

# Reducing Stigma Toward Mothers in Stunting Incidence by Increasing Fathers' Participation in Raising Children

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## Abstract

Stunting has been considered a global problem that requires considerable attention and action to eradicate, including in developing countries like Indonesia. Initiatives have been made to reduce stunting in many parts of the country, yet they do not seem to bring the expected results. As such, we conducted a study to improve the situation by reducing stigma towards mothers and increasing fathers' participation in caring for their children. The study was a case study. Data were collected through in-depth interviews and focus group discussions (FGD) with families of stunted children. The study's novelty lies in the proposed policy model of reducing stigma towards mothers and increasing fathers' participation in child-raising to reduce stunting. Our findings confirm that mothers must be dealing with a stereotype of ideal mothers, and they find it hard to gain autonomy in decision-making related to their child's upbringing, including health. Furthermore, findings also show that fathers' participation in raising children is one of the solutions to reduce stunting. Fathers' crucial roles are controlling their child's nutrition, including feeding patterns, taking the child to health facilities, and keeping vaccination schedules. Reducing stigma toward mothers emphasizes gender-sensitive parenting and support from government agencies responsible for stunting eradication. Meanwhile, heterogeneity in how family members perceive stunting has also become another significant challenge that needs deeper exploration. Finally, this study presents policy recommendations to support fathers' roles in overcoming stunting.

## Keywords

Community support; gender mainstreaming; gender role; health policy; stunting policy

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## Introduction

Stunting has been considered a global problem that requires considerable attention and action to eradicate. Efforts to eliminate stunting may be challenging since it can be caused by one or some factors, including environmental, biological, hereditary, and family conditions (Briend et al., 2015; Cumming & Cairncross, 2016; Weatherspoon et al., 2019). Indonesia also finds stunting not easy to deal with. The stunting prevalence rate in Indonesia was 21.6% in 2022, estimated to reach 14% in 2024. It has been found that Batu City, one of the cities in East Java, is one of the areas with a high stunting rate. In 2020, the stunting prevalence in the city was 14.83%, remaining the same until December 2022 (Fizriyani, 2022); it only reduced to 13.2% by August 2023 (Wibowo, 2023). These figures fall in the medium category according to the World Health Organization's standards of stunting prevalence, as presented in Table 1 (de Onis et al., 2019). Giripurno Village, Tulungrejo Village, and Sumberbrantas Village in Batu City are areas with the highest stunting prevalence rates that need immediate action.

The Presidential Regulation of the Republic of Indonesia Number 72 of 2021 (Indonesia Central Government, 2021) has elaborated stages to reduce stunting, including efforts to handle the issue at the lowest administrative level, the village or district level, and the family level. Guidance on stunting management can also be found in the Regulation of the Minister of Villages, Development of Disadvantaged Villages, and Transmigration of the Republic of Indonesia Number 7 of 2021 concerning Priority Use of Village Funds in 2022; the regulation mentions that village funds must be allocated to support the nation-wide priority programs, including stunting prevention and eradication. In implementing the policy, gender mainstreaming has become a concern, as stated in Presidential Instruction Number 9 of 2000 concerning Gender Mainstreaming in the National Development. At the local level, the government of Batu City has issued Regional Regulation Number 2 of 2016 concerning Gender Mainstreaming. This study focuses on efforts to reduce stigma toward mothers related to stunting incidence in Batu City at the family level; it also discusses the role of fathers in efforts to reduce stunting. It ends with recommending a policy model as a follow-up to reduce stunting prevalence.

**Table 1:** Stunting Prevalence Threshold and Labels

Label	Prevalence Threshold (%)
Very low	< 2.5
Low	2.5 - < 10
Medium	10 - < 20
High	20 - < 30
Very high	≥ 30

Efforts to accelerate stunting-reduction programs have met quite many obstacles, one of which is related to human resources, including the absence of specific teams to handle stunting incidents, the lack of competence of leaders, and the lack of public awareness and participation (Zaleha & Idris, 2022). Public involvement and awareness are closely related to understanding parents' role in fulfilling their children's nutrition. Ideally, parents must have themselves educated on preparing balanced-nutrition meals and varied menus, choosing good quality food ingredients, correctly processing food ingredients, serving healthy and visually attractive dishes, and monitoring the growth and development of their children by regularly visiting Posyandu (Pos Pelayanan Terpadu [Integrated Service Post]) (Munawaroh

et al., 2022). The Pos Pelayanan Terpadu is a health promotion effort implemented by and from the community to empower community members and help them easily access health services for mothers, babies, and toddlers. As such, stunting prevention and eradication must involve mothers and fathers.

