

OPTIMIZING THE ROLE OF THE HEALTH SERVICE IN HANDLING AND PREVENTING STUNTING IN MERAUKE REGENCY, SOUTH PAPUA

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Abstract

This research has a phenomenon, namely that in Merauke Regency there are still problems with stunting, the lack of a fixed place to carry out posyandu activities and the lack of understanding of parents regarding child rearing patterns. The aim of this research is to determine the Optimization of the Role of the Health Service in handling Stunting in Merauke Regency and to determine the obstacles in the Role of the Health Service in Handling Stunting in Merauke Regency. The theory used, according to Jim Ife (in Pawalin, 2017), has several indicators, namely Facilitative Role, Educational Role, Representational Role and Technical Role. The research method used by the author in this research is the Qualitative Method, this method is related to opinions, thoughts, ideas or confidence in the objects to be researched, all the required data is presented in the form of words and language. The results of the research show that handling of stunting in Merauke Regency includes several programs, namely Posyandu, Pregnant Women's Class, PTTD, and PMT, there is socialization in the form of counseling carried out at meetings such as posyandu and mothers' groups with the assistance of the Community Health Center and cadres. village cadres. This is done with the hope that the public will be aware of the importance of health regarding Stunting Management so that they are free from stunting in the future. Several factors that become obstacles in handling stunting are the lack of understanding of parents regarding parenting patterns, eating patterns, a clean environment and the lack of a fixed place to carry out posyandu activities.

Keywords: Optimalitation, Role and Handling of Stunting

A. INTRODUCTION

Each state institution has different authorities according to its duties and functions as regulated by laws and regulations. Although these institutions have differences in terms of authority, they share a common goal: to advance the nation and achieve the welfare of society.

The health department is one of the government agencies responsible for implementing health-related programs. It is led by a head of department who reports to the regional head through the regional secretary. The health department is tasked with carrying out some regional responsibilities in the health sector to support the achievement of public welfare in health and performing auxiliary duties in its respective field.

Public services essentially cover a broad spectrum of life aspects. In governance, the government functions to provide various public services needed by society, ranging from regulatory services to other services aimed at meeting community needs in education, health, utilities, and other sectors (Mohammad, 2003).

Regional governments, as part of the national government under the 1945 Constitution, are granted the authority to manage and govern their own affairs. The division of regions into larger and smaller areas, along with their governmental structures, is determined by law, taking into account the principles of deliberation in state governance and respecting the original rights of regions with special characteristics.

The Unitary State of the Republic of Indonesia is divided into provinces, and each province is further divided into regencies and cities, all of which have their own local governments regulated by law. As part of the government, the Health Office is tasked with responsibilities related to public health. According to Syamsul (2015), the primary duty of health offices is to address health-related issues within their regions, based on regional autonomy and specific assistance tasks, and report these matters to the regent.

Nutrition is a crucial factor in building high-quality human resources. Research shows that malnutrition, particularly in early childhood, significantly impacts a child's growth and development. Children suffering from malnutrition often exhibit signs such as thinness, small stature, and stunted growth. Poor nutrition also affects cognitive and intellectual abilities and reduces productivity.

Stunting in toddlers is a condition of impaired growth caused by chronic malnutrition, particularly during the first 1,000 days of life. The difference between stunting and malnutrition lies in their causes and characteristics. Malnutrition, medically referred to as kwashiorkor, is a form of malnutrition caused by a lack of proper nutrients, either from deficiencies or excesses. Kwashiorkor specifically results from insufficient intake of energy and protein, which are essential for cell formation and repair. Chronic malnutrition often occurs during emergencies like floods or earthquakes when food intake decreases, becomes less nutritious, or is affected by economic hardship.

Stunting in toddlers requires special attention as it hampers physical growth, mental development, and overall health. Recent studies reveal that stunted children tend to perform poorly in school, achieve lower education levels, and earn lower incomes as adults. They are also more likely to grow into unhealthy and impoverished adults. Additionally, stunted children are more susceptible to infectious diseases, non-communicable diseases (NCDs), and are at higher risk of overweight and obesity.

