

STUNTING DISASTER RISK REDUCTION EFFORTS IN INDONESIA THROUGH RISK COMMUNICATION

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A B S T R A C T

Indonesia's inclusion in the prevalence of stunting by WHO poses an extraordinary threat to the future growth of the nation's children. The purpose of writing this article is to describe messages in risk communication that must be conveyed in disaster risk management efforts. Stunting can be categorized as a disaster, especially non-natural disasters because it has a psychological impact and is a threat to the growth of babies in Indonesia. This paper uses qualitative methods, to be a precise literature study in data collection. found that, In efforts to reduce disaster risk (DRR), three factors serve as a reference and must be studied to determine the stages of disaster management, namely threat, vulnerability, and capacity for stunting. This is the main message and communication of the risk of stunting in Indonesia.

INTRODUCTION

The World Health Organization (WHO) provided data on the prevalence of stunting in children under the age of five in 2018, which includes Indonesia. The third country with the highest prevalence in Southeast Asia after East Timor (50.5%) and India (38.4%) with 36.4%. (Manalor:2022)

Renyoet in Kurniati (2022) states that stunting is a short and very short body condition that exceeds an SD deficit of -2 SD below the average height or height as expressed by the Z-unit standard deviation (Z-score). Malnutrition in children begins in the womb when the baby is born, this growth delay occurs when the baby turns 2 years old. Disabled babies have low intelligence, are prone to disease, and may be at risk of decreased productivity later in life compared to normal babies. Still referring to Kurniati (2022), it is written that according to the World Health Organization (WHO) in 2020, 151 million young children, or 22 percent of them, experience stunted growth in 2017, which

is too short. In 2017, Finland accounted for more than half of the world's undeveloped children (55%), followed by Asia (55%), and Africa (39%). In Asia, 83.6 million people are stunted, with South Asia accounting for 58.7%, Southeast Asia accounting for 29.4%, and Central Asia accounting for the least (0.9%). The 2030 Sustainable Development Goals (SDGs) call for the abolition of all types of hunger and malnutrition. Achieving the set goal is a 40 percent reduction in stunting (malnutrition) by 2025. (Kurniati, 2022)

In this article, the authors boldly state that stunting is a disaster. Why is that? In the Disaster Management Disaster Management Law, Number 24 of 2007, a disaster is defined as an event or set of events that endangers people's lives and livelihoods due to their natural or unnatural and disturbing nature, resulting in human casualties, environmental damage, property loss, and psychological impact. If we look closely, we find three components in the definition above, namely

disasters, threatening events (may be natural or not), and human factors. Therefore, disasters and threat events are two different things.

Various disasters have occurred in Indonesia. Implicit types of disasters in Indonesia can be derived from Law No. 24 of 2007, namely Natural catastrophes, man-made disasters, and societal disasters are all examples of disasters. Natural disasters are those produced by a natural occurrence or set of events, such as earthquakes, tsunamis, volcanic eruptions, floods, droughts, hurricanes, and landslides. Disasters caused by an unnatural occurrence or set of events, such as technical failures, modernization failures, disease outbreaks, and epidemics, are examples of non-natural disasters. Meanwhile, social disasters are natural catastrophes triggered by man-made events or a chain of events including social strife and terror between groups or communities.

Stunting can be categorized as a non-natural disaster, which is caused by human negligence in taking care of pregnancy and the baby. For this reason, disaster management must be carried out, so that the stunting rate can be reduced.

According to the University of Wisconsin, disaster management is a set of emergency and disaster response activities designed to provide a disaster-prevention framework-prone individuals to avoid or manage the consequences of disasters. catastrophe management is a dynamic, ongoing, and integrated process that seeks to increase the quality of catastrophe detection and analysis, as well as disaster prevention, mitigation, readiness, early warning, emergency response, rehabilitation, and reconstruction.

