



## Investigating Forms of Community Participation in Stunting Prevention: The Case of Balubur Limbangan District, Indonesia

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**ABSTRACT:** This study examines the forms of community participation in preventing stunting in Balubur Limbangan District, Garut Regency, Indonesia, which is one of the areas with high stunting cases. In 2023, stunting cases in this district increased by 34.3%, with the four highest villages being Ciwangi, Pangeureunan, Neglasari, and Surabaya. The research method uses a qualitative approach to describe community participation in preventing stunting. The analysis's results reveal that Balubur Limbangan's community only participates through labor, neglecting other forms of participation like thoughts, group discussions, expertise, goods, and money. The causes include lack of awareness and knowledge about stunting, as well as cultural factors. Recommendations include increasing education about stunting through comprehensive socialization and training, as well as intensive awareness campaigns. In addition, it is necessary to increase supervision and evaluation of Integrated Service Post (Posyandu) activities to ensure their effectiveness. We highly recommend collaboration and cooperation between various parties, including Community Health Center (Puskesmas), village governments, and community organizations, to strengthen and increase the effectiveness of stunting prevention and reduction programs.

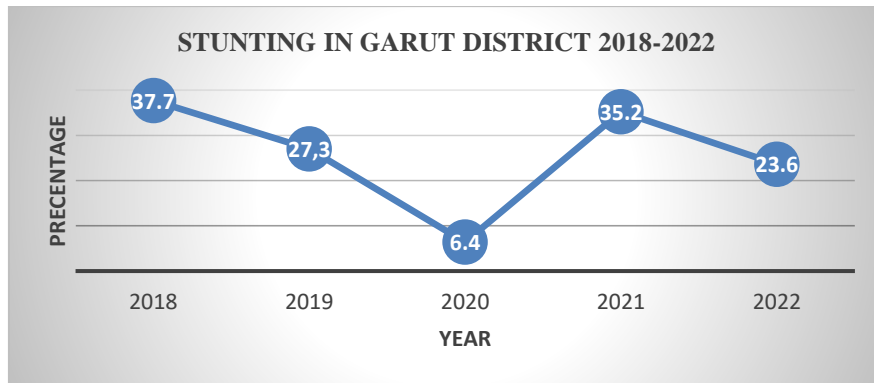
**KEYWORDS:** Awareness, Community Participation, Integrated Health Post, Qualitative study, Stunting Prevention

### INTRODUCTION

Stunting is a complex and multifaceted global health problem that has long been a serious challenge, especially in developing countries [1]. Defined as height that is below two standard deviations from the median for an age reference group, stunting is associated with a variety of negative health impacts, including a higher risk of infection, poor cognitive and motor development, and an increased likelihood of death in children. Stunting is also defined as a condition of failure to thrive in toddlers. The main cause is chronic malnutrition from infancy to early childhood [2].

