P-ISSN: 2338-8617
E-ISSN: 2443-2067

Jurnal Ilmiah PEURADEUN

Vol. 13, No. 2, May 2025

SCAD Independent
Accreditation by IAO since 2014

JIP
The Indonesian Journal of the Social Sciences
www.journal.scadindependent.org
DOI Prefix Number: 10.26811

INDEX COPERNICUS INTERNATIONAL

sinta 1
Science and Technology Index
Accredited "Sinta 1" by Decree No. 72/E/KPT/2024
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JURNAL ILMIAH PEURADEUN
The Indonesian Journal of the Social Sciences
p-ISSN: 2338-8617/ e-ISSN: 2443-2067
www.journal.scadindependent.org

Vol. 13, No. 2, May 2025
Pages: 1263-1290

Biopolitics and Stunting Treatment: Barriers to Community Participation in Sambas Regency, Indonesia

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Article *in* Jurnal Ilmiah Peuradeun
Available at : https://journal.scadindependent.org/index.php/jipeuradeun/article/view/1872
DOI : https://doi.org/ 10.26811/peuradeun.v13i2.1872

How to Cite this Article
APA : Rahmaniah, S.E., Hasni, A.A., Halida, H., Syarmiati, S., Ghozali, A., Lubis, A.A.A.M.R. (2025). Biopolitics and Stunting Treatment: Barriers to Community Participation in Sambas Regency, Indonesia. *Jurnal Ilmiah Peuradeun, 13*(2), 1263-1290. https://doi.org/10.26811/peuradeun.v13i2.1872

Others Visit : https://journal.scadindependent.org/index.php/jipeuradeun

Jurnal Ilmiah Peuradeun
The Indonesian Journal of the Social Sciences
doi: 10.26811/peuradeun.v13i2.1872

Publisher: SCAD Independent
Printed in Indonesia

Jurnal Ilmiah Peuradeun
Vol. 13, No. 2, May 2025
Pages: 1263-1290

BIOPOLITICS AND STUNTING TREATMENT: BARRIERS TO COMMUNITY PARTICIPATION IN SAMBAS REGENCY, INDONESIA

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Received: August 28, 2024	**Accepted:** May 18, 2025	**Published:** May 30, 2025
Article Url: https://journal.scadindependent.org/index.php/jipeuradeun/article/view/1872		

Abstract

Stunting remains a major public health issue in Indonesia, especially in border areas like Sambas Regency, where intervention efforts have seen limited success. This study investigates the biopolitical dimensions of stunting by highlighting the disconnect between national policies and local realities, particularly in community participation and behavioral change. Using a qualitative case study in Lela Village, data were collected through interviews, observations, and document analysis. Results indicate that low paternal involvement, reliance on traditional medicine, poor health literacy, and smoking habits hinder prevention efforts. State narratives also tend to overburden mothers while neglecting shared responsibility. Biopolitical and gender based approaches to stunting remain underexplored in Indonesia. Stunting is understood here as a complex interaction of power and knowledge that influences public perspectives and government policy. The study calls for a shift from top-down technical fixes to inclusive strategies that promote gender equity, empower communities, and adapt to socio-cultural contexts. It contributes to the discourse on public health governance by advocating participatory, context-sensitive, and transformative solutions for sustainable stunting reduction.

Keywords: *Community Participation; Biopolitics and Stunting Treatment.*

A. Introduction

Stunting remains a persistent and complex public health challenge in Indonesia, affecting not only the physical growth of children but also their cognitive development, productivity, and long-term socioeconomic potential (UNICEF, 2019; World Health Organization, 2020). As a multidimensional problem, stunting cannot be resolved merely through nutritional interventions. It is deeply embedded in social structures, cultural beliefs, gender dynamics, and institutional practices that shape the everyday lives of families (Beal et al., 2018; Adriany, 2023). According to the 2023 Indonesian Nutritional Status Survey (SSGI), the prevalence of stunting in Sambas Regency reached 30.5%, surpassing the provincial average of 27.9% and placing the region among the areas with the highest stunting rates in West Kalimantan (Ministry of Health of the Republic of Indonesia, 2022). This highlights a stark gap between the national stunting reduction agenda and the realities on the ground.

Current national policies focus on integrated nutrition interventions, including the First 1000 Days of Life program, *Posyandu* services, immunizations, and campaigns for dietary improvements. These approaches are supported by evidence that emphasizes the importance of maternal nutrition, breastfeeding, and early childhood care in reducing stunting (Black et al., 2013; Victora et al., 2008; Absori et al., 2022). However, these programs have largely adopted biomedical and technocratic frameworks that often treat communities as passive recipients rather than as active agents of change (Palutturi et al., 2020; Beal et al., 2018). The dominant framing reduces stunting to a technical health problem, overlooking its structural, social, and relational dimensions.

