

ISSN 2597- 6052DOI: <https://doi.org/10.56338/mppki.v7i8.5582>**MPPKI****Media Publikasi Promosi Kesehatan Indonesia**
*The Indonesian Journal of Health Promotion***Research Articles****Open Access**

Analysis Stakeholders: Role in the Implementation of Stunting-Specific Interventions for Breastfeeding Mothers in Karanganyar Regency

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ABSTRACT

Introduction: Karanganyar Regency has a high prevalence of stunting in 2022, reaching 22.3%. One of the most crucial target groups in stunting-specific intervention efforts is breastfeeding mothers. The implementation of specific interventions requires the role of various stakeholders to ensure the success of the program.

Objective: To determine the role of stakeholders involved and how their interests and authority in the implementation of specific interventions to accelerate stunting reduction in the target group of breastfeeding mothers in Karanganyar Regency.

Method: This research uses a qualitative descriptive method and selecting subjects using the snowball sampling method. Primary data collection in this research was carried out by in-depth interviews and observations, using tools such as interview guidelines, recording devices and notes. Secondary data used in this research came from legislative documents and derivative products derived by the Karanganyar Regency Government.

Result: The stakeholder role analysis show that there were 16 stakeholders who had roles based on their interests and authority to accelerate stunting reduction in the target group of breastfeeding mothers. Stakeholders with the role of Key Players are District Health Office, Baperlitbang, and DP3APPKB, who had the greatest influence on successful implementation. Stakeholders with the role of subjects are Primary Health Centre (Puskesmas) who had a high interest in implementation, and stakeholders with the role of crowd are Health Cadres who support the success of implementation.

Conclusion: The part that have the most dominant role in implementing stunting-specific interventions for breastfeeding mothers are District Health Office, Baperlitbang, and DP3APPKB. Primary Health Centre (Puskesmas) had influence and power in implementing the intervention only within the scope of the Puskesmas itself. Meanwhile, cadres play a supporting role that can be utilized in stunting interventions.

Keywords: Role; Stakeholders; Stunting; Breasfeeding Mother

INTRODUCTION

Stunting is one of the chronic nutrition problems faced by many developing countries, including Indonesia, which has a high prevalence of 21.6% by 2022. This condition is characterized by children's height growth that is not appropriate for their age due to the lack of adequate nutritional intake over a long period of time. Based on anthropometric measurements of child nutritional status assessment based on the PB/U or TB/U index, the stunting category with threshold results (Z-score) <-2 SD to -3 SD (short/stunted) and <-3 SD (very short/severely stunted) (1). The impact of stunting is not only limited to physical aspects, but also affects cognitive development and overall health, which in turn can affect the productivity and quality of human resources in the future. Stunting can result in a 10–15-point drop in the IQ of Indonesian children, reduced academic achievement, and it is predicted that stunted children will earn 20% less at working age, which can affect poverty and threaten the survival of future generations (2).

Karanganyar Regency, as one of the regions in Indonesia, is not immune to the problem of stunting. Based on the latest data, the prevalence of stunting in Karanganyar Regency is still at an alarming level. In 2022, Karanganyar Regency has a stunting prevalence of 22.3% above the stunting prevalence in Indonesia. This makes Karanganyar Regency one of the locations with a focus on accelerating stunting reduction interventions with a special acceleration scheme(3). Specific interventions that have been carried out by Karanganyar District include breastfeeding promotion and counseling, Infant and Young Child Feeding (IYCF), and malnutrition management. While specific interventions for stunting in breastfeeding mothers that have not been implemented optimally are supplementary feeding of underweight children and monitoring of maternal and toddler growth promotion. Exclusive breastfeeding by breastfeeding mothers is one of the factors causing stunting. Exclusive breastfeeding is given for six months without any other food or drink (4). The nutrient content, volume, and energy in breast milk that infants take in is the only source of energy and building blocks for infant growth and development(5).

In addition to the quantity of breast milk intake, the quality of breast milk must also be considered. The quantity and quality of breast milk are determined by the nutritional intake of breastfeeding mothers, including eating habits and frequency. The nutrition of breastfeeding mothers as breastfeeders must be considered, because mothers not only meet their own needs but must produce breast milk for their babies. Mothers who have good nutritional status, exclusive breastfeeding will be better than mothers who have poor nutritional status (6). Karanganyar Regency has a high coverage of exclusive breastfeeding (71.13%), but the prevalence of stunting (22.3%) is still relatively high. The government has established various policies to accelerate stunting reduction, including specific interventions aimed at breastfeeding mothers, given the importance of the early life period to prevent stunting.

