



Implementation of Specific Nutrition Interventions in the Supplementary Feeding of Pregnant Women and Supplementary Feeding of Toddlers in the Working Area of the Doro 2 Health Center, Pekalongan Regency

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ABSTRACT

Stunting is still a nutritional problem that has an impact on the quality of human resources, so it is necessary to strengthen specific nutrition interventions at the primary health service level. This study aims to analyze the implementation of specific nutritional interventions in the Supplementary Feeding (PMT) of pregnant women with Chronic Energy Deficiency (KEK) and PMT of toddlers in the working area of the Doro 2 Health Center, Pekalongan Regency. The research method uses a descriptive qualitative approach with a focus on four aspects of policy implementation according to George C. Edward III, namely communication, resources, executive disposition, and bureaucratic structure. Informants were selected purposively, including the head of the health center, coordinating midwife, nutrition officers, posyandu cadres, as well as pregnant women of KEK and stunted mothers under five. Data were collected through in-depth interviews, observations, and documentation studies, then analyzed using the Miles and Huberman model.

INTRODUCTION

Stunting is still a challenging nutritional problem in Indonesia because it has a direct impact on children's physical growth and cognitive development. Stunting is a condition of impaired growth and development that occurs due to lack of nutritional intake in the first thousand days of life, so that children have substandard height, are susceptible to disease, and are at risk of experiencing decreased learning ability and productivity in the future. Although there has been a decrease in prevalence nationally, the problem of stunting remains a threat to the quality of human resources. This situation shows that the success of stunting management does not only depend on national policies, but also on the effectiveness of programs run at the regional level.

The results of the Indonesian Nutrition Status Survey (SSGI) show a decrease in the prevalence of stunting from 24.4% in 2021 to 21.6% in 2022, and 19.8% in 2024. However, the conditions in the work area of the Doro 2 Health Center in Pekalongan Regency are still not in line with the national achievement because the stunting prevalence has not reached the national target below 14%. This situation indicates a gap between national and regional achievements, and illustrates that the implementation of specific nutrition intervention programs has not been fully effective.

Data from the Pekalongan Regency Health Office shows a decreasing trend in the prevalence of stunting aged 0-2 years in recent years. This decrease shows an improvement in stunting prevention efforts at the district level. However, this positive trend is not enough to describe the success of each health center, because the achievements of each health center work area are greatly influenced by the implementation of nutrition programs in the field. Thus, this condition requires a more specific study at health centers that still have prevalence achievements above the target.

Based on data for 2024, the Doro 2 Health Center recorded as many as 791 toddlers measured, and 175 of them (22.12%) were classified as short and very short. In the baduta group, there were 63 children (16.98%) who were stunted. This figure shows that the prevalence of stunting in the region is still above the national target. This data confirms that stunting prevention efforts have not yielded optimal results, especially in the most vulnerable age groups.

In addition, several villages in the Doro 2 Health Center work area show a relatively high prevalence of stunting, namely Pungangan Village and Harjosari Village. These fluctuations illustrate that improvement efforts are not running stable and are influenced by factors related to the implementation of nutrition programs. This condition emphasizes the need for an analysis of how the program is implemented at the village level.

Through Presidential Regulation of the Republic of Indonesia Number 72 of 2021 concerning the Acceleration of Stunting Reduction, the government establishes various intervention strategies, including specific nutrition interventions and sensitive nutrition interventions. Specific nutrition interventions focus on the health and nutrition of pregnant women,

breastfeeding mothers, and toddlers, while sensitive nutrition interventions include the provision of sanitation, clean water, and food security.

The implementation of these two forms of intervention requires cross-sector coordination and full support from the village government. However, the effectiveness of the intervention is largely determined by the technical implementation at the health center.

Doro 2 Health Center has carried out various specific nutritional intervention activities in the form of adolescent female anemia screening, consumption of blood-boosting tablets, ANC examinations, TTD consumption of pregnant women, monitoring of growth and development, exclusive breastfeeding, animal protein PMT, management of nutritionally problematic toddlers, and immunization. However, there are two indicators that have not reached the target, namely the provision of additional food for pregnant women in KEK and local PMT for toddlers. The low achievement of these two indicators shows that there are implementation problems in the program that are directly related to stunting reduction.

