Analysis of Stunting Program Problems in Kalurahan Bejiharjo Kapanewon Karangmojo Gunungkidul Regency

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ABSTRACT

The Special Region of Yogyakarta has a duty to pursue the stunting reduction target because the prevalence of stunting in DIY is still considered high. One of them is the Gunungkidul region where the stunting prevalence is still 35%. Kalurahan Bejiharjo with a total of 4890 families and a population of 16,156 people spread across 20 pedukuha, is an area that is quite close to the district center, only about 5 km from the district city center, but the number of stunting cases in Bejiharjo is high. The step taken by the government to deal with stunting is to optimize the role of posyandu. One of the roles that is considered to be able to help deal with stunting in Bejiharjo Village is the role of posyandu in providing nutrition health counseling and counseling whose aim is to increase awareness and knowledge of mothers under five so that better behavior changes occur. The purpose of this study is to analyze the role of posyandu in dealing with stunting and the factors that influence it. The method used is qualitative descriptive. Using primary data from interviews with mothers under five, posyandu cadres and Nutrition Officers of UPT Puskesmas Karangmojo also observed. Secondary data in the form of research journals, books, and related documents are obtained from literature studies. It was found that the role of posyandu in providing counseling and nutritional health counseling is more preventive. This role is considered not optimal even though the ability to deliver counseling materials by cadres has tried their best, but sometimes there are still some families who do not carry out the information conveyed even they do not fully understand by toddlers or families. Some other obstacles are such as the posyandu budget to deal with stunting which is limited and sometimes slows down, there are still unmet infrastructure facilities and the quality of posyandu cadres also still requires more intense coaching. It is recommended that the development of posyandu cadres should be carried out consistently and periodically with the focus being the delivery of counseling materials and nutrition health counseling as well as the fulfillment of infrastructure facilities and budgets for handling stunting which are still lacking or often slow to decline.

Keywords: Posyandu, Stunting

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INTRODUCTION

Accelerating stunting reduction is the most important program because it is related to the development of more efficient Indonesian people in the future. "The Golden Indonesia Vision 2045 can be achieved if Indonesian human resources excel in global competition. BKKBN's steps with the Bangga Kencana program and the Acceleration of Stunting Reduction are strategic steps for the Indonesian nation. Because, if human resources are weak due to stunting, then Indonesia will not be able to progress. As is known, Presidential Regulation Number 72 of 2021 concerning the Acceleration of Stunting Reduction, the agency's regulation contains guidelines for the implementation of coordination, synchronization and integration between cross-sectors in order to achieve the target of reducing stunting prevalence to 14% by 2024. (1)

The Special Region of Yogyakarta is below the national average, but DIY still has a duty to pursue the stunting reduction target because the prevalence of stunting in Yogyakarta is still considered quite high. In addition, there is a fairly high gap between areas with high edit prevalence and areas with low stunting prevalence. One of them is an area in Gunungkidul where the stunting prevalence is still 35%. To achieve this target, the steps taken are by intervening families at risk of stunting with an emphasis on readiness to live in a family, fulfillment of nutritional intake, especially toddlers, improvement of parenting, increasing access and quality of health services and increasing access to drinking water and sanitation. This gap can occur because stunting intersects with the poverty level of the community. The poor tend not to have an adequate understanding of healthy nutrition and necessary parenting. (2)

Gunungkidul has three nutritional problems at once, namely underweight toddlers, stunting and overweight (overweight). Stunting became one of the five national priorities of health problems. Stunting is caused by many factors, not only caused by malnutrition experienced by pregnant women and children under five. The most decisive intervention to reduce the prevalence of stunting is in the First 1,000 Days of Life (HPK), where these efforts require program convergence and synergy between the government and the business world and society. Counternutritional interventions contribute 30% in tackling stunting directly to the target group of cases, more to address health problems and a supportive health environment. While sensitive interventions play a 70% role in the success of stunting reduction, more involve cross-sectoral roles and private institutions in addressing the factors that cause stunting problems (3)

