Stunting Prevention Strategy Through Increasing Community Participation Based on Gender Mainstreaming

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Abstract: This article, “Strategy for Stunting Prevention Through Increasing Community Participation” is based on the “Gender Mainstreaming” Study in Kaliau Village, Sajingan Besar district, Sambas regency. The research uses a qualitative descriptive approach. Our findings indicate that the causes of stunting in children in Kaliau village are inadequate nutrition, low-quality sanitation, poor reproductive health conditions, and decision-making skills, limited health service facilities, relatively low education level of both mothers and fathers and subsequent poor parenting skills. The form of participation carried out by the community is generally vertical in nature, where most child-caring and rearing responsibilities are shouldered by mothers, and fathers' involvement is still very low. We suggest the need to improve educational activities for community health and sanitation, parenting skills, nutritional education on healthy eating patterns for infants, pregnant women, and nursing mothers, and to increase the involvement of men as fathers and posyandu cadres. Furthermore, we need to provide adequate health-service facilities and infrastructure for every community, vitalize the Youth Family Development program (B.K.R.), and improve the coordination among local stakeholders in the area. Lastly, adequate remuneration should be provided for posyandu cadres to help them work more effectively.

Keywords: Stunting, community participation, gender mainstreaming

INTRODUCTION

Coordinating Ministry for PMK, 2021 noted that around 84.4 million of Indonesia's population currently are children under the age of 18 years. The government is committed to creating a Golden Indonesian generation through the First Thousand Days of Life as an important foundation for children's future growth and development. This statement was confirmed by the Deputy for Coordination of Quality Improvement for Girls and Youth at the Coordinating Ministry for Human Development and Culture, Femmy Eka Putri, that in the future, Indonesian children are expected to become superior and highly competitive human resources (https://www.kemenkopmk.go.id/).

However, efforts to bring about Indonesia’s golden generation are overshadowed by the still high stunting
rate. Stunting refers to the condition of a child's height being shorter than the height of his age. Stunting occurs due to prolonged malnutrition during the first 1,000 days of life (HPK). The 2021 Asian Development Bank (ADB) reported that the prevalence of children suffering from stunting aged under five years (toddlers) in Indonesia is the second highest in Southeast Asia. The prevalence reached 31.8% in 2020 (databoks.katadata.co.id. 2021). This means that Indonesia has the potential to experience serious problems regarding the quality of its human resources in the future. This figure must be lowered immediately in order to realize a golden Indonesia.

The Indonesian government has made various efforts to reduce stunting rates; in 2019, for example, the government prepared five pillars of a national strategy to accelerate the reduction and prevention of stunting rates:

The first pillar is leadership commitment and vision. This step is to ensure that stunting prevention is a priority for the government and society at all levels. The second pillar, the government raises public awareness and changes in community behavior to prevent stunting. This is one of the keys to success in overcoming and preventing stunting in Indonesia. Kominfo and the Ministry of Health coordinate to implement this second pillar. The third pillar is the convergence of central, regional, and village programs. The government strengthens the coordination and consolidation of central, regional, and village programs and activities. Convergence is an approach to delivering interventions that are carried out in a coordinated and integrated manner to prevent stunting on priority targets. The key to the success of this third strategy is the alignment of planning, implementation, budgeting, monitoring, and controlling activities across sectors as well as between levels of government and society. The fourth pillar is a strategy to accelerate and prevent stunting rates through food security and nutrition, as well as monitoring and evaluation. Monitoring and evaluation is an effort to ensure that what is being carried out actually runs as planned (mediaindonesia.com, 2019).

Furthermore, the government issued Permendesa No. 19 of 2017 concerning priorities for the use of village funds related to stunting, which states that village funds are expected to be used to help facilitate various stunting reduction activities or programs.

