



ANALYSIS OF FAMILY SUPPORT TEAM PERFORMANCE STRENGTHENING IN EFFORTS TO REDUCE THE INCIDENT OF STUNTING IN WEST SUMATRA PROVINCE IN 2025

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Abstract

The Family Support Team is a group of support staff in the sub-district/village/nagari consisting of Midwives, PKK Team Cadres and KB Cadres in providing support to prospective brides/prospective fertile couples, pregnant women, postpartum mothers, and children aged 0-59 months, providing counseling, facilitating referral services, receiving social assistance and surveillance of families at risk of stunting. Stunting is a growth and development disorder characterized by a child's height that is not appropriate for their age. This study aims to analyze the performance of the family support team in an effort to reduce the incidence of stunting and the factors that influence the performance of the family support team. This study uses a qualitative method using a purposive sampling technique with 38 informants, through interviews, focus group discussions, observations and document reviews. The results of the study revealed that the indicators of the quality and quantity of TPK work in West Sumatra Province that were not in accordance with expectations were neatness, success capability, speed, work results, facilities and infrastructure and coordination between agencies where reports were not in accordance with the existing family system data in the BKKBN application caused by the lack of TPK knowledge in using the elsimil application and four indicators of the national sensitive intervention program were not achieved from the predetermined targets and the increase in stunting cases. Factors that influence TPK performance are the support and commitment of the government and the community, the existence of programs that have a direct impact on the community and, socialization that changes community behavior to care about stunting prevention programs, strengthening the competence of TPK cadres, strengthening convergence and multi-stakeholder involvement, integrated monitoring and evaluation and utilization of stunting risk family data in handling stunting cases.

Keywords: Family Support Team, Performance, Stunting

1. INTRODUCTION

The problem of stunting is a clear indicator that fundamental challenges persist in the provision of basic services. To achieve Indonesia's golden age by 2045, it is necessary to prepare quality human resources. Stunting is a growth and development disorder characterized by a child's height being below their age. In the long term, stunting directly impacts learning ability and intelligence, as well as weakened immune systems due to low immunity and an increased risk of non-communicable diseases such as diabetes, obesity, and heart disease (Damayanti, 2022). Various factors underlie stunting, including inadequate nutritional intake, recurrent infections,



inadequate socioeconomic and environmental conditions, low family education, unstable incomes, and limited access to sanitation and quality health services.

The Indonesian government issued Presidential Regulation No. 72 of 2021 concerning the acceleration of stunting reduction. This regulation provides a strong foundation for policy substance, intervention, and monitoring and evaluation systems implemented collaboratively and convergently. Policy implementation involves cross-sectoral synergy between the central government, regional governments, villages, community partners, and international development partners. As an operational framework, eight convergent actions have been established, including situation analysis, development of activity plans, implementation of stunting consultations, establishment of regional head regulations, guidance for program implementers and village/sub-district governments, strengthening of data management systems, implementation of stunting data measurement and publication, and periodic performance reviews.

The Indonesian government has currently succeeded in reducing stunting rates from 37.2% in 2013 (Risksdas 2013), 20.5% in 2023 (SKI, 2023) and to 19.8% in 2024 (SSGI, 2024). The approach taken in reducing stunting is how to anticipate and prevent stunting incidents through mentoring families at risk of stunting. Families at risk of stunting are families with a category of fertile age couples (PUS) who have 1 or more risk factors for stunting such as not having a source of healthy drinking water, not having a proper toilet, and being in poor conditions. In addition, PUS families who have more than two children who do not use family planning are also included in the category of families at risk of stunting. The prevalence of stunting in West Sumatra based on the results of the 2024 Indonesian Health Survey was 24.9%, an increase of 1.6% from 23.3% in 2023.

West Sumatra Province has 20,924 target families at risk of stunting divided into nineteen regencies/cities, 179 sub-districts and 1,275 villages/sub-districts. The stunting reduction acceleration activities are assisted by 5 stunting officer units located at the West Sumatra Provincial BKKBN Representative, 19 technical assistants, 382 Family Planning Counselors and 10,062 family support teams. The family support team (TPK) is the spearhead in efforts to accelerate stunting reduction. The family support team is a group of personnel formed consisting of midwives, TP PKK cadres and KB cadres to carry out support including counseling, facilitating referral services, facilitating social assistance to target families such as prospective brides/prospective couples of childbearing age, pregnant women, postpartum mothers, children aged 0-59 months and conducting surveillance of families at risk of stunting for early detection of stunting risk factors.