Studies have shown a significant relationship between parenting styles and child nutrition (Situmeang et al., 2020). Situmeang et al. (2020) explained the importance of cooperation between fathers and mothers for children's maximum health. A father is vital for parenting and emotional support (Sarkadi et al., 2008). When it comes to stunting incidence, a strategy of approaching family members, especially mothers, is crucial because mothers usually are the closest figure to the children and are highly involved in raising them; yet, support from fathers, grandmothers, or other family members cannot be neglected (Nursanti et al., 2021). A family can be defined as a group of people who share their lives over a long period and are bound by marriage, blood, law, and commitment, either legally or not, who consider themselves to be family, and who have an essential history and hope for the future to function as a family (Galvin et al., 2015).

Early marriage is highly prevalent among females in Indonesia. This can be attributed to traditional values among Indonesians, which expect women to primarily function as wives and mothers; this societal expectation then holds greater influence over the path of many Indonesian females than other aspirations, assuming a significant role (Quah, 2015). For Asians, including Indonesians, modern times have brought more demand for married and working females—they are expected to continue their primary role as the ones taking care of the household as society expects. At the same time, they also have to play their role as employees (Quah, 2008). It is clear that women are the primary caregivers in the family, yet some still want to have roles in other areas. This situation led to a shift in policy-making, initially focusing on involving women in development to gender mainstreaming in various issues. It can be interpreted as an approach to overcoming differences between men and women by mainstreaming gender into development planning at all levels and sectors by focusing less on providing equal treatment for men and women and more on taking whatever steps are necessary (Caglar, 2013; Taylor, 1999).

Empowering women in handling stunting and improving nutrition has been proven effective and shows that women's involvement in decision-making is crucial, especially regarding children's nutritional status (Abreha et al., 2020; Indriyastuti & Kartono, 2022; Jeeva et al., 2019). However, good access and control are needed for women to play their productive, reproductive, and social roles related to stunting (Saputri et al., 2020). Saputri et al. (2020) argued that women face gender inequality regarding access and control; for example, women are seen as holding a second or lower rank than their husbands. Patriarchal culture is considered a non-health factor leading to gender inequality in child-raising and the development of women's knowledge related to the roles they can play other than being a mother and a wife (Mardiyono & Prianto, 2017; Prianto, 2019; Ratnawati & Prameswari, 2022). Moreover, women tend to have limitations in meeting their reproductive health needs, indirectly affecting children's nutrition and health (Tinaningsih et al., 2022).

Previous studies confirm the limited gender studies in empowering women to handle stunting. Those studies also reveal that the nutritional knowledge of men in the household has a significant, positive, and additive relationship with the diversity in the households, children's and mothers' dietary patterns after adjusting to household wealth, and women's education and knowledge about nutrition (Ambikapathi et al., 2021). The role of family members can be vital for women to fulfill their children's nutritional needs. We must also

consider structural factors, not just promoting behavioral change and fulfilling additional nutrition (Subramanian et al., 2016).

The role a father plays in caring for a stunted child has a significant impact on the child's growth and development (Wang & Cheung, 2023). Fathers primarily encourage equality in parenting and the distribution of roles. In addition, emotional support (Aznar & Tenenbaum, 2020; Morawska, 2020), financial support (Jeong et al., 2023; Raley et al., 2012), healthcare provision, and nutritional improvement (Agrawal et al., 2022; Mancini, 2023), and other forms of fathers' active involvement can improve the quality of life and speed up the recovery of stunted children.