Based on data obtained from the 2021 Indonesian Nutrition Status Study (SSGI), the stunting rate in Indonesia (nationally) has decreased by around 3.3 percent from 27.7% in 2019 to 24.4% in
2021. This decrease was caused by the hard work of the government and various related stakeholders. However, this condition is not evenly distributed; in several provinces, the stunting rate is above the national average. One of them is the province of West Kalimantan (2021), where the prevalence of stunting is 29.8 percent. If you look at each district/city in West Kalimantan, there are four districts with the highest stunting rates, namely Kubu Raya district at 40.3%, followed by Sintang district at 38%, then Malawi district with a figure of 37.2%, and finally Sambas district amounting to 32.6% (SSGI, 2021).

This figure must be reduced immediately because it will not only impact the low quality of human resources in the future but also decrease economic growth as a consequence of less or unproductive human resources. World Bank research results show that losses due to stunting reach 3-11% of Gross Domestic Income (GDP). With a 2015 GDP value of IDR 11,000 trillion, economic losses due to stunting in Indonesia are estimated to reach IDR 300 trillion - IDR 1,210 trillion per year.

Referring to the negative impact of high stunting rates, the West Kalimantan government is actively participating in efforts to reduce it through various strategies. One of them, the BKKBN of West Kalimantan province, formed a TPPS (Stunting et al. Team) in the Sambas district. The formation of the TPPS refers to Presidential Decree No. 72 of 2021, which issued Regulation of the Head of BKKBN No. 12 of 2021 concerning the National Action Plan for Reducing Indonesia’s Stunting Rate (RAN PASTI) 2021-2024.

BKKBN is making serious efforts in coordination with the Sambas district government because the stunting rate in Sambas district is still high, around 32.06 percent or above the figure for West Kalimantan province of 29.08 percent (besar.Canggu.go.id, 2022). The Sambas District Health Service said that this figure has decreased even though it tends to fluctuate every year. It is stated that stunting is due to malnutrition and limited economic conditions (pontianak.tribunnews.com/2021/).

In order to accelerate stunting reduction, the regent of the Sambas district asked each OPD head who handles specific nutrition interventions and sensitive nutrition interventions to prioritize their programs and activities directed at the 20 locus villages that have been determined according to the decision of the Sambas regent (bappeda.sambas.go.id, 2020). One of them is Kaliau village, Sajingan Besar sub-district.
The government is also building collaboration with various competent parties/agencies, one of which is the Southeast Asian Ministers of Education Organization-Regional Center for Food and Nutrition (Seameo Recfon) and the Pontianak Ministry of Health Polytechnic to strengthen specific nutrition and sensitive nutrition interventions to tackle stunting. In 2022 (Fri.co.id, 2022). This collaboration was carried out to realize various stunting reduction programs that had been prepared in the Regent's Regulation (PERBUP) of Sambas Regency Number 32 of 2017. This regional regulation contains all forms and action programs that must be carried out in an effort to reduce the stunting rate.

Even though the government has carried out many efforts and action programs, if there is no support from the community, which is the target group of the program, then the target will be difficult to achieve. This is in line with the statement by the regent of Sambas, who said that the success of the programs implemented by the government also depends on the community itself (antaranews.com, 2021).

The high stunting rate and the government’s efforts that have not been successful in suppressing it have motivated researchers to study more deeply the causes and forms of community participation in stunting prevention programs and then formulate strategies to strengthen active community participation in efforts to reduce stunting rates.

**METHOD**

Data collection techniques in this study were in-depth interviews, *Focus Group Discussions* and observation. Next, the data obtained was analyzed using qualitative descriptive methods. Activities in qualitative data analysis will be carried out interactively and continue continuously until completion so that the data is saturated (Miles and Huberman in Sugiyono, 2010). In essence, this study was carried out to map the causes of stunting and the forms of local community participation in reducing stunting. Finally, researchers will formulate effective strategies to reduce stunting rates based on findings in the field.

