



DUPLICATE

SUKOHARJO REGENT
PROVINCE OF CENTRAL JAVA
REGULATION OF THE REGENT OF SUKOHARJO
NUMBER 90 YEAR 2021
ABOUT
BEHAVIOR CHANGE COMMUNICATION STRATEGY IN
STUNTING PREVENTION

BY THE GRACE OF GOD ALMIGHTY

SUKOHARJO REGENT,

- Weigh : a. that *Stunting* on children under five are still in the area of Sukoharjo Regency, which has an impact on the decline in the quality of human resources;
- b. that based on the considerations as referred to in letter a, a behavior change communication strategy is needed in an effort to accelerate the decline and *prevent stunting* ;
- c. that Sukoharjo Regent Regulation Number 8 of 2020 concerning Prevention of Stunting in Sukoharjo Regency still needed right? support in strengthening behavior change communication strategies in *preventing stunting* ;
- d. that based on the considerations as referred to in letters a, b , and c, it is necessary to stipulate a Regent Regulation concerning Behavior Change Communication Strategies in *Stunting* Prevention ;
- Remember : 1 Law Number 13 of 1950 concerning the Establishment of Regency Areas within the Province of Central Java as amended by Law Number 9 of 1965 concerning the Establishment of the Level II Batang Region by amending Law Number 13 of 1950 concerning Regional Formation -Regencies in Central Java Province (State Gazette of 1965 Number 52, Supplement to State Gazette Number 2757) ;
- 2 Law Number 36 of 2009 concerning Health (State Gazette of the Republic of Indonesia of 2009 Number 144, Supplement to the State Gazette of the Republic of Indonesia Number 5063) as amended by Law Number 11 of 2020 concerning Job Creation (State Gazette of the Republic of Indonesia of 2020 Number 245, Supplement to the State Gazette of the Republic of Indonesia Number 6573);
- 3 Law Number 23 of 2014 concerning Regional Government (State Gazette of the Republic of Indonesia of 2014 Number 244, Supplement to the State Gazette of the Republic of Indonesia Number 5587) as amended

several times, most recently by Law Number 11 of 2020 concerning Job Creation (State Gazette of the Republic of Indonesia). Indonesia Year 2020 Number 245, Supplement to the State Gazette of the Republic of Indonesia Number 6573);

- 4 Presidential Regulation Number 72 of 2021 concerning Acceleration of *Stunting Reduction* (State Gazette of the Republic of Indonesia of 2021 Number 172);
- 5 Regulation of the Minister of Health Number 25 of 2014 concerning Child Health Efforts (State Gazette of the Republic of Indonesia of 2014 Number 825);
- 6 Minister of Finance Regulation Number 61/PMK.07/2019, concerning Village Funds to Support the Implementation of Integrated *Stunting Prevention Intervention Activities* (State Gazette of the Republic of Indonesia Year 2019 Number 530);
- 7 Per the regulation of the Sukoharjo Regent Number 26 of 2018 concerning the Healthy Living Community Movement (Sukoharjo Regency News of 2018 Number 26);
- 8 Per Sukoharjo Regent Regulation Number 8 of 2020 concerning Prevention of *Stunting* in Sukoharjo Regency (Sukoharjo Regency News of 2020 Number 8);

DECIDE:

To stipulate:

REGENT'S REGULATION CONCERNING BEHAVIOR CHANGE COMMUNICATION STRATEGY IN STUNTING PREVENTION .

PIG
GENERAL REQUIREMENTS

article 1

In this Regent Regulation, what is meant by:

1. The Regent is the Regent of Sukoharjo.
2. The area is Sukoharjo Regency.
3. Regional Government is the Regent as an element of the Regional Government organizer who leads the implementation of government affairs which is the authority of the autonomous region .
4. Regional apparatus is the supporting element of the Regent and the Regional People's Representative Council in the administration of government affairs which are the authority of the Region.
5. *Stunting* is a condition of failure to thrive in children under five years old (toddlers) due to chronic malnutrition, repeated infections, and inadequate psychosocial stimulation, especially in the first 1000 (one

thousand) Days of Life (1000 HPK), i.e. from the fetus to the child is two years old.