The nutritional and health status of mothers and children is a critical determinant of human resource quality. This is increasingly evident from the fact that maternal nutrition and health during the pre-pregnancy period, pregnancy, and breastfeeding are crucial. The 1,000-day period, consisting of 270 days of pregnancy and the first 730 days of a child's life,

is a sensitive phase because the impacts during this time are permanent and irreversible. These effects not only influence physical growth but also result in suboptimal physical development, reduced work quality, and decreased economic productivity. Malnutrition during this golden period (0–2 years) can lead to incomplete brain cell development, as 80–90% of brain cells form from conception until a child reaches two years old.

Preventing and addressing stunting requires holistic and integrated efforts. Presidential Regulation No. 42 of 2013 is part of the Scaling Up Nutrition (SUN) strategy, involving multiple sectors with strong coordination from the central to regional levels. Dissemination of information and advocacy to stakeholders across sectors at various levels is essential. Training and education for structural staff are also necessary to enable them to explain and empower communities in improving nutritional status.

Additionally, reinforcing the 1,000 HPK intervention as part of social and cultural life is crucial. This includes short courses on knowledge and education for mothers before pregnancy or before becoming brides (prospective brides) to equip them for healthy pregnancies and to ensure optimal cognitive development of the fetus, starting from the first trimester (Aryastami, 2017).

In efforts to reduce stunting rates in Indragiri Hulu Regency, the Health Office of Indragiri Hulu Regency, together with the Peranap Health Center and the village government, has launched programs such as Pregnant Mother Classes, the Iron Supplementation Program (PTTD) for adolescent girls, and the Supplementary Feeding Program (PMT) for stunted toddlers. The latter involves providing biscuits during monthly posyandu (integrated healthcare service post) sessions.

B. LITERATURE REVIEW

Concept of Governance

As a framework for addressing the core issues posed in this research, the author will outline concepts or theories relevant to supporting the problem-solving process discussed above. To clarify the concepts in this study, the author integrates several expert opinions in alignment with the research objectives. The theories employed serve as a series of studies that will be compared to the issues to achieve optimal results.

Etymologically, the term "government" can be defined as follows (Syafiie, 2015):

1. Government means performing the act of commanding. It involves two aspects: the people and the government, which are interrelated.
2. When prefixed with "pe-", it becomes Government, which refers to a body or organization that manages or governs.
3. When suffixed with "-an", it becomes governance, which signifies the act, manner, or aspects of governance. The concepts of Government and governance are closely interconnected.

According to Strong (as cited in Syafiie, 2015), the government in a broad sense has the authority to maintain the peace and security of the state. Therefore, the government must first have military power or the ability to control armed forces. Second, it must have legislative power, which entails the authority to create laws. Third, it must possess financial strength or

the ability to manage public finances to sustain the costs of maintaining the state and implementing regulations, all of which aim to fulfill the state's interests.

According to Ndraha (2015), the government is a multi-process system aimed at meeting the needs and demands of those it governs in terms of public services and civil services. The demands from the governed depend on their various roles, such as sovereigns, customers, consumers, or those who are powerless. Both the government and the governed occupy various positions and perform various roles for one another, either reciprocally or unilaterally, in balance or imbalance. This dynamic shapes relationships within governance.

To achieve the general welfare, which is the state's objective, the government must undertake various efforts, including formulating policies to regulate different aspects of national life. These policies, which represent regulations governing the aspects of citizens' lives, are expected to help the state achieve its goals.

According to Humes IV (as cited in Nurcholis, 2011), the relationship between the central and regional governments is determined by the oversight system. This system of oversight forms the governance structure within a country. Humes IV describes that the oversight of regional governments is based on two dimensions: (a) control hierarchy, which refers to hierarchical supervision, and (b) functional control, which refers to functional supervision.

From the explanation above, it is clear that regional government is a subdivision of national governance. In a unitary state, regional governments operate directly under the central government, whereas in a federal state, regional governments are subordinate to the state government. In a unitary state, regional governments are dependent on and subordinate to the central government. In a federal state, they are dependent on and subordinate to the state government (Nurcholis, 2011). Thus, whether in a unitary or federal system, regional governments remain part of the national governance system.

