



THE ROLE OF THE FAMILY COMPANION TEAM (TPK) IN FINDING NEW CASES OF FAMILIES AT RISK OF STUNTING

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ABSTRACT

Increasing human resources is one of Indonesia's efforts to build a golden Indonesia in 2045. Stunting is the current nutritional issue that Indonesia is dealing with. The Indonesian government has created a national strategy to accelerate stunting reduction through families involving health workers known as the Family Companion Team (TPK). According to the results of the evaluation of stunting prevention programs, most local governments have been unable to implement activities to accelerate stunting reduction. This research aims to determine the role of the family companion team in finding new cases of families at risk of stunting. Data collection in this study was carried out using multiple random sampling techniques, distributing questionnaires to 62 TPK in the working area of Puskesmas II Blahbatuh, the inclusion criteria for this study were TPK who had been listed in the Regent's Decree (SK), domiciled in the working area of the puskesmas II Blahbatuh and willing to be a respondent. This research hypothesis test uses Chi square. The results of this study show that there is no significant relationship between the role of TPK in finding new cases of families at risk of stunting and a p value > 0.05. The family approach is a good strategic innovation in providing assistance to families at risk of stunting, but it is not optimal in identifying new findings.

Keywords: family; new findings case; risk; stunting

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INTRODUCTION

Indonesia will get a demographic bonus in 2045, with 70% of its population in the productive age group. The nation's next generation, which has the potential for healthy, intelligent, productive, and competitive resources, needs to be prepared now so that the demographic bonus has a competitive advantage for the Indonesian nation (Ministry of National Development Planning/Bappenas, 2019). One of the main problems faced in preparing superior human resources and creating a golden generation in 2045 is the nutritional problem of stunting. Stunting is a condition where children fail to grow and develop due to a lack of nutritional intake for a long time. Stunting not only affects physical growth but also intelligence and endurance, so it can affect the level of productivity and competitiveness in the world of work (BKKBN, 2021a).

In 2022, the prevalence of stunting in Indonesia will be 21.6%. The Indonesian government is targeting a reduction in stunting to 14% by 2024; one of its efforts is through the stipulation of Presidential Regulation (Perpres) Number 72 of 2021 concerning the acceleration of reducing stunting (Perpres, 2021). The national strategy to accelerate stunting reduction is implemented through a national action plan with a risk-family approach. The Province of Bali

and Regencies/Cities in Bali base all their planning and interventions on these regulations and are targeting, by 2024, the prevalence of stunting to fall to 6% at the provincial level. Gianyar Regency is one of the districts in Bali Province that has experienced a good downward trend in the prevalence of stunting; from 12.1% in 2018 it decreased to 5.1% in 2021, but in 2022 there was an increase again to 6.3% (Gianyar Health Office, 2023). Despite the synergy of the program and several achievements that have been achieved, efforts to accelerate stunting reduction (PPS) in Gianyar Regency are still facing obstacles.

The Government of Indonesia has made a strategy to accelerate stunting reduction by involving health workers, namely with a family approach program that assists families at risk of stunting in 2021. The Family Assistance Team is a series of activities that include counseling, facilitation of referral services, and facilitation of providing social assistance, all of which aim to increase access to information and services for families and/or families at risk of *stunting* (BKKBN, 2021). According to Simbolon et al. (2019), the role of cadres is also very important because they are responsible for implementing health programs. Cadres have requirements that come from the community, are chosen by the community itself and are able to work voluntarily, gain the trust of the community, and have good credibility so that they can increase the community's ability to help themselves achieve optimal health status (Simbolon et al., 2019).

Some of the problems encountered in Gianyar Regency point to less than optimal implementation of prevention and early detection efforts, such as: inadequate facilities and infrastructure related to anthropometric measurements; a limited number of health human resources; the purpose, meaning, and function of work are not yet fully understood by posyandu cadres; and the minimal educational background of cadres is not supported by the required capacity building. On the other hand, stunting cannot be separated from accurate and continuous anthropometric measurements. Anthropometric data on infants and children reflects the general health status and adequacy of nutritional intake and tracks the progress of infant growth and development over time, so the role of posyandu cadres as the front guard at the village level really needs to be strengthened. This research aims to determine the role of the Family Companion Team (TPK) in finding new cases of families at risk of stunting.

METHOD

This study used a descriptive research design with data collection techniques by giving questionnaires to respondents in the working area of the Blahbatuh Health Center II, Gianyar Regency, Bali Province. The research was carried out for 1 month, from January to March 2023. The population used in this study was all members of the Family Assistance Team in the work area of the Blahbatuh Health Center II, Gianyar Regency, namely 73 respondents. The sample used in this study was a family companion team at the Blahbatuh Health Center II, Gianyar Regency, who met the inclusion criteria. The sample calculation was carried out using the Slovin formula, so a sample of 62 respondents was obtained.