6. Acceleration Stunting reduction is every *effort* that includes specific and sensitive interventions that are carried out in a convergent, holistic, integrative, and quality manner through multi-sectoral cooperation at the center , regions, and villages.
7. Behavior Change Communication Strategy is a communication strategy to convey messages and which is able to observe the problems causing *stunting* appropriately according to the characteristics of the area and its target audience using various channels or media in improving community behavior in a positive way.
8. Situation analysis is an analysis carried out to identify health problems that occur and their causes, study local situations that affect behavior and become the basis for determining priority behaviors.
9. Priority behaviors are a number of key health behaviors that have been determined together to be the focus of *stunting prevention and reduction interventions* .
10. The target group is a target group that has certain characteristics that will change its behavior.
11. key message in behavior change communication is a short statement that gives a clear meaning regarding a problem, as well as being the main message that describes the attitude you want to form.
12. Supporting Messages are additional messages that aim to strengthen key messages so that the target group and/or the public can more easily understand the meaning of the messages and information conveyed.
13. Communication Channels are means or devices used to convey messages and information to the Target Group .
14. Policy Advocacy is a series of planned and targeted individual or group approaches to influence the decisions of stakeholders in making policies and allocating resources power that supports the acceleration of decline and *stunting prevention* .
15. Social Mobilization is an approach that is directed at encouraging joint activities between individuals, groups and institutions on an ongoing basis in achieving the goal of behavioral change to prevent and reduce *stunting* .
16. Public Campaign is a behavior change approach through the use of mass media and/or social media channels to increase knowledge and understanding.
17. Interpersonal Communication , hereinafter referred to as KAP , is the delivery of information through personal

conversations between individuals or between individuals and a group of people with the aim of changing behavior .

Section 2

- (1) This Regent's Regulation is intended as a guideline for Regional Governments and the community in implementing behavior change communication strategies in preventing *Stunting* in the Regions.
- (2) This Regent Regulation aims to:
 - a. increase public awareness in the prevention of *Stunting* ; and
 - b. change key behaviors or underlying behaviors that influence *stunting* risk factors through Behavior Change Communication Strategy.

Article 3

Scope Behavior change communication strategies *in* preventing stunting include:

- a. *Stunting* reduction and prevention efforts as a priority for regional health development;
- b. the realization of cross-program and cross-sector convergence (integration) for the reduction and prevention of *stunting* together;
- c. community behavior change for *stunting* reduction and prevention ;
- d. implementation of behavior change communication *activities* in reducing and preventing stunting from individual, group, community, village/kelurahan level to the regional level ;
- e. increasing the understanding and capability of related public service personnel for *stunting* reduction and prevention efforts ;
- f. involvement of related parties to jointly prepare and implement behavior change communication programs in *accelerating* the reduction and prevention of stunting using appropriate strategies ; and
- g. development k communication of behavior change in accordance with local wisdom taking into account local demographic, economic and socio-cultural conditions and characteristics .

CHAPTER II ACTIVITY TARGET

Article 4

- (1) The targets of behavior change communication activities in preventing *stunting* are addressed to :
 - a. primary group;

- b. secondary group; and
 - c. tertiary group.
- (2) The primary group as referred to in paragraph (1) letter a is a group belonging to households with 1,000 (one thousand) First Days of Life and health workers and cadres consisting of:
- a. pregnant women 1;
 - b. breastfeeding mother ;
 - c. mothers with children aged 0-23 months ;
 - d. mothers with children aged 24-59 months ;
 - e. health workers include midwives, sanitarians, nutritionists, health promotion workers, doctors, nurses; and
 - f. cadre .
- (3) The secondary group as referred to in paragraph (1) letter b is a group that has the potential to give birth, prevent, and correct *Stunting children* in the future and a group of health service providers consisting of:
- a. women of childbearing age ;
 - b. teenager ;
 - c. the closest childcare environment, including grandparents, and / or fathers ;
 - d. community leaders ; _
 - e. t okoh a religion ; and
 - f. Social networks include Family Welfare Empowerment , teaching groups and others .
- (4) The tertiary group as referred to in paragraph (1) letter c is the parties involved as a supporting environment for efforts to accelerate *stunting prevention* , which consists of:
- a. policy/decision makers at the regional , sub -district and village/kelurahan levels ;
 - b. Regional Apparatus ;
 - c. business world ; and
 - d. mass media .

CHAPTER I II
DEVELOPMENT OF A BEHAVIOR CHANGE
COMMUNICATION STRATEGY

Part One
General

Article 5

Stages of developing a communication strategy for preventing *stunting behavior change* consist of:

- a. perform situational analysis ;
- b. determine priority behavior;
- c. determine target groups;
- d. determine obstacles;

- e. develop the structure and dimensions of key messages and supporting messages ; and
- f. develop communication channels.