Simultaneous interventions for stunting prevention implemented include providing data on families at risk of stunting, mentoring families at risk of stunting, mentoring prospective brides/prospective couples of childbearing age, surveillance of families at risk of stunting, and auditing stunting cases. In the achievement of sensitive interventions in accordance with Presidential Regulation Number 72 of 2021, four targets have not been achieved, namely the percentage of postpartum family planning services, the percentage of unwanted pregnancies, the coverage of prospective couples of childbearing age receiving health checks, and the coverage of families at risk of stunting receiving mentoring. Regarding the role and duties of



the family support team in accelerating stunting reduction, there are several obstacles, namely the lack of understanding of TPK cadres in reporting and mentoring in the elsimil application, TPK mentoring to families at risk of stunting only in the form of counseling and education, not mentoring and facilitation of assistance. From the description above, the author wants to analyze the performance of the Family Support Team in efforts to reduce stunting in West Sumatra Province in 2025.

2. RESEARCH METHODOLOGY

This study uses a descriptive method with a qualitative approach. Through this approach, it is expected to produce information to reveal the processes that occur in the field collected through interviews and focus group discussions by asking for opinions, responses, information, concepts and statements from informants and observed in the form of observations and document reviews. Sampling by purposive sampling The number of informants is 38 people consisting of the Population and Family Development Program Manager of the BKKBN, District/City KB OPD, KB Extension Workers and Family Assistance Team, target families at risk of stunting in West Sumatra Province. Data analysis techniques with data reduction, data presentation (data display) and drawing conclusions (conclusion drawing)

3. RESEARCH AND DISCUSSION

This study uses Prabu Mangkunegara's theory in performance measurement which consists of performance quality evaluation to find out how well the task is done, performance quantity evaluation, namely how much work can be completed, task implementation evaluation, namely tasks that are carried out accurately and without errors, responsibility to find out the extent of awareness in carrying out obligations, cooperation to measure participation with work partners to improve work quality and initiative to find out the ability to take action and overcome problems as a form of responsibility for the tasks given.

1. Quality of Work

A. Neatness

The Family Support Team cadres are tasked with preparing reports on families at risk of stunting and providing support. Cadres are required to complete reports regularly, but research has shown that cadre support reports have not met the set targets. This is due in part to a lack of time and a lack of understanding of how to complete the reports, particularly those using the app. This results in reports not being updated regularly by name and address.

B. Ability

Family Companion Team Cadres consisting of KB Cadres, TP PKK Cadres and Midwives are appointed and issued a decree by the Regional Head/Head of the relevant department for population management and family development, but the research results show that there are still TPK Cadres who do not have a decree due to the



replacement of the TPK from the village/sub-district/sub-district. TPK received training related to the stunting reduction acceleration program in the form of basic knowledge about stunting and how to prevent it, communication and reporting systems and TPK work mechanisms. BKKBN trains facilitators at the Regency/City level to be able to train TPK at least once a year. It was found that there are still TPK who have not received training and there are still TPK who are unable to fill out reports, especially in the elsimil application as one of the mentoring activities for prospective brides and grooms. The need for regular training in accordance with the required material and assistance by Family Planning Counselors and the Population Control and Family Development Office at the Regency/City level.

C. Success

The lack of success of the Family Support Team is indicated by the results of the failure to achieve sensitive interventions for the National Acceleration of Stunting Reduction program from the national targets, namely the percentage of postpartum family planning services, the percentage of unwanted pregnancies, the coverage of prospective couples of childbearing age who receive health checks as part of marriage services and the coverage of families at risk of stunting who receive assistance. There was an increase in stunting cases in 2024, namely 24.9% compared to 2023, which was 23.3%. This level of success is influenced by several factors, namely the commitment of the central government, regional governments, villages/sub-districts/nagari, communities in efforts to accelerate the reduction of stunting cases, optimization of cross-sectoral convergence in supporting the program to accelerate stunting reduction and the use of data on families at risk of stunting and periodic monitoring and evaluation.

2. Quantity of Work

A. Speed

The speed of the TPK performance measurement is seen from the success of stunting reduction. The TPK's performance in providing assistance and surveillance of families at risk of stunting remains inadequate. Several complaints or issues in the field that affect the speed of reporting include the lack of support from policymakers such as village heads/heads/nagari heads, rejection from some families regarding the stunting program, remote access to targets, targets not being at home, and limited network signal so they cannot input reports.

B. Satisfaction

The level of satisfaction performance is measured through three levels: very satisfactory, satisfactory, and sufficient. Performance indicators for each TPK are identified through their target groups, where it was found that some TPK still have low performance, requiring training, coaching, monitoring, evaluation, and performance review in carrying out their duties as TPK. The forms of TPK assistance include assistance for prospective brides, pregnant women, postpartum



mothers, and toddlers aged 0-59 months.

3. Responsibility

A. Work result

The results of the Family Assistance Team's work in the program to accelerate stunting reduction have been in accordance with existing technical instructions and regulations but have not been optimal, this has resulted in the failure to achieve the sensitive intervention targets set by the national standards attached to Presidential Regulation Number 72 of 202. Weak recording and reporting, especially in the use of the elsimil application, as well as routine activities only in the form of education and counseling without regular and routinely reported assistance. Lack of support from policy makers and the need for a holistic approach to the community regarding the importance of efforts to prevent stunting and the participation of formal and non-formal figures in fulfilling funds and facilities and infrastructure to support the program to accelerate stunting reduction.

