

Model of Multisector And Multidimensional Approaches: An Effort to Stunting Prevention Education in Kuantan Singingi Regency, Indonesia

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Abstract: This study aims to determine how the multisector and multidimensional approach model is in efforts to prevent stunting in Kuantan Singingi Regency. The method used qualitative descriptive approach. The selection of informants using a purposive sample of 5 people : 1 person from the Population Control, Family Planning, Women's Empowerment and Child Protection Service (DP2KBP3A), 1 person Health Service, 1 person Health Center, 1 person the Stunting Acceleration Team (TPPS) and 1 person from the head of Posyandu. Data collection used in-depth interviews, participatory observation and documentation studies. Data analysis used qualitative analysis. The results showed that the multisector approach model was integrated from the central level, provincial level, district/city, external to village. Collaborating with the Education, Health, social, economic, agricultural, plantation sectors, etc. involving the central and regional governments, Community Institutions, community leaders and the general public. Multidimensional targets are mothers, toddlers, teenagers, prospective brides, pregnant women, children, and the elderly. The results show that stunting rates are decrease. Supporting factors are government support and an integrated stunting prevention education model with various sectors. Obstacles factors are the quality of human resources, the social culture of the local community and the stigma of stunting as negative.

Keywords: Approach; Multisector; Model; Multidimensional; Stunting Prevention Education

Introduction

Malnutrition remains a major problem worldwide, especially in a number of developing countries. Underweight, stunting, wasting, and micronutrient deficiencies are some of the nutritional problems in Indonesia. Overnutrition is another problem that is getting worse and is characterized by the high prevalence of obesity in children, adolescents, and adults. The number of children under five who are underweight, stunting, wasting, and obese is 17 percent, 24 percent, 7.1 percent, and 3.8 percent, respectively, according to data from the Indonesian Nutrition Status Survey (SSGI, 2021) in Wardita et al., (2021). Compared to other middle-income countries, Indonesia has a very high stunting rate, but the Indonesian Nutrition Status

Survey (SSGI, 2021) shows that the frequency of stunting decreased by 9.3% between 2018 and 2021 (Wardita, et al., 2022).

Global Nutrition Report data in 2018 showed that 150.8 million (22.2%) children experienced stunting worldwide. WHO has determined that by 2025 the stunting rate will reach 40%. Indonesia had a stunting prevalence of 36.4% from 2005 to 2017, placing Indonesia in third position (Anwika et al., 2024).

Early life nutritional problems not only affect a child's growth and development; nutritional problems also increase the likelihood of mental retardation, lower IQ, increase neonatal mortality, and disrupt productivity and work performance. Long-term nutritional problems can also reduce the quality of Indonesia's human resources (HR) (Bappenas, 2009). By

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examining and addressing the determinants (direct and indirect factors), nutritional status problems can be avoided. Food consumption and health status (infection or not) are direct determinants of nutritional status. Socioeconomic status, birth spacing, education, knowledge, income, poor parenting, ignorance of the relationship between food and health, taboos and restrictions on certain foods, personal preferences, poor environmental sanitation, lack of access to health care, and low household food security are examples of indirect determinants (Bappenas, 2011 in Purwanti et al. 2020).

Children who do not eat enough suffer from stunting. It takes a long time to overcome stunting. The role of nutrition must be considered carefully because stunting prevention must take into account all causal factors, both direct, indirect, and underlying. Special nutrition management and sensitive interventions are two types of nutritional contributions (President of the Republic of Indonesia, 2013). Through health sector strengthening initiatives, special dietary interventions aim to prevent and reduce disease directly. The First Day of Life (HPK) group, which includes pregnant women, breastfeeding mothers, and infants aged 0–23 months, is the target audience for programs and activities. (Yunitasari et al., 2021). Sensitive nutrition interventions, on the other hand, aim to prevent and reduce disorders indirectly through non-health development initiatives such as family planning, clean water, food provision, poverty alleviation, and gender equality; the target for the general public does not need to reach 1,000 HPK (Ch Rosha et al., nd). From the explanation above, it is clear that the answer lies in cross-sectoral initiatives to overcome stunting. Various stakeholders are involved in this cross-sectoral strategy, including central and regional governments, the business world, educational institutions, social and religious organizations, and the media (Wulandari, 2023).