Decree of the Regent of Gunungkidul Number 41/KPTS/2021 concerning the Determination of the Priority Locus of Stunting Reduction in 2021 and 2022; Regent Regulation Number 2 of 2020 concerning Regional Action Plans for Combating Five Health Priorities, and Regent Regulation Number 20 of 2020 concerning Acceleration of Stunting Reduction Although there has been a decrease in the number of cases, Gunungkidul Regency still experiences chronic nutritional problems (malnutrition for a long time), which means starting from the child in the womb (fetus). Problems that exist in toddlers will also be a big problem if not treated immediately. In addition, the best intervention is during the toddler age (golden period). Moreover, there is one problem that cannot be separated from the nutritional status of toddlers, namely the nutritional status of women of childbearing age and also pregnant women.

The National Population and Family Planning Board (BKKBN) is an institution tasked with controlling the population through the implementation of population and family planning programs, as well as improving the quality of Indonesia's human resources (HR) through family development based on Law Number 52 of 2009 concerning Population Development and Family Development. (4) BKKBN was appointed as the Chief Coordinator for the Acceleration of Stunting Reduction based on Presidential Regulation number 72 of 2021 concerning the Acceleration of Stunting Reduction.

In an effort to reduce stunting in Gunungkidul Regency, the Health Office held a stunting workshop which was held on July 5, 2022 at the BDG Bank hall in Gunungkidul Regency. This workshop involves all cross-sectors that are specifically and sensitively involved in efforts to reduce stunting. This activity was attended directly by the Regent of Gunungkidul along with the head of the PKK Mobilization Team and the Forkompimda ranks of Gunungkidul district. In his speech, the Regent of Gunungkidul also read the declaration of Gerdu Centini (Gunungkidul Terpadu Cegah Stunting from an Early Age). Involving a number of parties such as religious leaders, community leaders and youth, this is expected to have a positive impact on this stunting prevention program. In the Gerdu Centini Declaration (Gunungkidul Terpadu Prevent Stunting Early On) several things were agreed including:

1. Implementation of Policy to Accelerate Stunting Reduction in Gunungkidul Regency
2. Mobilizing Regional Apparatus, District Government, Community Leaders, Religious Leaders, Academics, Activists, the Business World, and Community Organizations to support the acceleration of stunting reduction
3. Moving people to behave clean and healthy
4. Implement specific interventions, including: ensuring pregnant women and adolescent girls to obey to take blood-added tablets regularly; ensure every pregnant woman is subjected to an integrated ANC examination; meet the nutritional needs of pregnant women and proper feeding of infants and children;
ensure that each baby gets exclusive breastfeeding for 6 months and continued breastfeeding until the child is 2 years old; provide complete basic immunizations, and monitor the growth and development of toddlers

5. Implement sensitive interventions, including: providing access to clean water; provide proper sanitation; meet the balanced nutritional intake in the family; and assistance for families at risk of stunting

The initial data we obtained in the pre-survey process are as follows: Kalurahan Bejiharjo has an area of 1,825.4825 Ha with a total of 4890 families and a population of 16,156 people spread across 20 villages. It is an area that is quite close to the district center, only about 5 km from the district city center, but the number of stunting cases in Bejiharjo is high. Based on the data, there are 1000 toddlers in Bejiharjo. One of the reasons for the many stunting incidents in Bejiharjo is due to lack of knowledge of mothers, lack of awareness of toddler families about healthy living and lack of nutritional intake in children for 1000 days (Diah Sri Wahyuni & Diahhadi Setyonaluri, 2022, p. 1888).

To find out more, it is necessary to identify stunting problems that occur in Bejiharjo District. This identification can later be useful for recommendations and interventions for existing problems. This research was conducted on 3 villages in Bejiharjo Village, namely Grogol II, Grogol III and Grogol IV.

