

# Environmental Sanitation and Stunting (Study of The Role of Women in Stunting Intervention)

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## 2 Environmental Sanitation and Stunting (Study of the Role of Women in Stunting Intervention)

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**Abstract.** Stunting is the major malnutritional problem in Indonesia. The prevalence of stunting toddlers in Indonesia is 30.8% in 2018, equivalent to around 7 million Indonesian toddlers. This condition is a threat to the quality of Indonesia's Human Resources (HR) in the future because stunted children have weak cognitive abilities and are vulnerable to disease so that they are at risk of low productivity in the future. Various attempts have been made by the government to reduce the prevalence of stunting, but the achievements generated are still far from the target. This study aims to review and analyze other dimensions of stunting alleviation interventions that have been the focus of the government, namely; the role, access, and control of women to the occurrence of stunting, a dimension that does not receive much attention because the issue of stunting has so far been more related to the dimensions of health, nutrition, and nutritional adequacy. The research method uses a qualitative approach with a gender perspective to see the role of men and (in this context specifically) women related to stunting. The analytical model used is the Moser method of gender analysis conducted at the grassroots / micro-level (household and community). The results showed that the role of women in a productive, reproductive, and social manner was very strategic and decisive towards the occurrence of stunting. However, to be able to carry out these roles to the maximum, strong access and control is needed for women. Support from policy, economic, social, cultural, and law are factors that are needed by women, both as mothers and expectant mothers to be able to carry out their roles optimally and fully. Thus, affirmative policies are needed that can support women's access and control so that the stunting rate can be reduced.

**Keywords:** Stunting; Environmental Sanitation; Stunting Intervention; Sustainable Development Goals

### 1. Introduction

Indonesia is one country with a high prevalence of stunting in the world compared with that of other middle-income countries. Prevalence of stunting in Indonesia amounted to 30.8% [1,2] is equivalent to 7 million Indonesian children under five, meaning three out of 10 children in Indonesia suffered stunting. This condition should be taken seriously and as soon as the issue of stunting is not a small matter. Toddler / stunting children will have intelligence that is not optimal. In addition, in the future, it will be easier stunting children / vulnerable to disease and risk to the reduced levels of productivity. In the end widespread stunting will be able to inhibit economic growth, increasing poverty and widening inequality [3,4].



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Experience and international evidence shows that stunting can hamper economic growth and reduce the productivity of the labor market, resulting in loss of 11% of GDP (Gross Domestic Products) as well as reduced income up to 20% of adult workers. Moreover, stunting can also contribute to widening the gap / inequality, reducing 10% of total income for life and also lead to intergenerational poverty [5].

Various efforts have been made by the government to reduce the prevalence of stunting in Indonesia. In 2012, Indonesia joined a global movement known as the Scaling-Up Nutrition (SUN), which then initiated two major framework stunting intervention, namely: specific nutrition interventions and nutrition-sensitive interventions. Stunting intervention framework is then translated into a variety of programs conducted by 13 ministries and institutions concerned [6].

Program each ministry / institution geared to focus on improving rural development and empowerment, especially in support of the village fund program. In specific interventions, for example, carried out by the Ministry of Health as well as pregnant women, nursing mothers, breastfeeding and so on. Then sensitive to nutritional coordinated with the Food and Drug Supervisory Agency (BPOM), and relate to education by the Ministry of Education and Culture, as well as other ministries in accordance with its main duties and functions [7].

Specific nutritional intervention is a child-directed intervention in 1000 Day One Life and contribute to a 30% reduction in stunting [8]. Framework for specific nutritional intervention is generally performed in the health sector and the short-term nature, which then also can be seen in a relatively short time. Some of the key interventions in specific nutritional interventions starting from pregnancy, childbirth and raising children, namely: supplementary food for pregnant women and blood supplementation during pregnancy, pushing Early Initiation of Breastfeeding (IMD) and encourage exclusive breastfeeding in nursing mothers, and to encourage the continuation of breastfeeding until the child / infant aged 23 months, provide companionship breastfeeding, Feeding (PMT) Toddlers, providing de-worming, providing zinc supplements, fortification of iron into food, providing protection against malaria, provide complete immunization, as well as the prevention and treatment of diarrhea [9].

Associated with exclusive breastfeeding in infants aged 0-6 months as one of the major interventions in the prevention of stunting, the government has seriously give attention to the issued PP 33 Year 2012 on exclusive breastfeeding. In the policy stated that every baby is entitled to exclusive breastfeeding and every mother is required to provide exclusive breastfeeding to their babies unless medically indicated. Additionally, families, communities, and governments must support the process of granting exclusive breastfeeding. Even further, the government has issued a ban on infant formula feeding as set forth in Permenkes No. 15 In 2014, as a manifestation of the government's seriousness on this issue exclusive breastfeeding.