According to Pibriyanti et al., (2019), handling stunting requires cross-sector collaboration and involves a number of stakeholders, including the general public, the business world, regional and central governments, and others. The President and Vice President are committed to leading the handling of stunting in order to accelerate and ensure that the prevalence of stunting decreases evenly throughout Indonesia (Rahmawati and Khusnul 2023). By mid-2023, the prevalence of stunting in Indonesia will reach 21.6 percent (Central Statistics Agency, 2024). Kuantan Singingi Regency is one of the regencies in Riau Province which is one of the regencies whose stunting prevalence rate continues to decline from 2019-2023. Data on Stunting Cases in Kuantan Singingi Regency in 2019 was 29.55%, in 2021 it was 22.40%, in 2022 it was 17.80%, and in 2023 it was 8.20%.

Based on these data, Kuantan Singingi Regency has succeeded in reducing stunting rates to reach the national target of less than 14% (Central Statistics Agency, 2024).

According to the Kuantan Singingi Riau Health Service, the number of stunted babies in 2020 was 12.34 percent, or 2,536 people. The Kuantan Singingi Regency Government is promoting a program to prevent and reduce stunting. Various efforts have been made and various collaborations have been carried out with various cross-sectors. One of them is collaborating with the Health Office, schools, Baznas (National Zakat Agency), Dinas Perkim (Housing and Settlement Office) to build habitable houses, the Public Works Office to build healthy latrines, the Food Crops Office for assistance with healthy seeds for planting, the Fisheries Office for assistance with fish seeds and so on. The integrated health service post program in each sub-district is part of the Kuantan Singingi Regency Government's efforts to reduce stunting rates. Then, the Kuantan Singingi PKK (PMT) cadres sent additional food assistance. In addition to providing food and vitamins to babies, the integrated health service post also measures the weight and length of the baby. In addition, various government and non-government sectors and various aspects of society are involved in integrated efforts to prevent and reduce stunting rates. This multi-sectoral and multidimensional approach model involves various sectors, both government and non-government, and has targets from various dimensions, including not only mothers of toddlers but also teenagers, prospective brides and grooms, pregnant women, children, and even elderly targets. The Kuantan Singingi Regency Government has formed a Stunting Task Force which intensively organizes stunting prevention and reduction programs. So, based on this, how is the cross-sector collaboration model carried out in preventing and reducing stunting carried out.

This study aims to determine model of multisector and multidimensional approach as an effort to prevent stunting education in Kuantan Singingi Regency, to determine the impact of implementing the multisector and multidimensional approach model on efforts to prevent stunting in Kuantan Singingi Regency and to determine the inhibiting factors and supporting factors for implementing a multisector and multidimensional approach model in Kuantan Singingi Regency.

Method

Method

The research method used is a qualitative method with a descriptive approach. The qualitative approach was chosen because the researcher wanted to narrate the

research topic in depth. The approach used in this study was deemed appropriate because the researcher wanted to explain in depth in the form of a narrative about how the multisector and multidimensional approach model uses data obtained from interviews, documentation, observations and other documents which are then processed into in-depth information about the discussion of this research, namely the multisector and multidimensional approach model as an effort to prevent stunting in Kuantan Singingi Regency. By using a descriptive type of research with a qualitative approach, it aims to explore facts about the multisector and multidimensional approach model as an effort to prevent stunting in Kuantan Singingi Regency.

Determination of Informants

Informant's determination using purposive sampling. Informant determination is chosen by selecting people who are considered to know the most about the research problem. Participants are selected based on certain considerations and objectives that allow for in-depth information to be obtained about the multisector and multidimensional approach model as an effort to prevent stunting education in Kuantan Singingi Regency. Informants in this study were selected as many as 5 people, namely 1 person from the Population Control, Family Planning, Women's Empowerment and Child Protection Service (DP2KBP3A), 1 person from the Health Service, 1 person from the health center, 1 person from the Stunting Acceleration Team (TPPS) and 1 head of the integrated health post.

Data collection

Data collection techniques were carried out through in-depth interviews with all informants. When conducting in-depth interviews, researchers used interview guidelines that had been previously prepared in a research grid. Furthermore, researchers used participatory observation. Participatory observation was carried out by researchers visiting the observed place and participating in the activities. Literature studies were carried out by looking at references from previous studies that had been carried out related to stunting prevention education. Documentation was carried out by looking at documents related to the multisector and multidimensional approach model as an effort to educate stunting prevention, namely activity reports, participant lists, institutional profiles, collaborating sectors and photos of activities.