Therefore, it is essential to study patriarchal culture as one of the factors causing stunting and gender mainstreaming in handling stunting. Based on the explanation presented before, our study emphasizes the policy model of gender mainstreaming related to the role of fathers in raising children to reduce stunting. In other words, we underline the importance of both mothers and fathers in children's lives. This proposed policy model must encourage fathers' active participation related to a child's health, nutritional status, and education. By promoting gender equality in raising children, this policy model can reduce the stigma toward mothers related to stunting incidence and increase children's opportunities for healthy growth.

## Method

### Case selection and data collection

Our research employed a qualitative methodology with a case study design conducted in three villages: Giripurno Village, Tulungrejo Village, and Sumberbrantas Village, in Batu City, East Java Province, Indonesia. We chose those three villages because they had a stunting prevalence rate of 25%, and Batu City ranks in the top five at the national level for the high number of stunting cases.

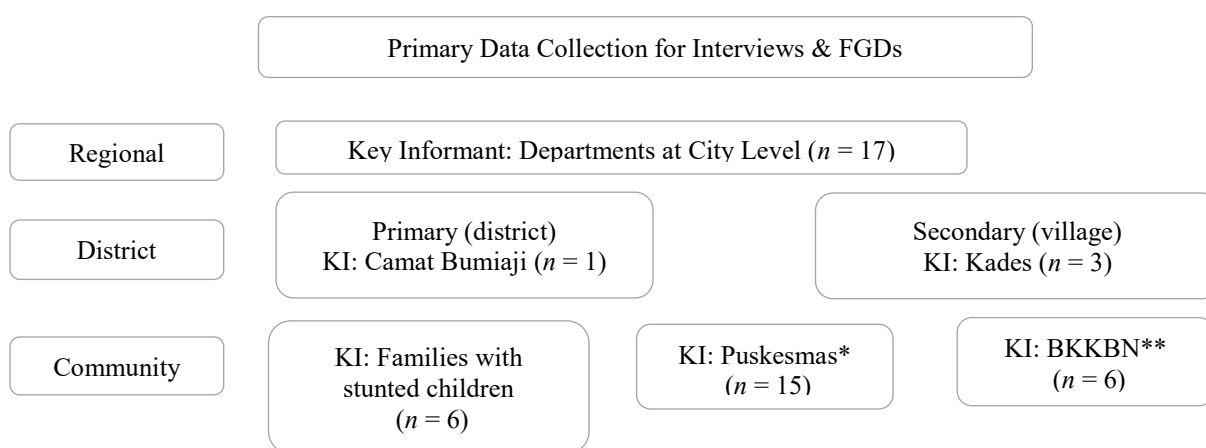
The object of this research is the stigma toward mothers and the role of fathers in reducing stunting in three targeted villages. Furthermore, the research focus includes examining efforts to reduce the stigma by discussing several aspects, including gender-sensitive parenting patterns and illustrating how mothers end up getting the stigma. We also discuss the involvement of fathers in raising children. The discussion ends with policy recommendation models emphasizing the prevention and reduction of stunting prevalence rates. Data were collected through observations, literature study, interviews, and focus group discussions (FGDs).

After analyzing 30 articles on stunting in Indonesia and other developing countries, we found that poverty and a lack of awareness of health status stimulated stunting. However, our preliminary observations showed that this is not the case with Batu City; the fathers' role influences parenting styles that cause stereotyping and subordination to mothers. This has become the reason for researching the three villages in Batu City.

## Samples for interview and focus group discussion

Categorizing families with stunted children was the way for us to find the specific problem of gender mainstreaming; the categorization was done through in-depth interviews and focus group discussions (FGDs) (Kumar & Lakhtakia, 2020). Categories were made based on the family's economic conditions, children's health status, and parenting styles. Personal interview results were taken as the material for FGD. The FGD gathered stunted children and their family members in one place. The interviews were conducted at the city and village community levels. The process of determining research informants can be seen in Figure 1. Key informants were chosen based on characteristics (Ghodsi et al., 2017), totaling 48 people providing public services at the city, district, village, and community levels.

**Figure 1:** Key Informant Selection



Note: \*Community Healthcare Center; \*\* National Population and Family Planning Board of Indonesia

## Research analysis method

At this stage, analyzing stunting policies (Binagwaho et al., 2020) involved services for women's and children's health, education, and empowerment opportunities. The policy review examined each institution that oversees it.