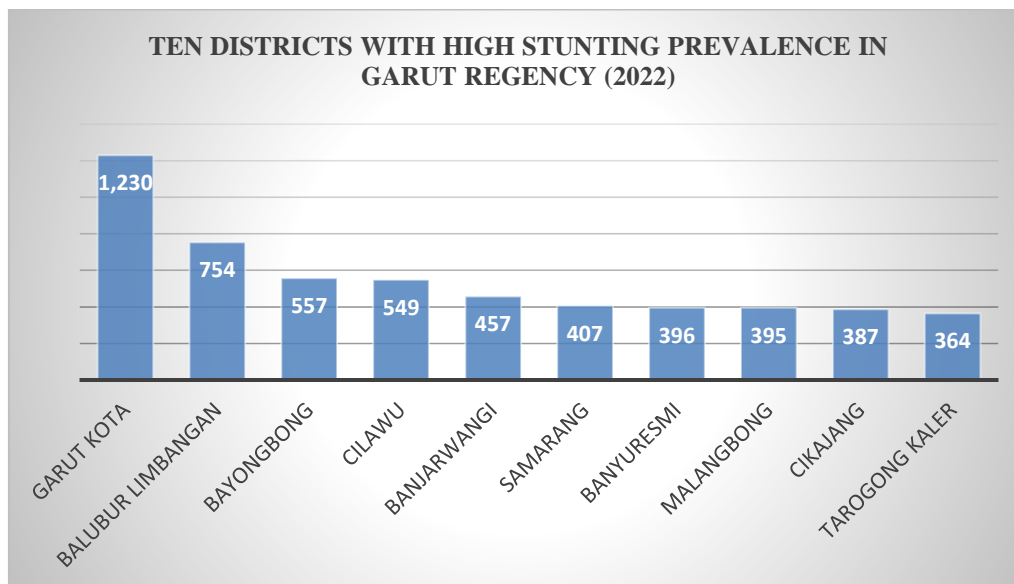
This study will discuss in detail various forms of community participation in stunting prevention efforts in Balubur Limbangan District. Every stage in the development process including planning, implementation, supervision, and environmental preservation provides opportunities for the community to play an active role in decision-making [3]. Community participation is not limited to receiving facilities and benefits; it also includes an active role as a subject of development [4]. Direct community involvement will increase the effectiveness of stunting prevention programs and align implemented policies with the needs and aspirations of local communities [5]. Communities must be able to make significant contributions to the success of the program and improve the quality of life and well-being of children through broader participation [6].

The problem of stunting is a concern in West Java Province. Based on the Indonesian Nutritional Status Survey (SSGI) conducted by the Ministry of Health, it was found that the prevalence of stunting in toddlers in West Java reached 20.2% in 2022. However, when viewed nationally, West Java is ranked 22nd among all provinces in Indonesia. One of the areas in West Java that has a high number of stunting cases is Garut Regency. In the last 3 years, the prevalence of stunting in Garut Regency has decreased [7]. This can be seen in the following picture:



**Figure 1 Development of Stunting Rates in Garut Regency 2018-2022**  
Source: [7]

As shown in Figure 1 above, Garut Regency had a stunting prevalence of 37.7% in 2018 and has decreased significantly over the past two years to 6.4% in 2020. In 2021, Garut Regency achieved the highest stunting prevalence and red status in West Java Province, with a percentage of 35.2%. In this case, Garut Regency actually had a higher percentage in 2018 than in 2021. In 2021, as the prevalence of stunting increased in Garut Regency, it also coincided with a surge in Covid-19 cases, which affected all Indonesian citizens. The existence of COVID-19 has had a very significant impact on the entire community, especially in the fields of health, economy, and education. However, the Garut Regency government managed to reduce the stunting rate in 2022 through the Find, Treat, Love, Toddler Stunting Program, or TOSS, although with this decrease, Garut Regency is still in the 10 regencies in West Java with high stunting rates, occupying the eighth position. The following table presents 10 districts in Garut Regency that have a high prevalence in 2022.



**Figure 2. Ten Districts with High Stunting Prevalence in Garut Regency (2022)**  
Source: [7]

Garut Kota District has the highest number of toddlers with stunting, with 1,230 children; Balubur Limbangan District has 754 toddlers; and Bayongbong District has 557 toddlers with stunting. The Garut Regency government has made several efforts to reduce stunting rates, including the Find, Treat, Love, Toddler Stunting (TOSS) program, Providing Additional Food, and emphasizing the



role of villages or districts in reducing stunting rates in Garut Regency [8]. In 2023, Garut Regency will have 25,531 toddlers with stunting, which is a decrease compared to the previous year of 2.9% [7]. With these conditions in place, Garut Regency hopes to continue to reduce stunting rates in accordance with Indonesian nutritional standards, which require each Garut Regency to have a minimum stunting rate of 14%. In order to achieve this goal, Garut Regency has chosen 6 districts out of 42 to be the focus of an intervention aimed at reducing and preventing stunting rates in the regency. Regent's Decree Number 440/KEP.355-DINKES/2023 specifies where the intervention's focus is to reduce and prevent stunting rates.