METHOD

This research method uses a qualitative descriptive approach. This approach is important for researchers because it can explore detailed information from the informant's point of view, especially related to stunting toddlers. This research will be conducted in November 2023 at Padukuhan Grogol II, Grogol III and Grogol IV in Kalurahan Bejiharjo, Kapanewon Karangmojo, Gunungkidul Regency, Special Region of Yogyakarta. Bejiharjo District is taken because it is one of the districts that has a high number of stunting rates compared to other districts in Gunungkidul.

Selection of informants using the purposive sampling method, namely choosing with qualifications and having special characteristics in accordance with the purpose of the interview. From parents who have children at risk of stunting, researchers selected a few who were willing to be interviewed in depth (in-depth interview). Informants who are willing to be interviewed and met by name by address both at home and when they are attending posyandu toddlers at their respective posyandu. Data collection was carried out on 13 informants.

Of these 13 informants, 10 of them were parents (mothers) of stunting toddlers, 2 mothers of Posyandu cadres and 1 officer of the Karangmojo health center. They are on average 30 years old, and among the 10 stunted mothers of toddlers, the average education is to graduate from junior high school (7 people) and high school (3 people). Likewise, the education of toddler fathers is an average of junior high school and high school graduates. Most of the stunted mothers are not working, while the average father's job is labor, construction porter or factory worker. As for stunted toddlers whose parents we interviewed, the age of toddlers ranged from 15 months to 48 months.

To maintain privacy between parents and protect children's rights, researchers try not to harm both parties. So the researcher did not include the name in this study completely. The data that has been collected is analyzed using source triangulation which means comparing the truth of information through various sources of data acquisition both interviews, observations and documents. The data that has been collected becomes evidence to test the validity of the data in this study.

Referring to Miles and Huberman that the data that has been presented is then reduced data or grouped according to classification and provides a code (coding). After giving a code to each existing data, the data is displayed and at this stage of presenting data (display data) needs to be observed by researchers. After being presented by narrating, conclusions and verification can be drawn.
Table. 1 Characteristics of informants

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Table. 2 Informants, Cadres and Puskesmas Officers

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<td>Nutritionist of Puskesmas Karangmojo</td>
<td>Sayangan, Bandung, Playen</td>
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RESULT

a. Knowledge of Stunting Toddler Mothers about stunting programs at Puskesmas

Stunting is the difference between weight, height, head circumference, upper arm circumference with the age of the toddler. If there is an imbalance, then apply a more focused parenting style compared to children with balanced growth or not stunting, namely by providing nutritious food menus, clean and healthy lifestyles, including healthy waste disposal.

Based on the results of interviews with 10 parents who have stunting toddlers, it was found that; Their knowledge about stunting programs in the Puskesmas where they live is found that parents (mothers) of stunted toddlers are aware of stunting handling programs in puskesmas,

"there is a 90-day supplementary nutrition program (PMT) for stunting toddlers given during posyandu activities" (interview with R, 10 Dec 2023).

Other posyandu activities include posyandu for toddlers and pregnant women, adolescent posyandu, including family assistance visits at risk of stunting. Posyandu is routinely carried out every month, but puskesmas officers monitor the growth and development of stunting toddlers every two months. Because puskesmas officers have to share activities with other posyandu.

Regarding parenting knowledge in handling stunting toddlers, one of them is breastfeeding. Breast milk is given for 2 years, and for the first 6 months it is exclusive breastfeeding where toddler mothers only provide breast milk without any other additional food and after 6 months can be given complementary foods.

"I only give breast milk until my child is 6 months old and then besides breast milk I give additional food in the form of biscuits, porridge and vegetables" (interview with Ew)

Knowledge about their healthy lifestyle is obtained by following socializations from various sources. Including the participation of KKN students by providing training, in addition to understanding how to fulfill nutrition for stunting toddlers and how to make PMT (additional food). Nutritional fulfillment is done by
modifying nutritious foods that will be given to toddlers by processing them in various processed forms that toddlers like and multiplying vegetables and fish to improve toddler nutrition.