The analysis results of the categories and aspects above lead to minor and major findings (Clark et al., 2021). Each of these propositions can lead to recommendations and research implications. This study's limitation is that gender can be categorized into stereotypes and subordination to mothers by men and individuals around them.

## Result

### Stunting and gender-sensitive family parenting styles

Stunting and family parenting styles are directly correlated, as shown in previous studies (Čvorović, 2022; Hasan et al., 2021; Iruhiriye et al., 2022; Mamidi et al., 2016). From the World

Health Organization's perspective, 'stunting' differs from malnutrition (Nisbett, 2023). Indonesia also experiences the three terms of stunting from the previous explanation. Understanding how each family perceives stunting is essential to understanding the impact of stunting and gender mainstreaming in public policy. This research explores how families face and respond to stunting by focusing on the roles of family members and the parenting styles applied.

Interviews with Posyandu's officers confirmed that stunting in this area was mainly caused by unequal parenting roles between mothers and fathers. Mothers are responsible for organizing almost all children's activities, making them often feel overwhelmed; this situation is even worse if they live with their in-laws or biological parents. Most mothers feel that they do not receive moral and social support to increase their knowledge and awareness about parenting and nutrition and actions to maintain their children's growth and development. Posyandu has collaborated with various parties, including Pustu (Puskemas Pembantu), an integral part of Puskesmas, and Pozting Pos Gizi Penanganan Stunting [Nutrition Post for Handling Stunting]. The Pos Gizi Penanganan Stunting is a specific activity held to educate families to improve the quality and nutrition of their food or meals to prevent stunting incidence. Collaboration between parties builds an understanding of stunting, healthy eating patterns, and how to interact with children and family members.

*"All children's upbringing is left in women's hands. However, when something is not running as it is supposed to be, say the child is sick or not gaining weight, the mother is completely to blame."*

The key informants from the Batu City Women's and Children's Empowerment Service also stated that fathers' lack of involvement in child-raising contributed to stunting. All stakeholders agree that mothers play a critical role in influencing children's health status, particularly in the context of stunting. According to Yaya et al. (2020), there is a clear relationship between children's nutritional status and mothers' level of empowerment. Therefore, government policies aimed at empowering Indonesian women must be strengthened. Similarly, the high involvement of mothers should contribute to decreasing stunting prevalence, yet this has not received much attention.

Based on the assessment results of the Batu City Women's and Children's Empowerment Service, when a family was found to have a stunted child, the family members, especially the father, tended to refuse all support given by the health personnel or avoided all activities directed at solving the stunting problem. This action was led by the premise that participation would be hard to bear and that the family would only gain a stigma of poor health. Finally, the family would withdraw from all communal networks and leave all the burden of solving the stunting problem on the mother.

We did not have enough data on the level of involvement men, fathers, and other family members demonstrated in parenting. According to the Batu City Health Service, women have a significant predominance in stunting management and child health activities. This includes their participation in Posyandu and various health service centers. Health service centers have made efforts to increase male involvement in stunting management. Individuals, for example, are actively engaged in multiple domains through their participation in the Posting forums. Mothers and stunted children must come to the designated location to participate in the stunting management activity; this can be considered a form of positive reinforcement and motivation to pursue educational goals and engage in behaviors that promote physical and mental well-being.

Giripurno Village shows significant advancement in interventions promoting healthy living behaviors among men. The village secretary mentioned that 70% of the villagers were men, and one of the male figures in the family, either the father or the grandfather, agreed to accompany the mother and the child to Posyandu. The Posyandu's midwives, however, stated that the support from the male figures had not yet been able to reduce the stunting prevalence rate because it had not been directed to build awareness of stunting. In other words, fathers' participation in such activities has not been shown to impact cognitive development and awareness significantly. Nonetheless, this result can lead to further investigation and exploration.

In contrast, Sumber Berantas found it hard to educate fathers to participate in solving the stunting problem. When mothers expressed their desire to join in Posyandu's or any stunting management activities, they did not get the support they needed from their husbands because their husbands were afraid of gossip and social isolation if people knew the family had a stunted child. According to the midwives, families in this village consistently decline health visits and cut off all connections to healthcare services for various reasons.