The situation in Garut Regency, especially in Balubur Limbangan District, shows the urgency of community participation in preventing stunting. In 2023, Garut Regency is targeting a reduction in stunting rates in six districts, with Balubur Limbangan District recording a significant increase in cases. From 754 cases in the previous year, the stunting rate in Balubur Limbangan District jumped 34.3% to 1,012 cases in 2023. This increase highlights the importance of community participation in stunting prevention efforts, showing that their active involvement can be key in overcoming this health problem and increasing the effectiveness of interventions carried out. The four villages in Balubur Limbangan District that have the highest cases of stunting are as follows:

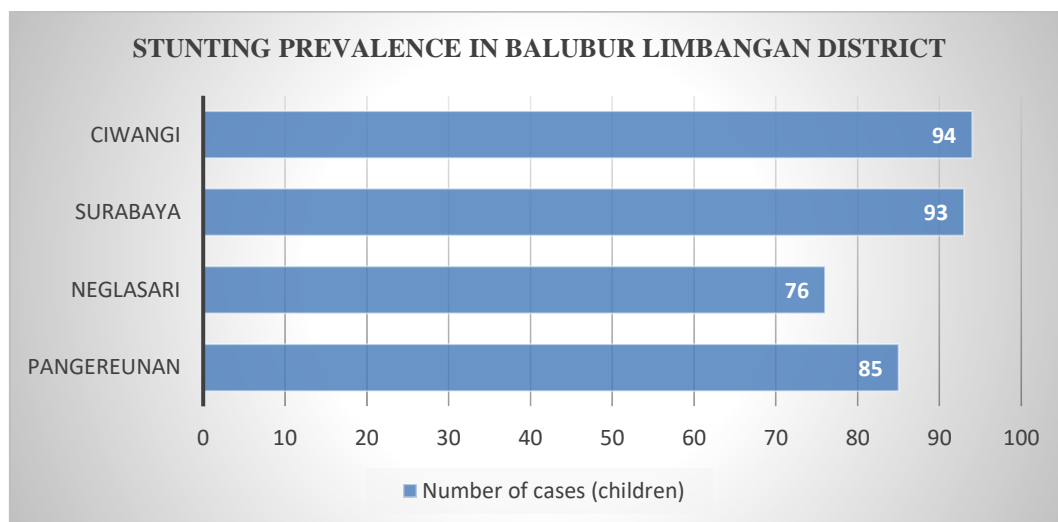


Figure 3. Stunting Prevalence in Balubur Limbangan District  
Source: [9]

According to the table above, there are four villages in Balubur Limbangan District with stunted toddlers over the age of 50. This high number is certainly a serious concern, so the Garut Regency Government has designated these villages as the focus locations for intervention to reduce and prevent stunting. Unfortunately, efforts to reduce stunting rates face several challenges. According to interviews with nutrition officers at the Balubur Limbangan Health Centre, low community participation is the primary obstacle. Minimal public awareness of stunting, still adhering to inappropriate cultures, and work demands are inhibiting factors. This lack of community participation indicates weaknesses in the socialization and education carried out by the Balubur Limbangan Health Center. Effective socialization should be able to raise public awareness about the dangers of stunting, the importance of nutrition, and how to prevent it. In addition, the less harmonious coordination between the Health Center and the Village Government is also an inhibiting factor. The absence of supervision in stunting prevention and reduction programs hinders their optimal operation, and the community's awareness of the stunting issue is growing.