Risk communication is required in order to carry out disaster risk management. Risk Communication Guidelines for Health Crisis Management (Republic of Indonesia Ministry of Health Communication and Public Service Bureau), 2021 it is stated that risk communication is communication that is carried out using a people-based approach so it is hoped that people who are at risk can know and adopt the right behavior. Likewise, the authorities and

the experts to be able to listen to and address the concerns and needs of the people in a relevant and credible manner.

In general, communication is greatly influenced by the sender of the message, the recipient of the message, what media is used, and most importantly the message itself. This paper will further describe what messages or information can be given to pregnant women and society in general so that risk communication is an embodiment of stunting risk management in Indonesia. Hasmira (2021) said that for the message to be effective, the character and profile of the communicant/recipient/target audience must be well understood.

METHOD

The research method utilized in this work is a qualitative method often used by academics in the humanities, social sciences, and religion. Qualitative research methods can be carried out through two channels, namely literature studies (Cawelti in Darmalaksana, 2020) and field studies (Eberhardt & Thomas, in Darmalaksana, 2020). This article uses a literature study in data collection.

The implementation phase starts with tracing primary and secondary sources, then the data found is classified According to the research formula. In the advanced stage, the processing of data and/or references are carried out to present them as research results, condense them into complete information, and interpret them to provide information for conclusions. For the interpretation stage, analysis or approaches are used, for example philosophical, theological, Sufi, interpretive, syariah and others. The data has been abstracted, interpreted by the author, and then concluded. (Darmalaksana, 2020).

RESULTS AND DISCUSSION

According to Sheppard, risk communication is a process of sharing facts among stakeholders about the characteristics, scope, importance, and management of risk. This definition emphasizes the importance of risk management, dialogue between the media and stakeholders, and needs. Meanwhile, the 2005 International Health Code (IHR) states that risk communication is a core

competency that must be defined and used by all WHO member countries to identify public health hazards to be recognized and responded to. (Surbakti:2021)

According to Krimsky on Patrianti (2020), the purpose of risk communication is to convey clear and concise messages about dangerous situations and the risks involved. Therefore, Reynolds and Seeger (ibid.) emphasizes the importance of factual events in the form of risk notifications, which can be disseminated through various communication channels to encourage the level of reinforcement according to the applicable budget.

For risk communication for health crisis management to work effectively, it is hoped that a strategic and overall approach as a result of which the facts conveyed can be received by the goals, audiences, and targets. (Surbakti, 2021)

Determining the level of disaster risk in an area is influenced by three factors, namely threat, vulnerability, and capacity. In efforts to reduce disaster risk (DRR), these three factors become a reference that must be studied to determine the stages of disaster management threats, vulnerabilities, and capacities. (Ammelia, 2022) Threats are occurrences that interrupt people's lives and livelihoods and can result in death, property destruction, loss of security, economic and environmental harm, and psychological consequences. Vulnerability is a condition determined by physical, social, economic, and geographical factors that affect a community's ability to deal with disasters. While the capacity referred to here is a resource owned by each person or group in an area that can be utilized and increased to reduce disaster risk. This capability may include prevention, mitigation, preparedness, and emergency response capabilities.

Concerning stunting, the three main points above, namely threat, vulnerability, and capacity, must be the main focus of attention in providing messages or information in risk communication.

1. Threat

Likelihoods and can result in death, property destruction, and a loss of security, economic

and environmental damage, and psychological impact. Parents who have stunted children will be very disturbed by their life and livelihood and will have a psychological impact.

The problem of slowing growth, especially during the 1000 HPK period, had an influence on human resource quality (HR). The deformation causes organs to grow and develop optimally. Deformity in children under the age of five causes 1.5 million (15%) child deaths worldwide and 55 million Disabled Life Years (DALY) or loss of healthy life each year. (Sumardilah, 2022).