To build systemic intergovernmental relations with maximum efficiency, every country develops relationships among state institutions and between different levels of government. At the national level, relationships are regulated among high-level state institutions and between the central and regional governments. At the regional level, relationships are managed among local institutions and between regional governments. The mechanisms for these intergovernmental relationships are outlined in the constitution and implementing laws and regulations.

Based on the explanation above, it can be concluded that regional governments, specifically district/city governments, are responsible for providing equitable and fair public services, including in transportation and communications. One of their activities, carried out through technical agencies, is to provide information that serves as a basis for policymaking in the transportation sector and to oversee the implementation of these policies (Nurcholis, 2011)

Regional Governance

The concept of regional governance originates from the translation of "local government," which essentially has three meanings: In the first sense, it refers to an organization, body, or institution that functions to administer regional governance. In this

context, local government refers to the organization that leads the implementation of regional governance activities. Specifically, in Indonesia, this pertains to the Regional Head (such as the Governor, Regent, or Mayor) and the Regional House of Representatives (DPRD). These two institutions are responsible for driving the day-to-day activities of regional governance. Therefore, these institutions are collectively referred to as the local government or local authority.

In its second sense, local administration refers to the governance activities carried out by regional governments. As part of regional governance implementation, regional governments engage in regulatory activities. These activities are essential functions that fundamentally involve formulating regional government policies, serving as the basis or direction for governance. This mirrors the central government's functions, which include legislative, executive, and judicial roles.

Regional governments (local governments) primarily perform legislative and executive functions, while judicial functions remain under the central government's jurisdiction. The legislative function carried out by regional governments fundamentally involves the formulation of regional government policies. It does not equate to the legislative role of a parliament, which in Indonesia is performed by the People's Representative Council (DPR). Meanwhile, judicial functions are handled by judicial bodies, such as the Supreme Court, High Courts, District Courts, and other judicial institutions.

Hoessein argues that the terms legislative and executive are not commonly used in the context of local government. The more commonly used terms for local government are policy-making function and policy-executing function. The policy-making function is carried out by officials elected through elections, while the policy-executing function is carried out by appointed officials or local bureaucrats (Hanif, 2007).

In the third sense, local governance refers to the governance area or autonomous region. In the context of Indonesia, an autonomous region is a region that has the right to regulate and manage governmental affairs that have been delegated by the central government to the region as part of its internal affairs. This right to regulate is realized through the creation of regional regulations, which essentially serve as general policies for regional governance. Meanwhile, the right to manage the region's internal affairs is realized in the implementation of these regulations, which includes activities related to governance, development implementation, and community development.

Tjahja Supriatna, as cited in (Hanif, 2007), quoting the views of de Guzman and Taples, explains that the elements of local government include:

- Local government is a political subdivision of the sovereignty of the nation and state.
- Local government is governed by law.
- Local government has a governing body that is elected by the local population.
- Local government conducts activities based on legislation.
- Local government provides services within its jurisdiction.

Local government is regarded as a unit of public legal entity. In its position as a public legal entity, the local government is seen not only as an organizational unit implementing the

central government but also as an independent organization that represents the interests of the local community. This implies that, within certain limits, local government is entrusted with specific governmental affairs to be regulated, managed, and administered. In this regard, local governments can create policies in the form of regional regulations, regulations, and or decisions by the regional head to carry out the government affairs delegated to the region. As a public legal entity, the local government is granted authority to manage the governmental affairs that have been entrusted to it as part of its internal matters, and it is also given the authority to own property and represent its organization both in and out of court. Based on this dimension, local government has three characteristics:

- The existence of a local government must be an organized entity with its own organization, and it has the right and authority to regulate and manage its own internal affairs.
- It has the authority to regulate and manage its own affairs, often interpreted as having its own government, reflected in the possession of a Regional Representative Council (DPRD).
- It has the right to enter into agreements with third parties or entities outside the local government organization.

Role Theory is a theory that blends elements from various disciplines, including psychology, sociology, and anthropology (Sarwono in Hutami, 2011). According to the Center for National Development and Advancement (1989), a role is a set of expected levels possessed by individuals in a society. Another definition of role is a concept about what individuals or groups can do in society as organizations or individuals that are important to the social structure (Soekanto, 1997). According to Soekanto, a role is the dynamic aspect of a position (status); with their position, individuals perform a role.

