting
 - d. Assistance in Providing Supplementary Food (PMT) Recovery for stunting targets comes from local food sources of animal protein such as eggs, fish, etc.
The research results show that disseminating the results of family assistance to targets has not been optimal.

 5. Specifically for Human Development Cadres:
 - a. Carry out early detection of stunting by measuring the length/height of babies and toddlers
 - b. Identifying the household target of 1000 HPK through village social maps and village condition assessments (PKD).
 - c. Facilitate villages to optimize the use of village funds in the RKP Des and APBDes for stunting interventions
 - d. Supporting villages and communities to monitor and ensure the integration of 5 service packages in 1000 HPK households
 - e. Receive and report the results of monitoring the growth and development of infants and toddlers
 - f. Assistance in Providing Supplementary Food (PMT) Recovery for stunting targets comes from local food sources of animal protein such as eggs, fish, etc. g. Report the results of PMT monitoring for stunting targets to the NTB Province Bappeda call center
The research results show that the village social map related to the 1000 HPK target needs to be prepared optimally.

 6. Specifically for Village Heads/Lurah:
 - a. Providing a minimum honorarium for posyandu cadres of IDR. 150,000/person/month
 - b. Providing PMT Extension according to posyandu targets
 - c. Providing/equipping family posyandu equipment: digital scales, microtones, length boards, etc.
 - d. Organizing cadre training/refreshment by the village in coordination with the Health Service and Community Health Center
 - e. Monitoring PMT for stunting targets comes from local food sources of animal protein such as eggs, meat, fish, chicken, etc.
 - f. Supporting the joint movement of providing animal protein (eggs) for stunting targets every day as much as 1 – 2 items for 3 – 5 months
The research results show that the honorarium for posyandu cadres is IDR. 150,000/person/month needs to be increased to support optimizing the role of posyandu cadres

 7. Specifically for Community Health Centers:
 - a. Providing Recovery PMT by stunting targets
 - b. Complete family posyandu anthropometry tools
Puskesmas has implemented the mandate in the Governor's instructions

8. Specifically for Village TPPS:
 - a. Providing food sources of animal protein (eggs, fish, etc.)
 - b. Distribute food sources of animal protein (eggs, fish, etc.) to stunting targets
 - c. Assistance in Providing Supplementary Food (PMT) Recovery for stunting targets comes from local food sources of animal protein such as eggs, fish, etc.
 - d. Report the results of PMT monitoring for stunting targets to the NTB Province Bappeda call center
The research results show the need to procure food sources of animal protein through community empowerment efforts, such as providing fish seed assistance.

9. Specifically for foster parents:
 - a. Carrying out a joint movement to provide animal protein (eggs) for stunting targets and families at risk of stunting, which is carried out every day as much as 1 – 2 eggs for 3 – 5 months
 - b. Budget support for stunted children should be provided in the form of animal protein in the amount of IDR. 500,000/foster parent to provide eggs or animal protein sources
The research results show that the role of foster parents, as mandated in the NTB Governor's instructions, has not shown a good contribution.

DISCUSSION

Based on Focus Group Discussions, in-depth interviews, and observations of the implementation of family posyandu, it can be expressed as follows:

1. Implementation of Family Posyandu refers to several Regulations, Instructions, Guidelines and Bukudiung, namely: General guidelines for managing Posyandu, Juknis for family Posyandu in 2021, Prime Posyandu guidebook, Toddler Posyandu guidebook, Elderly Posyandu guidebook, Government and ministry guidelines/regulations health, Village regulations and decisions resulting from village deliberations, NTB Governor's Instructions regarding Family Posyandu, KIA Guidelines, PUS – WUS Guidelines. The targets for Family Posyandu include Pregnant women, breastfeeding mothers, babies, toddlers, teenagers, productive age, elderly, and people with disabilities.

2. Tools and materials needed to implement Family Posyandu:
 - a. Anthropometric tools: baby scales, toddler scales, height gauges for babies and toddlers, Lila tape, head circumference gauges, stomach circumference gauges, digital step scales
 - b. Form step 1, step 2, step 3, step 4
 - c. Tables, chairs, data boards,
 - d. Tensimeter
 - e. Stethoscope
 - f. Doppler
 - g. PTM screening form
 - h. Weighing register
 - i. Teenage register
 - j. Food models
 - k. UPGK turning sheet, Kadazi turning sheet
 - l. Posyandu cadre guidebook
 - m. Leaflets
 - n. Place/space for pregnant women
 - o. Loudspeaker
 - p. Laboratory examination tools and materials (blood sugar, cholesterol, uric acid)
 - q. Material for PMT for toddlers, PMT for teenagers, PMT for the elderlyMeanwhile, the source of financing for implementing the Family Posyandu comes from Community Health Center Funds, Village Funds, Health Services, and related agencies.

3. Types of services available at Family Posyandu include:

Immunization of infants and toddlers, examination of pregnant women, laboratory examinations for screening (blood sugar, cholesterol, uric acid), nutritional counseling, KIA (pregnant women, breastfeeding mothers, parenting patterns, eating patterns), group counseling, mental screening, anthropometric measurements, Giving Vitamin A, giving worm medicine, checking iodized salt, birth control injections, and distributing PMT for toddlers. Family posyandu is held once a month, according to the schedule that has been prepared.