**RESULT AND DISCUSSION**

**Factors Causing Stunting**

The Balitbangkes study successfully followed and analyzed 220 pregnant women until delivery, and concluded several influencing factors for a long-born baby, among other things, increased heavy mother's body during Pregnancy (Litbangkes RI, 2013). Next, babies with short birth lengths have a history of weight gain body weight during Pregnancy that is below standard in
comparison to babies born with normal birth lengths. This means the mother's condition during Pregnancy is very influential on the growth of the fetus, Which Then influences the body of the baby who will be born in the future. Further analysis has been carried out to see the factors that influence weight gain body during Pregnancy the result is as Next, the consumption of nutrients during Pregnancy greatly determines the mother's weight gain during Pregnancy, which in turn will determine The quality of the fetus carrying is related to brain development And physique because That should There is a program special P.M.T. Mothers pregnant with foods high in calories, protein, and micronutrients (TKPM) (Uauy et al., 2016).

Apart from nutritional intake factors during Pregnancy, there are factors regarding the mother's condition Before Pregnancy also determines the mother's weight gain during Pregnancy. The mother's height before Pregnancy is a factor that is associated with the shared influence of increasing body weight during Pregnancy.

Researchers found something similar in stunting cases in Kaliau village. Those who give birth to stunted babies do not receive adequate nutritious food during Pregnancy. Very limited protein intake, including milk, eggs, and meat, as well as vegetables. These expectant mothers consume large amounts of carbohydrates to meet their food needs. Their protein consumption tends to be low and irregular. Apart from economic limitations, not a few are caused by local habits/culture, lack of knowledge, and a lack of awareness of prioritizing the nutrition of pregnant women.

Many factors cause a slowdown in toddler growth. One of them is that because they are very dependent on the mother/family, family, and environmental conditions influence the family and have an impact on nutritional status. Reduction in nutritional status occurs due to insufficient nutritional intake and frequently occurs. Infection: Environmental factors, family circumstances, and behavior make it easier to prevent infection and influence the status of a nutrition toddler. Adequacy of energy and proteins per day per capita for children in Indonesia is visible but not enough. If compared Number Adequacy Nutrition (AKG) is recommended for both normal and short children.

During Pregnancy, most expectant mothers in Kaliau hamlet are very dependent on their husband's initiative or proactive attitude in providing additional nutritious and high-protein food. If the husband is less sensitive to his wife's nutritional needs, this will have a direct
effect on the condition of the fetus and baby being born. This dependency is generally due to the wife's limited mobility; do not have a vehicle/can't drive and is busy taking care of the house and small children at home. One participant who had a stunted baby explained that during her last Pregnancy, her husband rarely paid special attention to her food.

...I eat eggs occasionally. Milk is rare. At least once in a while, we buy it. My husband rarely buys vitamins or additional food. Mostly oranges or mangoes. Die is tired of work, he said...

Another factor that worsens the problem of nutrition is parents who smoke. Reasonable on-level expenditure is the Lowest until Which top causes a big problem, stunting up more from the two-time fold. In the group, stunted children from person old smoke 33.7 percent compared to no smoke 13.7 percent. Prevalence of child short for less poor groups too different striking on a person old who smokes And No (18.1 % And 9.9%). Factor Poverty has a big influence on the stunting prevalence rate and number. This is aggravated by people Who smoke. Overall, people who are old smoking cause addition around 16 percent of child incidents stunting compared to a person old No smoking (Atmarita, 2012).

The findings at the research location showed the same thing. Smoking parents are indicated as a contributing factor to stunting cases among babies and toddlers. This was agreed upon by community members, the village, the head of the Community Health Center, and the nutrition instructors. Explanation of nutrition instructor,

...average smoking. In fact, his mother, father, and grandfather were smoking. Because of the habit from ancient times of smoking, it's said that cold areas are the reason for keeping it warm, and so on, or habits that have been passed down from generation to generation are quite difficult and still difficult to change.