*"When the midwife and village officials carried out health visits to provide nutritional food and even health checks, the man (father) came out of the house and rudely said that his family did not need this and that their child was healthy and fine."*

A similar condition also occurs in Tulungrejo Village; families with stunted children rarely participate in activities to reduce stunting organized by the village or government agencies. According to the village midwives' report, mothers need help from their husbands in child-raising. When the mother is tired and there is no one to help, she quickly gets angry, even when the kids make a small mistake; the mother may not care about the child, even not feeding the child.

The observation results in these three villages show that getting the fathers' and other family members' support in managing stunting is challenging. Women tend to have limited access to stunting management because they are not the decision-makers in the family. Although support and information are available through Posyandu, Pozting, and Puskesmas, family support is influential. Lack of family support seems to be a silent factor hindering stunting management programs' acceleration.

## **Stigma and perceiving stunting**

In general, informants from families with stunted children stated that they had to face stereotypes and subordination, especially the mothers, from their parents and in-laws, especially the ones living in the same house. When asked about gender bias, they said there was no gender bias. Stereotyping practices include family and children, marriage, equality, and women's work (Priyashantha et al., 2021). One of the most commonly found practices of stereotyping is labeling mothers as incompetent in raising children, not capable of cooking and serving good food, and not having good knowledge. The husband, parents, and in-laws tend to blame the mother when a child is considered overweight and/or not developing well physically and/or mentally. Mothers also seem to have no chance for self-development because they are in a subordinate position and have no rights for decision-making – all are the rights of the fathers. Thus, mothers are often found to have no access to information about stunting.

*"... I think my husband always sees me as dumb because I did not finish school. He refuses when I ask him to accompany me to Posyandu or Pozting. He simply says that it is all my mistakes for being dumb and not having good knowledge of health. Because it is my mistake, I must go by myself and get the knowledge to raise my children better."*

A similar condition also occurred in Sumber Brantas Village. Mothers with stunted children are faced with stereotyping by their husbands, in-laws, or parents. The Women's and Children's Empowerment Service has tried to improve fathers' participation in stunting management, but the efforts have not brought the expected results. The biggest obstacle, however, is fathers' lack of awareness that raising children, including stunting management, is the responsibility of both mothers and fathers. This lack of awareness results in stereotyping, and subordination continues to occur in families with stunted children.

Informants from family members in Sumber Brantas Village mentioned that stereotyping of women, including women, had to focus on household affairs, women had the lowest status in the family, and women were weak. Mothers of stunted children are often prohibited by their husbands from going to Posyandu and Posting. Husbands usually see such participation in Posyandu, and Pozting will add problems to the family. Whatever happens, the mothers are the ones to be blamed. In addition, subordination also means that women are indecisive.

According to mothers with stunted children, the treatment they often receive is a prohibition from their husbands from participating in Pozting and Posyandu activities. When deciding to take steps to participate in these activities, husbands frequently think that participation adds to family problems, and, in the end, the mother is blamed because she does not have other decision options. Meanwhile, subordination assumes that women are indecisive, so they must not be given a chance to make any decisions.

Giripurno Village seems to have better fathers' participation, yet several informants experience the same stereotyping and stigmatization. There was a case of a mother with a stunted child. She was blamed for the condition of her child because she kept working during pregnancy, and even shortly after childbirth, she was seen as neglecting her baby's health. The mother was not given a chance or right to defend herself because women are considered second after men.

The stereotyping and subordination elaborated above illustrate how the patriarchy rules us. It was also found that women had more burden when it came to contraceptive measures; it is women who care more about taking contraceptive measures, such as injections or pills, than men. A male informant stated that a child's health was the mother's responsibility, while the father was responsible for earning a living.

*"Posyandu, sick children, and children who do not want to eat are the mother's business. The father's job is already hard, earning a living for everyone at home. The mother is enough for everything at home, and so far, my wife seems fine with that."*

In some cases, the social stigma surrounding stunting can influence family acceptance. Families who feel embarrassed or afraid of being shunned by society because their children are stunted may be reluctant to seek help or talk about this problem. This stigma can also be influenced by gender, especially in terms of mothers' responsibilities in caring for children.