Moreover, the implementation of these programs is often top-down and standardized, with limited adaptation to the socio-cultural contexts of diverse regions such as border areas. In places like Sambas, which lies on the frontier between Indonesia and Malaysia, communities face unique challenges including low access to healthcare, weak infrastructure, limited education, and deeply rooted traditional practices (Prasojo, 2012; Rahmaniah, 2015). These contextual barriers hinder the effectiveness of

government programs and result in persistent disparities in health outcomes (Kasum et al., 2024; Simbolon et al., 2024).

Numerous studies have examined the determinants of stunting from various disciplinary angles. Some focus on nutrition and maternal health (Black et al., 2013), others on poverty, access to services, and education (UNICEF, 2019; World Health Organization, 2020; Laksono et al., 2022). However, there is a notable absence of critical analyses that investigate the power dynamics, institutional discourses, and socio-political structures that shape both policy implementation and community behavior. In this regard, biopolitical theory—particularly as developed by Michel Foucault—offers a compelling framework for rethinking public health governance (Foucault, 2003; Rose, 2007; Lemke, 2011). According to Foucault, biopolitics refers to how states regulate populations by targeting the body and life itself through scientific discourses and administrative mechanisms.

Applying a biopolitical lens enables us to understand how health programs, even when well-intentioned, can reproduce existing social hierarchies and reinforce gendered caregiving responsibilities (Rahmat et al., 2024). In Indonesia's stunting programs, women—especially mothers—are overwhelmingly portrayed as the primary agents responsible for child nutrition and care. This gendered framing often ignores the roles of fathers, extended family, and community institutions, thereby narrowing the scope of responsibility and overlooking opportunities for shared caregiving (Marniati et al., 2020; Titaley et al., 2019; Green et al., 2018). It also reflects how power is exercised through public health campaigns that assign moral obligations to mothers while failing to address broader relational and institutional constraints (Adriany, 2023; Palutturi et al., 2020).

Despite the government's ambition to integrate stunting reduction across multiple sectors, local implementation remains uneven and insufficiently responsive to community dynamics. In many areas, programs such as DAHSAT *(Dapur Sehat Atasi Stunting)* and Generasi Berencana are implemented without sustained engagement with the

community, and with inadequate contextualization (Hafid et al., 2016; Rahmaniah et al., 2021; Norsanti, 2021). The absence of participatory mechanisms not only limits program effectiveness but also undermines the trust and cooperation of local actors. This disjuncture between policy design and lived experience has led to critiques that stunting reduction efforts in Indonesia are too focused on measurable outputs—such as child height—while neglecting the intangible but critical factors of empowerment, cultural acceptance, and gender equality (Palutturi et al., 2020; Adriany, 2023; Riwanto & Suryaningsih, 2022).

This study seeks to bridge this analytical gap by applying a biopolitical and gender-sensitive approach to examine stunting treatment in Sambas Regency. Specifically, it explores how health policies and state narratives frame caregiving roles and distribute responsibilities across family and community members. By analyzing how these narratives shape and are shaped by social norms, institutional practices, and household power relations, the study reveals the limits of current interventions and proposes more inclusive and transformative policy directions.

Furthermore, by focusing on a border area like Sambas, this research highlights how peripheral regions often experience compounded marginalization due to geographic, economic, and institutional neglect. Health services in such regions are frequently under-resourced, while cultural beliefs and practices around health and nutrition may diverge from official guidelines. This necessitates more nuanced, place-based strategies that are dialogic rather than prescriptive, and inclusive rather than paternalistic (Simbolon et al., 2024; Kasum et al., 2024; Taufiq et al., 2024). The case of Sambas thus offers important lessons for improving health governance in other vulnerable and culturally diverse contexts.

In addition to offering empirical insights, the study contributes to theoretical debates on the intersection of health, power, and gender. It challenges prevailing assumptions in public health that prioritize technical efficiency over social justice, and it calls for a paradigm shift toward community empowerment, shared caregiving, and relational accountability

(Green et al., 2018; Titaley et al., 2019). Drawing from critical literature and local voices, the paper underscores the need for multi-stakeholder collaboration that includes not only state actors but also families, religious leaders, health workers, and civil society (Mardikanto & Soebiato, 2015; Ranga & Etzkowitz, 2015).

Therefore, the objective of this study is not merely to document the barriers to community participation in stunting programs, but to offer a deeper understanding of the power structures that shape these barriers. By situating stunting within a broader framework of biopolitical governance and gender relations, the study hopes to inform policies that are not only technically sound but also socially grounded and ethically just.