But in fact, coverage of exclusive breastfeeding is still quite low. Only 40% of infants aged 6 months down the exclusively breastfed and 45% of breast-fed until the age of 24 months [10]. In reality they often found mothers who formula feed her baby. It is inseparable from the promotion / advertising infant formula that ultimately affect the decision-making in the family.

Ulil Albab [11] in his study mentions that families who are exposed to promotion of infant formula tends to malfunction decision-making in the provision of exclusive breastfeeding in the amount of 78.9% compared with non-exposed family formula. This means that exposure to promotional / advertising formula does have a considerable influence on decision making in the family of formula feeding. Ads formula constructed in such a way to educate the baby's brain ultimately affect the attitude of the mother's choice. Though ASI is the specific nutritional intervention is crucial in the prevention and control of stunting.

Meanwhile, sensitive nutrition interventions carried out through various development activities outside the health sector and contribute 70% of the intervention of stunting [12, 13]. The goal of nutritional intervention is a sensitive society in general and not specifically pregnant women and infants in the first 1,000 days of life. Sensitive activities related to nutrition interventions can be implemented through several activities that are generally conducted macro and cross-ministries and institutions. Some of them are: to provide and ensure access to clean water, put through fortification of foodstuffs, providing access to health care and family planning (FP), provide the National Health

Insurance (JKN), providing Delivery Guarantee Universal (Jampersal), provides parenting education to parents, provide nutrition education to the community, and so forth.

Various attempts have been made by the government to spend the state budget is not small. Indeed, there has been a reduction in the prevalence of stunting from 37.2% in 2013 to 30.8% in 2018 [14], but the results achieved are still far from the expected. Slow-moving changes in time that can not be said to be short, certainly needs to be an evaluation for governments, stakeholders, and of course for all the people of Indonesia who care related issues. What exactly went wrong in the efforts that the government has done so not much of a difference?

We need to realize that the debate about stunting not only questioning the dimensions of health, nutrition, and nutrition security as the government that had been used as focal dimension reduction of stunting. The problem of stunting also must be considered as a social phenomenon because there are many complex factors associated with the issue. There is another dimension that escapes and not many get the attention associated with stunting reduction efforts over the years, namely from the aspect of gender equality, roles, access, control and empowerment of women. During this time, various government efforts in the prevention of stunting more focus on dimensions of health, nutrition, and nutritional intake. Not much effort is focused focussed on women's empowerment.

In fact, that a greater role in the care of infants and toddlers is a woman. Some studies have shown that the problem of stunting is closely associated with women, either as mothers or mothers. Various studies also show that the mother's role is very strategic in determining the incidence of stunting in children. Therefore, this study will examine the subject of access and control profiles of women in their role as mothers and their relation to the incidence of stunting.

## 2. Methodology

This study used a qualitative approach to gender analysis techniques to look at the position and role of men and (in this context in particular) to the issue of stunting women. Gender analysis is done at the level of grassroots / micro (household and community). As for the gender analysis model used is using Moser. Moser Model Analysis process can be illustrated as follows:

- 1) Identification of Gender Roles ("Three-Role", which includes the role of productive, reproductive and community / social work)
- 2) Gender Needs Assessment consisting of: the practical gender needs, and strategic gender needs
- 3) Analysis of Access Profile (opportunities) and control (power in decision-making)
- 4) Analysis of the factors that influence the activity profile and the profiles of access and control that can be used as a tool to determine the things that hinder or support.

This research uses a critical feminist theory to strengthen the Gender Analysis Framework, as well as the use Gayatri Spivak's postcolonial thought in looking at the concept of female identity and regard its role on the incidence of stunting in children.

## 3. Result and Discussion

### 3.1. Identification of Gender Roles (Tri Role) Female Genesis Stunting

In this component will identify productive activity, reproductive, and social in women as mothers, particularly in connection to the factors associated with stunting. The following activity profile women as mothers do with factors that affect stunting:

**Table 1.** Profile of Women's Role Activities in relation to stunting

Type of activity	Activities
<b>Productive</b>	Work outside the home / career
<b>Reproductive</b>	Doing Housework
	✓ The practice of feeding in children
	✓ Provide psychosocial stimulation of children



<b>Society</b>	<ul style="list-style-type: none"> <li>✓ Maintain hygiene / sanitation in parenting</li> <li>✓ Maintain cleanliness of the house / environmental sanitation</li> <li>✓ Parenting</li> <li>✓ Accessing health services</li> </ul>
	Posyandu, seminars and training related to feeding practices (solids), Seminar parenting, parenting, and healthy lifestyle, follow classroom activities pregnant and lactating mothers

Source: Data processed, November 2019

According to the table above, it can be seen that women as mothers have a very strategic role in the determination of the incidence of stunting in children. Mother is the main key to be the deciding factor whether he produced a child stunting or not. Mothers who do not run triperan (role productive, reproductive, and social) well will be more at risk of child stunting produce. The women who run the tri role, or in other words economically productive women. The results of the study mentioned that the dual role mentioned are not related to the incidence of stunting [15].