They have also gained knowledge about stunting toddlers by attending counseling on toddler nutrition held at the Bejiharjo Cultural Center, the counseling was carried out by nutritionists from the local puskesmas and also brought in other resources from the Gunungkidul Regency Hospital.

In an effort to prevent and accelerate stunting prevention, especially for children's nutritional intake, stunting mothers advise the puskesmas that supplementary feeding for 90 days should not only be snack feeding, because not all children want to consume these foods and should be replaced with children's vitamins and formula milk only.

b. Posyandu Activities

Based on interviews with posyandu cadres, it was found that in this effort to handle and prevent stunting, cadre officers have several obstacles in its implementation. Stunting is not only caused by dietary factors but can also be caused by parenting, unhealthy living habits such as family members who smoke, environmental cleanliness or because it is congenital from birth. Of course, these obstacles can be overcome if all parties work together to handle and prevent the risk of stunting toddlers. Cooperation can be carried out by families, posyandu cadres, regional stakeholders and also the puskesmas.

In monitoring the growth of toddlers, various socialization and nutrition counseling are also carried out at posyandu. Several times counseling was carried out with different speakers, namely by puskesmas officers who routinely provide counseling during visit schedules, from university lecturers, and students who are doing KKN in the local area. In addition, to handle stunting, of course, the role of cadres is very necessary. Therefore, posyandu cadres on duty should already have experience and knowledge in handling stunting. Experience and knowledge can be gained from training. Cadre officers have also attended training several times, namely training on parenting, exclusive breastfeeding and supplementary feeding for children. Cadre officers also routinely remind mothers who have toddlers, especially stunted toddlers, to come to the posyandu and pay attention to parenting and nutritional status of children.

In handling and preventing stunting, of course, it also requires long-term planning, which requires a lot of funds, one of which is posyandu activities in the context of monitoring the growth and development of toddlers. The source of funds used in posyandu activities, especially related to the stunting supplementary feeding program, comes from village operational funds of Rp. 100,000 for each posyandu. However, it is felt that these funds are not enough to meet the operational costs of posyandu, especially PMT. Therefore, the operational costs of posyandu are added to the self-help funds from each RT. According to sources, the funding is an obstacle in the implementation of supplementary feeding for stunted toddlers. The number of activity participants in each posyandu is certainly different, but the funds given to each posyandu are the same. We recommend that the funds allocated for the activities of each posyandu should be increased, so that the implementation of posyandu activities can be maximized, so that efforts to handle and prevent stunting can be optimized as well as possible.

This effort to monitor the growth of toddlers is expected to determine the achievement of the activity target, namely the absence of stunting toddlers in the region or at least indications that stunting can decrease. But of course, in efforts to deal with stunting, there are various obstacles faced by posyandu cadres, namely not increasing child growth and development, one of which is the child's weight that does not increase, while all efforts have been made by posyandu cadres to help deal with this. Many efforts have been made to deal with stunting toddlers, ranging from monitoring at posyandu, providing additional food, assisting stunting toddlers at puskesmas and assisting stunting toddlers to referral hospitals. However, there are some toddlers who are indicated to be stunted not routinely to come to the posyandu, making it difficult to monitor their growth and development. It would be better if mothers who have toddlers regularly come to the posyandu, provide more varied PMT for these toddlers, and provide additional animal protein to toddlers.

c. Supervisory Evaluation and Assessment

In the Bejiharjo area, the problem of stunting is the main challenge faced by the community. The existence of stunting cases is the most significant compared to other regions in the Gunungkidul area. Posyandu cadres are also concerned to see that the number of stunting cases has not decreased significantly, even though they have made various efforts and breakthroughs to overcome and prevent the problem. It should be recognized that a comprehensive improvement is needed in the families of stunted toddlers, ranging from lifestyle, diet, to aspects of family health and cleanliness of the home environment. All parties need to work together to create effective and sustainable solutions so that the future of Bejiharjo children can avoid the adverse effects of stunting.