Almost all participants interviewed stated that their partner or themselves smoked. On average, they consume more than a pack of cigarettes in one day. This means that most people spend at least 20 thousand a day to buy cigarettes. Money that should be used to buy nutritious food for family members, especially pregnant women and babies/toddlers.

Apart from cigarettes, the relatively high consumption of alcoholic drinks among the Kaliau hamlet community is suspected to be one of the indirect triggers for the high number of stunting cases there. At least, that is the opinion of the Kaliau village head. According to him, excessive alcohol consumption can affect the quality of the husband's sperm so that the quality of the fetus will decrease.

...the term is that a wife is pregnant, and her husband drinks
alcohol while he is having sex with his wife; it does not rule out the possibility of stunting at that time.

Although the husband's alcohol consumption and stunting in babies are not directly related, excessive alcohol consumption clearly has an impact on the family's economy, especially on poor families. Family resources, which are already limited, become even more scarce when used to buy liquor. Like cigarettes, alcohol consumption can be cut into funds that could be used to increase the nutritional intake of wives and children.

Environmental factor

In the 2013 I.P.K.M., the district environmental health index is determined based on population access to sanitation and clean water. Access to sanitation is measured based on ownership of the type of defecation facility and the type of toilet used and it is declared good if the resident owns the facility and the type of toilet is a gooseneck. Meanwhile, access to clean water is measured based on per capita use of clean water in a household of at least 20 liters/person/day and comes from tap water/P.D.A.M. or retail/purchased tap water or drilled/pumped wells, or protected dug wells or protected springs. Districts/cities are ranked based on the health environment index from 0 to 1; 0 is considered not good, and one is good (Balitbangkes, 2014).

Kaliau Village has access to abundant clean water. This is because the village's position is in a mountainous area with quite extensive forest areas. Despite this, adequate toilet facilities are still a problem for many families. In the residential homes that researchers visited, even if there were toilet facilities, the conditions were far from adequate. One of the participants, who had two stunted children, said that his children had been frequently ill quite seriously, including diarrhea, for weeks or even months. According to his confession, sick children were not taken to the Puskesmas but received treatment from local shamans. This illness causes the child's weight to drop drastically and causes the child to fall into the stunting category. Looking at the condition of the house and the toilet facilities they have, it is very likely that illness is caused by the low quality of the family's toilets.

There are quite a few Kaliau village residents who live and work in their own palm oil plantation area, which is located far from crowds and basic infrastructure facilities. The garden house that was built was automatically in very simple condition without being equipped with adequate toilet facilities. Many families bring their children and wives to live on the
plantations. Simple and inadequate living conditions directly or indirectly affect the children's health conditions.

**Health service factors**

Conditions in Kaliau village are still very far from ideal standards of health facilities and services. The number of doctors, nurses, midwives, and health/nutrition instructors is limited, and so is the infrastructure. In recent years, the government has attempted to increase the number of health service personnel through the "Sehat Archipelago" program. This program is initiated by the Ministry of Health, which selects health workers from various islands in Indonesia and then places them in locations that require the support of health workers, one of which is border areas such as Kaliau village.

Based on the results of interviews with participants who are members of the Nusantara Sehat program team, the focus on the issue of stunting began in 2019. This means that this program has been running for approximately three years. However, there are still many obstacles in the field, so to this day, the stunting condition in Kaliau has not improved; in fact, it has gotten worse. The lack of health service personnel is one of the factors influencing the success of the program.

**Factor behavior**

In Riskesdas 2013, information on healthy behavior was obtained from a population ten years and over, and in the 2013 IPKM, an index was created behavior based on a composite from five indicators that is smoking behavior, hand washing behavior with soap, defecation behavior in the latrine; physical activity in a week; tooth brushing behavior after breakfast and before bed.

Behavior is something that is very difficult to change, especially when efforts to change behavior are not made continuously. Unhealthy behavior carried out over a long period of time can have a negative impact not only on the concerned but also on other people.