Presidential Regulation Number 72 of 2021 concerning the acceleration of stunting reduction has target groups, one of which is the target group of breastfeeding mothers(7). In implementing the policy, the role of stakeholders is crucial. The stakeholders in question include various parties, such as local governments, health workers, and the community. Collaboration and synergy between stakeholders are expected to accelerate the achievement of stunting reduction targets. Basically, a stakeholder is a collection of individuals or organizations that have an interest in a particular issue or policy(8). However, in practice, policy coordination and implementation often face various challenges, including limited resources, lack of effective communication between parties, and cultural and social barriers in the community.

Based on this, this article aims to analyze the role of each stakeholder in the implementation of the policy to accelerate stunting reduction in the target group of breastfeeding mothers in Karanganyar District. This analysis is expected to provide an overview of the effectiveness of stakeholder roles, identify obstacles faced, and provide recommendations for strategies that can be adopted to improve coordination and policy implementation more effectively. Thus, it is hoped that efforts to reduce stunting in Karanganyar District can run more optimally and achieve the desired results.

METHOD

This article research uses descriptive research with a qualitative approach. The research location was in Karanganyar Regency from December 2023 to January 2024. This study selected subjects using the snowball sampling method to obtain information in accordance with the research objectives. In this study, researchers conducted in-depth exploration, namely obtaining information from member administrators and the community on policies, programs, events, processes and activities involved in various activities carried out. Data collection methods with primary data in the form of in-depth interviews, observations, and secondary data related to implementation reporting and legislation or regulations. The data were collected and processed, then interpreted by describing and explaining the problem in the form of sentences. Stages in data analysis include 1) data reduction, namely selection, focusing, simplification, abstraction, and transformation of data into transcripts, 2) systematic presentation of data based on the results of the reduction, where the selected data are presented in textual descriptions in the form of narratives, and 3) conclusion drawing, where researchers interpret the data that has been collected to get the right

conclusion. Based on the interview results, the stakeholders in this study will be grouped based on their influence and importance to understand the role of each stakeholder.

RESULTS

Based on the results of research interviews and observations, it was identified that there were 16 stakeholders involved in specific interventions to accelerate stunting reduction in the target group of breastfeeding mothers in Karanganyar Regency. The stakeholders involved were identified into 3 groups, namely decision makers (District Health Office, District Research and Development Planning Agency (Baperlitbang), Department of Women's Empowerment, Population Control and Family Planning (DP3APPKB)). This research has two types of informants, namely main informants and triangulation informants. Main informants are individuals who can provide relevant and important information or data for research. The main informants consisted of 6 women and 3 men, with the lowest level of education being junior high school and the highest being Masters, and an age range between 22 years and 60 years. Meanwhile, triangulation informants are informants who have sources of information to confirm or validate research findings. The triangulation informants consisted of 6 women and 1 man, with the lowest education level being Diploma III and the highest being Master, and an age range between 26 years and 57 years.

Analyzing the role of a stakeholder can be viewed from the interests and authority they have, in a policy process all stakeholders have interests, both individual and group interests behind the policy. Interests can be described through statements regarding expectations, benefits, resources, and opinions between stakeholders. Roles can also be analyzed from the authority they have, because authority can also be called formal power over groups or over a field of government.

Table 1. Stakeholder's interests and authority

Variabel	Stakeholder				
	1	2	3	4	5
Important policies for stakeholders, as well as the position of important stakeholders in the policy	✓	✓	✓	✓	-
Stakeholders have an influence on policy	✓	✓	✓	✓	-
Stakeholders have expectations of the policy	✓	✓	✓	✓	✓
Stakeholders have benefits from the policy	✓	✓	✓	✓	-
Stakeholders have resources for policy	✓	✓	✓	✓	-
Stakeholders have authority in policy	✓	✓	✓	✓	-

The results showed that District Health Office (1), Baperlitbang (2), and DP3APPKB (3), and Primary Health Centre (4) have interests and authority in specific interventions to accelerate stunting reduction in the target group of breastfeeding mothers in Karanganyar Regency. Meanwhile, the Health Cadre (5) based on the statement only has an interest in expectations of the policy. Based on the results of stakeholder interest and authority interviews, stakeholder mapping is obtained which focuses on the power and interest possessed, and produces a stakeholder role analysis matrix, as in Figure 1.