Handling stunting requires a holistic and collaborative approach between various parties, including the government, health institutions, and the community. Community Health Centers (Puskesmas) have a crucial...
role in handling stunting cases and preventing further them. Puskesmas Karangmojo II plays a crucial role in addressing and preventing stunting through various programs specifically designed to address this problem in Bejiharjo. A number of initiatives have been implemented with the aim of supporting children's optimal growth and development. Some examples of programs that have been implemented include giving blood-added tablets, anemia screening, hemoglobin level screening in junior high school adolescents, tracking malnourished infants and SEZ pregnant women and counseling.

Puskesmas Karangmojo also runs various collaborative programs across programs and across sectors to improve the effectiveness of stunting handling. One example is the provision of blood-added tablets to pregnant women and the provision of Additional Food Packages (PMT) for toddlers. Through this collaboration, it is hoped that the synergistic effect can have a more positive impact. In addition, Puskesmas Karangmojo implements a special home visit program for stunted toddlers and pregnant women who experience SEZ (Chronic Energy Deprivation) for more intensive monitoring. This program aims to provide personal support and detail individual needs in handling stunting.

Furthermore, the puskesmas also organizes classes for mothers under five and classes for pregnant women. The program not only provides additional knowledge, but also creates an environment where mothers can share experiences and support each other. Thus, it is hoped that this program can create a deeper understanding of the importance of nutrition and health care during pregnancy and child growth.

Through this series of programs, Puskesmas Karangmojo is committed to holistically addressing stunting problems, educating the community, and providing the necessary support to achieve optimal child growth. Through these roles, Puskesmas can act as the frontline in handling stunting with a focus on prevention, early detection, and appropriate intervention. In the implementation of activities, of course, operational funding is needed for the course of these activities. The funds for the above activities come from the BOK (Operational Assistance Fund) of the Puskesmas. while the PMT from the health office is financed by non-physical DAU funds.

"Regarding PMT funds, it is sufficient, but for other activities, there are still those that have not been covered by the fund budget. One of them is the validation of posyandu weighing data which is very necessary to do to track stunting toddlers. This happened this year, while in 2022 funds for weighing data validation were still budgeted. The allocation of funds this year is mostly focused on providing PMT so that there is a cut in funds for other activities". (interview with Mrs. Mita Arya Aryani Puskesmas)

With these things, it triggers obstacles in the implementation of the program. Activities that should be carried out several times a year can only be done once or can be carried out according to the activity plan but cannot be done optimally due to limited funds. There are still some activities that are not covered by BOK financing, such as the implementation of anemia screening activities where officers only get tools for activities and carry out these activities without a budget for operational activities. According to the source, it would be better if in budget planning can see activities in puskesmas, especially in the Gunungkidul area related to community nutrition problems. We recommend that all activities in the puskesmas get an allocation of funding so that all activities can run. Then, for the program of training activities for making children's food should be carried out every year or every few years, because most nutritional problems in Bejiharjo come from the parenting style applied in the family to the toddler.

The determination of activity program targets comes from puskesmas that cooperate with each other across programs to determine targets. The method of targeting carried out at the Karangmojo II Health Center is carried out by determining targets in accordance with existing criteria by screening, because all problems already have their own standards or provisions. Target determination is carried out by the implementation team, namely the head of the puskesmas, the head of the TU subdivision, the person in charge of SMEs (Mayarakat's Health Efforts), and each programmer. In setting targets, it also does not rule out the possibility of obstacles, examples of obstacles faced by the team are predetermined targets refusing to be targeted for several reasons such as the toddler who refuses to be photographed as evidence of the distribution of PMT and the parents of the toddler are health workers who may not be willing to be targeted by the program so they reject the target setting.