Supplementary Feeding (PMT) for pregnant women in KEZ and toddlers is one of the important interventions in efforts to accelerate stunting reduction. Pregnant women in KEZ have a high risk of giving birth to babies with low birth weight, which is a stunting risk factor. In toddlers, PMT plays a role in improving nutritional status and supporting optimal growth. However, various obstacles such as budget limitations, low family understanding of the importance of nutrition, and socio-economic challenges make this program not run optimally.

Other challenges in the implementation of the program at the Doro 2 Health Center include limited resources, both in terms of human resources, funds, and infrastructure. The level of community participation in posyandu activities also affects the success of the program. Low family awareness of the importance of monitoring growth and balanced nutrition consumption is also an obstacle in achieving intervention targets.

Based on the above conditions, this study needs to be conducted to analyze the implementation of the supplementary feeding program, especially for pregnant women in KEK and toddlers in the working area of the Doro 2 Health Center. This study seeks to identify the extent to which the program runs according to its objectives, as well as supporting and inhibiting factors in its implementation in the field. Through this analysis, it is hoped that a clear picture can be obtained of the effectiveness of the implementation of specific nutritional interventions. The results of this study are expected to be the basis for improving nutrition strategies and efforts to accelerate stunting reduction in the region.

METHODS

In this study, a qualitative approach is used. Qualitative research is research that is descriptive and tends to use analysis. The process and meaning are more highlighted in qualitative research. The data collection process in this study is through observation and interviews with related parties.

The focus of this study is to analyze the implementation of specific nutrition intervention programs in an effort to reduce stunting in the working area of the Doro 2 Health Center, Pekalongan Regency. The research is directed

to examine four main aspects based on the implementation theory of George C. Edward III, namely the communication of officers with the community, the availability of resources, the attitude of program implementers, and the bureaucratic structure that supports the implementation of the program.

In this study, the informant selection technique uses the purposive sampling method, which is a technique of taking informants based on certain considerations that are considered to be the most understanding and directly involved in the implementation, especially specific nutrition intervention programs. The selected informants are parties who have knowledge, experience, and direct or indirect involvement in the program.

Data collection techniques are the means used to obtain the data needed in research. In qualitative research, the main data collection techniques are observation, in-depth interviews, and documentation studies.

Research instruments are tools used to obtain information during the research process. The research instrument used in this study was using interviews. Interviews were conducted with health workers, nutrition programs to obtain valid data.

In qualitative research, data analysis techniques are more often carried out at the same time as data collection. So, qualitative data analysis according to Miles and Huberman is carried out interactively through the process of data reduction, data display (data presentation), and verification (conclusion).

Data validity is the validity of data that is declared valid is data that has no difference between what the researcher reported and what actually happened to the object being studied. Of course, it is very necessary in a qualitative research, namely through source triangulation and technique triangulation.

RESULTS

Data were collected through in-depth interviews, observations, and documentation studies, then analyzed using the Miles and Huberman model. The results of the study show that communication has been carried out through counseling, posyandu, and home visits, but the effectiveness has not been evenly distributed. Resources are generally available, but the quality, consistency of PMT, and budget and facility limitations are still obstacles. The disposition of the implementers shows good commitment, while the attitude of the target still varies. The bureaucratic structure already has clear SOPs and workflows, but its implementation is not yet completely consistent. It was concluded that the implementation of specific nutrition interventions has been underway, but still needs to be strengthened in terms of communication, resources, and consistency of implementation.

The direct practice approach is considered more effective, as it is conveyed that "the delivery of material is carried out based on the objectives and the direct practice method is more effective because the mother can see firsthand food examples". Nevertheless, implementers still face challenges in the form of strong myth influences and limited literacy, so that information repetition, additional counseling, and home visits are needed as a strategy to strengthen

communication. Communication in the implementation of specific nutrition interventions in the work area of the Doro 2 Health Center has been carried out through various channels, but the quality and intensity have not been accepted equally by all targets. Clarity of information and assistance have been shown to have an effect on maternal understanding and motivation, while communication that is general and lacks practical solutions tends to be less effective. Economic factors, family environment, and children's behavior are important contexts that affect the success of communication. Therefore, strengthening communication based on family needs, providing applicable solutions, and increasing the intensity of field assistance are important aspects to increase the effectiveness of the implementation of specific nutrition interventions.

