

Involvement of Women in The Stunting Convergence Program Policy in The Coastal Area of Ketapang Regency

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Abstract: West Kalimantan is one of the provinces that has a high prevalence of stunting compared to other provinces in Indonesia. One of the biggest contributors to the prevalence of stunting is the Ketapang district. Therefore, this study aims to carry out further stunting mapping in Ketapang district and see how women's involvement in the convergence program is a strategy in dealing with stunting in the coastal areas of Ketapang Regency. This study uses a qualitative approach with descriptive analysis and data collection techniques through observation, in-depth interviews, and documentation studies. The results showed that stunting cases in Ketapang district showed a declining trend due to the success of the community empowerment program for all female cadres by conducting stunting prevention training through the process of extracting knowledge from female stunting cadres and increasing the capacity of female stunting cadres.

Keywords: Stunting, Women's Involvement, Convergence.

Introduction

Stunting malnutrition is a major problem currently being faced by Indonesia. The World Health Organization (2010) recorded Indonesia's third highest prevalence of stunting in the South-East Asian Region with a percentage above 36.4%, after Timor Leste (50.5%) and India (38.4%). This data indicates that Indonesia became a stunting emergency country ten years ago. Stunting malnutrition is a major problem currently being faced by Indonesia (Giles & Satriawan, 2015).

Beyond a deficit of less than 2 to below the median length or height of a kid, stunting is a short and very short body condition (Grantham-McGregor et al., 1996). Stunting children are impacted by

malnutrition in utero and infancy, as well as recurrent infections before or after birth, and hence have an increased risk of disease and mortality (Grantham-McGregor et al., 2007; WHO, 2010). Other research has demonstrated that stunted children may never reach their full potential and have poor cognitive development, diminished intellectual capacity, motor development, an increased risk of infection and noncommunicable diseases in adulthood, and decreased productivity and economic ability (Anwar, 2010; 2018).

Childhood stunting has both short- and long-term effects on health and later development, which in turn affects the quality of human resources (Hanifah et al., 2018). In addition to poor physical growth,

stunting impacts the risk of childhood illness and mortality, cognitive and motor development, learning capacity, and academic ability (Hati & Pratiwi, 2019). Then, it has an impact on productivity, earnings, and reproductive health. Childhood stunting followed by rapid weight gain might raise the risk of chronic illnesses such as diabetes and cardiovascular disease (Putri & Bachtiar, 2021).

Multiple variables, including diet, parenting, illness, and the environment, contribute to the prevalence of stunting. According to the findings of a comprehensive study done by Vilcins et al. (2018), the presence of mycotoxins in food, insufficient sanitation, dirt flooring in dwellings, low quality cooking fuel, and inadequate waste disposal were contributors to stunting. According to research conducted in Nepal, kids born into impoverished households were 1.51 times more likely to be stunted than those born into more stable homes. Furthermore, low maternal education was shown to increase the risk of stunting by 1.57 times (Banerjee et al., 2015).

Indonesia is in a state of urgency to minimize the incidence of stunting. The 2018 Basic Health Research (Riskesdas) revealed that 30.8% of children under the age of five were stunted. Although the incidence of stunting in 2019 was 27.7 percent (SSGB, 2019), this is still much higher than the national goal of 14 percent by 2024. There are examples of stunting in almost all regions of Indonesia and among all socioeconomic classes. According to a poll conducted by the Ministry of Communication and Information in 2019, public awareness of stunting was 64.1 percent (less than the category) due to the

use of difficult-to-understand jargon in information delivery.

The indicator used to identify stunted under-fives is based on the height for age (TB/U) index, which is more than minus two standard deviations of the median standard deviation of child growth according to WHO (Picauly & Magdalena, 2013). Basic Health Research (Riskesdas shows that there is an increase in the prevalence of stunting in Indonesia from 36.8% in 2007 to 37.2% in 2013, meaning that 1 in 3 Indonesian children is classified as short (Kemenkes, 2013). Then, if we look at the time span between 2013 and 2017, the stunting reduction rate has not been significant. According to the results of research conducted by Riskesdas (Basic Health Research), the magnitude of the stunting problem is relatively stagnant at around 37%. Of the 33 provinces in Indonesia, more than half have prevalence rates above the national average (Ministry of Health). of the Republic of Indonesia, 2018).