In the short term, stunting causes failure to thrive, impaired cognitive and motor growth, optimal body size, as well as metabolic problems (Primary, 2020). In the long term, stunted growth weakens intellectual performance. Permanent damage to the structure and function of nerve cells and the brain causes decreased ability to attend school, affecting their productivity in adulthood. In addition, malnutrition causes stunted growth (short and/or thin) and increases noncommunicable diseases such as diabetes, hypertension, coronary heart disease, and stroke. (Rahmidini, 2020)

It is critical to eliminate stunting as soon as possible to avoid long-term consequences such as stunting a child's growth and development. Stunting impairs brain development, hence children's IQ is subpar. This comes with a risk of decreased productivity in adulthood. The deformity also makes a child more susceptible to disease. Retarded children have a increased likelihood of getting chronic disorders than adults. Each year, stunting and other nutritional issues account kids 2 to 3 percent of lost gross domestic product (GDP). (Imani, 2020)

The importance of conveying this threat in risk communication, considering the number of malnourished children under five in Indonesia, as shown in the following data:

Table 1
Prevalence of malnutrition under five by Province in Indonesia (PSG) 2016-2018

Provinsi	Prevalensi balita gizi kurang menurut Provinsi di Indonesia (PSG)					
	Gizi Kurang Balita (0-23 bulan)			Gizi Kurang Balita (0-59 bulan)		
	2016	2017	2018	2016	2017	2018
ACEH	10.62	15.70	14.40	14.11	18.90	16.80
SUMATERA UTARA	8.65	11.40	12.90	10.08	13.10	14.30
SUMATERA BARAT	11.39	11.90	13.00	13.90	14.20	15.40
RIAU	13.17	10.40	11.20	14.99	14.00	14.00
JAMBI	10.93	8.70	8.20	13.17	10.50	11.90
SUMATERA SELATAN	8.06	8.90	8.40	9.29	10.20	12.30
BENGKULU	5.93	9.00	10.40	7.39	11.90	10.40
LAMPUNG	10.05	11.60	10.20	12.36	15.00	12.80
KEP. BANGKA BELITUNG	12.32	12.90	12.50	11.23	13.00	13.60
KEP. RIAU	13.35	11.90	8.80	14.00	13.40	9.80
DKI JAKARTA	9.14	10.10	11.70	11.30	11.00	12.00
JAWA BARAT	9.52	10.00	8.10	12.11	12.20	10.60
JAWA TENGAH	10.53	10.60	11.50	13.88	14.00	13.70
DI YOGYAKARTA	12.34	11.40	9.90	13.80	10.20	13.00
JAWA TIMUR	10.95	9.90	11.60	13.94	12.60	13.40
BANTEN	10.12	11.80	10.60	13.89	15.70	12.60
BALI	5.19	6.30	11.20	8.13	6.60	11.10
NUSA TENGGARA BARAT	12.35	13.10	14.40	17.25	18.30	20.50
NUSA TENGGARA TIMUR	16.52	16.00	17.60	21.34	20.90	22.20
KALIMANTAN BARAT	17.87	15.70	14.30	20.81	19.40	18.60
KALIMANTAN TENGAH	15.32	14.80	13.80	19.09	17.60	16.30
KALIMANTAN SELATAN	13.30	12.90	14.50	17.73	16.40	19.00
KALIMANTAN TIMUR	14.62	13.10	7.40	16.03	14.90	11.50
KALIMANTAN UTARA	14.71	12.80	15.80	15.38	15.30	14.40
SULAWESI UTARA	5.31	11.10	10.90	5.86	12.00	11.20
SULAWESI TENGAH	15.54	15.30	15.50	19.21	19.90	18.60
SULAWESI SELATAN	16.48	15.20	14.80	20.12	17.90	18.40
SULAWESI TENGGARA	10.07	13.30	13.20	13.76	17.30	16.40
GORONTALO	15.75	14.70	16.00	17.79	17.50	19.30
SULAWESI BARAT	15.48	16.20	14.20	19.73	19.90	18.40
MALUKU	14.39	13.80	12.50	18.18	17.90	17.50
MALUKU UTARA	12.79	9.70	14.40	15.22	13.40	16.60
PAPUA BARAT	14.01	14.80	12.10	17.73	17.40	14.10
PAPUA	11.04	11.70	11.70	11.95	12.80	11.40
INDONESIA	11.76	11.30	11.40	14.43	14.00	13.80