The results of the study show that the perception of pregnant women in SEZ and stunted mothers under five towards the availability of resources is diverse. Some informants said that PMT is regularly received with good taste quality and quantity and meets nutritional needs, as conveyed that "the quality of PMT is good enough, tastes good, and the amount given is sufficient". Limited resources have the potential to reduce the quality of services and hinder the achievement of the goal of improving the nutritional status of pregnant women in SEZ and stunted toddlers. In addition to being a technical factor, resources also affect the target's perception of the benefits of the program, which ultimately impacts the level of participation and compliance in participating in nutrition interventions.

IU-2 informants assessed that the PMT program is very beneficial for the health of the mother and fetus. Compliance with dietary recommendations, PMT consumption, and pregnancy control is carried out consistently with full support from the family. This positive disposition indicates a high level of acceptance of the nutritional interventions provided. The IU-3 informant assessed that the PMT program provides real benefits for the health of the mother and fetus, thereby encouraging compliance with nutritional recommendations and pregnancy control. Support from husbands and families plays a role in strengthening informants' motivation to be actively involved in the program. The IU-4 informant said that he felt helped and motivated by the PMT program and nutritional assistance for children. Although economic limitations limit the fulfillment of nutritious food optimally, informants still try to follow the posyandu schedule and recommendations given.

The IU-5 informant said that he had not felt significant benefits from the stunting handling program. Difficulties in implementing nutritional recommendations are mainly influenced by children's behavior that is difficult to regulate, as well as obstacles to attendance at posyandu due to irregular children's waking patterns. A hesitant and unsure disposition to the benefits of such programs has an impact on low levels of adherence to nutritional interventions. The IU-6 informant said that he felt helped and motivated to participate in the PMT program and child nutrition assistance. Compliance with the posyandu schedule and nutritional recommendations is still sought even though there are small obstacles, such as children who are fussy during weighing.

The conclusions of the interviews with the Main Informants (Pregnant Women of SEZ and Mothers of Toddlers) show variations in experiences and attitudes towards the Supplementary Feeding Program (PMT). IU-1 and IU-5 informants felt that the program did not provide significant benefits, with constraints such as transportation and unruly children's behavior affecting their compliance. On the other hand, Informants IU-2, IU-3, IU-4, and IU-6 stated that the PMT program was very beneficial, supported by motivation from families and efforts to follow nutritional recommendations despite several obstacles.

Overall, the disposition in the implementation of specific nutrition interventions in the work area of the Doro 2 Health Center shows a combination of supportive and less supportive attitudes. Positive attitudes towards targets generally appear in groups that receive good services, information, and assistance and have family support. On the other hand, less supportive attitudes are more influenced by economic limitations, children's behavior that is difficult to eat, and service experiences that are not optimal. On the implementation side, a positive disposition is the main strength in maintaining the sustainability of the program.

The results of the study showed that some pregnant women of KEK and stunted mothers under five perceived that the bureaucratic structure of the PMT program had run in an orderly manner and according to procedures. Informants in this group understand the flow of data collection, PMT distribution, and know the officers responsible for the service. The clarity of the posyandu schedule and health monitoring provides a sense of security and comfort in participating in the program, as conveyed by one of the informants that "the distribution of PMT is orderly, the schedule is always notified, and if there is a problem I know who to go to". This condition shows that a clear bureaucratic structure is able to support smooth access to services and increase target participation.

DISCUSSION

The direct practice approach is considered more effective, as it is conveyed that "the delivery of material is carried out based on the objectives and the direct practice method is more effective because the mother can see firsthand food examples". Nevertheless, implementers still face challenges in the form of strong myth influences and limited literacy, so that information repetition, additional counseling, and home visits are needed as a strategy to strengthen communication.

Communication in the implementation of specific nutrition interventions in the work area of the Doro 2 Health Center has been carried out through various channels, but the quality and intensity have not been accepted equally by all targets. Clarity of information and assistance have been shown to have an effect on maternal understanding and motivation, while communication that is general and lacks practical solutions tends to be less effective. Economic factors, family environment, and children's behavior are important contexts that affect the success of communication.

Therefore, strengthening communication based on family needs, providing applicable solutions, and increasing the intensity of field assistance are important aspects to increase the effectiveness of the implementation of specific nutrition interventions.