B. Method

This research adopts a qualitative case study approach to investigate the implementation of stunting prevention policies in the Sambas Regency, West Kalimantan. The site was selected purposively due to its strategic location as a border region with Malaysia and its persistent developmental challenges (Prasojo, 2012; Rahmaniah, 2015). The case study design enables a detailed contextual understanding of policy practices, local health governance, and community participation (Simbolon et al., 2024; Herawati, D. M. D., & Sunjaya, 2022; Kasum et al., 2024; Sugiyono, 2017; Sukmana, 2024; Susilawati et al., 2023)

Data collection was conducted through direct field observations, semi-structured interviews, and document analysis, aligning with qualitative methodologies employed in recent studies on stunting prevention in Indonesia (Simbolon et al., 2024; Rizal et al., 2022). Observations focused on community interaction patterns, childcare practices, and access to health services, as emphasized in research highlighting the importance of contextual understanding in stunting interventions (Sinaga et al., 2023). Ten young couples, community leaders, and the Head of the BKKBN in West Kalimantan were selected using purposive sampling to ensure a diversity of perspectives related to stunting programs, a sampling strategy commonly utilized in qualitative health

research (Malm et al., 2023) Semi-structured interviews were utilized to explore participants' experiences, knowledge, and engagement in stunting prevention initiatives, allowing for flexibility to probe deeper into emerging issues during the conversation, a technique recommended for capturing nuanced insights (Rahmadiyah et al., 2024). Document analysis was also performed on local government reports, policy documents, and program implementation records to triangulate the primary data and enhance the study's reliability, a method supported by recent evaluations of stunting programs (Putri & Rezky, 2024).

Data analysis was conducted using Miles and Huberman's interactive model, which involves three main stages: data condensation, data display, and conclusion drawing or verification. Interview transcripts and field notes were coded and categorized according to the research focus and emerging themes. Descriptive summaries and direct quotations were used to illustrate key findings. To ensure credibility and internal validity, data triangulation across sources was performed, along with member checking with key informants and peer debriefing within the research team. These measures were implemented to minimize potential bias and enhance the reliability of the findings. Although this study did not involve clinical interventions or experiments, all participants provided informed consent before data collection. Ethical considerations were strictly observed, including the protection of participant anonymity and confidentiality throughout the research process. This study explicitly adhered to institutional ethical standards for qualitative social research, to demonstrate compliance with the principles of academic integrity and the protection of participants' rights (Miles & Huberman, 1994).

A biopolitical lens was applied in the analytical process, particularly drawing on Foucault's framework. This theoretical approach was not only used in framing the study but was also integrated during coding and interpretation. It guided the examination of how public health policies operate as instruments of governance, shaping behavior and authority distribution, especially regarding gender roles and health access(Lemke, 2011; Foucault, 2003, 2007).

C. Results and Discussion

In this study, researchers conducted interviews with several community members in Lela Village, Sambas Regency, to obtain data on public awareness, participation, and structural barriers related to stunting prevention programs. To complement the primary data, the research team also gathered information from healthcare workers, Posyandu cadres, local government officials, and parents to obtain a comprehensive understanding of the biopolitical dimensions influencing stunting interventions at the community level.

1. Results

a. Level of community awareness

Stunting remains an ongoing issue in Sambas Regency, reflecting broader challenges seen across Indonesia. Although awareness of stunting exists, the community's understanding of balanced nutrition, child growth monitoring, and the importance of family involvement remains limited. Government programs like DAHSAT and Posyandu are in place but have yet to show significant impact due to normative, top-down approaches that fail to accommodate local social and cultural realities. Structural barriers such as male dominance in household decision-making, reliance on traditional medicine, and low nutritional literacy further hinder effective prevention efforts. These factors indicate that stunting prevention in Sambas requires more than just technical interventions; it calls for participatory, gender-sensitive, and culturally rooted strategies. This overview can be seen in Table 1, as shown in the following data.

Table 1. Percentage of nutritional awareness in lela village

No.	Nutritional Awareness Indicator	Percentage "Yes"	Percentage "No"
1.	Aware of what stunting is	80%	20%
2.	Aware of the impacts of stunting	68%	32%
3.	Aware of the relationship between maternal nutrition and child development	72%	28%

No.	Nutritional Awareness Indicator	Percentage "Yes"	Percentage "No"
4.	Knowledge of nutritious foods that help prevent stunting	64%	36%
5.	Understanding the "golden age" of child development	84%	16%
6.	Knowledge of how to manage nutritional resources from fish	84%	16%
7.	Husband's awareness of stunting	24%	76%
8.	Belief that mothers must understand age-appropriate nutrition for their children	96%	4%

This condition is reflected in the case study conducted in Lela Village, Sambas Regency. Although 80% of the community reported being aware of stunting, only 64% truly understood that nutritious food is a key component in its prevention. This indicates that public knowledge remains superficial and has yet to be internalized into concrete actions, particularly in daily nutritional practices and child-rearing behaviors. As one resident stated.

> *"I frequently consume eggs, but I rarely drink milk. Occasionally, I purchase it myself. My husband also seldom buys vitamins or supplementary foods; at most, he brings home fruits such as oranges or mangoes. He often says that he is too exhausted from work".* (Interview with Y, 2024).