According to Abdulsyani (2007), a role is an action performed by an individual or a group in a certain way as part of fulfilling rights and responsibilities in accordance with the position (status) they hold. When an individual fulfills their rights and responsibilities according to their social status, it can be said that they are performing a role. If an individual holds a certain status in society, there is a tendency for new expectations to emerge. Technical skills refer to the development of skills applied in community development. Some of the job dimensions include computer usage, presenting reports orally and in writing, handling physical development projects, and others, all of which require technical skills (Muslim, 2009).

According to Role Theory by Jim Ife (in Pawalin, 2017), the roles are as follows:

a. Facilitative Role

The facilitative role is focused on facilitating, strengthening, recognizing, and appreciating the contributions and efforts of individuals, groups, and communities in increasing productivity. It involves building agreements with other parties to collaborate on developing the potential of individuals, groups, and communities. According to Jim Ife, the facilitative role includes seven specific roles: social animation, mediation and negotiation, providing support, building consensus, group facilitation, resource utilization, and organizing.

b. Educational Role

The Health Service plays a role in setting the agenda, not only assisting in the

process of increasing productivity but also actively contributing to improving knowledge, skills, and experience for individuals, groups, and communities. This educational role can be carried out through raising awareness, providing information, and conducting training for individuals, groups, and communities.

c. Representational Role

The Health Service interacts with organizations in the community to serve the interests of individuals, groups, and communities. This role is carried out, among other things, by obtaining resources from outside, such as business capital assistance and training for potential development from various donors. It also involves advocacy to defend the interests of individuals, groups, and communities, such as supporting the implementation of programs and striving to realize those programs. The use of mass media is employed to promote production results. Additionally, this role aims to gain broader support from other parties, open up networks, develop relationships with various parties and groups, and encourage them to participate in potential development efforts, such as the government, businesspeople, and the community. Furthermore, the Health Service shares knowledge and experience with stakeholders.

d. Technical Role

The Health Service staff's ability to collect and analyze data, use computers, present verbally and in writing, manage and control finances, and conduct needs assessments for the development of individual, group, and community potential. These roles can be performed by the Health Service in collaboration with individuals, groups, and communities to gather information and data that can be used to attract the attention of stakeholders to develop potential and help promote it. Thus, the Health Service plays a crucial role in the development of individual, group, and community potential.

Definition of Service

According to A.S. Moenir (2002), service is an activity carried out by an individual or a group of people based on certain principles, where the level of satisfaction can only be felt by the one providing or receiving the service, depending on the ability of the service provider to meet the expectations of the user. Service, in essence, is a series of activities; therefore, the service process takes place routinely and continuously, encompassing the entire life of the organization within society. The process referred to is conducted in relation to the mutual fulfillment of needs between the service recipient and provider. Meanwhile, in the Indonesian dictionary, public service is defined as follows:

- a. Service is the act or method of serving.
- b. Service is the convenience provided in relation to the buying and selling of goods and services.
- c. Medical service is the service received by an individual in relation to prevention, diagnosis, and treatment of a specific health disorder.
- d. Public means the general public.

Theoretically, the goal of public service is essentially to satisfy the community. To achieve this, the quality of public service must be professional. Therefore, Sinambela (2008) outlined the principles of public service as follows:

1. Transparency: This means being open, accessible to all parties in need, provided adequately, and easily understood.
2. Accountability: This means being responsible in accordance with laws and regulations.
3. Conditional: This means being in line with the conditions and capabilities of both the service provider and recipient, while adhering to the principles of efficiency and effectiveness.
4. Participatory: This encourages community involvement in the delivery of public services by taking into account the aspirations, needs, and expectations of the community.
5. Equality of Rights: This means non-discriminatory, in the sense of not differentiating based on ethnicity, religion, race, group, gender, or economic status.
6. Balance of Rights and Obligations: Both the service provider and recipient must fulfill their respective rights and obligations.