The questionnaire instrument for the role of the family companion team has been tested for validity and reliability to obtain a valid and reliable instrument. In addition to considering the validity and reliability tests on the questionnaire, interviews with 30 respondents were conducted at the Blahbatuh Public Health Center, Gianyar Regency, Bali Province. The results of the tests carried out on this role description questionnaire are to get r-values between 0.373 and 0.738 so that it can be stated that all statements in the questionnaire are valid. The reliability testing process is carried out by testing statement items that have been declared valid using Cronbach's alpha. This instrument test is said to be reliable if the r-count or alpha value results are greater than the r table (good if the value is between 0.4 and 0.75 and very good if the value is more than 0.75). Data was analysis with Chi square.

RESULTS

Respondents in this study had a dominant age range of 36-45 years; the youngest respondent was 18 years old and the maximum age was 55 years. The most recent educational background is a high school graduate or equivalent.

Table 1.
Respondent characteristics (n= 62)

Respondent characteristics	f	%
Age		
18-25 year	5	8,1
26-35 year	18	29,0
36-45 year	31	50,0
46-55 year	8	12,9
Total	62	100,0
Education		
Junior High School	3	4,8
Senior High School	39	62,9
College	22	32,3

Out of 62 respondents, 31 (or 50%) were between the ages of 36 and 45, and 8 (12.9%) were between the ages of 46 and 55, according to the research results displayed in the table. Based on their latest education, 39 respondents (62.9%) had a high school education, and 22 respondents (32.3%) had a diploma or bachelor's degree.

Table 2.
The Role of the Family Companion Team (TPK) in Finding New Cases of Families at Risk of Stunting (n=62)

		Finding Cases				Nilai p
		No Findings		Findings		
		f	%	f	%	
Role of TPK	Not Optimal	12	19,40	10	16,00	0.224
	Optimal	28	45,20	12	19,40	
	Total	40	64,60	22	35,40	

Based on table 2, it shows that there is no significant relationship between the role of TPK in finding new cases of families at risk of stunting and a p value > 0.05.

DISCUSSION

Based on the study findings, it can be seen that while there were no new cases discovered in 45.20% of optimal TPK roles, there were in 16.00% of TPK roles that were not optimal. A total of 40 respondents said that in the last 3 months they had not found any new cases of families at risk of stunting, while as many as 22 respondents found new cases of families at risk of stunting, with the number of new case findings being 38 new cases. Based on the results of the bivariate analysis, it shows that there is no significant relationship between the role of TPK in finding new cases of families at risk of stunting and Data from the Blahbatuh District PLKB in the Blahbatuh II Community Health Center UPTD area shows that there is a Family Assistance Team providing assistance to 41 targets, which means that the Family Companion Team (TPK) has provided assistance to new cases that were discovered.

According to the researcher, the Family Companion Team (TPK) has fulfilled its responsibility for every target, as evidenced by the respondents' engagement in stunting-prevention activities. The role played by respondents is to carry out screening as an initial

stage to determine the risk of possible stunting. Provide assistance and counseling with communication, information, education, health services, and other services to prevent the risk of stunting. There is limited research on the role of TPK, so the author sees that the large role of parents has implications for the discovery of new cases in the community. In the current condition, parental awareness is still sufficient regarding stunting toddlers; this is supported by research Santoso dan Livana (2023), through a knowledge and caregiving pattern questionnaire, findings reveal parents' moderate awareness of toddler stunting; 77.6% display satisfactory understanding, while 22.4% demonstrate limited awareness. Analysis of caregiving patterns indicates that 57% of parents adopt appropriate nutritional caregiving, 27.9% exhibit insufficiencies, and 15.2% follow commendable practices. This condition has an impact on the low number of new cases that can be identified by the TPK.

The involvement of TPK in the community environment adjacent to the Posyandu is a form of community-based health effort (UKBM) that is managed and organized by, for, and with the community in order to empower the community and make it easier for the community to obtain basic health services. mainly to accelerate the reduction in maternal and infant mortality rates (Ministry of Health of the Republic of Indonesia, 2011). SK In TPPS village/kelurahan in Gianyar Regency, posyandu cadres are allocated in the field of data management who are tasked with collecting data and mapping target groups for stunting reduction, reporting the results periodically or if necessary to the sub-district TPPS and district/city TPPS, and conveying them to the Team Family Companion (TPK) at the village/sub-district level as assistance and service material. The essential duties and role of the TPK as the front guard in the stunting reduction acceleration program will certainly have an impact on the effectiveness of the TPK's performance if it is not supported by a good educational background, appropriate incentives, and the availability of an ideal number of health cadre resources (Kok et al., 2015).

Ideally, the minimum number of cadres at the time of holding the posyandu is seven people. This number refers to the seven-step posyandu system (registration, weighing, recording, health services and improvements, health education, acceleration of food diversity, and improving the family economy) (Indonesian Ministry of Health, 2011). The current data shows that the ratio of posyandu to cadres in Gianyar Regency is 1:5. Training or refresher materials for cadres are also not specific to PPS efforts, such as proper anthropometric measurements, interpreting results, health education to prevent stunting, and so on. Some of these conditions certainly have implications for not finding new cases optimally, even though the TPK's role in providing assistance has been going well.

CONCLUSION

The Accelerated Stunting Reduction Program through a family approach, namely the Family Assistance Team (TPK), is an innovative strategy to reduce the prevalence of stunting. Of course, this will also be a strategy for identifying new case findings if supported by the right human resources, training, or refresher materials for specific cadres for PPS efforts.

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