On the other hand, although all respondents (100%) acknowledged the importance of good nutrition for children, only 44% understood the child growth monitoring program even though this activity serves as a key indicator for tracking child development. This gap highlights the weak utilization of basic healthcare facilities such as Posyandu (integrated health service posts). The situation is further exacerbated by internal institutional challenges, as revealed by a Posyandu cadre.

> "*Pregnant women in Lela Village typically seek antenatal care through various services, including integrated health posts (Posyandu), community health centres (Puskesmas), midwives, and hospitals. Nevertheless, it was reported that within the Posyandu program, cadres did not systematically document their activities. Moreover, the head of the Posyandu cadres in Lela Village acknowledged that no brochures or educational materials were produced to support or promote their initiatives".* (Interview with head of the Posyandu cadre in Lela Village, 2024).

This suggests that the problem is not limited to the community's lack of awareness regarding the importance of monitoring child growth and development but also reflects the limited capacity and weak operational systems of healthcare service providers at the village level. The situation is further exacerbated by a poor understanding of infectious diseases, which constitute a significant determinant of stunting. Only 12% of respondents reported regularly checking for signs of infection in their children, while the majorities (96%) were unaware that infections can directly impair child growth.

Furthermore, efforts to improve public knowledge have been undertaken through the Rembuk Stunting Program, organized by local health centres (*Puskesmas*) as a forum for education and dialogue. However, despite its goal of raising community awareness, the program's impact has yet to show significant results. This is evident from the fact that in 2023, Lela Village ranked fourth highest in stunting cases across the Sambas Regency, following its second-highest ranking in 2022.

Another approach that has been implemented involves community-based health programs, such as immunization, maternal classes, early childhood care classes, and nutrition counseling. The immunization program, for instance, plays a critical role in preventing infectious diseases that are known risk factors for stunting. Maternal classes provide education on nutrition and childbirth preparation, while early childhood classes help mothers understand the nutritional needs and developmental stimulation required for young children. However, the success of these programs largely depends on active community participation and a deep understanding of their long-term benefits.

Unfortunately, a portion of the community still opts for non-medical approaches in addressing children's health issues. This tendency is reflected in a resident's statement.

> "*My child experienced severe illnesses repeatedly, lasting for several weeks. Initially, we sought treatment from a traditional healer rather than bringing the child to the community health center (Puskesmas). Only when the condition became critical did we take the child to the health center*". (Interview with D, 2024).

The interview with D, a resident of Lela Village and mother of two stunted children, clearly illustrates that limited knowledge is not merely a lack of information but also stems from a lack of trust in modern healthcare services. D shared that her child repeatedly suffered from serious illnesses lasting several weeks, and instead of visiting the community health center (*Puskesmas*), they initially sought treatment from a traditional healer. Only when the condition became critical did they turn to formal medical care. This account highlights how top-down and overly generalized policies often fail because they do not take into account the social and cultural dynamics of the community. Therefore, there is an urgent need for more context-sensitive strategies that address local realities, through participatory and consistent educational efforts delivered by trusted community figures to build awareness and foster sustainable behavioral change in stunting prevention.

b. Participation in the program

Community participation is a key element in the success of stunting prevention programs. In Lela Village, Sambas Regency, although 100% of respondents acknowledged the importance of good nutrition for children, only 44% were aware of the child growth monitoring program of the fundamental components in tracking child development. This indicates that community participation remains limited to general awareness and has yet to translate into active engagement with government-provided preventive programs.

Posyandu (integrated health service posts) as the primary facility for basic healthcare services for children and mothers is available, but its utilization has not been optimal. The low involvement of *kader* (volunteers) in documenting activities and the limited efforts in socialization are indicators of weak structural participation from the local community. The head of the *Posyandu* volunteers in Lela Village stated that the lack of community involvement is also evident in how infectious diseases one of the leading causes of stunting are managed. Only 12% of respondents regularly monitor their children's infection status, while 96% are unaware of its impact on growth. The

community's reliance on alternative medicine practices further reinforces the indication of low engagement with formal healthcare services.

Moreover, only 16% of the community is aware of the existence of the BKKBN programs in their village, such as the *Dapur Sehat Atasi Stunting* (DAHSAT) and Generasi Berencana programs, which are intended to empower the community in stunting prevention. The lack of information dissemination and the use of non-contextual socialization approaches have led to these programs being unable to reach the segments of the population that need them the most. This aligns with the findings from an interview with a relevant official, who stated that.

> "*Government policies, particularly those implemented by the National Population and Family Planning Board (BKKBN) through the DAHSAT program and by the regional offices of the Ministry of Marine Affairs and Fisheries, are still perceived as normative, limited in scope, and lacking an 'aggressive' approach toward reducing stunting rates. Several programs currently in place also remain small in scale, with limited consideration for existing scientific evidence and insufficient attention to the sustainability of their benefits*". (Interview with the Head of the National Population and Family Planning Board (BKKBN) and other relevant stakeholders, 2024).