In order to monitor the growth of toddlers in the working area of the Karangmojo Health Center, Nutrition Status Monitoring (PSG) activities are usually carried out in conjunction with toddler growth and development screening activities (SDIDTK) carried out by nutrition officers, midwives, doctors and nurses. This activity is carried out twice a year in every vitamin A month, namely February and August, with the hope that all toddlers come to the posyandu. PSG activities are carried out by visiting all posyandu in the work area in turn. This activity is not carried out every month due to the large number of posyandu and also the limited number of officers. In carrying out these activities, those who take measurements and weigh toddlers are health workers from the puskesmas using tools brought from the puskesmas that are in accordance with measurement
standards. This is done because it is expected that the results obtained are the most valid measurement data to determine the nutritional status of toddlers. The target to be achieved in the implementation of this activity is that the number of nutritional problems, especially stunting, can be reduced.

The obstacle faced in the implementation of the activity is in determining the time of visits to posyandus because this activity involves many officers with different parts so it is necessary to determine the right schedule for making visits. This obstacle can be overcome by determining the schedule of visits to each posyandu, if at the time of the visit schedule there are officers who cannot be present then the person concerned must find another officer to replace him to be able to carry out these activities. In this activity, puskesmas officers expect all toddlers to be able to attend the posyandu, because this activity is an opportunity to find out the development of toddlers, whether it is appropriate or not. So, if there are health problems in toddlers, it can be known early without waiting to become severe and just referred.

The evaluation for all activity programs in the puskesmas for 2023 according to the resource person is the implementation of several activity programs such as PSG activities that must be withdrawn from the schedule that has been determined at the time of activity planning at the beginning of the year. The delay in activity time was caused by late operational funds falling and the vacancy of the position of nutrition officer at the beginning of the year, so that the implementation of PSG activities had to wait for funds to drop and the presence of nutrition officers at the Karangmojo II Health Center. The delay in the implementation of activities also causes the implementation of monitoring the nutritional status of toddlers is not optimal, because not all toddlers are present at the posyandu. Therefore, it would be better if if the annual activity plan has been prepared and approved, funds can be immediately disbursed for the operational costs of puskesmas activities.

The opinion of the resource person regarding the number of stunting cases in the working area of the Karangmojo Health Center is quite surprising because the Bejiharjo area is the area with the highest prevalence of stunting in the Gunungkidul Regency area. However, with this, benefits can also be obtained, with the high prevalence of stunting cases, a lot of assistance comes from various parties. In addition, the KB Office also conducts stunting audits, in which all toddlers at risk of stunting are collected and then checked up by health experts to check the determinants that cause stunting.

Positively, by carrying out this activity, the puskesmas will know the causes of stunting in the Bejiharjo area. It turns out that the cause of the high number of stunting cases in the Bejiharjo area is because toddlers in Bejiharjo on average have congenital respiratory infections. One of the causes of the disease is due to the existence of families of toddlers who smoke, almost 80% of stunting toddlers families smoke based on the results of interviews with nutrition officers to parents of stunting toddlers. In 2023, the stunting rate in Bejiharjo Village will decrease from January 2023 with 138 stunting toddlers to 109 toddlers in October 2023. This is due to the improvement of nutrition in stunting toddlers and also the presence of toddlers who have graduated, so that in Bejiharjo Village there is a decrease in the number of stunting toddlers.

The opinion of the resource person regarding the knowledge of stunting toddler mothers about nutrition and stunting in toddlers is more into the parenting style of toddlers. There are some stunted toddler mothers who have less knowledge about the diet of toddlers. There are mothers of toddlers who are late in giving complementary foods to their toddlers at the age of 6 months so that the fulfillment of toddler nutrition is reduced, if the child refuses to eat there is no effort so that the child still wants to eat, and in the pattern of community consumption, almost all people give tea to children because of the habit of drinking tea in the community. Tea is a drink that contains tannins that inhibit iron absorption in the body, especially toddlers which can cause anemia and growth disorders in toddlers.

To overcome the lack of knowledge from mothers who have toddlers, there are efforts made by health workers at the Karangmojo Health Center. First, during the coordination meeting of cadres in each village every month accompanied by the delivery of material on nutrition, both feeding for children, good parenting for children and more on providing nutrition to children. It is hoped that with the cadre meeting and material delivery, cadres can deliver the material to toddler mothers at the posyandu. Second, through class activities for mothers of toddlers, sometimes puskesmas officers are invited to be resource persons at counseling targeting stunting mothers carried out by KKN in the Bejiharjo area, at this moment puskesmas officers also conduct counseling on nutrition.