This was acknowledged by health workers stationed in Kaliau village. According to him, although economic factors are one of the main contributors to stunting cases in Kaliau village, they are not the most important factor. Old habits, parenting patterns, and local culture are often determining factors in stunting cases in the research location.

... there are 3 causal factors, namely diet, parenting, and sanitation. For example, the diet is correct if, for example, there is a tumpeng with balanced nutrition, which is four healthy. Yes, for example, if they only give carbohydrates and protein but not enough fat and vegetables, it
doesn't matter. There's less need for them.

Apart from that, in some families, babies under six months old are given additional food. The reason is that babies cry because they are hungry and only get full if they are given solid food. This is, of course, very dangerous. Apart from causing serious digestive problems in babies, this practice prevents babies from getting nutritional intake appropriate for their age. The impact is stunting.

Reproductive health factors

The reproductive health index was developed according to 3 indicators, namely: (1) The use of long-term contraceptive methods is couples of childbearing age 15-49 years who use contraceptive devices with long-term methods (male and female sterilization, IUD /Spiral, diaphragm, implant/implant); (2) The minimum frequency of pregnancy checks by health workers is one time in the first trimester, one time in the second trimester, and two times in the third trimester (K4:1-1-2); (3) Chronic Energy Deficiency (KEK) in women of childbearing age 15-49 years (pregnant, not pregnant) whose arm circumference is measured less than 23.5 cm.

The three reproductive health indicators above strongly influence the occurrence of stunting and malnutrition problems in children under five and continue in children aged 5-18 years. Couples who do not use contraception will tend to have many children, and pregnant women who do not have pregnancy checks and are malnourished will be at risk of giving birth to babies with suboptimal body lengths. This means if districts/cities can increase the proportion of couples of childbearing age who use long-term contraceptive methods, then improve the quality of pregnancy checks, and improve the nutritional status of women of childbearing age so that they do not suffer from chronic energy deficiency, then the prevalence of stunting can be reduced significantly (Balitbangkes, 2013).

Wrong mindset factors regarding nutritional intake and family priorities

In the 2013 Riskesdas, the economic status of the population was assessed based on household ownership indicators whose validity was assessed according to Susenas based on the level of household expenditure per capita (Riskesdas et al. Bangles, 2013).

Economic conditions have a significant influence on many cases of stunting of babies, toddlers, and children in Kaliau village. The economic condition of the family greatly influences the quality and quantity of nutrition consumed by family members, especially babies,
toddlers, and children. The family's economic condition will also directly affect the health condition of pregnant women. However, in several cases of stunting in Kaliau village, stunting sufferers did not come from poor or lower middle-class families. Some stunted babies/toddlers come from families of civil servants, TNI, and even employees at the Kaliau village health center itself. According to interviews with several participants, this irregularity was caused by the family's mindset and priorities. When pregnant women and babies do not receive priority in terms of physical and mental health services, daily food intake, and additional vitamins, cases of stunting can occur in families that are not economically deprived.

*Educational status*

The level of education, in general, will affect job opportunities, where higher education tends to get better job opportunities. Another thing is the level of ability to receive information; people with higher education will be easier to communicate with.

The majority of Kaliau village residents still have an education dominated by elementary and middle school graduates. Even though the West Kalimantan government has announced a 12-year study obligation, the limited workforce and educational infrastructure in border villages is still a big problem for this province. Most villages on the border do not have high school or equivalent school buildings. If the infrastructure exists, there will not be enough teaching staff. As a result, the school dropout rate is very high in border villages.