Sumber : Pemantauan Status Gizi, Profil Kesehatan Indonesia, KEMENKES, Profil Kesehatan Indonesia 2018, KEMENKES

Source Url: <https://www.bps.go.id/indicator/30/1773/1/prevalensi-balita-gizi-kurang-menurut-provinsi-di-indonesia-psg-.html>

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2. Vulnerability

Vulnerability is a condition determined by physical, social, economic, and geographical factors that affect a community's ability to deal with disasters. The ability to deal with disasters is closely related to the adequacy of information obtained by the community regarding what causes stunting.

Based on the above scheme can be explained as follows:

1. Immediate cause

Child nutrition problems, including stunting, are poor nutrition and poor health. Stunting prevention is focused on the causes of nutritional problems, namely Food security elements include the availability of nutritious food (nutrition), the social environment surrounding nutrition (care) for newborns and children, and the availability of health services. Health prevention and treatment; and environmental health, including access to safe

drinking water and (environmental) sanitation. These four elements have an impact on mothers' and children's nutritional status and health. Addressing these four criteria is likely to prevent nutritional issues such as under-eating and over-eating. Pregnant mothers with inadequate nutrition and infectious illnesses have kids with low birth weight (LBW) and/or short stature. Good nutritional intake is not only influenced by the availability of household food, but also by parenting styles such as colostrum (primary breastfeeding), early breastfeeding (IMD), exclusive breastfeeding, and complementary foods for breastfeeding. (MP-ASI) is accurate. In addition, environmental health determinants such as access to clean water and proper sanitation, and waste disposal are closely related to the incidence of infectious diseases in children.

The life of a child from the womb up to the age of two years (1000 HPK) is a critical period to support optimal child growth and development. Good environmental factors, especially in the early years of a child can maximize the child's genetic (hereditary) potential to achieve optimal height. The supporting environmental factors are determined from different perspectives or sectors.

2. Indirect Causes

Environmental and inherited factors both influence children's growth and development. According to Dubois et al.'s 2012 research, heredity only has a minor (4-7% in women) effect on a person's birth height. In contrast, environmental influences have a considerable influence at birth (74-87% in women). This demonstrates how favorable environmental

CONCLUSIONS

In efforts to tackle stunting in Indonesia, the practice of risk communication serves to explain facts to policymakers, and the public, especially pregnant women, regarding the potential risk of a health crisis as a result of which the target audience can decide to take preventive or health protection measures.

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factors can aid in the growth and development of youngsters. (Dwiningsih, 2021)

Income and economic inequality, trade, urbanization, globalization, food systems, social security, health systems, agricultural development, and women's empowerment are all indirect causes of stunting.

To address the causes of stunting, the following requirements are required: (a) political and policy commitment for implementation; (b) government and cross-sector cooperation; and (c) implementation capacity. Stunting reduction necessitates a complete approach, which must begin with the fulfillment of supporting criteria.

3. Capacity

While the capacity referred to here is a resource owned by each person or group in an area that can be utilized and increased to reduce disaster risk. This capability may include prevention, mitigation, preparedness, and emergency response capabilities.

The resources in question are human resources in the medical field and the use of media, both mass media, and social media. Human resources in the medical field can use various media to disseminate information about what stunting is, the dangers of stunting, and the efforts made by medical personnel to reduce stunting rates in Indonesia. Like a nutritional intervention.

Specific nutrition treatments, like as food consumption, infection, maternal nutritional status, infectious diseases, and environmental health, are activities that directly address the prevalence of stunting. The health sector is often responsible for providing these specific therapies.

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