Evaluation of puskesmas activity programs in order to develop knowledge of mothers about toddler nutrition, can increase the existence of counseling activities and other activities related to toddler nutrition and knowledge of mothers in parenting. In addition, the target of the activity program can be expanded, the target is not only aimed at the mother of the toddler but can be expanded in the toddler family itself such as fathers, grandmothers and grandfathers of toddlers or other families who live in the same house and are directly related to the care of the toddler child. Because the care of toddlers is not only the responsibility of the toddler's mother, but the entire family is related.

With the conduct of counseling or counseling on nutrition and stunting for stunted toddler mothers, there are several changes in attitudes for the better. From the beginning, who previously did not know, became
aware of child nutrition and parenting style then applied to the care of toddlers. Furthermore, in the problem of delay in giving additional food to infants, after counseling and counseling are given about the right time to give complementary foods, then the mother of the baby then immediately gives the additional food to her baby, so that the fulfillment of nutrition in infants can be fulfilled. But there is still something that has not changed after counseling and counseling, it is known that there are toddlers who from the beginning of the year until now their nutritional status is still stagnant and has not increased, this is because the PMT distributed is not eaten by the toddler and if given a referral always refuses. The attitude of toddlers is indeed very influential on the development of the nutritional status of their toddlers. To overcome this, puskesmas officers continue to approach, both by making visits to toddlers’ homes, through trusted experts, and through posyandu cadres where cadres are the closest officers to the community.

The achievement of supplementary feeding for toddlers reached 87% and for pregnant women only 52%. The achievement of PMT for pregnant women only reached this number due to delays in the disbursement of operational funds. The activity was supposed to be planned at the beginning of the year but could only be carried out in September 2023 while in that month many pregnant women had given birth, so the target was not fully achieved.

“The achievement of giving PMT is quite good. Because the budget and budget that have been budgeted since the beginning of the year have fallen too late, thus affecting the targets and also the target provisions in the juknis are different from the target determination plan at the beginning of the year, so that the targets achieved have not been maximized” (interview with Mrs. Mita Arya Aryani Puskesmas).

CONCLUSION

The role of posyandu in providing counseling and nutritional health counseling is quite a lot, but the results are considered not optimal. Posyandu activities are an opportunity to find out the development of toddlers, whether it is appropriate or not, so that if there are health problems in toddlers can be known early without waiting to become severe and just referred. Some obstacles include the posyandu budget to deal with stunting which often drops late, there are still unfulfilled infrastructure, and stunting toddler families who still need more intense coaching.

It turns out that the cause of the high number of stunting cases in the Bejiharjo area is because toddlers in Bejiharjo on average have congenital respiratory infections. One of the causes of the disease is due to the family of toddlers who smoke. There are some toddlers who are indicated to be stunted not routinely to come to the posyandu, making it difficult to monitor their growth and development. It is recommended that nutritional health counseling and counseling not only for mothers of toddlers but also involve other families. Coaching mothers of toddlers must be carried out consistently and periodically with the focus being the delivery of material about healthy living.

Suggestion

The role of a mother is very important to care for and educate the growth and development of toddlers, while the role of the family is also very important to support the well-groomed and educated growth and development of toddlers. This is also supported by the important role of the environment for the growth and development of a child seen from the elements of association and playgrounds. Hygiene and sanitation are very important to ensure food that enters mothers during pregnancy, as well as diligently checking into posyandu and taking vitamins during pregnancy and also after the baby is born, to be able to see the growth and development of toddlers optimally. Have enough breast milk and the right breast milk MP when you need MP ASI

1. Diligently check with Posyandu and take vitamins during pregnancy and also after the baby is born, to be able to see the growth and development of toddlers
2. Have enough breast milk and the right breast milk MP when you need MP ASI
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