Concept of Public Service

The government plays an important role in providing excellent public services for all its citizens, as mandated by law. In Article 1 of Law Number 25 of 2009 concerning public services, public service is defined as follows: Public service is a series of activities aimed at fulfilling service needs according to laws and regulations for every citizen and resident in terms of goods, services, and/or administrative services provided by public service providers. According to AG. Subarsono, as cited by Agus Dwiyanto (2005), public service is defined as a series of activities conducted by the public bureaucracy to meet the needs of users. The users referred to here are citizens who require public services, such as obtaining an ID card, birth certificate, marriage certificate, death certificate, and others.

According to Sumaryadi (2010), operationally, public services provided to society can be categorized into two main groups:

1. Public services provided without considering individual needs, but addressing the general needs of society, such as providing transportation infrastructure, health centers, educational institutions, maintaining security, and so on.
2. Services provided to individuals, such as issuing population cards and other documents.

Sinambela (2010) describes public service as any activity carried out by the government for a group of people that benefits them in a collective manner, offering satisfaction even if the results are not physically beneficial. Public service can also be understood as the provision of services (serving) for the needs of individuals or communities with interests in the organization, in accordance with established rules and procedures. According to Widodo (2001), public service is: "The provision of services (serving) for the needs of individuals or communities who have interests in the organization in accordance with the established rules and procedures."

From the definitions above, it can be concluded that public service refers to the efforts made by a group, an individual, or bureaucracy to provide assistance and ease to society in

fulfilling its needs and desires, and to achieve a specific goal.

Stunting

Stunting is the translation of the English term "stunting," referring to a condition where a person's height is below the expected median height for their age. Stunting can be diagnosed through anthropometric indices, such as height, which reflect linear growth achieved before and after birth, often indicating long-term malnutrition caused by inadequate nutrition. Stunting represents a failure to achieve genetic potential for growth due to poor dietary patterns and infectious diseases (ACC/SCN, 2000).

Stunting is a major nutritional problem that impacts the social and economic life of society. There is clear evidence that individuals with stunting have a higher mortality rate from various causes and an increased incidence of diseases. Stunting also affects physical performance and disrupts mental and intellectual function (Mann and Truswell, 2002). This is further supported by Jackson and Calder (2004), who stated that stunting is related to immune function disorders and increases the risk of death.

Children who are short may also experience Short Stature, where height or length for age and gender is below the average for their peers. Children who are short due to stunting experience growth failure as a result of suboptimal health and nutrition conditions. Normal short children may have pathological causes, which can be further examined to determine whether the condition is due to genetic abnormalities (e.g., dwarfism). If it is due to a professional cause, one of them is stunting.

Causes of Stunting

Stunting occurs during the first two years of life, a period when growth failure is most likely to occur. Maternal nutrition before and during pregnancy is an indirect cause contributing to fetal growth and development. Malnourished pregnant women may lead to intrauterine growth retardation (IUGR), resulting in undernourished babies who will face growth and developmental issues. Children experiencing growth retardation due to inadequate food intake and recurring infections, along with increased metabolic demands and decreased appetite, are more likely to face nutritional deficiencies, further complicating growth disorders and increasing the chances of stunting (Depkes, 2011).

Chronic malnutrition (stunting) is not caused by a single factor, as mentioned above, but by many interconnected factors. There are three main causes of stunting: unbalanced food intake (related to the nutritional content of food such as carbohydrates, protein, fats, minerals, vitamins, and water), low birth weight (LBW), history of disease, poor childcare practices, including insufficient maternal knowledge about health and nutrition before and during pregnancy, and after childbirth. Exclusive breastfeeding (ASI) and the lack of complementary foods (MP-ASI) are also contributing factors.

Impact of Stunting

Stunting can have negative impacts both in the short and long term. In the short term, stunting can cause growth failure, cognitive and motor development delays, affecting brain development and educational success, as well as suboptimal physical body size and metabolic disorders. Stunting is a sign of growth disturbances in the body, and one of the organs that are most at risk is the brain. The brain contains nerve cells that are involved in a child's responses, including seeing, hearing, and thinking during the learning process.