Data analysis

The researcher then conducted data analysis, namely data analysis was carried out after the data in the form of transcripts of interview results and observations, as well as images, photos, subject diaries and so on were

considered complete and perfect. Data analysis was carried out qualitatively through the stages of data reduction, data presentation stage, conclusion drawing and verification stage. The following are interactive data analysis techniques according to Miles and Hubberman (1992) in Sugiyono (2014), namely: Data collection, Data reduction, Data presentation, and Conclusion drawing, and conducting data triangulation.

Data collection, in the data collection process, data is obtained in the form of field notes from the results of in-depth interviews, participatory observations and documentation studies on the multidimensional and multisector approach models, the impact of model implementation and inhibiting factors and supporting factors for the implementation of the multidimensional and multisector approach models.

1. Data reduction, Researchers conduct data reduction by summarizing the results of the field notes obtained, then presenting the data obtained through a narrative explanation of the field results obtained regarding the multidimensional and multisector approach model as an effort to stunting prevention education in Kuantan Singingi Regency.
2. Data presentation. From the results of data reduction, researchers present data in the form of images and narratives descriptively about the multidimensional and multisector approach model as a stunting prevention education in Kuantan Singingi Regency.
3. Drawing conclusions. After presenting the data in pictures and narrating it descriptively, the researcher drew conclusions about the multidimensional and multisector approach model as a stunting prevention education in Kuantan Singingi Regency.
4. Data triangulation, to check the validity of the data, researchers use data triangulation techniques which are carried out by researchers comparing data from various sources obtained through observation, interviews, documentation and FGD to ensure the findings obtained. Researchers also conduct member checks to confirm the findings obtained regarding the accuracy of the data and interpretations obtained regarding the multidimensional and multisector approach model as a stunting prevention education in Kuantan Singingi Regency.

Result and Discussion

Multisector and Multidimensional Approach Model as an Effort to Stunting Prevention Education in Kuantan Singingi Regency

Based on the results of interviews and observations that have been conducted, efforts to prevent stunting education in Kuantan Singingi Regency are not sufficient to be carried out by one sector in the Health sector alone, because prevention requires

other related sectors to work together and form an integrated unit in solving problems in the field of stunting.

"We DP2KBP3A work together not only with the Health Department, but also with the Social Service, Baznas, Public Works Department, and the Housing and Settlement, Food Crops Service, Fisheries Service and Schools. Efforts to prevent stunting are carried out in an integrated manner starting from the central, provincial, district and city levels to the village level (Mrs. End, DP2KBP3A Task Force)"

Efforts to prevent stunting in Kuantan Singingi Regency are carried out in an integrated manner starting from the central level, provincial level, district level, village level, in collaboration with external levels, then the formation of change agents for field officers who directly carry out actions for efforts to prevent stunting to target communities in carrying out socialization activities, education and direct assistance. So, it is hoped that in the end a society will be realized that is aware and responsive to nutrition. The central level is The Vice President of the Republic of Indonesia as the Head of the Acceleration Team Steering Committee, then down to the provincial level, namely the Ministry of Health, the National Population and Family Planning Agency (BKKBN), the Ministry of Education and Culture, the Ministry of Social Affairs, the Ministry of Public Works and Public Housing, the Ministry of Home Affairs, the Ministry of Agriculture, the Ministry of Industry, the Ministry of Religion, the Ministry of Maritime Affairs and Fisheries, the Ministry of Women's Empowerment and Child Protection, the Ministry of Communication and Information, the Food and Drug Supervisory Agency, the Ministry of Villages, Development of Disadvantaged Regions, and Transmigration (KemendesPDTT), the Ministry of National Development Planning (Ministry of PPN/Bappenas), the Coordinating Ministry for Human Development and Culture, the Central Statistics Agency (BPS), the Ministry of Trade (Kemendag), the Ministry of State Secretariat and the National Atomic Energy Agency (BATAN). Then down to the district level, namely in collaboration with the Health Service, Population Control, Family Planning, Women's Empowerment and Child Protection Service (DP2KBP3A) to carry out programs to prevent and reduce stunting, the Social Service, Basznas (National Zakat Agency), the Public Works Service for the construction of healthy toilets, the Perkim Service (Housing and Settlement Service) for the construction of habitable houses, the Food Crops Service for assistance with healthy seeds for planting, the Fisheries Service for assistance with fish seeds and Schools in Kuantan Singingi Regency for education to students at school.