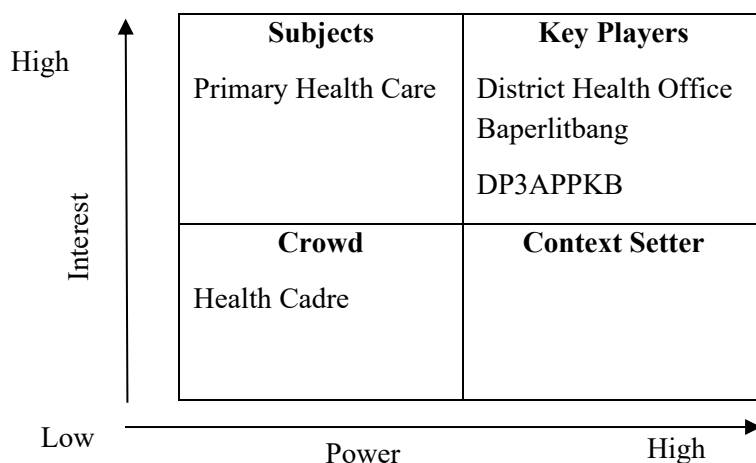


Figure 1. Stakeholder Role Analysis Matrix

Based on the results of the analysis, the importance and influence of each stakeholder can be mapped. It is known that the District Health Office, Baperlitbang, and DP3APPKB are in the role of keyplayers, where this group has a high interest and high influence. Primary Health Care are in the role of subjects who have high importance but low influence, while Health Cadres are in the crowd role, which has low importance and low influence in specific interventions to accelerate stunting reduction in the target group of breastfeeding mothers in Karanganyar Regency.

DISCUSSION

The role of stakeholders in this study can be seen from the interests and influence they have. Interests in the research can be described from expectations, benefits, resources and opinions of interests between stakeholders(9). of the specific intervention policy to accelerate stunting reduction in the target group of breastfeeding mothers in Karanganyar Regency. Interests can be in the form of individual or group interests that will motivate stakeholders in a policy process. Based on the results of the research interviews, it is known that the District Health Office, Baperlitbang, DP3APPKB, Primary Health Care, and Health Cadres have their respective interests and influences in each variable of interest and influence. Based on their interests and influence, stakeholders are grouped based on their roles, namely key players, subjects, crowd, and context setter. The following is an analysis of the role of stakeholders in the implementation of specific interventions to accelerate stunting reduction in the target group of breastfeeding mothers in Karanganyar Regency.

Key Players are stakeholders who have a high level of interest and a high level of influence in the implementation of specific interventions to accelerate stunting reduction in the target group of breastfeeding mothers in Karanganyar Regency. Stakeholders who have a role as Key Players in the findings of this study are the District Health Office, Baperlitbang, DP3APPKB, Primary Health Care. A high level of importance is shown by these three stakeholders from the position of each stakeholder in the local government bureaucracy and the duties carried out in the Stunting Prevention Acceleration Team (TPPS). District Health Office is the Coordinator of Specific Intervention and Sensitive Intervention Services, Baperlitbang is the Vice Chair II, and DP3APPKB is the TPPS secretary (10). This makes stakeholders have a role to make or make decisions, according to Labetubun (2022) an organization cannot make unilateral decisions if there is no stakeholder role (11).

Another thing that underlies stakeholder interests is the expectation that stakeholders have for policies. Expectations can be said to be expectations that interact with expectations to realize goal-oriented possibilities (12). District Health Office, Baperlitbang, DP3APPKB, Primary Health Care have hopes for this policy, namely, that stunting cases can decrease according to the target, increase exclusive breastfeeding coverage, and handling problems that arise can be handled immediately according to the SOP, because stunting is a health problem that needs to be addressed immediately (13). Furthermore, the thing that motivates an interest is the advantage or benefit that stakeholders have in a policy. There are several regulations in accelerating the reduction of stunting in the target group of breastfeeding mothers, one of which is Presidential Regulation Number 72 of 2021, which states that specific interventions and sensitive interventions are carried out convergently, holistically, integratively, and with quality through multisector cooperation at the center, regions, and villages(14). This makes the task burden of each stakeholder reduced due to multisectoral cooperation, because cross-sectoral collaboration can be a solution to solving problems together (15).

