



## Study of Stunting Financing Handling in Dosay Health Center, West Sentani District, Jayapura Regency

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### ABSTRACT

There are 3 important nutritional problems that occur in Indonesia, namely: poor nutrition (stunting and wasting); nutritional problems of overweight and obesity; and micronutrient deficiency problems (anemia, vitamin A deficiency, and iodine deficiency). The aim of this research is to examine the handling of stunting financing at the Dosay Community Health Center. Data collection was carried out through interviews with the nutrition program manager of the Jayapura District Health Service and the nutrition program management at the Dosay Community Health Center, as well as representatives from the community, a total of 11 informants. The results of this research state that the beneficiaries of the stunting financing program are pregnant women, breastfeeding mothers and children aged 0-49 months. The funding allocation for handling stunting financing at the Dosay Community Health Center in 2020 was 741,632,500, increasing in 2021 to 832,928,000 and in 2022 decreasing to 755,233,000.

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## INTRODUCTION

Currently, Indonesia is facing three burdens of nutritional problems, namely the problem of malnutrition including: stunting and wasting; nutritional problems such as overweight and obesity; as well as problems with micronutrient deficiencies, namely anemia, vitamin A deficiency and iodine deficiency. This nutritional problem often occurs in high-risk age groups, namely toddlers, pregnant women and breastfeeding mothers. The problem that often occurs in pregnant women is not realizing that there is an increase in nutritional needs during pregnancy (Department of Health of the Republic of Indonesia, 2000). As a result, there are still pregnant women who do not carry out health workers' recommendations, such as taking 90 iron tablets during their pregnancy.

Nutritional problems that occur in mothers and children are a challenge for Indonesia to achieve national development. The World Health Organization (WHO) ranked Indonesia as the third country with the highest stunting prevalence rate in Asia in 2017 (Agus & Lita, 2020). In Indonesia, referring to Novianto (2019), the reduction in stunting rates shows the success of implementing nutrition programs, however this figure is still above the WHO standard, namely a maximum of 20 percent or one fifth of the total number of children under five.

UNICEF-WHO-World Bank (2021) globally the prevalence of stunting has decreased since 2000. One in five children under five in the world or 149.2 million children under five experienced stunting in 2020 and 45.4 million suffered from wasting. SSGI data for 2022 shows that 21.6% of toddlers experience stunting. Even though there has been a decline in stunting cases in Indonesia, the prevalence of stunting cases in Papua is still quite high, namely 34.6%, where Papua is ranked third in the highest prevalence of stunting cases after East Nusa Tenggara and West Sulawesi.

Departing from the description above, this research aims to examine the handling of stunting financing at the Dosay Community Health Center, West Sentani District, Jayapura Regency.

## THEORITICAL REVIEW

### *Definition of Stunting*

Stunting is a chronic nutritional problem caused by insufficient nutritional intake over a long period of time, generally due to food intake that does not meet nutritional needs. Stunting occurs starting in the womb and only becomes visible when the child is two years old. According to UNICEF, stunting is defined as the percentage of children aged 0 to 59 months, with a height below minus two (moderate and severe stunting) and minus three (chronic stunting) measured from WHO child growth standards (Dewi, in Agus & Lita, 2020).

The definition of stunting itself has changed. According to WHO (2015), in Susanti (2022), stunting is a disruption in the growth and development of children due to chronic malnutrition and recurrent infections, which is characterized by their body length or height being below standard. Furthermore, according to WHO (2020) in Susanti (2022) stunting is short or

very short based on body length/height according to age which is less than -2 standard deviation (SD) on the WHO growth curve which occurs due to irreversible conditions due to inadequate nutritional intake and /or recurrent/chronic infections that occur within 1000 HPK.

## **METHODOLOGY**

When conducting research, it is important to use the method (Sapioper et al., 2022; Tebay & Ilham 2023). This type of research is qualitative research using a case study approach. Data collection was carried out through interviews with the nutrition program manager of the Jayapura District Health Service and the nutrition program management of the Dosay Community Health Center. Next, in-depth interviews, observation of the situation in the Dosay Health Center working area, and documentary analysis related to child nutrition and health. Collaboration and good relations with the Jayapura District Health Service will deepen our understanding of the application of local knowledge in medical practice. This approach will help uncover how to manage and prevent stunting in children in Jayapura. The informants in this research were all nutrition program management staff at the Jayapura District Health Service and the Dosay Health Center with a total of 3 informants, 1 of whom was the Jayapura District Health Service Nutrition Program manager, 1 person from the Dosay Community Health Center Nutrition Program manager, and 1 person from the community.