The results of the study show that communication has been carried out through counseling, posyandu, and home visits, but the effectiveness has not been evenly distributed. This condition shows that although various communication media have been used, there is still a gap in the understanding and reception of information by the program targets. This has an impact on the variation in the level of compliance and community participation in participating in nutrition interventions.

Resources in the implementation of specific nutrition interventions include the availability of Supplementary Feeding, health service facilities, implementing personnel, foodstuffs, and budget support that supports the sustainability of the program. The existence of adequate resources is an important prerequisite for the implementation of nutrition interventions to take place effectively and sustainably. Limited resources have the potential to reduce the quality of services and hinder the achievement of the goal of improving the nutritional status of pregnant women in SEZ and stunted toddlers.

In addition to being a technical factor, resources also affect the target's perception of the benefits of the program, which ultimately impacts the level of participation and compliance in participating in nutrition interventions. The results of the study show that the perception of pregnant women in SEZ and stunted mothers under five towards the availability of resources is diverse. Some informants said that PMT is regularly received with good taste quality and quantity and meets nutritional needs, as conveyed that "the quality of PMT is good enough, tastes good, and the amount given is sufficient". However, the quality, consistency of PMT, as well as budget and facility limitations are still obstacles in the implementation of the program.

Overall, the disposition in the implementation of specific nutrition interventions in the work area of the Doro 2 Health Center shows a combination of supportive and less supportive attitudes. Positive attitudes towards targets generally appear in groups that receive good services, information, and assistance and have family support. On the other hand, less supportive attitudes are more influenced by economic limitations, children's behavior that is difficult to eat, and service experiences that are not optimal.

On the implementation side, a positive disposition is the main strength in maintaining the sustainability of the program. The disposition of the implementers shows good commitment, while the attitude of the target still varies. Therefore, strengthening target motivation, continuous mentoring, and a more adaptive and personalized approach are key to ensuring that the disposition of all parties increasingly supports the success of specific nutrition interventions.

The bureaucratic structure in the implementation of specific nutrition interventions includes clarity of service flows, division of tasks between implementers, coordination mechanisms, and reporting systems used in

program implementation. The bureaucratic structure plays an important role in ensuring that the PMT program can be run in an orderly, consistent manner, and in accordance with applicable regulations. Clarity of roles and service flows will make it easier for targets to access health services and receive PMT in a timely manner.

On the other hand, a less clear bureaucratic structure has the potential to cause confusion, distribution irregularities, and lower target trust in the program. The results of the study showed that some pregnant women of KEK and stunted mothers under five perceived that the bureaucratic structure of the PMT program had run in an orderly manner and according to procedures. Informants in this group understand the flow of data collection, PMT distribution, and know the officers responsible for the service. The clarity of the posyandu schedule and health monitoring provides a sense of security and comfort in participating in the program.

Thus, the implementation of specific nutrition interventions in the work area of the Doro 2 Health Center has been running, but it still needs to be strengthened in terms of communication, resources, disposition, and consistency of implementation so that the goal of stunting reduction can be achieved optimally.

ADVANCED RESEARCH

It was concluded that the implementation of specific nutrition interventions has been underway, but still needs to be strengthened in terms of communication, resources, and consistency of implementation. Therefore, strengthening communication based on family needs, providing applicable solutions, and increasing the intensity of field assistance are important aspects to increase the effectiveness of the implementation of specific nutrition interventions.

Limited resources have the potential to reduce the quality of services and hinder the achievement of the goal of improving the nutritional status of pregnant women in SEZ and stunted toddlers. In addition to being a technical factor, resources also affect the target's perception of the benefits of the program, which ultimately impacts the level of participation and compliance in participating in nutrition interventions.

Overall, the disposition in the implementation of specific nutrition interventions in the work area of the Doro 2 Health Center shows a combination of supportive and less supportive attitudes. Therefore, strengthening target motivation, continuous mentoring, and a more adaptive and personalized approach are key to ensuring that the disposition of all parties increasingly supports the success of specific nutrition interventions.

An unclear bureaucratic structure has the potential to cause confusion, distribution irregularities, and lower target trust in the program. Thus, the bureaucratic structure becomes a strategic link between policies at the health center level and implementation at the community level.

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