The long-term impacts of stunting include decreased intellectual capacity, structural and functional disturbances in the nerves and brain cells, which are permanent and lead to a decline in the ability to absorb lessons during school, thus affecting productivity in adulthood. Additionally, stunting increases the risk of non-communicable diseases such as diabetes mellitus, hypertension, coronary heart disease, and stroke.

Children who experience stunting have imperfect growth and development potential, low motor skills, and productivity, and are at higher risk for infectious diseases. Stunting in toddlers leads to potential economic losses due to decreased work productivity and healthcare costs. All of these factors contribute to a decline in human resource quality, productivity, and national competitiveness (Aridiyah et al., 2015).

C. RESEARCH METHODOLOGY

The research method used by the author in this study is a qualitative method. According to Creswell (2016), qualitative research is a type of research that explores and understands the meaning in a number of individuals or groups of people related to social issues. Qualitative research can generally be used for studies on community life, behavioral history, concepts or phenomena, social issues, and others. The researcher used the qualitative method to gather the necessary data for this study, including various documents, records, and qualitative data. Qualitative research is related to opinions, ideas, beliefs, or concepts regarding the object to be studied. All the data required are not numerical, and this research aims to gain an understanding of the optimization of the role of the Health Department in addressing stunting in Merauke District and to identify the barriers in the role of the Health Department in handling and preventing stunting in Merauke District.

D. RESULT AND DISCUSSION

Optimization of the Role of the Health Department in Handling and Preventing Stunting in Merauke District

Stunting is the translation of the English term "stunting," which refers to a condition where the body is shorter and very short, exceeding the condition of being below the median height or body length. Stunting can be diagnosed through anthropometric indices of height, which reflect the linear growth achieved before and after childbirth with indications of long-term malnutrition due to inadequate nutrition. Stunting is the failure of linear growth to reach genetic potential due to poor eating patterns and infectious diseases.

At this stage, stunting occurs in children, and the opportunity for increased stunting happens within the first two years of life. Maternal nutrition before and during pregnancy is an indirect cause that contributes to the growth and development of the fetus. Therefore, this factor deserves special attention because it determines the level of physical growth, intelligence, and future productivity.

In this discussion, the researcher will describe the data obtained from the field at the Merauke District Health Department, as well as from mothers of stunted toddlers. The data collected through interviews, observations, or relevant documents will provide information regarding the focus of the research, which will be studied, understood, and analyzed.

For the handling of stunting, the researcher uses Jim Ife's theoretical framework to delve into the optimization of the role of the Health Department in addressing and preventing stunting in Merauke District. Jim Ife proposes four indicators, which are:

1. Government as Facilitator
2. Government as Educator
3. Government as Representative
4. Government as Technical Expert

The four indicators above will elaborate on the extent of the role of the Health Department and identify the obstacles faced in addressing stunting.

Facilitative Role

To gain a clearer understanding of the optimization of the role of the Health Department in handling and preventing stunting in Merauke District, the researcher conducted several interviews with the relevant authorities responsible for stunting management in the district in the form of qualitative interviews. The facilitative role is one that is focused on facilitating stunting management, as a concrete support to ensure that there is no disparity in rights for both the general public, pregnant women, and stunted children in the public space. The facilities provided are diverse, including programs specifically designed to address stunting.

The Health Department already has programs such as Posyandu (Integrated Healthcare Centers), Pregnancy Classes, PTTD (Special Nutrition Assistance for Pregnant Women), and PMT (Nutrition Supplement Programs) to address stunting. However, there are several factors that become obstacles in handling stunting, such as the lack of a fixed place for Posyandu activities and the ongoing reluctance of some parents to attend Posyandu. Therefore, the facilitative role of the Merauke District Health Department has not yet been fully optimized. The reason is the presence of several challenges that hinder the effective implementation of the stunting management programs.

Educational Role

The educational role is certainly needed for every layer of society, including in the handling of stunting. Especially when considering the limitations of stunted individuals, making it difficult for them to independently seek information and knowledge. Therefore, the Health Department, as the authorized agency on this matter, must take precise and careful steps to ensure that any information reaches the community.