The second part
Situation Analysis

Article 6

- (1) situation analysis as referred to in Article 5 letter a must: considering the available program data with things that happen and real conditions in the community.
- (2) The consideration of the data as referred to in paragraph (1) is to obtain the results of an adequate situation analysis.
- (3) The results of the situation analysis as referred to in paragraph (1) serve as a guide *for* the parties involved in preventing stunting to :
 - a. identify the most dominant health problems related to *Stunting*; and
 - b. determine steps technical follow-up to completion, including funding allocation.

Part Three
Determination of Priority Behavior

Article 7

- (1) Determination of priority behavior as referred to in P origin 5 letter b as a guide for the Region in order to determine the behavior that becomes the focus of Stunting prevention interventions .
- (2) The priority behavior as referred to in paragraph (1) is determined based on mutual agreement and prioritized to get early treatment.
- (3) The determination of priority behavior as referred to in paragraph (1) is based on :
 - a. the behavior that has the biggest impact or the most significant behavior as a driver of Stunting in the *Regions* ;
 - b. behavior that is the easiest to change, so that the efforts made can immediately give results ; and
 - c. availability of human resources , facilities, infrastructure, materials and infrastructure that will facilitate access for various settlement efforts .
- (4) of priority behavior becomes a guide in determining the focus *of* Behavior Change Communication Interventions for Stunting prevention .

Part Four

Determination of Target Group

Article 8

- (1) The target group as referred to in Article 5 letter c is the target group in changing *stunting* prevention behavior .
- (2) The target group as referred to in paragraph (1) is divided into three groups , namely primary group, secondary group and tertiary group which are interrelated and influence each other .
- (3) The determination of the target group as referred to in paragraph (1) aims to obtain a clearer picture of the characteristics of the target whose behavior needs to be changed.
- (4) The determination of the target group as referred to in paragraph (1) is carried out in accordance with the stages following the provisions of the flow in the technical instructions for the preparation and implementation of the communication strategy *for acceleration of stunting* prevention behavior issued by the Ministry of Health.

Part Five

Identify Barriers

Article 9

- (1) Determining the obstacles as referred to in Article 5 letter d is carried out to determine precisely the obstacles in certain health behaviors so as to facilitate their solution solutions.
- (2) *Stunting* prevention behavior change communication runs smoothly.
- (3) Identification of the barriers of the target group in adopting the priority behaviors that have been determined becomes the basis for developing key behavior change strategies appropriately.
- (4) The obstacles that must be identified as referred to in paragraph (1) consist of:
 - a. external barriers , which come from factors outside the individual that can influence his decision to perform certain behaviors ; and
 - b. Internal barriers that come from within the individual (things that are believed, thought, known) that affect his daily behavior.

Part Six

Compilation of Key Messages and Supporting Messages

Article 10

- (1) key messages and supporting messages as referred to in Article 5 letter e must be prepared and formulated

appropriately in the behavior change communication strategy .

- (2) key message must be formulated in the form of a short, clear, innovative, creative and applicable statement to describe the attitudes and behaviors that you want to form.
- (3) The creative and applicable criteria as referred to in paragraph (2) refer to the narrative of the message that is created, which must be in accordance with the socio-cultural characteristics and ethical manners in the community, and can be carried out by the target group and/or the community in a responsible manner.

Seventh Part Determination of Communication Channels

Article 11

- (1) Developing communication channels as referred to in Article 5 letter f aims to ensure that communication and information reach the targets effectively and optimally.
- (2) The delivery of messages and communication practices for behavior change, acceleration of decline and prevention of *stunting* in the regions can be done using communication channels in the form of:
 - a. face-to-face meetings;
 - b. using intermediary media, in the form of:
 - 1) print media , in the form of:
 - a) leaflets ;
 - b) posters ; and/or
 - c) flip sheet .
 - 2) audio media;
 - 3) *audiovisuals* ;
 - 4) *broadcast* media (television and radio); and/or
 - 5) digital media (social media).
- (3) The direct face-to-face channel as referred to in paragraph (2) letter a is carried out through counseling, home visits, classes for pregnant women, classes for toddlers, classes for prospective brides, group meetings and counseling, triggering, and others.
- (4) The determination of the communication channel needs to take into account the priority of the behavior to be changed, the basic aspirations, culture, language and religion of the target group , as well as the availability of local resources to practice the communication approach.