Repeated negative behaviors and habits cause stereotypes and subordination in the family. This habit creates a stigma for mothers within the family. Then, there is a point of view that powerless women or mothers are the primary source of patriarchal culture. To understand stunting prevention, equal opportunities and participation cannot be displayed well from a gender equality frame.

## **Involving men in preventing and reducing stunting rates**

Various parenting styles also significantly impact the acceptance of stunting. An authoritarian approach characterized the prevailing parenting style observed in three villages within Batu City. The measures implemented addressed the issue of stunting while attributing responsibility to the mother and child. The socio-economic status of the family also influences the acceptance of stunting. In the context of Sumber Brantas, it has been observed that families facing economic challenges often overlook stunting, as their primary focus is directed toward fulfilling fundamental necessities.

Furthermore, it is noteworthy that the primary emphasis in occupations is directed toward men to fulfill family needs. In Tulungrejo Village, a similar pattern was observed; men tend to allocate more time outside the household than women. In Giripurno Village, the parents work, and the grandparents care for their grandparents.

From an alternative standpoint, the acceptance of stunting can also be associated with educational attainment and gender consciousness within the household. Families with limited access to education and low gender awareness tend to show closed-mindedness and less sensitivity toward stunting. Consequently, individuals often blame one another when a problem arises, thereby opting to evade or, more precisely, disregard the issue at hand.

The Social Service, Health Service, and Women's and Children's Empowerment Service strive to enhance male engagement in managing stunting. Based on the findings of the focus group discussion (FGD), currently, no programs are dedicated to improving fathers' knowledge and awareness regarding stunting. Furthermore, during the interviews conducted with male residents of the three villages, it was found that all participants acknowledged their awareness of stunting. However, none of them demonstrated any proactive measures or actions that indicated their active involvement in addressing this problem.

The Health Service's initiatives to address prenatal stunting are done through premarital training or counseling. Similarly, the health initiatives implemented by the Social Services for communities have not adequately addressed the specific issues of stunting and promoting fathers' or male participation. The department's current approach to implementing its work program remains rooted in a patriarchal framework. The manifestation of male involvement in stunting management can be observed within the services to empower women and children. The implementation of the socialization program during Tahlilan, a communal recital among Muslims, has commenced despite the criteria for exclusion. Efforts to enhance cognitive development concerning stunting are predominantly centered around males, necessitating additional measures to increase awareness.

*"There is no massive fathers' participation program, no specific programs available for men. To empower women and children, we target the grassroots and join Tahlilan. Religious leaders help us socialize stunting through Tahlilan."*

Empirical evidence shows that fathers lack a precise understanding of the concept of stunting, potentially leading to the wrong assumption that their children are not stunted. When Posyandu informs parents that their children are stunted, the fathers often deny the diagnosis and blame their spouse. Due to their limited autonomy, mothers blame their children and disregard their children's well-being. This happened in almost every household that served as informants in the current investigation. The use of behavioral interventions by parents and in-laws and the unjustified attribution of blame to the mother were observed.

Mothers received limited assistance to promote adequate food and nutrition for their children. Furthermore, fathers often did not provide enough support during breastfeeding, and again, mothers would be blamed if they could not provide enough breastmilk for their children. As our findings showed that only a small number of men or fathers wanted to accompany their wives and children to Posyandu, it could be concluded that these fathers' awareness of their children's growth and development remains low due to their incomplete cognition. As a result, men's ability to contribute to promoting healthy lifestyles and providing psychological support to their families remains limited.

Fathers still do not understand stunting comprehensively. Their knowledge is limited to children with below-average body weight and entwined with myths about heredity. This factor influences the way men participate in addressing stunting. The attainment of cognition remains elusive, impeding the formation of awareness and thus perpetuating the prevalent belief that women bear primary responsibility for their children's health. The flawed conceptual framework for understanding stunting has far-reaching consequences, affecting child treatment, communication and problem-solving approaches, and perspectives.