Government policies, particularly those implemented by the National Population and Family Planning Board (BKKBN) through the DAHSAT program and supported by relevant regional offices in the marine and fisheries sectors, are still perceived as normative and limited in their operational scope. The approaches adopted tend to be top-down and sectoral, often lacking the necessary aggressiveness and integrative strategies required to significantly reduce stunting rates, especially in vulnerable coastal and remote communities. Many of the existing interventions remain small-scale pilot projects that are not adequately scaled up, and they frequently fail to incorporate the latest scientific research or adapt to local socio-cultural and environmental contexts.

Furthermore, these programs often do not provide long-term solutions, as they lack clear strategies to ensure the sustainability of their benefits. A critical gap is the insufficient attention paid to fostering a

genuine sense of ownership among community members, which leads to passive participation and weak engagement in program implementation. This condition underscores the urgent need for multi-stakeholder collaboration involving local governments, academic institutions, civil society, religious leaders, and private sector actors. Such a collaborative approach is essential not only for mobilizing diverse resources and expertise but also for enhancing active community participation and empowering local communities to become proactive agents of change in stunting prevention efforts, particularly at the grassroots level where interventions can have the most lasting impact.

c. structural and cultural barriers

Amid the complexity of the stunting issue in Indonesia, structural and cultural barriers are often overlooked, despite their significant impact on the effectiveness of various government programs. One of the key structural barriers identified on the ground is the limited involvement of men, particularly husbands, in maternal and child healthcare. Data shows that only 24% of husbands know about stunting, despite their often-dominant role in household decision-making. This role imbalance results in the full responsibility for child nutrition and health being placed on mothers, who, in practice, often lack sufficient bargaining power.

As stated by a healthcare worker from the Nusantara Sehat program in Lela Village.

> *"One of the major challenges is that many men perceive stunting as solely a women's issue, despite the fact that decisions regarding household expenditures, food choices, and even children's immunizations often require the husband's approval".* (Interview with NS, 2024).

The absence of paternal involvement is also marked by risky behaviors, such as alcohol consumption and a lack of attention to the nutritional needs of pregnant women. The Head of Kaliau Village, an area near the study site, offered a reflection on the common situation.

> *"For example, if a wife is pregnant and her husband consumes alcoholic beverages and then engages in physical contact with her, there is a possibility*

> *that this could contribute to stunting. This, however, is based on my analysis".* (Interview with head of Kaliau Village, 2024).

A direct interview with one of the housewives reinforced this perspective. The lack of support from husbands in ensuring proper nutrition during pregnancy has a direct impact on the health quality of both the mother and the fetus. Inadequate nutritional intake during pregnancy has a direct impact on fetal growth. Babies born with a length below the standard are often those whose mothers experienced insufficient weight gain during pregnancy. On the other hand, cultural barriers are also strongly felt. A significant portion of the community still holds misconceptions about the impact of stunting. Respondents often perceive stunting as only affecting the physical appearance of children, such as short stature or low appetite, without understanding that stunting also impacts cognitive function, social abilities, and long-term productivity. This misunderstanding leads to a lack of responsiveness to the interventions being offered.

Moreover, poverty coupled with non-prioritized spending further exacerbates the situation. One significant finding is the high rate of cigarette consumption among low-income families. According to interviews, nearly all informants acknowledged that their husbands or family members were active smokers, with many spending one pack of cigarettes or more per day. This not only directly impacts the health of children through secondhand smoke exposure but also affects household budget allocation.

> "*On average, both mothers, fathers, and even grandparents continue to smoke, as it has been a long-standing habit passed down through generations. Consequently, changing this behavior is quite difficult. Some individuals with higher levels of education show a better understanding; they may choose to smoke outside the house. However, it is unrealistic to expect such behavior to be consistently maintained every day".* (Interview with a nutrition counsellor, Lela Village, 2024).

The money spent on cigarettes, approximately Rp20,000 per day, could instead be redirected toward purchasing nutritious food, especially for pregnant women and young children. Additionally, low awareness of the importance of nutrition is compounded by limited health literacy. Some

informants mentioned that fetal health depends entirely on the food consumed by the mother. While this is partially true, many pregnant women still lack a full understanding of the macro and micronutrient requirements during pregnancy. Without comprehensive educational interventions, this knowledge remains fragmented and difficult to translate into effective practices.

These findings emphasize that structural and cultural barriers such as the dominance of male roles in decision-making, reliance on alternative medicine, smoking habits, and low nutritional literacy must be central to the formulation of stunting prevention policies. Interventions that target only mothers without involving the entire family structure will always be partial. Therefore, a more inclusive, culturally-based approach that engages all household elements is essential for ensuring that stunting programs are truly effective and sustainable.

2. Discussion

a. Low community awareness and participation

The low level of awareness and community participation in stunting prevention programs in the Sambas Regency presents a significant barrier to the government's efforts to reduce stunting rates. Based on field findings, one of the root causes is the low level of education in the community. The majority of residents in Lela Village have only completed primary education, limiting their understanding of health issues, including balanced nutrition and child-rearing practices. The low education level affects their ability to absorb health information and narrows the family's economic opportunities, ultimately impacting their ability to meet their children's nutritional needs (Laksono et al., 2022; Alifiyah & Anshori, 2023).

