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An Overview of the Family Assistance Team's Role in Stunting Prevention in an Integrated Health Post

A Case Study at Working Area of Godean Community Health Center I, Yogyakarta, Indonesia

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ABSTRACT

Indonesia has Southeast Asia's second-highest child stunting rate and fifth-highest globally. Malnutrition can cause stunting, especially during the First 1000 Days of Life (HPK). This study aims to investigate the role of the family support unit in preventing stunting in a particular Integrated Service Post in Indonesia. This is a qualitative investigation. This study included 5 participants: family planning cadres, cadres, village midwives, and members with toddlers and expectant mothers. The results of the data analysis indicated the function of companion team families in preventing stunting, particularly for pregnant women and mothers with children. This demonstrates that the duties assigned are appropriate for their positions, as outlined in the Guidelines for Implementing Family Assistance in Efforts to Accelerate Stunting Reduction. The Family Support Team's function is particularly effective in decreasing stunting, especially for pregnant women and mothers with children under two years old who are at risk because stunting rates decrease with assistance. It is expected that there would be more monitoring of the improvement of each cadre's skills in carrying out their tasks and roles by the guidelines so that they can be more optimised in providing support.

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Introduction

Stunting is a condition of chronic malnutrition that occurs in infants during a critical period of growth and development starting from the fetus. Stunting is defined as a condition where a child's height based on their age, namely 0-59 months, is under -2 Standard Deviations (<-2SD) from the existing World Health Organization (WHO) median standard [1]. According to WHO, public health problems can be considered deliberate when the stunting prevalence is more than 20%. Stunting is experienced by most children in scant and developing countries, especially in Indonesia, which shows a 30.8% rate. The prevalence of stunting in southern Africa is 18.6%, in Ethiopia is 26.4%, and in Nigeria is 22.2%. Meanwhile, there are 6 million stunting cases in Latin America and the Caribbean. Furthermore, the case prevalence in Asia, such as India in 2015, was 38.4%, Pakistan in 2012 was 45%, Bangladesh in 2014 was 36.1%, Malaysia in 2016 was 20.7%, and the Philippines and Thailand in 2017 was 10.5% [2].

In 2020, the WHO also estimated that the prevalence of stunting worldwide is 22% or as many as 149.2 million cases, meaning that stunting is classified internationally as a severe problem. Indonesia has the 2nd highest number of child stunting cases in the Southeast Asia Region and is ranked 5th globally. Meanwhile, based on the Indonesian Nutrition Status Study (SSGI) of the Ministry of Health, the prevalence of stunting in under-five children in 2021 is 24.4%. The stunting majority in Indonesia tends to be unstable from year to year where the prevalence increases from 35.6% in 2007, 36.8% in 2010, 37.2% in 2013, and then began to decline to 30.8% in 2018; then in 2019, cases dropped again to 27.7% [3]. Based on the Indonesian Nutritional Status Study in 2021, the prevalence of children under five years of age (toddlers) who are stunted in Yogyakarta Province (DIY) is 17.3%, and Sleman Regency itself is an area that has a low prevalence of stunting, which rates in 16.0%. This figure is not only under the average national stunting majority, which is 24.4% but also under the average stunting prevalence in DIY, which is 17.3% [3].

However, despite the Sleman Regency's relatively low stunting rate, they still have a target to reduce their stunting rates. To achieve this target, Sleman Regency has issued a regulation in the form of Sleman Regent Regulation Number 22.1 of 2021 concerning the Acceleration of Integrated Stunting Management [4]. One recommended way to prevent stunting is to fulfil nutrition in under-five children, while malnutrition is still a global problem, including in Indonesia. The government and the National Team for Accelerating Poverty Reduction have determined 100 districts/cities with priority stunting reduction. The priority areas for stunting prevention will have a particular budget for stunting programs that aim to accelerate stunting prevention and control [5].

The involvement of cadres in the implementation of the stunting program, along with the pillars of handling coordination and consolidation of national, regional, and community programs, is also considered to have a significant role, as stated in the Minister of Village Regulation on Development of Disadvantaged Regions and Transmigration No. 19 of 2017 at point 9, namely organising and empowering communities in health promotion and healthy living community movements which include a sub-point regarding the involvement of integrated health post (Posyandu) cadres by holding Posyandu cadre meetings [6].