## LITERATURE REVIEW

### 2.1 Community Participation

Participation is the involvement of an individual or a group in an activity, as defined by [8]. An individual or a group can engage in participation by utilizing their mental, emotional, and physical abilities, taking the initiative in all activities, supporting the achievement of objectives, and taking responsibility for all involvement [9], [10]. Participation is the mental and emotional



investment an individual makes in a group setting that motivates them to contribute to the group's objectives and assume accountability for their group [11]. Another perspective posits that participation is the incorporation of employees' thoughts and emotions into the group situation, as well as the assumption of group responsibility. Participation is also defined as "a valuable process by which individuals, including those who are disadvantaged (e.g., income, gender, ethnicity, education), influence or control the factors that affect them) [12]. This definition implies that participation is a natural process in which individuals, including those who are disadvantaged (e.g., income, gender, ethnicity, education), influence or control the decision-making process that directly affects their lives. Participation is the mental and emotional engagement in group situations that motivates individuals to contribute to the group's objectives and share their shared responsibilities [13].

Kim et al. [14] proposed a straightforward definition of participation, which can also refer to the suggestion by decision makers that groups or communities participate by providing opinions, commodities, skills, materials, and services. Groups may also participate by acknowledging their own issues, evaluating their alternatives, formulating decisions, and resolving them. Community involvement in the process of identifying problems and potential in the community, selecting and making decisions about alternative solutions to deal with problems, implementing efforts to overcome problems, and community involvement in the process of evaluating changes that occur are all examples of community participation [15].

According to Hügel & Davies [15], community participation is the participation of the community in the process of identifying cases and expertise in the community, selecting, and making decisions about alternative solutions to overcome problems. Community participation refers to the right of communities to be involved in decision-making throughout all phases of the development process, including planning, implementation, monitoring, and environmental protection, not only as recipients of facilities and benefits but also as central actors [16]. Participation, according to Woost is community participation in development, participation in development activities, and participation in the utilization and enjoyment of development results [17]. Musavengane & Kloppers, states that the success of national development requires community participation, because community participation will support the management of regional potential so that the development process will run efficiently and effectively [18]. Community participation emphasizes the direct "participation" of citizens in decision-making in government institutions and processes. Hügel & Davies emphasized that community participation has shifted the concept of participation towards a concern with various forms of citizen involvement in policy making and decision-making in various key arenas that affect the lives of citizens [15]. The following concepts and basic assumptions have been developed to provide ideas and practices about community participation [19]:

1. Participation is a political right that is inherent in citizens, just like other political rights. When society mandates others to serve in government institutions, this right remains intact. Meanwhile, political rights, as basic rights, remain inherent in each individual concerned.
2. Direct participation in decision-making regarding public policy in formal institutions can cover up the failure of representative democracy. Representative democracy still has several weaknesses, including doubts about the extent to which the elected person can represent the community's will.
3. Direct community participation in public decision-making can encourage more meaningful involvement.
4. We carry out participation systematically, not incidentally.
5. Related to the acceptance of decentralization as an instrument that encourages positive governance.
6. Community participation can boost public trust in government implementation and institutions [20]. Democratization and decentralization in developing countries, including Indonesia, occur in situations of low public trust in government implementation and institutions.

According to Quick & Bryson, community participation generally offers several benefits [21].

1. Building unity, solidarity, harmony, compassion, respect, dignity, and collective solidarity.
2. Adapting to new things, recognizing the mastery of development, engaging in a training process, seeking consultation, and improving skills.
3. Strengthening communication, networks, and social capital.
4. Developing leadership, organizational, and responsibility skills; making joint decisions to identify needs; setting goals; and developing policies and plans to implement those decisions.
5. Objective awareness of development issues, failures, and successes.



## 6. Creating better hopes

By involving citizens in the decision making process, it is hoped that public trust in the government can continue to be improved, and increasing citizen trust is believed to be an important indicator for strengthening support and legitimacy of the government in power [22], [23]. Community participation is the involvement of community members in the development and implementation of development programs or projects carried out in the local community [24]. The characteristics of community participation include being proactive and reactive, involving the community in reasoning before acting, reaching an agreement, taking actions to fulfill the agreement, and distributing authority and responsibility equally.