The lack of access to adequate information also contributes to the low levels of active community participation. Many families still do not understand the importance of basic health services such as Posyandu (integrated health service posts), immunization, antenatal classes, or toddler classes. Although these activities have been implemented, community

participation remains suboptimal due to the strong belief in traditional medicine practices and myths circulating about stunting (Beal et al, 2018; Adriany, 2023). This indicates a significant information gap between healthcare providers and the beneficiary community.

The low levels of nutritional awareness are also evident in household consumption practices. Many mothers are unaware of the concept of "four healthy and five perfect" (a traditional Indonesian nutritional guideline) or how to prepare food that preserves its nutritional content. In some cases, families allocate household budgets for non-essential needs, such as cigarettes, rather than for meeting their children's nutritional needs (Atmarita, 2012; Black et al., 2013) This situation reflects weak nutritional literacy and a lack of prioritization of the children's basic needs in family financial planning.

To enhance the effectiveness of stunting prevention programs, a more participatory and community-based strategy should be adopted one that goes beyond top-down health campaigns. Health education initiatives must target all family members, including fathers and extended kin, rather than focusing solely on mothers. These efforts should be culturally grounded, incorporating local values and norms, and actively involving community leaders and religious figures as agents of change (Jubba et al., 2024; Usman, 2023). As Mardikanto et al., (2015) argue, community participation is not limited to physical involvement in activities, but also includes emotional and intellectual engagement in understanding, responding to, and supporting social transformation.

Comparative experiences from countries such as the Philippines, Malaysia, Bangladesh, and Nigeria reveal that the challenge of stunting in developing nations with social structures, levels of health literacy, and gender inequality similar to those in Indonesia cannot be addressed solely through biomedical approaches. Like Indonesia, these countries face gender imbalances, a predominance of top-down health policies, and limited community participation. However, the Philippines has made notable

progress by promoting father involvement in family health programs, while Bangladesh has improved program sustainability and community understanding by implementing community-based training for local health workers that is responsive to local contexts. In contrast, Nigeria continues to lag, largely due to its failure to systematically integrate gender-responsive and participatory strategies. These comparisons highlight that approaches emphasizing community engagement, gender equity, and the social management of populations (biopolitics) are not only relevant but critically important for Indonesia.

Studies have shown that integrating social and environmental values into participatory frameworks can enhance public responsiveness and accountability in health-related policies (Humaidi et al., 2024; Elfia et al., 2024). Furthermore, the role of legal pluralism and gender equity in shaping inclusive social policies further demonstrates the need for culturally grounded and socially just approaches to address complex issues such as child stunting (Suharsono et al., 2024; Alifiyah & Anshori, 2023). This underscores the significance of the analysis presented in this paper, which offers a more holistic and sustainable policy direction.

b. The role of gender in handling stunting

Stunting issues are not only related to biological aspects but are also significantly influenced by gender relations within households and communities. In this context, gender roles become a crucial dimension that needs to be examined thoroughly in efforts to address stunting. Power relations within the household, which often place women as the sole responsible party for child health, overlook the important role of men, especially husbands, in decision-making processes, nutrition provision, and access to healthcare services (Marniati et al., 2020).

In the Sambas Regency, field findings indicate that male involvement in stunting issues remains very low. This creates a double burden for women, particularly mothers, who are not only responsible for child-rearing and

nutrition but also have to face limited bargaining power within the household. This disparity shows that stunting intervention policies are still partial, as they primarily target women as the main subjects, without addressing the power relations structure within families and communities.

This study also found that traditional perceptions of gender roles reinforce this inequality. Many men still believe that child nutrition and health are the responsibility of women. On the other hand, important decisions, such as purchasing nutritious food or accessing healthcare services, still require the husband's approval. This situation indicates that the gender dimension is not merely a social background but a structural factor embedded in the daily practices of society, directly influencing the success of stunting prevention programs.

Previous research emphasizes that the quality of gender-equitable relationships within the family contributes to better child nutrition(Green etl., 2018; Titaley et al., 2019; Paikah et al., 2024). When husbands are involved in providing nutrition, accompanying their wives during pregnancy check-ups, and understanding the importance of nutritional intake, the impact on both maternal and child health becomes more positive.

Furthermore, the biopolitical approach from Foucault's perspective views the bodies of women and children as objects of regulation through health programs managed by the state. However, if this power is not accompanied by transformation within the social order, including in gender relations, the effectiveness of interventions will continue to be hindered. The government, through programs such as DAHSAT or 1000 HPK, often targets women as the primary subjects, without intervening in the social-relational structures that position women in subordinate roles (Foucault, 1978).