Research procedures include research preparation such as preparing a permit to carry out research at the Dosay Health Center and in the working area of the Jayapura District Health Service, in-depth interviews with several informants who know exactly the stunting program in children. Before conducting an in-depth interview, the informant will sign a letter of consent to participate in this research. The data collection technique used was in-depth interviews with several informants. One of the data collection techniques in qualitative methods that is often used is in-depth interviews and observation. As for the analysis used in this research uses triangulation techniques by comparing data from in-depth interviews with data found in the field and observation results.

To draw final conclusions, verification is first carried out as a form of the researcher's thinking framework and with existing data until consensus is reached at an optimal level between the researcher and the information source and with the research team so that validity and accuracy can be obtained (Miles & Huberman, in Ilham, 2020; Ilham et al., 2020).

## **RESULTS AND DISCUSSION**

### ***Univariate Analysis***

Based on gender, weight, height and nutritional status of children in the Dosay Community Health Center working area, the highest proportion of males is 11 people (79%), based on the height of 14 short children (100, 0%), with normal weight as many as 10 people (71%) and based on good nutritional

status as many as 9 people (64%) and with stunting as many as 14 people (100%).

### ***Receiving benefits from the stunting financing program***

The main priority or target of the stunting prevention program is pregnant women and children aged 0-2 years or households with the first 1000 days of birth (1000 HPK). This is because the nutritional adequacy figures for children have not been adequate since pregnancy. It is very important to pay attention to the health condition and nutritional adequacy of pregnant women and the child in their womb. This monitoring of health and nutritional adequacy must continue until the child is at least two years old, five years old or even into adolescence. This is because at that time normal growth and development of children is occurring.

Data on stunting coverage at the Dosay Community Health Center, Jayapura Regency in 2023 amounted to 163 toddlers, but coverage was only 60 toddlers (37%), with the number of toddler categories based on TB/U of very short toddlers being 8 people (13%) and the short toddler category being 16 people (27%).

Pregnant women in Papua still lack care during pregnancy. Generally, pregnant women do not regularly have health checks, especially those in remote areas. The causes of maternal death every year are almost the same, namely bleeding, infection and eclampsia (Hafidz, 2007). Maternal deaths can be prevented by implementing appropriate antenatal care for pregnant women (WHO, 2016). Antenatal care can be defined as care provided by skilled health personnel to pregnant women and adolescent girls to ensure the best health conditions for mothers and babies during pregnancy (WHO, 2016). The number of ANC visits in Papua Province is very low, namely 66.8% with health service coverage for K4 pregnant women of 40.74%. This figure is still very far from the national average coverage (88.03%) (RI Ministry of Health, 2018, 2019). MMR in Jayapura Regency reached 144 deaths per 100,000 live births (Rachman & Rusman, 2020).

### ***Allocation of funds for handling stunting financing at the Dosay Community Health Center***

Based on a report from the Jayapura District Health Service, the budget for handling stunting financing in 2020 is IDR. 741,632,500.00 in 2021 increasing to Rp. 832,928,000.00 and in 2022 it will decrease to Rp. 755,233,000.00. The results of research in Central Java in 2022 show that funding for stunting toddlers who are given nutritional supplements for 28 days costs IDR. 196,265 / day. The results of data processing from this research show that from the funding allocation for stunting in Jayapura district, which amounted to Rp. 755,233,000 from these funds, it is estimated that one child will receive nutritional improvement costs of IDR 16,000/day/child. Funds of 16,000/child make it impossible to improve the nutritional status of stunted children, considering the increasingly expensive costs of purchasing food.

The importance of providing food with high nutritional value greatly influences children's growth and development to obtain good nutritional status. Nutritional status is the outcome of consumption, absorption and utilization of food which is reflected in the state of the body. One of the factors that influences a person's level of health is good nutritional status. Assessment of nutritional status plays a role in determining whether there is a problem with a person's nutritional status, carried out through measurements of several parameters and then the results are compared with standards or references. Assessment of nutritional status includes anthropometric measurements, collection of information regarding clinical and biochemical medical history, dietary practices, medications taken, and the food security situation. Provision of Recovery Supplementary Food (PMT) is a program implemented by the government for the toddler age group which is intended as an addition to the main daily food to overcome nutritional deficiencies. The PMT Recovery Program was established to help meet nutritional adequacy for toddlers, especially underweight toddlers, in the form of toddler PMT biscuits which are included in the manufactured PMT type. PMT Recovery Biscuits are formulated to contain a minimum of 160 calories, 3.2-4.8 grams of protein, and 4-7.2 grams of fat per 40 grams of biscuits. Based on the technical instructions for providing additional food, the main target for providing additional food is that toddlers aged 6-59 months are categorized as underweight based on the results of measuring body weight according to length/height (BB/WW or BB/TB) with a value of less than minus two standard deviations ( $< - 2$  SD) with a duration of administration of 90 days according to consumption rules (Putri & Mahmudiono, 2020).