"We also work with PT. RAPP for stunting prevention counseling. Usually they ask us from the health center as resource persons" (Mrs. Ynt, Nutrition Division of the Health Center)"

The Kuantan Singingi Regency Government also collaborates with external parties, namely companies in the Kuantan Singingi Regency area. One of them is April Group, PT Riau Pulp and Paper (RAPP) which also has a community empowerment program around the company's area. One of them is a program for preventing and reducing stunting for village communities. Furthermore, at the village level, namely Posyandu, Health Center, Village Midwife, Village Head, PKK (Family Welfare Development) Mother and Family Planning Cadre.

"So there is a direct field team that carries out socialization and assistance to the village, there is the Stunting Reduction Acceleration Team (TPPS) and the Family Assistance Team (TPK), usually providing assistance, especially for those whose children are recorded as having stunting" (Mrs. End, DP2KBP3A Task Force)"

These field officers, namely the stunting reduction acceleration team and the family support team, carry out socialization, education and assistance to the village community as a whole, targeting not only mothers of toddlers, but starting from children, teenagers, prospective brides, pregnant women, families to the elderly.

The model used in stunting prevention education in Kuantan Singingi Regency uses an integrated model that collaborates with various related sectors. The model used is also integrated from the central level, provincial level, district and city level to village level. A multi-sector approach as a supportive multi-sectoral approach, both in terms of food crops, fisheries and so on. Meanwhile, the target of the multidimensional approach as an approach to the target of stunting prevention targets includes various dimensions, not only mothers of toddlers, but also starting from children, adolescents, prospective brides, pregnant women, families to the elderly. As stated in (Hafid et al., 2022) that the socialization of this activity includes educational materials that emphasize that stunting is a widespread issue and cannot be separated from other sectors and that everyone can help prevent stunting. (Yunitasari et al., 2022). Complex factors interact not only at the individual level but also at the household and community levels. (Wicaksono & Harsanti, 2020). The multisector and multidimensional approach model is an effort to prevent stunting in Kuantan Singingi Regency. The description of the model used can be seen in Figure 1.

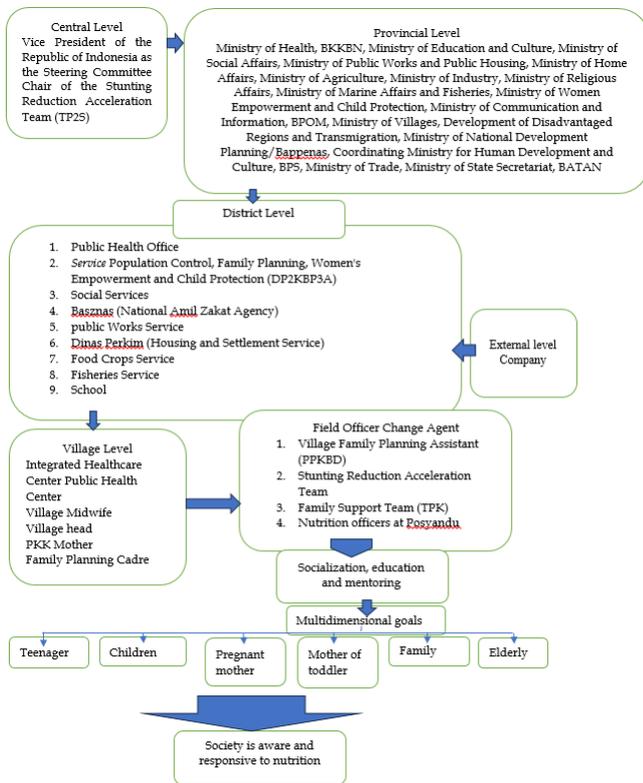


Figure 1. Multisector and Multidimensional Approach Model

Based on Figure 4 above, it shows a multi-sector and multidimensional approach model as an effort to prevent stunting implemented in Kuantan Singingi Regency. It can be seen in the figure above that efforts to prevent stunting in Kuantan Singingi Regency are carried out in an integrated manner starting from the central level, provincial level, district level, village level, in collaboration with external levels, then the formation of change agents for field officers who directly carry out actions for efforts to prevent stunting to target communities in carrying out socialization, education and direct assistance activities. So, it is hoped that in the end a society will be realized that is aware and responsive to nutrition. The central level is The Vice President of the Republic of Indonesia as the Head of the Acceleration Team Steering Committee, then down to the provincial level, namely the Ministry of Health, the National Population and Family Planning Agency (BKKBN), the Ministry of Education and Culture, the Ministry of Social Affairs, the Ministry of Public Works and Public Housing, the Ministry of Home Affairs, the Ministry of Agriculture, the Ministry of Industry, the Ministry of Religion, the Ministry of Maritime Affairs and Fisheries, the Ministry of Women's Empowerment and Child Protection, the Ministry of Communication and Information, the Food and Drug Supervisory Agency, the Ministry of Villages, Development of Disadvantaged Regions, and Transmigration (KemendesPDTT), the Ministry of National