In addition to gender inequality within the household, the prevailing culture of masculinity further exacerbates the situation. In some cases, husbands who have smoking or alcohol consumption habits not only directly affect health but also sacrifice the household budget that could otherwise be used to meet the family's nutritional needs (Atmarita, 2012; Hall et al., 2018).

Therefore, to develop more effective and sustainable stunting prevention policies, a gender-sensitive approach is essential. Intervention programs must move beyond traditional roles that place the responsibility for child nutrition solely on women. Local governments can implement a "Father's Class" program, requiring prospective fathers to attend nutrition and child health training as a prerequisite for marriage or birth registration. Village-level regulations should also encourage the active involvement of men in community health posts (*posyandu*) and family health forums. Additionally, the empowerment of health cadres can be expanded by recruiting and training male cadres to engage young fathers, especially in rural areas. On the educational front, integrating gender equality and shared parenting roles into early childhood and primary school curricula can help shape more equitable mindsets from an early age. These strategies not only challenge restrictive gender norms but also provide actionable policy directions that can be readily adopted by both local and national governments.

c. Structural and cultural barriers that affect the effectiveness of government programs.

Although the Indonesian government has implemented various stunting mitigation programs such as Posyandu, the Dapur Sehat Atasi Stunting (DASHAT) program, Desa Siaga, and the Bapak Asuh Anak Stunting (BAAS) initiative, structural and cultural challenges remain significant barriers to the effectiveness of implementation at the local level (Hafid et al., 2016; Marlenywati et al., 2023; Norsanti, 2021; Lado et al., 2024). In Sambas Regency, West Kalimantan, multi-stakeholder coordination, such as between BKKBN, the Fisheries and Marine Affairs Office, and the local *Puskesmas*, has been carried out through programs like "Ayo Makan Ikan" (Let's Eat Fish), but its implementation remains limited and has yet to address the root issues of household food security.

One of the main challenges is the weak institutional structure and lack of sustainable support. *Posyandu*, as the frontline of basic health services,

has not functioned optimally due to insufficient documentation of activities and lack of socialization, as observed in Desa Lela. Furthermore, programs like DASHAT, which focuses on increasing animal protein consumption, have not fully implemented a community-based approach but are still trapped in a top-down administrative approach (Rahmaniah et al., 2021).

Cultural barriers also influence the effectiveness of policies, where low male participation in household decision-making and the dominance of alternative medicine practices indicate that many people still do not fully trust formal healthcare services (Paikah et al., 2024; Adnan et al., 2025). As Marniati et al., (2020) revealed, only 24% of men understand stunting, despite their crucial role in household nutrition decisions. This suggests that interventions focused solely on mothers are insufficient to change family practices comprehensively.

Structural poverty exacerbates the stunting crisis. Several studies reveal that households with smokers have a 16% higher risk of stunting compared to non-smokers due to non-prioritized spending allocations (Atmarita, 2012). This gap is further compounded by low nutrition literacy, particularly among pregnant women who do not understand the importance of micro and macronutrient intake during pregnancy (Trisyani et al., 2021).

To enhance the effectiveness and sustainability of stunting prevention programs, the study calls for a more integrative and participatory policy model at both local and national levels. Government stakeholders should prioritize multi-sectoral collaboration through the Penta helix framework, connecting health agencies, local governments, academia, civil society organizations, and community media (Muhyi et al., 2017; Ranga & Etzkowitz, 2015). Practical initiatives such as quarterly Community Nutrition Dialogues, village-based nutrition gardens, and intersectoral data-sharing forums can promote stronger grassroots ownership. Furthermore, local regulations could require prospective fathers to participate in "Father's Class" programs before marriage or birth registration. These targeted interventions can help rebalance caregiving responsibilities while strengthening institutional accountability (Marniati et al., 2020; Adnan et al., 2025).

In this context, the study underscores the urgency of shifting from technocratic, top-down policies toward culturally grounded, dialogic approaches. Public health interventions should no longer treat communities as passive recipients but as co-creators of solutions. Gender-sensitive training for health workers, recruitment of male cadres, and inclusion of parenting equality modules in early education curricula are concrete steps that can transform traditional caregiving norms. By empowering both men and women in the household, such approaches not only improve health outcomes but also address underlying power imbalances that hinder the effectiveness of public programs (Green et.al., 2018; Titaley et al., 2019).

Beyond the Indonesian context, the findings from this study provide transferable insights for other countries in the global South facing similar challenges in stunting prevention. Nations such as Bangladesh, Nigeria, and the Philippines also struggle with the intersection of gender inequality, limited community participation, and dominant biomedical narratives in public health (Beal et al., 2018; Hall et al., 2018). The biopolitical lens employed in this research offers a valuable theoretical and practical framework for rethinking health governance globally one that is inclusive, context-sensitive, and socially embedded. As such, this study contributes meaningfully to the international discourse on equitable and transformative public health strategies (Foucault, 2003; Rose, 2007).