Resources underlie the existence of an interest. District Health Office, Baperlitbang, DP3APPKB, Primary Health Care have resources that are used to help achieve policy targets. The resources referred to by stakeholders can be in the form of budget resources, according to the Ministry of Bappenas that the budget that supports stunting reduction is one of the Special Allocation Funds (DAK) for specific and sensitive interventions in the regions which are divided into physical and non-physical DAK. In addition, there are village funds, according to the Regulation of the Minister of Development of Disadvantaged Regions and Transmigration (PDDT) Number 16 of 2018 concerning the priority use of village funds, one of which is development in the health sector, where stunting prevention and prevention is one of the prioritized activities (16). This is in line with Supriyadi's research (2022) which states that the village fund policy can support well-integrated stunting reduction interventions (17). There are also human resources that are part of the resources owned by stakeholders. Human resources are in the form of health workers and extension teams consisting of midwives, PKK cadres, health cadres for family assistance programs at risk of stunting (18). Human resources in the health sector supported by information systems and leadership authority in health institution organizations will be interconnected in achieving health services (19).

In addition to the interests that stakeholders have to see the role of stakeholders, researchers also analyze the authority and influence that stakeholders have. Authority is the authority possessed by an institution to do something or not do something and according to Robert Bierthted authority is institutionalized power (102). Based on the results of the study, District Health Office, Baperlitbang, DP3APPKB, Primary Health Care have authority and influence on policy planning, supervision, decision making, and coordination. The Health Office, which is part of the Local Government, has full authority to organize and manage all affairs under its authority, starting from planning,

implementation, and evaluation (20). Based on the results of the research, one of the authorities of stakeholders is coordinating and facilitating policies, as well as the research findings of Amanda (2021) and Putri (2023), Baperlitbang and DP3APPKB coordinate the implementation of policies to accelerate stunting reduction, namely facilitating the holding of meetings with other OPDs, integrating and aligning the activities and programs of OPDs involved from planning, implementation to evaluation, and coordinating stunting convergence actions(21).

Potential barriers faced by keyplayers are the lack of coordination and synergy between different sectors, such as education, agriculture, and the economy, which can hinder the implementation of comprehensive programs. Also, complicated and slow bureaucratic processes can slow down program implementation and resource distribution. Challenges in collecting accurate and timely data can affect the evaluation of program effectiveness. Coordination by stakeholders can increase the role of collaboration between the government and the private sector and is needed in emphasizing stunting cases in Indonesia (22).

Subjects are stakeholders who have a high level of interest but have a low level of influence on the policy. Primary Health Centre (Puskesmas) is a stakeholder in the subject role. Based on the results of the study, Primary Health Centre (Puskesmas) is a stakeholder with a position as an implementer of program activities, so that Puskesmas does not have authority in policy making(23). The implementation of stunting reduction interventions in the target group of breastfeeding mothers is closely related to the community and Primary Health Centre (Puskesmas). This is in accordance with the function of the Primary Health Centre (Puskesmas) as a center for health-wise development, a center for health-wise development empowerment, a center for community empowerment, a center for individual health services (private goods) and community health services (public goods) (24). In accordance with their functions, Primary Health Centre (Puskesmas) do not have the authority to influence OPDs that have a higher position, but can influence posyandu and cadres within their area of responsibility. This makes Primary Health Centre (Puskesmas) have a subject role.

Primary Health Centre (Puskesmas) also have expectations that underlie their interests, the desired expectations are in the form of policy sustainability and all the right targets get interventions in accordance with the regulations. This is in line with the opinion of Khasanah, et al (2023) that the form of intervention is a continuation of policies and regulations issued by the government related to malnutrition prevention efforts which are then followed up in various programs and activities carried out by each local government according to their duties and functions (25). The benefit or advantage that the Puskesmas has with the specific intervention policy is that it can achieve the target of reducing stunting with cross-sector support. Specific and sensitive nutrition interventions to prevent stunting in children under five require cross-sectoral involvement, such as the support and collaboration of Primary Health Centre (Puskesmas), Health Cadres, and community leaders (26) .