Research conducted by Rini, et al (2020, quoted by Putri & Mahmudiono 2020) in Semarang City regarding changes in the nutritional status of malnourished toddlers after providing additional recovery food for 3 months showed that there were differences in changes in the nutritional status of toddlers before and after Recovery PMT according to the BW/U anthropometric index. Based on the BW/TB index, it shows that after giving PMT Recovery, the prevalence of toddlers who were very underweight decreased from 100% to 40.9%, while based on the BW/U index of 86.4% of toddlers who were very underweight decreased to 59.1%. Another research conducted by Fitriyanti and Mulyanti regarding Recovery PMT affecting the nutritional status of malnourished toddlers showed that there was a difference in the nutritional status of toddlers before and after giving additional recovery food with a value of  $p=0.001$ . Differences in the nutritional status of toddlers based on the anthropometric index BW/TB are shown by the prevalence of very thin toddlers, which was originally 100% after giving PMT, becoming normal toddlers at 18.2%, underweight toddlers at 40.9%, and very thin toddlers at 40.9% (Putri & Mahmudiono, 2020).

### ***Sources of financing for handling stunting at the Dosay Community Health Center***

The source of funding for stunting handling at the Dosay Community Health Center comes from the Jayapura District Health Service. So far, the Jayapura District Health Service has been the official distribution place for funding in the health sector, including funding in the field of stunting management. The Jayapura District Health Service is an extension of the government in distributing health funds from both government and non-government.

DAK is funds sourced from APBN revenues which are allocated to certain regions with the aim of helping to fund special activities which are regional affairs and in accordance with national priorities. However, these funds cannot be used to fund activity administration, physical activity preparation, research, training and official travel (Hukum et al., 2021).

In 2022, the government has allocated funds amounting to IDR 44.8 trillion to support the Accelerated Stunting Prevention Program. The budget consists of expenditure spread across 17 Ministries and Institutions amounting to IDR 34.1 trillion and Regional Governments through Physical Special Allocation Funds (DAK) amounting to IDR 8.9 trillion and Non-physical DAK amounting to IDR 1.8 trillion.

The results of data processing from this research show that stunting funding in Jayapura district amounts to Rp. 755,233,000 from these funds, it is estimated that one child will receive nutritional improvement costs of IDR 16,000/day/child. Funds of 16,000/child make it impossible to improve the nutritional status of stunted children.

### ***Manager handling stunting financing***

Funds for handling stunting financing will be channeled through Ministries/Institutions which are directed at reducing stunting in order to create a better work, household and health environment. Because the cause of stunting is not only due to lack of nutrition in children under five. More than that, the problem can be more complex, such as insufficient family income, parents' health and readiness to marry (due to early marriage), an unhygienic living environment, or inadequate sanitation and facilities for bathing, washing and toilets. healthy, including still limited access to clean water. Stunting can also be caused by repeated infections in toddlers, or because of heredity. Therefore, solving the stunting problem must be carried out in various ways in an integrated and collaborative manner, by various parties or agencies as stakeholders.

Furthermore, Suahasil (In Wagino, 2022) explained that reducing stunting is a national priority program so it is necessary to provide a special budget through DAK which is given in various allocations, namely through stunting health operational assistance, family planning operational assistance, as well as food and agricultural security funds. The stunting reduction budget from the APBN is channeled through the Provincial-Regency/City Government according to the authority for these activities. The budget

allocation is expected to be part of an orchestration with regional funds to reduce stunting.

## CONCLUSIONS AND RECOMMENDATION

The conclusion of this research is The beneficiaries of the stunting financing program are pregnant women and children aged 0-2 years or households with the first 1000 days of birth. The allocation of funds for handling stunting financing at the Dosay Community Health Center in 2020 was 741,632,500, increasing in 2021 to 832,928,000 and in 2022 it will decrease to 755,233,000. The source of financing for stunting handling at the Dosay Community Health Center comes from the Special Allocation Fund (DAK) from the Jayapura District Health Service and the management of funding for handling stunting at the Public Health Center is the head of the Community Health Center and the nutrition program holder.

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