These critical insights can be further illustrated through the following diagram, which maps the power relations embedded in Indonesia's stunting management system and the dominant roles imposed on women and children within public health interventions. The diagram visualizes how institutional frameworks—shaped by state apparatus, global health agencies, and local governance—construct caregiving as a feminized responsibility, often marginalizing male participation and silencing community agency. It also reveals how top-down directives prioritize biomedical indicators over sociocultural determinants, thereby reinforcing a hierarchy of knowledge that excludes local voices. By exposing these structural dynamics, the diagram serves not only as an analytical tool but

also as a call for reconfiguring power toward more participatory, gender-equitable, and culturally attuned public health models.

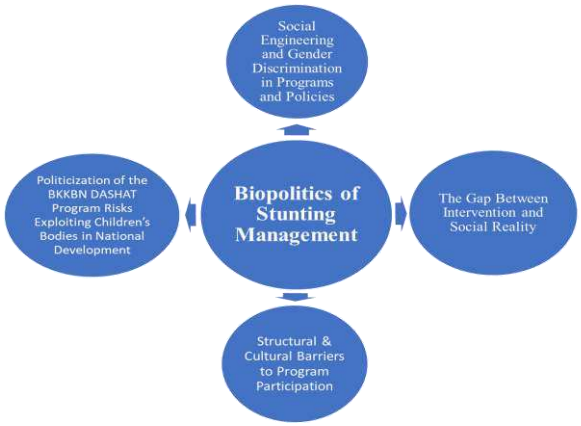

Figure 1. The power relation of stunting management in indonesia

Based on the overall analysis, it can be concluded that the issue of stunting cannot be separated from the configuration of power relations embedded in public health policy. The diagram visually represents how the bodies of children and women become objects of the state's technocratic interventions through programs such as Posyandu and DAHSAT, without addressing the structural and relational roots that contribute to the failure of these interventions. The state operates through a biopolitical approach, measuring development success through physical indicators such as child height while neglecting socio-cultural contexts, gender inequality, and limited community participation. This gap between intervention and social reality illustrates that successful stunting prevention requires not only technical reform, but also a transformation in power relations, the distribution of responsibilities, and mechanisms of grassroots participation. Therefore, the analysis in this study underscores the urgency of adopting participatory, gender-sensitive, and context-specific approaches as a new direction for more equitable and sustainable stunting policies in Indonesia.

Thus, efforts to address stunting in Indonesia can no longer be framed solely as a technical health issue but must be understood as a structural problem rooted in power relations, gender inequality, and

centralized policy approaches. This study demonstrates that the effectiveness of public health interventions depends largely on the extent to which policies allow for equitable participation, acknowledge local socio-cultural contexts, and redistribute responsibilities fairly between the state and communities. A paradigm shift from biomedical to dialogic and socially just approaches is crucial in creating public policies that are not only technically sound but also socially equitable. Therefore, stunting must be recognized as a reflection of broader social dynamics, and its resolution requires cross-sectoral engagement anchored in a strong commitment to gender justice, community sovereignty, and sustainable structural transformation.

D. Conclusion

This study demonstrates that the persistent problem of stunting the Sambas Regency cannot be explained merely by inadequate nutritional intake; rather, it reflects deep-seated structural and cultural barriers that shape public health governance. Through the lens of biopolitics, it is evident that state interventions predominantly target individual behaviors, especially mothers, while neglecting the collective agency and relational dynamics within families and communities. The research findings reveal critical challenges: paternal disengagement in caregiving, strong reliance on traditional medicine over formal healthcare, low health literacy, and socio-economic practices like smoking that compromise household nutrition priorities.

This study highlights how national stunting programs such as Posyandu and DASHAT remain largely technocratic and top-down, often overlooking the socio-cultural dynamics of local communities. Drawing on Foucault's concept of biopolitics, the research reveals how these health interventions aiming to improve child nutrition—frequently reinforce traditional gender roles and limit broader community participation. Effective stunting prevention requires more than technical solutions; it demands transformative strategies that reconfigure caregiving norms, strengthen the local agency, and address the structural conditions shaping health behavior.

To move toward inclusive and sustainable outcomes, stunting interventions must adopt participatory, gender-sensitive, and culturally grounded approaches. Practical recommendations include implementing "Father's Class" programs as a prerequisite for marriage or birth registration, recruiting male health cadres to engage young fathers, and embedding shared parenting values in school curricula. Local governments should also establish Child Nutrition Pentahelix Forums to coordinate cross-sectoral collaboration and launch village-based food sovereignty initiatives such as nutrition gardens, local food workshops, and quarterly Community Nutrition Dialogues. These strategies not only foster local ownership but also offer actionable policy models that can be replicated across diverse regions in Indonesia.

Acknowledgement

The authors would like to express their sincere appreciation to Tanjungpura University, Pontianak, for its academic and institutional support throughout the research process. The support provided has been instrumental in the successful completion of this research.

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p-ISSN: 2338-8617
e-ISSN: 2443-2067

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