

Mainstreaming Gender in Accelerating the Reduction of Stunting in Kota Batu

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ABSTRACT. Empirically, the study aims to describe and analyze the acceleration of stunting reduction in rural Kota Batu based on a gender mainstreaming perspective (PUG). In figures for 2022, Kota Batu is one of six cities in Indonesia with the highest stunting prevalence of 25.2%. The role of the government in terms of regulations, academics in formulating conceptuality and theory, and the citizen in implementation are elements of active participation in the fight against stunting. In cases of stunting, PUG positions women and men to the same degree. Data is collected through in-depth interviews with families with purposive stunting children, FGDs with stunting management convergence stakeholders, observation, and documentation. The first finding shows that stunting occurs in upper-middle-class families. Second, the lack of involvement of men (fathers) in all stages of activities accelerates the reduction of stunting. Third, a strong patriarchal culture in society and the family causes the domestic role of men in the family to be shallow. Fourth, the dominant cause of stunting is gender inequality, including inappropriate parenting styles, lack of nutritional intake for pregnant women and children, and lack of nutrition knowledge in Kota Batu rural communities.

KEYWORDS: Stunting, Gender Mainstreaming, Rural

1. INTRODUCTION

Gender mainstreaming is a movement to change social norms related to health. For example, eliminating the stigma against HIV/AIDS testing for both men and women (Sherwood et al., 2017) and stunting, as well as this movement stimulates the participation of both men and women in prenatal care (Islam et al., 2020; Kurata et al., 2020). Changes in social norms can help in overcoming malnutrition in children. Kota Batu is one of six cities in Indonesia with the highest stunting prevalence of 25.2%. (Dinas Kesehatan Kota Batu, 2022). Gender mainstreaming to accelerate the reduction of stunting in Kota Batu is a strategic step in facing challenges related to child health and healthy human growth. Stunting, which refers to conditions of growth failure in children due to chronic malnutrition, is a problem that is still the focus of global attention (Adriany & Tesar, 2023; Ahmed et al., 2023). Although various efforts have been made to overcome stunting, this problem continues to be a severe threat in Kota Batu.

Reducing stunting rates can be emphasized on the massive collaborative role of gender through an inclusive and equitable approach to overcoming the problem of malnutrition. Gender is not only related to the biology between men and women but also includes social roles (Moake & Robert, 2022; Yu et al., 2022), economic (Dominguez-Folgueras, 2022), dan culture (Fusaschi, 2023; Posselt & Nuñez, 2022), and utilization of health resources (Imam et al., 2021; Talley et al., 2023). In the above context, social change becomes the basis for gender mainstreaming (Choroszewicz & Adams, 2019; Evans, 2019); society experiences changes in culture, social structure, values, norms, and institutions. In the theory of gender systems, social systems include norms, roles, and gender hierarchies of individual experiences and societal positions (Devinney et al., 2022; Tripp & Munson, 2022).

Meanwhile, nationally, the government has a program to reduce the prevalence of stunting by building drinking water and sanitation infrastructure. The Minister of Health's grand program provides additional food in collaboration with community health centers in various regions (Dinas Kesehatan Kota Batu, 2022). Generally, stunting also occurs in various countries, such as India (Sharma et al., 2023; Shinde & Singh, 2023), apart from China (Chen & Jin, 2023; Ding et al., 2023). The government's

massive movement is centered on family health. The phenomenon in Rwanda (Habimana et al., 2023; Kalinda et al., 2023) legitimizes the high stunting rate.

Globally, the cause of stunting is claimed by various countries to be poverty, so children and pregnant women in low-income families automatically experience malnutrition (Alaba et al., 2023). However, in Indonesia, this factor is not dominant (Suratri et al., 2023), but rather problems of access to information, gender roles, and patriarchal patronage in the family. In Kota Batu, the stunting case is caused by the unequal roles of male and female parents, including an environment that assumes that only a mother is responsible for health conditions. If you look at the phenomenon above, identifying gender roles in the family to break down patriarchal culture is the gateway to accelerating the reduction in stunting rates. The research focuses on integrating gender approaches in child and community health strategies more effectively to achieve better results in overcoming stunting in Kota Batu.

2. METHOD

The method used in this study is descriptive qualitative, involving families with stunting and village stakeholders and health facilities. Data was collected from observations as a first step; then, the researchers conducted interviews and focus group discussions (FGD) to obtain detailed data. The final step is the documentation method complementing field data from interviews and FGDs. The limitations of this study emphasize the strategy of gender mainstreaming in reducing. Stunting rates in Kota Batu, East Java. In order to get data synthesis (Bai et al., 2020), the researcher described field conditions compared to fundamental theories and concepts. Data reduction was done after obtaining field data and conducting a systematic analysis using gender mainstreaming theories and concepts (Anditi et al., 2022; Morgan et al., 2022). The final step in producing this research is to conclude according to the existing focus by verifying its truth.