The resources owned by Primary Health Centre (Puskesmas) to support the policy are human resources which include health workers, such as doctors, village midwives, and nutritionists. This is in accordance with Permenkes No. 43 of 2019 concerning Community Health Centers Article 17 paragraphs 2 and 3 which reads that in addition to primary care doctors, Primary Health Centre (Puskesmas) must have health workers consisting of nurses, midwives, health promotion workers, environmental sanitation workers, nutritionists, pharmacists, and laboratory personnel to provide health services(27). A health worker as an implementer of health services at the Primary Health Centre (Puskesmas) can carry out his or her role in accordance with the duties and functions based on the education and skills possessed (24). The implementation of specific interventions to accelerate stunting reduction in the target group of breastfeeding mothers. Primary Health Centre (Puskesmas) budget resources have a role to coordinate the allocation of funds in accordance with the planning, budgeting, and monitoring and evaluation provided for stunting prevention. These budget resources can be in the form of physical and non-physical DAK consisting of Provincial BOK, District stunting BOK and puskesmas BOK which cannot be used for needs other than stunting interventions (28).

Crowd or other followers are stakeholders who have a low level of interest and a low level of influence in policy (29). Based on the results of the study, stakeholders who have a crowd role are health cadres because their interests are low only in the desired expectations, namely cadres expect stunting interventions in the target group to be intensified like the target group of breastfeeding mothers and receive special attention from the Government. However, health cadres cannot influence policy, because the influence that health cadres have is on the policy target group, the cadres help bridge the implementation of interventions from the government to the target group, namely breastfeeding mothers. Support from health cadres can determine a mother's motivation to breastfeed, and a mother's motivation is crucial for exclusive breastfeeding for 6 months (30). The interests and influence of health cadres lead to their involvement in the implementation of the policy program. Success in policy implementation is influenced by the involvement and role of program and policy implementers. In line with Kirana's research (2020), cooperation and coordination carried out by various parties, including the government, non-governmental organizations, the private sector, local communities, and individuals who have an interest or are involved in the implementation of the program or policy, are the key to the success of a program or policy, because with synergy and alignment between all

stakeholders, resources can be utilized optimally, challenges can be overcome together, and the expected goals can be achieved more effectively and efficiently (31). Health cadres spearhead the implementation of stunting-specific interventions in the community. However, they face various barriers that can reduce the effectiveness of their efforts. The limitations of health cadres as stakeholders in the implementation of stunting-specific interventions are increasing low community participation in specific intervention programs, as well as a lack of community awareness and knowledge about the importance of good nutrition and stunting prevention.

Stunting-specific interventions require the involvement of various stakeholders to ensure program success. The following are recommendations for stakeholders who should be involved in this intervention, namely 1) District Health Office coordinates the intervention program, provides training for health workers, and ensures the availability of resources, 2) Primary Health Centre (Puskesmas), can conduct health checks, monitor child growth, and provide necessary medical interventions, 3) Health Cadres, can disseminate information on nutrition and health, conduct monitoring at the village level, and support public health programs. Strong collaboration between these stakeholders is very important to overcome the problem of stunting in a comprehensive and sustainable manner. Each stakeholder has specific roles and responsibilities in supporting effective interventions and ensuring children grow up healthy and optimized.

CONCLUSION

The role of stakeholders in the implementation of interventions to accelerate stunting reduction in the target group of breastfeeding mothers in Karanganyar Regency, based on the level of importance and level of influence, is divided into 3 types, namely, key players consisting of District Health Office, Baperlitbang, and DP3APPKB which have the most influential role in realizing the success of implementation, Subjects consisting of Primary Health Centre (Puskesmas) have a role that can help success with a high level of importance, and the Crowd consists of Health Cadres who have a role that can help support the successful implementation of interventions. So that the successful implementation of stunting interventions in the target group of breastfeeding mothers in Karanganyar Regency must be optimized cross-sectoral government collaboration.

SUGGESTION

Improving stakeholder convergence actions in specific interventions to accelerate stunting reduction in the target group of breastfeeding mothers by taking into account various important aspects including the interests of each stakeholder, the authority they have, their attitude towards the program, the influence they can exert, and the level of their involvement in each stage of the intervention, so as to create effective and sustainable synergies to achieve the goal of reducing stunting more optimally.

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