### 3.2. Practical and Strateg<sup>7</sup> Needs Assessment of Women as Mothers

Practical gender needs is the fulfillment of short-term individual needs aimed at transforming lives through basic needs. While the strategic gender needs is the fulfillment of a long-term aimed at changing gender roles that women and men can share equitably.

**Table 2.** Identification of Women's Needs in stunting interventions

No	Intervention Type	Gender needs	
		Practical	Strategic
1	Feeding practices in children	Healthy and nutritious food source, Infant and child feeding classes	Increased knowledge and awareness about nutrition and proper feeding practices
2	Provide psychosocial stimulation of children	Parenting seminars, Pregnant and nursing mothers education classes	Increased knowledge and awareness of the importance of psychosocial stimulation of children for prevention of stunting
3	Maintain cleanliness / sanitation in caring for children	Access to clean water, Availability of latrines,	Increased knowledge and awareness of the importance of psychosocial stimulation of children for prevention of stunting
4	Maintain cleanliness of the house / environmental sanitation	Access to clean water, Availability of landfills	Increased knowledge and awareness of the importance of keeping the

			environment as an intervention to stunting
5	Parenting	Parenting seminars / training for infants / toddlers	Increased knowledge and understanding of the importance of applying good parenting as a prevention of stunting
6	Access to health services	Adequate health facilities	Increased knowledge and awareness to utilize health services well as prevention of stunting

### 3.3. Women's access to and control associated with Genesis Stunting

**Table 3.** Differences in Access and Control Men and women in the incidence of stunting

Resource	Access		Control	
	Male	Female	Male	Female
Income	✓	✓	✓	
Education	✓	✓	✓	✓
Training	✓	✓	✓	✓
Health Facilities	✓	✓	✓	✓
Feeding practices		✓		✓
Psychosocial Stimulation		✓		✓
Hygiene practices		✓		✓
Environmental Sanitation		✓	✓	✓
Parenting		✓		✓
Presentation of food		✓		✓
Exclusive breastfeeding		✓		✓
Integrated Healthcare Center (Posyandu)		✓		✓

Resource revenue-girls, the results of productive activities alone or living / materials provided husband, indirectly contributed to the incidence of stunting. Although some studies say that poverty is not a major cause of stunting in children, but poverty is in fact contributing to 'contribute' in the incidence of stunting. The lack of access of women / mothers on nutritious food can be caused by expensive / inaccessibility of snacks and healthy food. Access control women became weaker when they are in no condition to work / do not have an income or in other words do not carry out their productive role.

Due to weak access control women perform their role in relation to the incidence of stunting, on one side of the woman was blamed when they have a child stunting, but the other conditions can not be separated from the weak access control them to perform its role in the plenary, in this case is on the control of family income.

### 3.4. Analysis of Factors Affecting <sup>2</sup> Access and Control of women in the incidence of stunting

**Table 4.** Factors Affecting Differences Access and Control

Factor	Obstacle
<b>Politics</b>	Policy makers are still dominated by men so that products are not gender sensitive policies
<b>Economy</b>	Capitalistic economic system that puts women in the family as an asset owned by men
<b>Social</b>	People assume women are under the responsibility of men, so the decision or thinking men are considered to also represent the needs of women
<b>Culture</b>	Injustice suffered by women as a result of relations between men and women are unequal in society deems as reasonable and are natures
<b>Law</b>	There are rules and laws that protect the rights of women, but has not been accompanied by adequate devices

Accumulation factors, political, economic, social, cultural, and legal have become factors that affect women's access and control in their role as mothers and prospective mothers to do with the incidence of stunting. Are not gender responsive policies eventually become a limiting factor in stunting reduction arena. In this case, it can be seen that the policies and programs for reduction of stunting that this government still focuses on the dimensions of health, nutrition, and nutritional intake. Although, in a sensitive nutrition interventions, social aspects and women's empowerment has been incorporated into the policy program, but its implementation is still not optimal compared to the other programs are gaining greater attention.

#### 4. Conclusion

Women have a very strategic role in the determination of the incidence of stunting. To that end, stunting reduction efforts should be started and focused on aspects of women's empowerment. Some women's empowerment activities that can be done is:

- 1) Encourage women to run a productive role in order to be empowered economically.
- 2) Raising awareness, knowledge and understanding of women's reproductive role in the best possible way, especially on matters relating to the causes of stunting.
- 3) Improving women's social role. Can be active involvement in the activities of the society related to the intervention of stunting, such as participation in Posyandu activities, actively involved in reviewing the current state of their villages relation to the issue of <sup>2</sup>stunting, are actively involved in planning and rural development terkait with the intervention of stunting.

To be able to run all of these roles well, women should have access to and control of the firm. Therefore, the support of the policy, economic, social, cultural, legal and indispensable. It is time that gender mainstreaming is applied optimally in every aspect of life, and culture patriarki has hampered women need to be removed.

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