CHAPTER IV IMPLEMENTATION OF BEHAVIOR CHANGE COMMUNICATION

Article 12

- (1) implementation of behavior change communication in the context of accelerating the reduction and prevention of *stunting* is carried out collaboratively by the Regional Government and other related sectors.
- (2) The collaborative effort as referred to in paragraph (1) is carried out through the formation of a Coordination Team and a Working Group Team for the Acceleration of *Stunting Prevention* .
- (3) Coordination Team and Working Group Team for the Acceleration of *Stunting Prevention* as referred to in paragraph (2) technically coordinate the implementation of the behavior change communication strategy in its area according to the agreed stages and communication approaches.
- (4) The membership of the Coordination Team and the Working Group for the Acceleration of *Stunting Prevention* is determined by a District Head Decree.

CHAPTER V INTERVENTION ACTION PLAN

Article 13

- (1) The results of all stages in behavior change communication are compiled in the form of an intervention action plan that must be followed up together.
- (2) The intervention action plan is followed up and integrated into the Local Government Work Plans and Regional Work Plans .
- (3) Plan programs and activities that support behavior change communication for *Stunting prevention* in the form of an Intervention Action Plan is submitted to the development planning document and budgeting document through the relevant Regional Apparatus.

CHAPTER VI BEHAVIOR CHANGE COMMUNICATION APPROACH

Part One General

Article 14

Stunting prevention behavior change communication approaches include:

- a. policy advocacy;
- b. public campaigns;
- c. social mobilization; and

d. KAP .

The second part
Policy Advocacy

Article 15

- (1) Policy advocacy as referred to in Article 14 letter a is carried out to policy makers at all levels to create a socio-political environment that supports efforts to accelerate the reduction and prevention of *stunting* in the regions through strengthening regulations, policies and administrative practices.
- (2) The aim of policy advocacy is to form a Stunting coalition at the district *level* to the village level by involving community and religious organizations, as well as building and maintaining cross-sectoral coordination, as well as strengthening media advocacy.

Part Three
Public Campaign

Article 16

- (1) public campaign as referred to in Article 14 letter b is carried out through the use of mass media and/or social media channels to promote *Stunting* prevention efforts widely to the public and related stakeholders.
- (2) campaign serves as a means of information and motivation so that the community and all stakeholders feel that they are in the same movement, in the form of accelerating the prevention of *stunting* .
- (3) campaign for the acceleration of stunting reduction and prevention is *carried* out at the regional, sub-district, sub-district and village levels.

Part Four
Social Mobilization

Article 17

- (1) approach as referred to in Article 14 letter c is directed to encourage joint activities between individuals, groups and institutions to achieve the goal of communicating behavioral changes to accelerate the reduction and prevention of *stunting* in the regions.
- (2) The process of social mobilization takes place continuously with the following strategies:
 - a. involve and motivate relevant stakeholders to raise awareness of *Stunting* and all efforts related to its prevention ;
 - b. focusing on bringing together relevant stakeholders at the district and community levels ;

- c. emphasizing on collective efforts and empowerment in order to create a socio-political environment that supports the objectives of the program to accelerate the reduction and prevention of *stunting* ; and
- d. implemented through dialogue, coalition formation, and organizational or group activities.

Fifth part
HOOD

Article 18

- (1) KAP as referred to in Article 14 letter d is carried out in the form of delivering personal information and messages with the aim of positively changing the behavior of individuals or groups.
- (2) KAP is carried out by health workers and / or health cadres to a predetermined target group in the form of discussions and counseling.
- (3) The implementation of KAP as referred to in paragraph (1) can be carried out when:
 - a. counseling activities in the village or health services;
 - b. *Stunting* risk factors ;
 - c. group counseling to the community, for example in health forums ;
 - d. group counseling activities during the implementation of classes for pregnant women;
 - e. malaria control activities that involve community participation;
 - f. outreach activities at table 4 at the Integrated Service Post ; and
 - g. triggering activities in the community so that people do not defecate indiscriminately .

CHAPTER VII
PARTIES PARTICIPATION

Part One
General

Article 19

The parties that participate in behavioral change in *stunting prevention* include:

- a. health sector participation;
- b. participation of the non-health sector; and
- c. community participation.

The second part
Health Sector Participation

Article 20

- (1) Implementation of a *communication* strategy for behavioral change to prevent stunting by the health sector involving units and across programs within the Health Office Sukoharjo Regency and its staff through convergent cooperation .
- (2) The role of the health sector as referred to in paragraph (1) is in the form of:
 - a. perform data collection problems;
 - b. analyze and formulate interventions to problems;
 - c. carry out counseling and counseling;
 - d. carry out monitoring and evaluation; and
 - e. create and manage databases.
- (3) The health sector as referred to in paragraph (1) uses communication channels in the form of direct face-to-face and /or using intermediary media.
- (4) communication channel as referred to in paragraph (3) is carried out through services at health facilities in community health centers, sub-health centers , village maternity huts , village health posts , and integrated service posts.
- (5) The communication channel service as referred to in paragraph (4) is carried out through media campaigns and in various events held.