There is a reciprocal relationship between the slow decline in stunting prevalence and the role of the government in organizing well-coordinated health services. This study focuses on mapping women's knowledge about stunting in the coastal area of Ketapang Regency, where currently Ketapang Regency is a priority area for handling national stunting (Permanasari et al., 2020). Stunting is still a concern for the local government in the coastal area of Ketapang Regency. The results of the marine resources produced have not been able to meet the nutritional needs of children, so the prevalence of stunting in coastal areas still occurs. Handling the prevalence of stunting involves various stakeholders providing

social services, which include various organizations and regional apparatus (Taneswari, 2018).

In the context of this research, increasing the competency capacity of human resources and increasing community participation are highlights of the discussion on the involvement of women in rural areas in stunting management strategies at the village level. In overcoming nutritional problems, there are two solutions that can be done, namely with specific and sensitive interventions. Specific interventions are directed at addressing the direct and indirect causes of nutritional problems, while sensitive interventions are directed at addressing the root cause of the problem and its long-term nature.

Development at the regional level basically leads to an increase in the quality of life and human welfare. In this decade, the direction of development was drawn up through universal guidelines that were created and implemented with the common goal of sustainable development goals (SDGs) (Mahsyar, 2016). Furthermore, the SDGs appear to deal with issues that are accompanied by rapid globalization and information is required to solve problems of humanity and human dignity, especially issues of gender equality and justice. In this context, increasing gender equality is the main goal of the SDGs, which specifically reads "gender equality, achieve gender equality and empower all women and girls" (Martiany, 2011).

Based on the SDGs document, it is stated that the involvement of women in stunting prevention is important in achieving equal access to health. Therefore, this study aims to obtain an

overview of the existing situation of stunting in the coastal area of Ketapang Regency and map the involvement of women in the stunting convergence program in the coastal area of Ketapang Regency.

Method

This research is conceptually qualitative research. Qualitative research to find out in depth about the involvement of women in stunting prevention programs in the coastal area of Ketapang Regency. This study uses primary and secondary data sources. Primary data was obtained from in-depth interviews with key informants, namely women who were involved in the stunting convergence program in the coastal area of Ketapang Regency. This study uses descriptive data collection techniques, namely observation, in-depth interviews, and documentation studies. The steps to be taken in obtaining data for the continuity of this research are field studies and literature studies.

This research is located in Sungai Kinjil Village, Benua Kayong District, Ketapang Regency. This location was chosen because this village is one of the priority villages in the stunting handling pilot in Ketapang Regency. In addition, according to the theme of this research, namely the strategy of women's involvement in the stunting convergence program in coastal areas, Sungai Kinjil Village is included in the priority area for handling stunting located on the coast.

Result And Discussion

The Existing Situation of Stunting in the Coastal Area of Ketapang Regency

Stunting is a multifactorial and intergenerational nutrient deficiency that

is chronic and multifactorial in nature. People in Indonesia often attribute small stature to inherited factors. Due to societal misperceptions, this issue is difficult to fix and needs substantial efforts from the government and allied industries. Given that Ketapang Regency is included in the region with the greatest number of stunted

children in West Kalimantan, the efforts of health professionals to change public views in Ketapang Regency are highly important and call for further aggressive efforts. The following is an illustration of the number of stunted cases based on Riskesdas data:

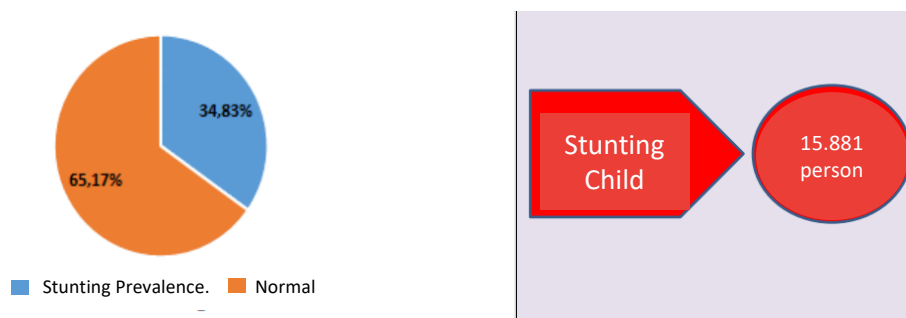


Figure 1 Number of Stunting Cases in Ketapang District

Stunting difficulties have a significant effect; in the short term, they are connected with sickness and mortality in infants and toddlers, the medium term with poor intellectual and cognitive capacities, and the long term with the quality of human resources and the problem of degenerative diseases in adults. Stunting denotes persistent malnutrition throughout growth and development, beginning in infancy (Aridiyah et al., 2015).

The dietary state of pregnant women has a significant impact on the health and growth of the fetus. Impaired fetal growth might result in low birth weight (WHO, 2010). Stunting may be

indirectly related to socioeconomic factors such as family income, parental education, the mother's awareness of nutrition, and family size. Pneumonia and malnutrition are two types of diseases that often occur in Ketapang Regency. Pneumonia is a disease caused by Pneumococcus, Staphylococcus, Streptococcus bacteria and viruses. Symptoms of pneumonia are chills, fever, headache, coughing up phlegm and shortness of breath. In addition to pneumonia, infant mortality is also caused by poor nutrition. The distribution of cases of malnutrition and maternal and infant mortality according to the number of sub-districts in Ketapang Regency is as follows:

Table 1 Number of Malnutrition Cases and Maternal and Infant Mortality in 2017

No.	Name of District	Number of Malnutrition Cases and Maternal and Child Mortality
1.	Jelai Hulu	0
2.	Sandai	0
3.	Air Upas	2
4.	Nanga Tayap	2

5.	Kendawangan	0
6.	Tumbang Titi	4
7.	Pemahan	4
8.	Singkup	2
9.	Simpang Dua	3
10.	Hulu Sungai	1
11.	Benua Kayong	1
12.	Sungai Melayu Rayak	3
13.	Matan Hilir Selatan	3
14.	Matan Hilir Utara	7
15.	Manis Mata	0
16.	Sungai Laur	0
17.	Marau	4
18.	Muara Pawan	0
19.	Simpang Hulu	5
20.	Delta Pawan	0
Total		41

Sources processed by researchers, 2019

Like the health sector, which is its parent, the maternal and child health sector also has quite complicated social determinants. These determinants also significantly influence the performance of maternal and child health care efforts (Laksono & Rachmawati, 2013). In the context of Ketapang Regency, this social determinant is one of the indicators of the success of health development in the region.

Referring to the Strategic Plan of the Ministry of Health for 2015–2019, it is stated that in the last 5 years, the Neonatal Mortality Rate (AKN) has remained the same, namely 19/1000 births, while the Post-Neonatal Mortality Rate (AKPN) has decreased from 15/1000 to 13/1000. The under-five mortality rate has also decreased from 44/1000 to 40/1000 live births. This means that this national figure becomes a reference for regions, including Ketapang Regency, to improve in maternal and infant health.

The involvement of women in the stunting convergence program in

The government's programs for stunting include pregnant women getting at least 90 tablets of blood supplement during pregnancy, giving additional food to pregnant women, fulfilling nutrition, giving birth with an expert doctor or midwife, IMD (Early Breastfeeding Initiation), exclusive breastfeeding for infants up to 6 months of age, providing complementary feeding for children from 6 months to 2 years of age, providing complete basic immunizations and vitamin A, monitoring the growth of toddlers at the nearest posyandu, and implementing clean and healthy living behaviors.

Health cadres in each region are directly involved in managing the development of maternal and child health development programs. Activities carried out by cadres can be in the form of counseling on PHBS (Clean and Healthy Life Behavior), assisting in the implementation of posyandu, helping

prevent public health emergencies, and so on. The activeness of members of health cadres and the entire local community in the maternal and child health development program is assumed to include the implementation of regular posyandu, the existence of poskesdes that are always ready to serve basic public health, the existence of a village medicine post, and the preparedness of the community in dealing with emergency situations.