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At the village level, namely Posyandu. Health Center, Village Midwife, Village Head, PKK (Family Welfare Development) Mother and Family Planning Cadre. In line with (Nawang Sari et al., 2023) that prevention and control of stunting requires a multi-sectoral strategy that includes access to quality health services, improving sanitation and clean water, nutrition education for the community, and providing healthy food. Reducing stunting rates also requires increasing awareness and education about the importance of a healthy diet. Building community support and involvement in initiatives to increase nutritional knowledge is one way to prevent stunting.

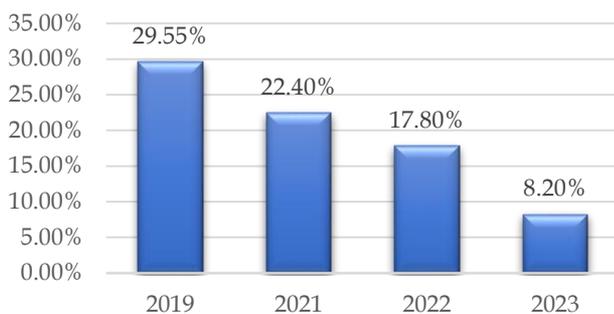
Next, form a change agent for field officers, namely the Village Family Planning Assistant (PPKBD), the Stunting Reduction Acceleration Team (TPPS), the Family Companion Team (TPK) and Nutrition Officers at the Integrated Health Post from the Health Center. The Stunting Reduction Acceleration Team (TPPS) is tasked with coordinating and facilitating all efforts to prevent stunting in the village. So in this case, coordinating with various related parties, both PKK (Family Welfare Development) cadres, village midwives, community leaders and so on. In addition, it also has the task of facilitating the family companion team at risk of stunting in mentoring activities, services, and stunting referrals in the Village. In addition, it is also tasked with periodically recording, monitoring and evaluating in mentoring and services for the target village community for Stunting reduction in the Village. Meanwhile, the task of the family companion (TPK) is to

directly carry out mentoring for families at risk of stunting. Mentoring activities are carried out for 3 months, height and weight will be monitored, additional food provision and food intake provided.

These field change agents conduct socialization, education and assistance to the target village community as a whole with a multidimensional approach, namely not only targeting mothers of toddlers, but starting from children, teenagers, prospective brides, pregnant women, families to the elderly. As explained by (Almaini et al., 2022) that efforts to prevent stunting cannot be carried out by the health sector alone, but require coordinated efforts and involve many agencies, including the Ministry of Religion, because one of its duties is to provide premarital counseling to prospective brides and grooms. In addition, according to (Kusumawati et al., 2015), mothers of toddlers play an important role in improving the nutritional quality of their family members because they are the main educators of their children's education and health and manage or organize family food.

The Impact of Implementing the Multisector and Multidimensional Approach Model in Kuantan Singingi Regency

Based on data from the 2024 statistics center, data on stunting prevalence rates in Kuantan Singingi Regency from 2019 to 2023 continued to decline, as can be seen as follows (Figure 2).



Source: Central Statistics Agency, 2024

Figure 2. Stunting Data for Kuantan Singingi Regency 2019-2023

Based on the image above, it can be explained that the prevalence rate of stunting in Kuantan Singingi Regency in 2019 was 29.55%, in 2021 it was 22.40%, in 2022 it was 17.80% and in 2023 it decreased drastically by 8.20%. So, this is a success for Kuantan Singingi Regency in reducing stunting rates and has reached the national stunting target of below 14%. Looking at these data, it can be said that Kuantan Singingi Regency has been able to reduce the number of stunting cases far from the national target.

Extension Education is essentially an informal activity that aims to advance society (Notoatmodjo, 2012). Its existence according to Notoatmodjo (2014) is expected to influence the behavior of extension targets. Extension must be provided in a manner that is appropriate to the number of targets in order to provide maximum impact (Wulandari et al., 2022).