Part Three
Non-Health Sector Participation

Article 21

- (1) The non-health sector as referred to in Article 19 letter b consists of:
 - a. non-health sector at regional level ;
 - b. sub-district level non-health sector; and
 - c. non-health sector at the kelurahan/village level.
- (2) The role of the non-health sector is to facilitate and coordinate the implementation of behavior change communication activities to prevent *stunting* .
- (3) The non-health sector participation as referred to in paragraph (2) aims to:
 - a. so that the strategy runs according to the targets set;
 - b. support strategy implementation through active engagement;
 - c. provide infrastructure;
 - d. allocate budget and financing; and
 - e. monitor and evaluate the success of behavior change communication activities for prevention of *Stunting* in the Regions.
- (4) The non-health sector as referred to in paragraph (1) includes:

- a. Regional Apparatus;
- b. central government vertical organization in the region ;
- c. Drive Team Empowerment of Family Welfare;
- d. religious organizations;
- e. professional organizations;
- f. Youth Organization;
- g. business world;
- h. educational institutions and academics;
- i. non-governmental organization;
- j. health cadres;
- k. mass media; and
- l. other social organizations.

Part Four
Community participation

Article 22

- (1) Community participation as referred to in Article 19 letter c in the communication strategy for behavioral change in preventing *stunting* through its involvement in every stage of the intervention strategy .
- (2) Local government do fostering , encouraging and mobilizing community participation and self-help in preventing *stunting* and improvement of nutrition in families and communities so that they can be more efficient and effective.

CHAPTER VIII
TRANSFER OF AUTHORITY AND RESPONSIBILITY

Article 23

- (1) district head has the authority and responsibility for the communication strategy for behavior change prevention of *stunting* in the area.
- (2) The regent as referred to in paragraph (1) delegates the authority and responsibility of the Communication Strategy for Behavior Change to prevent *Stunting* in the Regions to the Sukoharjo District Health Office .
- (3) Authority and responsibility in charge of efforts to accelerate the reduction and prevention of *Stunting* in the Regions as referred to in paragraph (1) shall be assisted by the Coordination Team and the Working Group Team for the Acceleration of *Stunting Prevention* as referred to in Article 12 paragraph (2).

CHAPTER IX
MONITORING AND EVALUATION

Article 24

- (1) Monitoring and evaluation of the implementation of the communication strategy for behavioral change in preventing *stunting* is focused on achieving the main *outputs* and program achievements.
- (2) monitoring and evaluation as referred to in paragraph (1) is carried out by the Sukoharjo District Health Office together with the Coordination Team and the Working Group Team for the Acceleration of *Stunting Prevention*, periodically.
- (3) The monitoring and evaluation as referred to in paragraph (1) is carried out to assess implementation achievements, provide immediate corrective actions, assess the effectiveness of activities and provide recommendations for the follow-up stages.

CHAPTER X RECORDING AND REPORTING

Article 25

- (1) Every health worker and health service facility must carry out visits, recording and reporting efforts to reduce and prevent *stunting* .
- (2) The Regional Government encourages health workers and health service facilities in recording and reporting as referred to in paragraph (1).
- (3) The reporting as referred to in paragraph (1) is carried out periodically and in stages.

CHAPTER XI FUNDING

Article 26

- (1) Funding for the implementation of a communication strategy for behavior change *for* *stunting* prevention sourced from :
 - a. Regional Revenue and Expenditure Budget ;
 - b. National Revenue and Expenditure Budget ;
 - c. Provincial Revenue and Expenditure Budget;
 - d. village fund budget;
 - e. corporate environmental social responsibility ; and /or
 - f. sources of funds in accordance with the provisions of the legislation.

CHAPTER XII CLOSING

Article 27

This Regent Regulation comes into force on the date of promulgation.

In order for everyone to know, ordering the promulgation of this Regent Regulation by placing it in the Sukoharjo Regency Regional Gazette.

Set in Sukoharjo
at the date of December 31, 2021
SUKOHARJO REGENT,

signed.

ETIK SURYANI

Set in Sukoharjo
on 31 Desember 2021

DISTRICT SECRETARY SUKOHARJO,

signed.

WIDODO

SUKOHARJO DISTRICT REGIONAL NEW IN
2021 NUMBER 91