The purpose of community empowerment in stunting prevention is to provide knowledge, open insight, and provide motivation related to community empowerment in stunting prevention through training, controlling at each

posyandu, providing nutritious food assistance to people affected by stunting, and utilizing their own potential and the surrounding environment, such as natural resources, can improve public health, which in turn can improve the welfare of both themselves, their families, and the surrounding community.

The involvement of women in the stunting convergence program in the coastal area of Ketapang Regency consists of the process of extracting the knowledge of women stunting cadres and increasing the capacity of women stunting cadres. Based on this, we can model the model for the involvement of women stunting cadres in the following model:

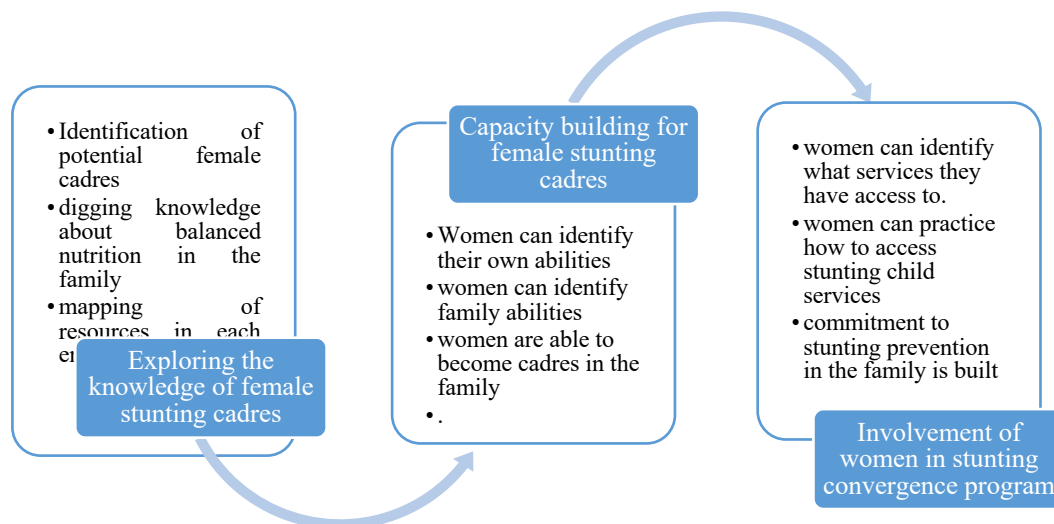


Figure 2 Strategy model for the involvement of women stunting cadres in the Coastal Area of Ketapang Regency

The effectiveness of the convergence of stunting prevention in the village is determined by the capacity, active role, and pattern of cooperation built between actors at the village level and between villages, both individuals and institutions, according to their functions and authorities. To explain the function of each actor involved in the convergence of stunting prevention in the village, it can be divided into 3 (three) categories, namely:

(a) service providers, (b) decision makers, and (c) activity implementers.

Potential is an unseen ability possessed by humans and can be developed to be useful, both from within, family and the surrounding environment. In general, humans do not know and realize the potential of themselves, their families, and resources that can be utilized and developed as alternative solutions for their lives. This self-potential development

is important and needs to be studied so that KPM can develop and utilize the potential and resources that exist within themselves and the environment to prevent and deal with stunting. If there are families who experience stunting cases and do not have the ability to handle them, the facilitator can facilitate the KPM to refer and utilize institutions that provide stunting prevention and handling services in the vicinity.

Stunting prevention can be done in various ways by utilizing all the potential that exists within oneself, family, and the surrounding environment of KPM. There are many potentials or abilities of self, family, and surrounding environment from beneficiary families to prevent stunting, and sometimes KPM is not aware of it or has not utilized it optimally. Human Resources Social welfare has an important role in helping families identify and optimize their potential.

Some examples of self and family abilities in preventing and handling stunting are:

1. Ability to cook nutritious food in accordance with a balanced nutritional menu
2. Ability to provide exclusive breastfeeding
3. Able to bring children to health services to monitor child development
4. Able to avoid exposure to cigarette smoke
5. Able to provide good care for children.