Education is closely related to socializing a program or activity that will benefit a specific group or the community as a whole. In this context, it is important for the Health Department to socialize the stunting management program to every layer of society, so that the general public can build awareness to help one another and foster greater tolerance towards those affected by stunting. For the stunted individuals themselves, this socialization is beneficial to them personally. The public health centers (Puskesmas) play an important role in assisting with activities or special programs for stunting management. This can be seen from the location of the socialization activities regarding stunting management, which is carried out by the Puskesmas, village cadres, and staff from the Health Department, alongside outreach efforts through posters and billboards.

From the efforts made by the Health Department in handling stunting, it is clear how important stunting management is. The main goal is for the community to be able to provide proper child-rearing practices and adequate nutrition to ensure a better future for children. Therefore, the educational role carried out by the Health Department has been going well and

optimally. This is because all forms of education have been conducted, with the Health Department also collaborating with Puskesmas to carry out comprehensive socialization and counseling activities.

Representational Role

The representational role involves interacting with external parties for the benefit of the community and providing advantages to society. This must be done in every institution that oversees public affairs, for example, by cooperating with other organizations and agencies to achieve the desired vision and mission. In this case, the Health Department of Merauke Regency carries out its representational role as the authorized agency responsible for managing and providing services related to stunting. Regarding the representational role, the Health Department of Merauke Regency has been optimal overall, as there is a specific budget allocated for stunting management. Additionally, because of cooperation with Puskesmas, there is also a separate fund allocated for villages included in the stunting locus.

Technical Role

The technical role in a government agency involves tasks related to technical aspects that support the process of community development. This includes thorough and accurate data collection about the community, which ensures that all forms of administrative services are more optimal. Furthermore, precise data collection helps relevant departments distribute various forms of aid and programs. This is also carried out by the Health Department in stunting management. The role of the Health Department in stunting management can be considered optimal because the Health Department of Merauke Regency, assisted by several Puskesmas, has effectively carried out its duties to achieve the goals of stunting prevention and treatment.

E. CONCLUSION

From the implementation of the research activities conducted by the researcher with the title “Optimization of the Role of the Health Department in the Handling and Prevention of Stunting in Merauke Regency,” several conclusions can be drawn as follows: 1). The Role of the Health Department in Stunting Handling can be seen from the Facilitating Role indicator, which overall has not been considered optimal due to inadequate facilities that make it difficult for mothers and children with stunting to receive assistance, such as the provision of biscuits and milk. From the Educational Role indicator, the Health Department has not yet been optimal in its efforts. This is due to limited access to mass media such as TV and smartphones, leading to insufficient information on stunting management. From the Representational Role indicator, the Health Department is still not optimal overall due to a lack of cooperation with external parties in stunting management, even though such cooperation could help improve the welfare of mothers and children with stunting. From the Technical Role indicator, the Health Department has taken all necessary measures to optimize the process, such as data collection, although it has not been carried out uniformly. However, the Health Department of Merauke Regency continues to strive to ensure that the data collection is conducted comprehensively. 2). The factors inhibiting the optimization of the Health Department's role in stunting handling and prevention in Merauke Regency are: a)

From the Facilitating Role indicator, there are several obstacles, such as the lack of a permanent location for the Posyandu program, which impacts mothers and children who are reluctant to attend the activities. b) From the Educational Role indicator, there is still insufficient information received by mothers of children with stunting regarding the programs or assistance available, due to the limited media access they have, which reduces their ability to acquire this information. c) From the Representational Role indicator, some challenges include the limited cooperation with other parties, both governmental and non-governmental, in implementing stunting programs. More cooperation from various parties would help increase the support available for activities such as fundraising and food assistance. d) From the Technical Role indicator, data collection has not been comprehensively carried out due to obstacles such as the reluctance of the community to attend Posyandu, which makes it difficult for the Health Department to collect data.