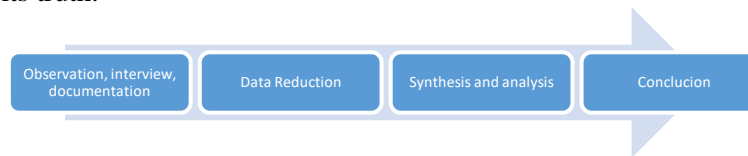


Figure 1: Research Implementation Method
(Anditi et al., 2022; Bai et al., 2020; Morgan et al., 2022)

3. RESULT

1. Misinformation about Stunting in Families

Amidst the flood of information in the media, the irony is that many families in Kota Batu still do not receive detailed information about stunting because they do not want to access it. Thus giving rise to a wrong understanding of overcoming and preventing malnutrition. Based on the results of interviews with families with stunted children in the villages of Tulungrejo, Giripurno, and Sumber Brantas, the informants did not want to acknowledge their child's stunted condition. Because they believe in the myth of heredity, if parents and their families have small stature, it will also happen to their offspring.

From the stakeholder side, parental involvement in the kepala desa and posyandu cadres is still not optimal; for example, when a mother is pregnant, her nutritional needs and a healthy lifestyle are not adequately considered. Most of the young mothers in the area work and leave their children with grandparents. Parenting patterns related to food quality and healthy lifestyles are also not considered. Information from *posyandu* cadres shows that the average need for carbohydrates and protein is insufficient. Children are given instant food and do not cook it themselves.

The economic condition of families in Kota Batu is excellent; only a tiny portion of the information from the Village Head, on average 2%, comes from underprivileged families. According to information from Posyandu cadres, additional food has been provided. However, in practice, the food is not eaten by the children when they get home but is eaten by other families, and some are even thrown away. Unfortunately, the unit of officers for stunting control has not yet been formed, and the number of Posyandu cadres is small. Based on information from the Village Head, there is still no further regulation to form a stunting control task force from the center regularly. The stakeholders have not

been able to translate solutions to assist families with stunted children technically. In other words, the existing understanding is shallow. Thinking that is not open and too practical in determining the lifestyle of children and pregnant women is the main obstacle. Family habits support it passed down from generation to generation and legitimized by grandparents and the environment to provide adequate nutrition to children and pregnant and breastfeeding mothers.

2. Gender Inequality as the Dominant Cause of Stunting in Kota Batu

In general, the pattern of parenting in Kota Batu tends to be raised by mothers and grandmothers in the family. The leading cause of stunting in other places is low economic conditions, so a healthy lifestyle for breastfeeding children and pregnant women will not be achieved. Reflecting on the parenting conditions above, it gives rise to relationships that cause the concentration of information to only two mothers and grandmothers. Culture as a traditional gender area means that women are still dominant in raising children. Nevertheless, according to family informants, if there is an error in understanding the health of the child or mother, the man (whether father or grandfather) takes part in passing the error on to the woman (mother and grandmother). Such power relations make responsibility for preventing and reducing stunting rates slower than in other areas.

Sub-district stakeholders and Posyandu cadres also said that women's involvement in the stunting phenomenon in this area is shallow. It can be seen from not following a healthy lifestyle and visiting the *posyandu* to check the health of the mother and child. Young working mothers often avoid this activity, but grandmothers do the same thing under the pretext of working in the garden. Even though men are at home, children are not taken to the *posyandu* for routine health tests.

Gender inequality arises apart from placing more burdens on women, the practice of subordination occurs through the actions of the head of the family, who allows the condition of a stunted child not to be cared for properly. According to *posyandu* cadres, women have big decisions regarding fulfilling the nutritional requirements for themselves and their children, but this cannot be done. Furthermore, they also do not get support and confirmation from the men in their family. This is what stimulates gender inequality, which contributes significantly to stunting cases.

3. Patriarchal Culture and Gender Mainstreaming in Accelerating the Reduction of Stunting Rates

Some traditional cultures can influence the pattern of feeding children. For example, men's nutritional rights are prioritized over women. Likewise, poor prenatal and postnatal care during pregnancy and postpartum can affect the growth of the fetus and baby. Gender inequality in health services and limited maternal and infant care knowledge can harm children, especially girls. The above is based on the patriarchal culture deeply rooted in every family in this environment. Moreover, according to sub-district stakeholders and *posyandu* cadres, the decision-maker for health issues is also the head of the family. For example, if a child who is already stunted returns from the *posyandu*, the head of the family or grandfather supports prohibiting him from returning to the *posyandu* again for fear of becoming the subject of gossip.