Most of the participants interviewed in this research project had completed upper secondary/equivalent education. Most of the female participants were local vocational school graduates. Unfortunately, this level of education does not have much influence on economic conditions and their way of thinking/perspective. Most do not work after marriage and choose to be homemakers without a source of income. As a result, their bargaining power is very low within the family. Major decisions, including the number of children, choice of contraception, care and services during Pregnancy, and nutritional intake of children and wives, are determined by their partners. If the husband does not care about the quality of the family's nutrition, has a habit of smoking and drinking, and is reluctant to help with housework when his wife is pregnant or after giving birth, then the baby could experience stunting.
Forms of community participation in reducing stunting in Kaliau village

Community participation is community involvement in participating in a program, from planning, decision-making, implementation and taking benefits to evaluation. This discussion will examine forms of community participation in reducing stunting in Kaliau village. This data analysis refers to two forms of participation, namely vertical participation and horizontal participation.

Vertical participation occurs in conditions where the community is involved or takes part in another party's program, and the community is in the status of subordinate, follower, or client. As for horizontal participation, the community has an initiative where each member or community group participates horizontally with one another. This kind of participation is a sign of the beginning of the growth of a society that is able to develop independently (Effendi in Siti Irene AD, 2011: 58).

Based on the results of interviews and F.G.D.s with Kaliau village mothers, it was revealed that their real form of participation in the stunting prevention program was by routinely carrying out pregnancy checks at the local Posyandu and Puskesmas. At Posyandu, pregnant women receive pregnancy check-up services, blood-boosting vitamins, and milk. Giving blood supplement vitamins is intended to prevent them from experiencing anemia. However, during the pandemic, they did not get vitamins because there was a shortage of stock at the Puskesmas, and the ones available had expired.

Another strategy is to actively come to the Posyandu to get additional food provided by Posyandu officers through funding from the Village Fund Allocation (A.D.D.). This was confirmed by the Kaliau village head, the program for providing additional nutritious food to the community had been budgeted for the use of ADD in the amount of IDR 200,000 per month per Posyandu. The financial assistance is given to the respective Posyandu officers or cadres to manage it. An additional nutritious food program is being carried out to improve the nutritional quality of pregnant women.

Furthermore, mothers with children under five take part in counseling on how to prevent stunting, provided by the local government. Unfortunately, some people are not active or even never take part in these activities. They did not participate in the counseling because of the limited information they received, especially from those who live in oil palm plantation areas, which are located quite far from the Community Health Center or Posyandu. As a consequence, the number of people
who use health services or Posyandu should be different from the target that should be.

This contrasts with the efforts of health workers and village officials who have communicated and collaborated with various parties, such as churches, mosque leaders, and religious study groups, especially regarding the promotion of healthy living and preventing stunting. Unfortunately, few people participate in socialization or counseling activities because they are busy at work and family matters at home. This situation is certainly a serious obstacle in efforts to reduce stunting rates.

Efforts to prevent stunting do not only stop during Pregnancy but must also be carried out after giving birth to a baby by providing exclusive breastfeeding. Based on data, mothers in villages generally provide exclusive breastfeeding until their babies are 6 months old. However, there are still some mothers who provide exclusive breastfeeding for only up to 4 months. After that, the baby was given M.P.A.S.I. (complementary food for breast milk), formula milk, and baby biscuits. This means that they do not completely provide exclusive breast milk to their babies. They reasoned that the mother's poor health condition and busy work outside the home, such as on oil palm plantations, in rice fields and fields, prevented them from providing breast milk every day.

Apart from carrying out various prevention efforts, mothers are also active in efforts to overcome stunting in their children. One of them is that they regularly check their children at the nearest Posyandu. Based on the results of in-depth interviews and F.G.D.s with mothers, most of them diligently take their children to Posyandu every month. At the Posyandu, children are given vitamins, their weight is measured, and their physical condition is checked by taking measurements of their body parts. Unfortunately, some mothers, especially those who are or live in oil palm plantation areas, do not routinely take their children to Posyandu, citing the distance and busy work schedules that cannot be left behind.