In Presidential Regulation Number 72 of 2021 concerning accelerating the reduction of stunting, one of the priorities of the activities contained in the National Action Plan for the Acceleration of Stunting Reduction is the implementation of facilitation for families who are at risk of experiencing stunting, assisting all prospective brides/ prospective spouses of Reproductive Age, and surveillance of families at risk of stunting [7]. According to the National Population and Family Planning Agency (*Badan Kependudukan dan Keluarga Berencana Nasional* or BKKBN), in the Guidelines for Implementing Family Assistance in Efforts to Accelerate Stunting Reduction at the Village/Sub-district Level in 2021. Family Assistance is a series of activities which include counselling, facilitation of referral services, and facilitation of providing social assistance to increase access to information and services to families and families at risk of stunting, such as pregnant women, postpartum mothers, children aged 0-59 months, and all prospective brides or spouses of childbearing age; the program is carried out through assistance for three pre-marital months as part of marriage services to detect early risk factors for stunting and make efforts to minimise or prevent the influence of these risk factors for stunting itself [3].

The Family Assistance Team (*Tim Pendamping Keluarga* or TPK) is a group of staff consisting of midwives, Family Empowerment and Welfare Mobilization Team (*Tim Penggerak Pemberdayaan dan Kesejahteraan Keluarga* or TP PKK) Cadres, and Family Planning Cadres formed to carry out field assistance, including counselling, facilitate referral services and facilitate acceptance of social assistance programs for prospective brides/potential couples of childbearing age, pregnant women, postpartum mothers, children aged 0-59 months as well as conducting continuous observation of families at risk of experiencing stunting for early detection of risk factors for stunting [8]. The targeted group in accelerating the reduction of stunting is the group that will be intervened in accelerating the reduction of stunting, which consists of prospective brides/ potential couples of childbearing age, pregnant to postpartum women, breastfeeding mothers, and children aged 0-59 months.

Each staff in the TPK has a division of roles, such as the midwife acting as a family assistance coordinator and health service provider. The midwife's role in reducing the prevalence of stunting is considered very strategic because it has direct contact with the

community [9]. Regulation of the Minister of Health of the Republic of Indonesia No. 28 of 2017 concerning Licensing and Implementation of Midwife Practices article 20 No. 2C states that one of the midwives' roles is to monitor the growth and development of toddlers. Hopefully, with the TPK as an essential figure in solving the problem of stunting in Indonesia and who directly goes to the field and knows the issues that exist at the smallest scope at the village or sub-district to family level, the target of 14 per cent in 2024 can be achieved [8].

Methods

This study uses qualitative research methods, where qualitative research prioritises processes and meanings based on the perspective or assessment of the subject. Background conditions that are natural and follow the original settings, or what is referred to as a naturalistic research method, can also be said to be genuinely felt, not just engineered or contrived [10].

Qualitative research was conducted using a phenomenological approach. The phenomenological study's goal is to interpret and explain the experiences experienced by a person in life, including experiences when interacting with other people and the surrounding environment [10]. In qualitative research, the position of data sources in the form of humans (resource persons) has a crucial role as individuals who have the information; thus, the data sources' position in the form of humans in qualitative research is then referred to as informants. Informants in this study were midwives, cadres, and family planning cadres. The purposive sampling technique was used as the sampling procedure in this study; the researcher took a sample of 5 people. Sampling was carried out based on particular predetermined inclusion and exclusion criteria. This research was conducted in the working area of the Godean Community Health Center I, Sleman, Indonesia.

The research instruments used in this study were semi-structured interview guidelines; the interviews were conducted using in-depth interviews, field notes, and voice recorders. This research has received research ethics permits from the Research Ethics Committee of 'Aisyiyah University Yogyakarta before the research activities are carried out.

Results and Discussion

This study aimed to describe the role of the TPK in the stunting prevention program in the Working Area of Godean Community Health Center I, Godean District, especially for pregnant women and mothers with under-five children. Data obtained from interviews with members of the TPK who were in their respective homes directly seized five themes. The first theme is knowledge about stunting with the sub-theme of the definition of stunting and its causal factors. Based on the TPK members' knowledge research, stunting is a condition where

a child experiences growth and development that is not following the age as it should be, where a child should have a weight or height according to their age but does not meet that target. They convey the same point as the definition of stunting, where the Z-score value of a child's height for age (Height/Age) based on growth standards reaches less than -2 standard deviations. However, it needs to be reviewed again in their offspring because not all children who grow short are stunted; there may be hereditary factors [11].