4. Human resources (HR) involved in implementing family posyandu
 - a. Doctor: PTM screening
 - b. Nutrition workers: screening nutrition cases
 - c. Nurse: immunizations, mental screening & PTM
 - d. Midwife: examining pregnant women, productive age, elderly, teenagers, etc. Promkes: health education
 - e. Lab officer: blood test
 - f. PLKB: target monitoring
 - g. Cadres: carry out posyandu steps
 - h. Kadus: moving targets, controlling activities, j. Babinsa: maintain security
 - i. PKH Facilitator: monitors the presence of PKH targets at Posyandu
 - j. PKK: assists in implementing posyandu

5. Five steps in implementation:
 - a. First step: registration
 - b. Second step: weighing and measuring TB
 - c. The third step is checking, screening, filling in KMS, and recording
 - d. Fourth step: health services, KIE, referral processing
 - e. Fifth step: data verification and validation

6. Obstacles in implementing family posyandu are:
 - a. Only some targets come to Posyandu, especially teenagers because it is held in the morning when teenagers are at school
 - b. There is still an opinion that Posyandu belongs to the Health Service
 - c. Not all family posyandu cadres have received training that meets standards to meet cadre competencies.
 - d. The burden on posyandu cadres is too much, and the number of cadres still needs to be increased
 - e. Cadres' capacity to properly and correctly convey information still needs to be improved
 - f. Monitoring and evaluation of the implementation of family posyandu have yet to be carried out systematically and routinely.
 - g. Not all posyandu have a particular posyandu building, so during posyandu services, sometimes there is a build-up of targets.
 - h. Public awareness is still lacking due to negligence, limited time, or not understanding that posyandu is important

7. Suggestions that need to be made in optimizing family posyandu to accelerate stunting reduction are:
 - a. Monitoring and evaluating the implementation of family posyandu is carried out correctly, routinely, by a complete team using the expected input-process-output.
 - b. Targeting family posyandu should involve all parties who play a role in family posyandu, such as TP PKK, PLKB, Posyandu cadres, village officials, hamlets, RW, and RT
 - c. Strengthening the Posyandu Pokjanal Team, starting from the Central, Provincial, and District Levels
 - d. Family posyandu is held longer (up to the afternoon/evening)
 - e. Increase the number of family posyandu cadres according to standards to serve all targets entirely and well.
 - f. There is a need for family posyandu cadres to be trained on how to convey information and appropriately educate the community.
 - g. An integrated family posyandu information system should be implemented, starting from several pilot family posyandu, to create a village health profile.

CONCLUSIONS

The research results show that there needs to be more disclosure regarding foster parents' involvement in optimizing family posyandu to support efforts to accelerate stunting reduction. Several parties' roles involved in implementing family posyandu could be more optimal. Not all targets come to Posyandu, especially teenagers because it is held in the morning when teenagers are at school. Not all family posyandu cadres have received training that meets standards to meet cadre competencies. Monitoring and evaluation of the implementation of family posyandu has not been carried out systematically and routinely.

RECOMMENDATION

Optimizing the role of all parties involved in family posyandu needs to be carried out through increasing the number and capacity of family posyandu cadres on an ongoing basis, massive socialization through various media, systematic and routine monitoring and evaluation accompanied by follow-up efforts, and a well-developed family posyandu information system integrated to be implemented, starting from several pilot family posyandu, so that it can initiate the creation of a village health profile.

REFERENCES

- Kemkes RI. 2022. Buku Saku Survei Status Gizi Indonesia Tahun 2022
- Dikes Prop. NTB. 2021. Petunjuk Operasional Posyandu Keluarga
- Kemkes RI. 2016. Permenkes RI. No. 67 Tahun 2016 tentang Posyandu keluarga
- PemdaProp.NTB.2022.InstruksiGubernurPropinsiNusaTenggaraBaratNomor:050.13/01.KUMTAHUN 2022 tentang Optimalisasi Posyandu Keluarga dalam Upaya Percepatan Penurunan Stunting di Propinsi Nusa Tenggara Barat.
- Maywita, E. 2018. Faktor Risiko Penyebab Terjadinya Stunting Pada Balita Umur 12-59 Bulan Di Kelurahan Kampung Baru Kec. Lubuk Begalung Tahun 2015. Jurnal Riset Hesti Medan Akper Kesdam I/BB Medan, 3(1): 56.
- Sutarto, Mayasari, D. & Indriyani, R. 2018. Stunting , Faktor Resiko dan Pencegahannya Stunting , Risk Factors and Prevention. J Agromedicine, 5: 540–545.
- Kemkes RI. 2018. Cegah Stunting itu Penting
- Pane, I., Hadju, V. A., Maghfuroh, L., Akbar, H., Simamora, R. S., Lestari, Z. W., & Galih, A. P. (2021). Desain Penelitian Mixed Method.
- Kriyantono, R., & Sos, S. (2015). Public relations, issue & crisis management: pendekatan critical public relation, etnografi kritis & kualitatif. Kencana.
- Murdiyanto, E. (2020). Penelitian Kualitatif (Teori dan Aplikasi disertai contoh proposal).
- Bazeley, P., & Jackson, K. (2013). Perspectives: qualitative computing and NVivo. Qualitative data analysis with NVivo, 1- 46.