## Discussion

Batu City has tried to reduce its stunting rates, but the results have not been optimal. Stunting and parenting styles have a direct correlation; therefore, when parents do not have the proper perspective on stunting, they tend to withdraw themselves from the environment when their child is categorized as stunted. Data from Posyandu staff in Batu City confirmed that the primary cause of stunting is a lack of a proportional role in child-raising. Parenting styles, especially in the context of gender, play a vital role in the process of accepting the stunting condition and its effects. How families perceive and accept stunting conditions is essential in understanding the impact of stunting and gender mainstreaming in public policy. In particular, the implementation of actions focuses on increasing the attention of fathers or other male family members in caring for children, including paying attention to eating schedules, nutritional quality, and child health care.

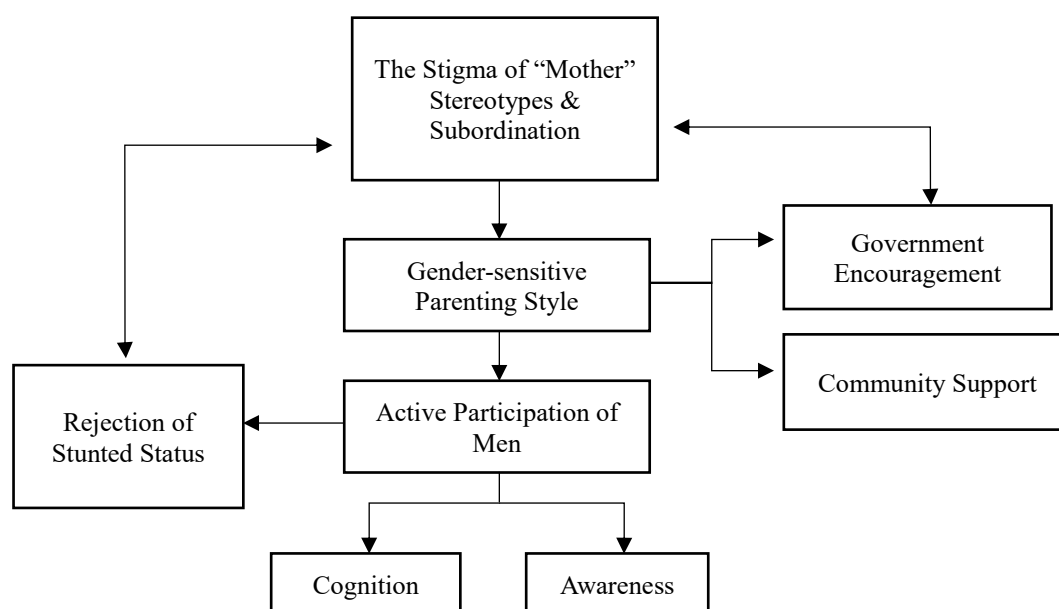
In various world studies, stunting and malnutrition are more associated with cases of underweight, malnutrition, feeding programs, and economic inequality in Africa (Khan et al., 2021), India (Kumar & Lakhtakia, 2020), Iran (Ghodsi et al., 2017; Kavosi et al., 2014), and Guinea-Bissau (Saltzman et al., 2017), while studies in Indonesia that highlight the Samin tribe on the Island of Java refer to the symptoms of underweight and skinny children under five years old as an extension of economic factors (Riyadi et al., 2021).

Meanwhile, the government's obstacles in reducing the stunting prevalence rate are related to the family's rejection of the status of the children as being stunted and how society tends to stereotype mothers and discriminate against the families of stunted children. Families tend to

refuse their children categorized as stunted, and they simply believe that the child's body is small because their parents' bodies are; in other words, it is hereditary. These field findings show that there are misconceptions in society related to stunting.

Stunting is considered a chronic condition that affects children's physical and mental growth, and the diverse understanding of stunting significantly impacts efforts to treat and prevent it. Meanwhile, in Batu City, families face stunting by relying only on the mother without involving other family members; in such families, the parenting style tends to be patriarchal. Mothers are responsible for organizing almost all children's activities, making them often feel overwhelmed; this situation is even worse if they live with their in-laws or biological parents. Most mothers think that they do not receive moral and social support to increase their knowledge and awareness about parenting and nutrition and actions to maintain their children's growth and development.