Another interesting finding was that some parents decided to stop taking their children to Posyandu or Puskesmas before their children reached the age of two years. In response to this, nutrition officers, assisted by cadres at the Posyandu, carried out searches or carried out sweeps of these houses. This action was carried out to find out the reasons for stopping accessing Posyandu services and, at the same time, to monitor the development of children's physical health and cognition.
Sustainable use of health services, of course, also requires the father's active participation. The father's participation in the household is essential, especially in ensuring adequate nutrition when his wife begins Pregnancy, birth, and breastfeeding, as well as ensuring adequate nutritional intake for babies until they are at least two years old.

In Kaliau village, the form of husbands' involvement was reflected in the results of in-depth interviews and F.G.D.s with the fathers' group and the mothers' group. The research team came to the conclusion that a husband or father's education level is directly proportional to their activeness in efforts to prevent stunting. On the other hand, those with middle to lower education levels (Junior High School or below) are less active in various stunting prevention efforts.

The general involvement of fathers or husbands in Kaliau village is in the form of providing nutritious food for their wives and babies, such as purchasing maternity milk and purchasing/providing fish, vegetables, and eggs. Apart from that, take your wife to the Community Health Center or Posyandu to carry out a pregnancy check and get vitamins for pregnant women in the form of vitamin C or blood-boosting pills. After the baby was born, the husband also actively accompanied his wife to the Posyandu to immunize the baby. Unfortunately, when accompanying their wives during Pregnancy and immunizing their babies, husbands rarely enter the examination room. They wait in the waiting room and even wait outside the Posyandu or Puskesmas.

Husbands also rarely ask about the condition of the mother and fetus in the womb. On the contrary, it is mothers who actively report the results of examinations by doctors/midwives. They assume that if the mother is healthy, the baby will also be healthy. Husbands reasoned that they were busy and tired from work, so they did not have time to pay serious attention to the condition of their wife's womb.

Husbands who work in the formal sector (such as civil servants, teachers, employees, ABRI, police, and others) seem to care more about the health of their wives and babies compared to those who work in the informal sector (such as private workers, entrepreneurs, farmers or planters). This is because workers in the formal sector are exposed to more information and have sufficient knowledge regarding nutrition and sanitation programs, thus motivating them to be responsible and fully participate in preventing stunting in their families. Meanwhile, those who work as workers in the informal sector have lower knowledge and sensitivity regarding health programs for pregnant women and babies. As a
result, their participation is lower, and they are limited to reminding wives to eat a lot without understanding the nutritional levels that wives should consume.

However, it was found that children who experience stunting come from more than parents with low education who work in the informal sector. This was confirmed by the Kalaiu village head that some of the children who experienced stunting came from families with better education, economics, and jobs. The village head gave an example: there are child soldiers and teachers and even Posyandu cadres in Kalaiu village who experience poor nutrition and even stunting. This incident indicates that various efforts to prevent stunting have not been effective enough.

Another effort that many husbands make is encouraging and reminding their wives to give exclusive breast milk to their babies as long as their wives are healthy. However, they themselves are reluctant to take part in socialization and counseling related to health and sanitation on the grounds that they need to receive explicit information, that these activities are only mandatory for wives to participate in, and that they have limited time due to work.

In overcoming stunting cases, husbands take their wives and children to Posyandu to get vitamins, routine weight checks, and child immunizations. Apart from that, they also help prepare M.P.A.S.I. for the baby and take care of domestic work while his wife is recovering after giving birth. However, after several months, the husbands reduced the portion of domestic work on the grounds that they focused on working outside the home to meet the family's economic needs. In general, wives do not protest their husbands' decisions because in taking care of their children, other family members, such as parents (grandmothers) and their older children, help them. Husbands/men have participated indirectly in stunting prevention, although their share is much lower than women/wives.

Stunting prevention strategy through increasing community participation based on the Gender Mainstreaming approach

The Indonesian government has promoted and implemented various efforts to prevent and overcome stunting through various interventions, namely specific interventions and sensitive interventions. Specific interventions directly address the causes of stunting and are generally provided by the health sector, such as food intake, infection prevention, maternal nutritional status, infectious diseases, and environmental health. Meanwhile, sensitive interventions are activities related to indirect causes that are generally outside the authority of the Ministry of Health.
Sensitive interventions are divided into 4 types, namely providing drinking water and sanitation, nutrition and health services, increasing awareness of care and nutrition, and increasing access to nutritious food. These interventions are implemented through various sectors such as agriculture, maritime affairs and fisheries, health, education, trade and industry, public works, and social welfare.