In this case, the members' knowledge of stunting is already good and becomes crucial because their awareness will improve cadres' performance in stunting prevention programs. This fact aligns with [12], who stated that cadres' knowledge of stunting prevention will affect their performance in stunting prevention programs. As for the causes of stunting, the informant indicated that the causative factor was malnutrition, which is linear to the findings on the research of the stunting reasons, which mentioned that chronic malnutrition occurs during the critical period of the growth and development process starting from the fetus will dramatically influence the growth and development process [1].

The second theme is the role of the TPK members with the sub-theme of the midwives, the performance of cadres, and family planning cadres' functions who have carried out their duties as specified, namely midwives as coordinators and providing medical services, cadres as mobilisers and facilitators (mediator), and family planning cadres as recording and reporting of assistance data. However, cadres have similar duties in this case, and their job desk is the same. Both sides can carry out all the responsibilities. Hence, tasks/workloads should be carried out following the existing job descriptions as a maximum effort to prevent stunting and reduce stunting rates [13]. On the other hand, the results of this study indicate that members of the TPK in Sidoagung Village, especially Melati, which is in the Sentul sub-village, namely their midwives and cadres, already know and understand their duties as members of the team in reducing stunting rates and this is in line with research results [13].

The third theme is the inhibiting factor with the sub-themes of the available time and maternal awareness. One of the main factors that can hinder the performance of members of the TPK is finding free time for midwives, cadres, and mothers who will be helped; this happens because most of them are working mothers. Thus, it needs to be more elementary to have a matched time. The informant also conveyed that sometimes, the mother who will be assisted only has free time in the afternoon. Still, cadres or midwives who will be on duty already have other activities, or there are also situations where the cadre has come to the house, but the mother is away. Meanwhile, the mothers' awareness in carrying out stunting prevention and obeying what is taught by TPK members when assisting is crucial because it will affect their children's growth in the future. Mothers with good knowledge about stunting prevention will be very influential because mothers who know the importance of maintaining their child's

nutrition and routinely carry out their child's monthly weighing will be different from mothers who are indifferent to their child's growth.

The fourth theme is the supporting factor with the sub-theme of community and family. One of the supportive factors in the assistance carried out by the TPK members is the surrounding community, where the surrounding community plays a significant role in reducing stunting. The surrounding community who want to care about the stunting case jointly will also pay attention to the surrounding environment and provide encouragement and assistance for pregnant women and mothers who have stunted toddlers instead of ignoring them. This is also in line with the research results from [14], which said that the reduction of stunting rates would be maximum if the community cooperates with the government. Meanwhile, for families whose family members have toddlers who are experiencing stunting, the role of support is very beneficial for their toddlers' stunting reduction program where both parents monitor the child's growth and can be assisted by other families, either from their grandmother or others. This cooperation also provides support for the mother to give her enthusiasm more in caring for her child or maintaining her pregnancy so that her fetus development can be at its finest again because having maximum support will make a mother also enthusiastic in achieving her goals and her child's growth and development will be in line to their age.

The fifth theme is hope, with the sub-theme of reducing stunting rates. The hope of the TPK members in carrying out the stunting prevention program is that carrying out this assistance program can have a positive yet huge impact, eventually reducing the stunting rate in the Godean Community Health Center I area.

Conclusion

Based on findings from research on a Qualitative Phenomenological Study: An Overview of the TPK's Role for Stunting Prevention in Posyandu Melati, it can be concluded that the role of the TPK, namely Midwives, Family Welfare Empowerment Cadres and Family Planning Cadres at Posyandu Melati, for pregnant women and mothers with toddlers is excellent. In this case, they have assisted at-risk families. Hopefully, these activities will decrease the stunting rate in Sidoagung Village, especially in Posyandu Melati, which is in the Sentul sub-village. Furthermore, it can be concluded that the TPK successfully performed its role following the TPK Implementation Guidelines for stunting reduction.

As for the inhibiting factors due to the lack of free time for pregnant women, mothers who have toddlers, midwives and their cadres, it is hoped that later, this will become an evaluation so that in the forthcoming, they can spend more time running this program. The TPK and supporting factors in the community and family have been outstanding in responding

to the activities of the TPK in preventing stunting. Hopefully, one day, this activity will reduce the number of stunts in Posyandu Melati in line with the expectations of the TPK.

Conflict of Interest

The authors declare that there is no conflict of interest.

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