REFERENCE

- Abdulsyani. (2007). *Sosiologi Skematika, Teori, dan Terapan*. Jakarta: PT Bumi Aksara .
- Agung, R., Adam, A. F., Haris, U., & Umakaapa, M. (2024). Penguatan Nilai-Nilai Ideologi Pancasila dan Nasionalisme Pada Mahasiswa Himpunan Mahasiswa Administrasi Negara Universitas Musamus. *Innovative: Journal Of Social Science Research*, 4(5), 6277-6286.
- ACC/SCN. (2000). *The World Nutrition Situation. Nutrition Throughout the life Cycle*. Geneva: WHO.
- Aridiyah, F. O., Rohmawati, N., & Ririanty, M. (2015). Faktor-faktor yang Mempengaruhi Kejadian Stunting pada Anak Balita di Wilayah Pedesaan dan Perkotaan (The Factors Affecting Stunting on Toddlers in Rural and Urban Areas). *Pustaka Kesehatan*, 3(1), 163-170.
- Creswell, J. W. (2016). *Research Design Pendekatan Kualitatif, Kuantitatif, dan Mixed*. Yogyakarta: Pustaka Pelajar.
- Dwiyanto, A. (2005). *Mewujudkan Good Governance Melalui Pelayanan Publik*. Yogyakarta: Pustaka Pelajar.
- Febrian, R. A. (2016). Collaborative Governance dalam Pembangunan Kawasan Perdesaan (tinjauan konsep dan regulasi). *Wedana: Jurnal Kajian Pemerintahan, Politik Dan Birokrasi*, 2(2), 200-208.
- Fikawati, G. A. (2018). Analisis Faktor-Faktor Risiko Terhadap Kejadian Stunting Pada Balita (0-59) di Negara Berkembang dan Asia Tenggara . *Jurnal Media Lingbangkes* , 247-255.
- Hanif, H. d. (2007 : 24). *Pengertian Pemerintah Pusat dan Pemerintah Daerah*. Jakarta
- Hanif, N. (2007). *Teori dan Praktik Pemerintahan dan Otonomi daerah*. Jakarta : Gramedia Widiasarana Indonesia.
- Jackson A, Calder PC (2004). *Handbook of nutrition and immunity (Severe undernutrition and immunity)*. New York: Humana Press.

- M, M. (2009). *Parasitologi untuk Keperawatan*. Jakarta: EGC.
- Man, J. d. (2000). *Essentials Of Human Nutrition*. New York: Oxford University Press.
- Moenir, A. (2002). *Manajemen Pelayanan Umum di Indonesia*. Jakarta: Bumi Aksara.
- Ndraha, T. (2010). *Metodologi Ilmu Pemerintahan*. Jakarta: Rineka Cipta. Ndraha, T. (2011). *Kybernologi (Ilmu Pemerintahan Baru)*. Jakarta: Rineka Cipta.
- Ndraha, T. (2015). *Kybernologi (Ilmu Pemerintahan Baru). Jilid 1* Jakarta : Rineka Cipta
- Nurcholis, H. (2011). *Hubungan Pemerintahan antara Pemerintah Pusat dan Pemerintahan Daerah Serta Wakil Pemerintah*. Jurnal Studi Pemerintahan, 2(2).
- Nurcholis, H. (2011). *Teori dan Praktik Pemerintahan dan Otonomi Daerah*. Jakarta: Grasindo.
- Parukka, R. A. P., Maturbongs, E. E., Adam, A. F., & Haris, U. (2024). Strategi Manajemen Dalam Mengatasi Penyalahgunaan Narkoba Pada Remaja di Indonesia. *Musamus Journal of Public Administration*, 6(2), 652-658.
- Rachmat, R. A. (2024). Effectiveness Of Implementing Population Administration Service In Order To Increase Ownership Of E-KTP Documents In Subdistrict Merauke District Merauke. *Jurnal Dialektika: Jurnal Ilmu Sosial*, 22(2), 134-140.
- Surachman, A., Prasetya, M. N., Parukka, R. A. P., Nur, A. F., Mana, F. A., Enala, S. H., ... & Haris, U. (2024). Transformasi Kepemimpinan (Membangun Organisasi Melalui Visi, Kompetensi, dan Etika).
- Syahrudin, S., Agung, R., Adam, A. F., Irawan, A., & Kontu, F. (2023). Implementation of The Disaster Management Policy in The Sigi District (Study on Regional Disaster Management in The Sigi Regency). *Jurnal Manajemen dan Ilmu Administrasi Publik (JMIAP)*, 5(2), 154-161.