The Lancet journal (2013) stated that in efforts to overcome nutritional problems, sensitive interventions contributed 70 percent while specific interventions contributed around 30 percent. Apart from these two things, supporting factors are also needed that enable stunting reduction, such as political and policy commitment, government and cross-sector involvement, and capacity to implement existing interventions.

The Minister of Health of the Republic of Indonesia, Moeloek, established three essential things in an effort to prevent stunting, namely improving diet, parenting patterns, and improving sanitation and access to clean water. The holistic paradigm is one of the effective methods that can be used to make these three efforts a success. The implementation of various prevention programs must, of course, be carried out by all stakeholders across sectors in a comprehensive manner. Therefore, Minister of Health Moeloek hopes that all health programs will focus upstream on efforts to prevent health problems because prevention is the first and foremost step in ending stunting cases.

Referring to the various causes of stunting, such as inappropriate diet and parenting patterns and unhealthy community sanitation systems in Kaliau village, as well as the discovery of low community participation and gender bias, it is important to formulate follow-up efforts, which is accommodating and effective in solving these problems and is the basis for better planning of subsequent programs.

The stunting prevention strategy formulated and offered by researchers is to increase the active participation of local communities based on gender mainstreaming. For more details, you can see the following picture.

*Figure 1*
Stunting prevention strategy through increasing active community participation based on "Gender Mainstreaming."
The picture above explains that stunting prevention strategies can be carried out in various ways; namely, first, the government, represented by the Health Service or Community Health Center, needs to recruit Posyandu cadres oriented towards gender equality by providing opportunities and even encouraging men to become Posyandu cadres, so that the cadres are not only filled by women. Next, training is carried out to increase the capacity and professionalism of the cadres and provide an appropriate honorarium.

The second effort is the active involvement of both parents. The active involvement of these two groups must be carried out in every activity, starting with program planning, outreach, and health and sanitation education carried out by the health service and other competent institutions/groups.

Next, active involvement of community leaders, traditional leaders, and religious leaders from women and men representatives should be carried out. In fact, people trust public figures or figures more easily than government representatives. Involving leaders is an effective way to raise awareness and the willingness of citizens to get involved in stunting prevention programs.

The final step, which is also very important to take, is to develop partnerships with various sectors such as N.G.O.s, the private sector, and companies (oil palm companies, Pertamina, mining, and others through providing C.S.R.), B.K.K.B.N. (through the Youth Group Development/B.K.R. program), P.K.K. mothers, Karang Taruna, Education Department, and others.

These efforts will be very effective in reducing stunting rates in children if each stakeholder and the community are able to synergize harmoniously in implementing various stunting reduction programs.

CONCLUSION

Factors that cause stunting in children in Kaliau village are incorrect/wrong eating patterns and parenting patterns, as well as low levels of environmental sanitation around where they live, inappropriate behavior, poor reproductive health conditions, poor mindset, and family priorities. Still needs to be corrected, as well as limited health services and the relatively low level of education of both mother and father. The form of participation that is widely practiced by society, especially women (wives/mothers), is vertical participation. Women participate much more than men/husbands in supporting the realization of stunting prevention programs.

Some suggestions offered: (1) Intensify educational activities for the
community through socialization and counseling methods or even regular workshops related to health, sanitation, and healthy reproductive health programs, especially for teenagers, and correct and healthy parenting and eating patterns for babies and pregnant and breastfeeding mothers. (2) Addition and provision of adequate health facilities and infrastructure that reach every community and region. (3) Revitalization of the Youth Family Development (B.K.R) program.

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