**Figure 2:** Gender Policy Framing in Reducing Stunting Prevalence Rates



Although mothers are often considered the primary key in determining children's health, the role of men in the family is critical. However, in many cases, men refuse to participate in stunting management. They consider this activity burdensome and may bring a negative label as an unhealthy family. Thus, many families rely on mothers to care for their children without support from the health personnel. Mothers receive stereotyping and subordinating when it comes to stunting. This creates a stigma that causes women to withdraw themselves from the environment.

Subordination is seeing women as the second gender who do not have the right to make decisions about parenting and stunting management. Meanwhile, mothers are stereotyped as the ones to make the mistakes and the ones to be blamed when the children show abnormal growth and development. They are unable to accept the fact that their children are stunted, and the burden of blame put on them finally leads to mothers failing to produce the right solution.

This study examines male participation in stunting management in three villages in Batu City. The Giripurno Village has effectively engaged male individuals in initiatives addressing

stunting. Nevertheless, it has not entirely mitigated the prevalence of stunting. However, in Sumber Brantas Village and Tulungrejo Village, there is a noticeable lack of male involvement in addressing stunting. The primary challenges encompass social stigma, the subordinate status of women, and the stereotyping of women.

How family members accept or reject the status of their stunted children can be influenced by social stigma. Families with stunted children often face social stigma, making them avoid talking about their children's health status and avoid seeking necessary assistance. The prevailing social bias is frequently shaped by gender, with mothers being perceived as primarily accountable for the condition.

Various parenting styles also significantly impact the acceptance of stunting. Families with an authoritarian parenting style attribute responsibility for stunting management to the mother and child. Factors such as education and gender consciousness additionally impact the acceptance of stunting. Families characterized by limited educational opportunities and a lack of gender awareness exhibit reduced sensitivity toward stunting and are more inclined to attribute blame to individual family members rather than actively seeking out viable solutions.

The level of male involvement in stunting management is below the desired level. Some initiatives are underway to enhance men's understanding and consciousness regarding stunting. It is imperative to comprehend the significance of educating men about stunting and their responsibilities within the family context. The health and social service sectors must also develop initiatives to actively involve men in efforts to address stunting.

Based on the previous explanation, this research found that reducing stunting prevalence rates requires a gender-sensitive policy framework, as illustrated in Figure 2. This model describes the steps to accelerate gender-sensitive stunting reduction programs in Batu City. The steps start with reducing the stigma towards mothers, which is related to stereotypes and subordination. The subsequent emphasis is on increasing men's participation in gender-sensitive parenting, which can be achieved by improving cognition and awareness of parenting styles in the family. Another variable that can realize gender-sensitive parenting is government encouragement and support from the community.

We recommend providing holidays for fathers before and after their wives give birth so that fathers can participate more in caring for the baby and the mother; this is similar to the maternity leave a mother gets before and after childbirth. Fathers must also be encouraged to participate more actively in Posyandu and Pozting activities. Fathers can volunteer in those two organizations to get and spread information related to children's health. Through the Health Service and the Children's and Women's Empowerment Service, the government can encourage fathers to have a group dedicated to educating each other about family health. Finally, the family health services may involve fathers monitoring children's growth and development.

## Conclusion

To sum up, this article highlights the importance of a comprehensive understanding of the relationship between gender roles, child-raising, and family health awareness in dealing with stunting. The active involvement of fathers in caring for children and support for mothers is

critical in efforts to overcome stunting. Efforts are also needed to eliminate the stigma and stereotypes toward mothers. Public policies that support the role of fathers, such as providing leave and gender-sensitive programs, need to be evaluated to increase their effectiveness in reducing stunting. How families accept or reject the situation when their children are categorized as stunted indicates the need for further research to understand the cultural, social, and economic factors that influence this acceptance or rejection. In addition, additional research is needed to explore more barriers and factors that influence fathers' involvement in child-raising. Efforts to prevent stunting must also consider cultural and societal norms contributing to gender inequality. Evaluation of the success of policies and programs that have been implemented will provide important input for further development strategies in overcoming childhood stunting. Thus, a deeper understanding of the complexity of the stunting problem and the efforts that have been made can become the basis for more effective action in dealing with this critical health problem.

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