B. Decision

The TPK's ability to resolve cases during mentoring and referrals to families at risk of stunting is good, as evidenced by the coordinated interventions for stunting cases identified in the field. The TPK's ability to mentor, coach, and even participate in providing nutritional assistance to families by providing data on families at risk of stunting and collaborating with family planning counselors to ensure the availability of data on families at risk of stunting, allowing all relevant stakeholders to intervene jointly.

C. Facilities and infrastructure

Facilities and infrastructure in assisting families at risk of stunting include brochures, leaflets, posters, and scales or anthropometric measuring instruments available at the Community Health Center (Puskesmas), the availability of vitamin supplements and additional food supplies, and meeting places such as integrated health posts (Posyandu) and family planning extension centers. Several anthropometric measuring instruments and scales were found to not meet standards and had to be borrowed from the Puskesmas. This became an obstacle if the target family was not at home, so the TPK had to return to take measurements.

D. Inter-agency coordination

In the implementation of the stunting reduction acceleration program, coordination between agencies is still lacking and seems to be running independently. This is because each agency has its own performance indicators. In this TPK activity, mutual coordination is expected between KB cadres, family planning counselors, midwives/health centers, and TP PKK cadres in providing accurate, up-to-date data



on families at risk of stunting so that it can be accounted for and used as a basis for providing assistance and interventions in efforts to prevent stunting cases. Data can be integrated through data available in family data collection, integrated social welfare data (DTKS), electronic community-based nutrition reporting (e-ppgbm), elsimil and e-cohort.

E. Communication

The communication carried out by TPK is in the form of information, education and counseling to families at risk of stunting, as well as providing information to the community about the importance of early stunting prevention efforts starting from adolescence, preparation for prospective brides, pregnant women, postpartum mothers, breastfeeding mothers, toddlers 0-59 years old. Communication is also through social media, both through Instagram, Facebook, TikTok and electronic media such as radio and television.

4. Initiative

A. Independence

Some TPKs have become independent in assisting families at risk of stunting. They also have innovations in providing healthy, nutritious meals for pregnant women and toddlers. They operate "Dashat," a healthy kitchen managed by cadres and the community. They provide nutritious and healthy meals and train mothers with toddlers in preparing healthy meals daily.

B. Dedication

The TPK's dedication aligns with technical guidelines for accelerating stunting reduction. Cadres take the initiative in providing assistance in the form of education, providing healthy nutritional menus in supplementary foods, and providing accurate data by name and address. Cadres also receive training in recording and reporting elsimil, health and nutrition, and techniques for providing effective counseling and communication to the community. Cadres also volunteer their time and participate in providing social assistance and referral assistance for cases of stunted children.

Several factors that influence the implementation of the role and function of TPK are:

1. Commitment from all parties starting from the Central Government, Regional Government, Regency/City Government, village/sub-district/district government
2. Increasing the capacity and mentoring of TPK cadres by providing training and competency development both online and offline.
3. Multi-stakeholder involvement, namely stunting is not only the responsibility of



the government but all Indonesian people.

4. Improvement of data convergence where the preparation of work program planning must be based on accurate data.
5. Integrated monitoring and evaluation. So far, the monitoring and evaluation carried out are still partial and sectoral.
6. Strengthening programs for behavioral change. Behavior is the foundation for preventing stunting, so training and increased public understanding of stunting programs and the factors that cause stunting are necessary.

4. CONCLUSION

1. Based on the results of the research discussion, it can be concluded that the indicators of the quality of work of the Family Assistance Team cadres in West Sumatra Province that are not in accordance with expectations are neatness, ability, success, speed, work results, facilities and infrastructure and coordination between agencies where in terms of neatness it can be seen from reports that do not match the family system data available in the BKKBN application, the ability is known that TPK is still not able to input premarital assistance reports into the elsimil application, success and results are known that four indicators of the national sensitive intervention program have not been achieved from the specified targets where these indicators are the percentage of postpartum family planning services, the percentage of unwanted pregnancies, the coverage of prospective couples of fertile age who receive health checks as part of marriage services and the coverage of families at risk of stunting who receive assistance, facilities and infrastructure are still lacking, especially anthropometric measuring instruments and scales which are only available at the health center, and coordination between agencies is still lacking.
2. Factors that influence the performance of family support team cadres are the support and commitment of the government and the community in efforts to accelerate stunting reduction, the existence of programs that have a direct impact on the community and are able to change community behavior to care about stunting prevention programs, strengthening the competence of TPK cadres, strengthening convergence and multi-stakeholder involvement and the utilization of CSR, BUMN, Academics, practitioners who care about stunting, integrated monitoring and evaluation and the use of data on families at risk of stunting in handling stunting cases.

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