Some examples of potential in the neighborhood:

1. Access social assistance to buy nutritious food

2. Access to health and education services related to stunting prevention is available in the surrounding environment
3. Have a yard to grow food
4. Access to public sanitation/latrines is available
5. Government assistance programs are available.

In the development role, women have the same rights and responsibilities as men, as stressed by the 1993 Guidelines for State Policy (GBHN) requirement. In addition, decision-makers have adopted Law No. 7 of 1984, which prohibits all sorts of discrimination against women. In actuality, however, women are more marginalized or disadvantaged than men. These deficiencies include education, health, jobs, science, and technology mastery and application. Increasing the role of women in gender-oriented development, which is an intrinsic aspect of national development, is crucial to achieving harmonious relationships between men and women, as well as gender equality and justice in different spheres of life and development.

As subjects or agents of growth, men and women are similarly situated in terms of positional equality. Men and women have the same role as subjects of development in planning, executing, monitoring, and enjoying the consequences of development. In the realm of education, for instance, boys and girls have equal access to formal education up to a particular degree. Obviously, it is unjust if, in this global period, women's education is secondary, particularly if girls are intelligent or talented. In applying the strategy model for the involvement of women stunting cadres, a gender

measurement analysis method is needed. In this case, we propose a Moser measurement analysis, as follows:

Table 2 Applications of Moser Analysis Techniques

Project	Focused role						GN filled		Policy Approach
	Reproduction		Production		Society		GPN	GSN	
Strategy for the involvement of women stunting cadres	M	F	M	F	M	F			

Info: M (Male), F (Female), GN (Gender Needs), GPN (gender practical needs), GSN (gender strategic needs).

The community activity profile is divided into 3 categories, namely: productive, reproductive, and social activities. Productive activities are activities that, when done, generate income. On the other hand, reproductive activities are activities that, if done, do not generate income. Social activities are activities that a person needs to interact with the wider community. In the strategy for the involvement of women stunting cadres, the most focused measurement is on the dimensions of community social activities.

The clear pattern of labor division between men and women is also proof that society tends to lead to a functional flow in terms of patterns of socialization of gender roles to the next generation. Functional flow indicates that women's dependence is something that is natural and something that is needed to ensure social harmony. Women in the domestic sector: the form of the family as it is now symptomatic where women work in the domestic sector is something that is natural according to the

division of labor in society. Women take care of the household, men look for income. On the one hand, women who work in the domestic sector are considered natural and necessary. On the other hand, women are also encouraged to be involved in various community programs.

Conclusion

Based on the results and discussion of this study, it can be concluded that women's empowerment has been carried out in the coastal area of Sungai Kinjil Village as a form of early protection against stunting in this area. The empowerment that has been carried out on cadres, all of whom are women, is carried out by the village government by holding stunting prevention training through the awareness stage, and the formation of behavior towards conscious and caring behavior so that they feel the need to increase self-capacity, the stage of transformation of abilities in the form of knowledge, insight, skills, and behaviors so that they can take part in development, and the stage of

increasing intellectual abilities, skills, and behaviors so that initiatives and innovative abilities are formed to deliver patterns of independence. It has been considered successful because there have been fewer stunted sufferers in the coastal area of Sungai Kinjil Village, Benua Kayong District, Ketapang Regency.

The empowerment held by the village government has been successful because the purpose of the empowerment has been achieved, namely the reduction in stunting, has begun to improve overall, and pregnant women and mothers who have given birth to children have understood the importance of checking pregnancy, giving blood pills, and for pregnant women Mothers who have given birth understand the importance of exclusive breastfeeding, nutritious food, water, good sanitation, and a good environment. Encouraging mothers and toddlers to constantly take part in posyandu programs so that their health can be monitored by the health center. The purpose of community empowerment in stunting prevention is to provide knowledge, open insight, and provide motivation related to community empowerment in stunting prevention through training, control at each posyandu, providing nutritious food assistance for people affected by stunting, and utilizing their own potential and the surrounding environment, such as natural resources. in the coastal area of Sungai Kinjil Village, Benua Kayong District, Ketapang Regency.

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