Community knowledge to improve their own health conditions is influenced by the effectiveness of socialization about stunting (Yulianie et al., 2023). Respondents obtained accurate and relevant information about stunting risk factors, the impact of stunting on child growth, and stunting prevention techniques through socialization. Respondents became more adept at identifying areas that needed adjustment and modification since preconception and pregnancy planning by understanding and identifying risk factors such as malnutrition, unhealthy eating habits, inappropriate parenting, and sanitation. With the information gathered from socialization, respondents can make better choices about preventing stunting in children and meeting their needs during growth and development since 1000 HPK. (Putri et al., 2024).

The impact of implementing a multi-sector and multidimensional approach model in Kuantan Singingi Regency can be seen from the stunting prevalence rate in Kuantan Singingi Regency from 2019 to 2023. The stunting prevalence rate continues to decline from 2019 to 2023. A multi-sectoral strategy is needed to prevent and control stunting, which includes access to quality health services, provision of healthy food, nutrition education, and improvement of clean water and sanitation facilities. Reducing stunting rates also requires increasing awareness and education to the public about the importance of a healthy diet. (Nawangarsi et al., 2023).

Obstacles Factors and Supporting Factors for the Implementation of the Multisector and Multidimensional Approach Model in Kuantan Singingi Regency

The supporters of the implementation of the multisector and multidimensional approach model in Kuantan Singingi Regency found that:

1. There is active government support in efforts to organize stunting prevention education by supporting various activities and programs implemented.
2. The implementation of stunting prevention education is integrated with various related sectors, including education, health, social, economic, land, food crops and so on.

The obstacles to the implementation of the multisector and multidimensional approach model in Kuantan Singingi Regency were found to be:

1. The quality of human resources of cadres who are still lacking as agents of change needs to be further improved and cadre training provided to improve cadre knowledge and skills.
2. The socio-culture of the local community is still strong in the parenting patterns and eating patterns of their own children which are still maintained.
3. The strong stigma in society still considers stunting as negative and society tends to close itself off if their child is diagnosed as stunted.

The supporters of the implementation of the multi-sector and multidimensional approach model in Kuantan Singingi Regency are active government support and the implementation of integrated stunting prevention education with various sectors. Through the implementation of Law Number 36 of 2009 concerning Health, the government has put in place policies aimed at enhancing the nutritional quality of people and other communities by enhancing consumption habits, facilitating access to fulfillment, and providing higher-quality nutritional services. The government is in charge of providing for the educational, informational, and nutritional needs of low-income families. The existence of Presidential Instruction Number 1 of 201 about the Healthy Living Community Movement provides clarification on this policy. The President extends an invitation to the provincial, regency, and city governments, as well as various elements at the Ministry/State Institution level, to work with the community in developing programs (Saufi, 2021).

The obstacles to the implementation of the multisector and multidimensional approach model in Kuantan Singingi Regency are the quality of human resources for cadres that are lacking and the socio-culture of the local community which is still strong in the parenting pattern and eating patterns of their own children which are still maintained, as well as the stigma of the community which still strongly considers stunting as negative and tends to close itself off if their child is determined to be stunted. This is in line with the opinion of Yusuf (2022) that mother, child, and environmental factors are the main causes of stunting in Indonesia (Septyawan et al., 2022). This is also in line with a study conducted by Ginting & Hadi (2023) that a variety of sociocultural factors, such as pregnant women's nutritional intake, exclusive breastfeeding, the availability of supplemental foods, attitudes regarding stunting, parenting styles, environmental cleanliness, and economics, are linked to the prevalence of stunting in Indonesia.

Conclusion

Efforts to stunting prevention education cannot be carried out by a single sector and must involve multiple

sectors. The integrated multisector and multidimensional approach model begins at the central level and progresses through the provincial, district, and village levels. Collaboration with the government, as well as non-government involvement, to create a society that is aware and responsive to nutrition. The results of applying the model show that the stunting rate is decreasing year after year.

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Author Contributions

Conceptualization, Y.M.A.; validation, O.K, A.S, and E.S.; formal analysis, Y.M.A, O.K, A.S, dan E.S; investigation, Y.M.A.; resources, Y.M.A, and O.K; data curation, O.K, and A.S; writing—original draft preparation, Y.M.A, writing—review and editing, Y.M.A, O.K, A.S, and E.S.; visualization Y.M.A, O.K, A.C, and E.S, All authors have read and agreed to the published version of the manuscript

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Conflicts of Interest

There is no conflict of interest in this research article

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