When referring to the concept of gender equality, women in the household have a role in making decisions regarding the distribution of household resources. If women do not have control over these decisions, it can affect their ability to ensure that children receive sufficient and nutritious food. According to information from families in interviews, treatment for children who have been declared stunted is considered normal. Suppose there is a child with a condition close to the characteristics of stunting. In that case, the family immediately calls it a physical heredity inherited from the parents, such as short, thin, or small. Control of information and decisions lies with the head of the family. The irony is that women or mothers themselves, when pregnant and breastfeeding, have broad access to information. However, this right was not exercised because there was no officer unit to educate them. The *posyandu* also stated a shortage of human resources involved in overcoming and reducing stunting rates.

The problem, in this case, concerns the awareness of men and women about the nutritional needs of breastfeeding pregnant women and children who have been born. However, this does not work

according to the ideal concept, mixed with a patriarchal culture rooted in everyday life. In contrast, women also work to earn money and ignore all information about health and nutritional needs for themselves and their children. This has become a social norm wherein patriarchal culture can strengthen traditional gender roles. This pressures individuals to adhere to these roles, even if they do not match their aspirations or abilities.

4. DISCUSSION

Ideally, the family is the primary institution for implementing a healthy lifestyle and a place for children to grow and develop. However, in Kota Batu, this does not fully apply because there are still practices of gender inequality in implementing prevention and reducing stunting rates. If you look in the mirror from various other regions in Indonesia, such as Bali (Scheffler & Hermanussen, 2022), the stunting rate is very low due to men's direct contribution and involvement in the family. Nusa Tenggara Timur (Sarifudin, 2023) succeeded in reducing stunting rates based on gender.

In the case of this area, it can be underlined that men's involvement is low, especially in making distributional decisions for women. Gender mainstreaming can be implemented with appropriate resource allocation (Abdulla et al., 2023; Freer et al., 2023), where in a society with patriarchal cultural conditions, the distribution of roles between women and men is unequal. In the context of education and information, women are not in a condition where they experience limited access to information. However, on the contrary, they have complete control over access to information both through the media and direct communication with the *posyandu*. He does not get strong encouragement and social support from his family, especially from the head of the family (male). This educational inequality can hinder their understanding of the importance of balanced nutrition and care for their children well. In other words, knowledge of stunting is also a shared responsibility in reducing stunting rates.

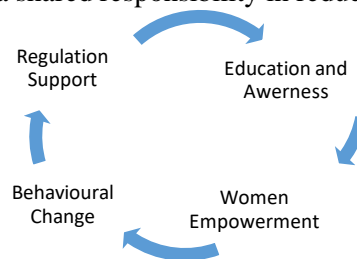


Figure 2: The Concept of Gender Mainstreaming in Accelerating the Reduction of Stunting (Data processed by researchers, 2023)

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Generally, what cannot be denied when discussing the concept of patriarchy in the family is domination. The tangible form is that the decision-making of family health remains with men, where, in fact women have the same contribution. In households dominated by patriarchal culture (Aksar et al., 2023; El-Dirani et al., 2023), women may have little influence in food and health care decisions. This can hinder their ability to ensure that children receive sufficient food and good nutrition. If they experience a communication deadlock, in the end, they let their children not get the right to a healthy lifestyle.

On the other hand, mothers are the most significant contributing factor to patriarchy when pregnant and breastfeeding. Two things, both the child and the mother, are the main determinants in suppressing stunting cases anywhere. Inadequate maternal care during pregnancy and postpartum is often associated with solid myths, such as what can and cannot be eaten, that contradict the standards provided by the *posyandu*. This is where women do not have complete control over their health care or have limited access to medical services, which can affect the unborn baby's health.

The need for equal education and awareness emphasizes implementing accelerated reductions in stunting rates for both men and women. Moreover, several chronic problems that accumulate among women require empowering women to make household decisions and use access to information wisely and regularly. What requires more specific action is a change in mindset regarding attitudes towards gender-based myths and social norms so that gender contribution and equality in terms of nutrition and care can be realized. This practical effort will only be realized if it is based on regulations from the government and legitimization efforts from sub-district stakeholders and health service centers.

5. CONCLUSION

The stunting cases in Kota Batu occurred because men (fathers) were less involved in preventing and reducing cases. The distribution of decision-making is not given directly to women (mothers) to independently deal with or prevent stunting. In general, stunting occurs in upper-middle-class families, which is very different from the phenomenon in other areas. Suppose you look at the environmental and cultural conditions in this location. In that case, patriarchal culture is quite strong in the community and family, so men's domestic role is deficient. This also subjects women to excessive burdens of accumulated gender bias, subordination, and discrimination. It can be generalized that the dominant cause of stunting is gender inequality, including inappropriate parenting styles, lack of nutritional intake for pregnant women and children, and lack of knowledge about nutrition in rural communities in Kota Batu.

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