Diverse modes of participation may be identified. There are two types of community participation, which are non-physical and physical, [25]. Community involvement in the determination of objectives is the non-physical form of participation, while community involvement in its implementation is the physical form of community participation. As per Effendi, participation is classified into vertical and horizontal forms [26]. Vertical participation is the process by which the community participates in a program, with the community's relationship status being that of subordinates, adherents, or clients. The community's capacity to successfully complete a program collectively is referred to as horizontal or horizontal participation. According to Keith Davis, participation can be classified into six categories [27], [28]:

1. Ideas or concepts that are intended to achieve a desired objective, as well as thoughts and participation through individual or group thought.
2. Energy, the utilization of the energy that individuals and organizations possess to attain their objectives.
3. Energy and thoughts, the collaborative exchange of ideas, and the utilization of energy within a group to accomplish a common objective.
4. Participation through expertise, expertise, and the most desired to determine an aspiration.
5. Participation through commodities to facilitate the attainment of the desired outcomes.
6. Money is an instrument that is used to facilitate participation in order to accomplish a desired outcome. Typically employed by the affluent class

## 2.2 Stunting

A long-term lack of nutritional intake causes stunting, a chronic malnutrition problem that leads to future disorders, including difficulties in achieving optimal physical and cognitive development [29]. Stunting children have a lower intelligence quotient (IQ) than the average IQ of normal children [30]. Stunting is defined as a condition in which a child's nutritional status according to height/age has a value of  $-2$  SD; this indicates a short or very short body condition resulting from growth failure. Stunting in children is also a risk factor for death, low motor development problems, low language skills, and functional imbalances [31]. According to the National Team for the Acceleration of Poverty Reduction (2017), stunting, a problem of growth failure, affects babies under five years old who suffer from malnutrition from the womb until birth, with the onset of stunting occurring at two years old [32]. According to Schmidt's statement, stunting is a malnutrition problem with a fairly long period of time, causing a disturbance in height growth in children who are lower or shorter (dwarf) than their age standards [33]. The short-term and long-term effects of stunting are as follows:

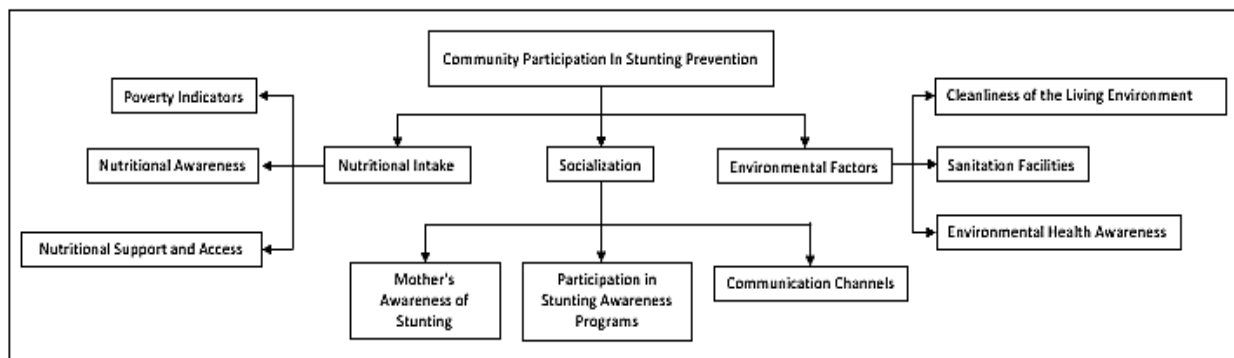
1. Short-term effects, namely:
  - a. Increased incidence of morbidity and death.
  - b. Child development is not optimal.
  - c. Rising healthcare costs
2. Long-term impacts, namely:
  - a. Suboptimal body posture as adults.
  - b. Increased risk of obesity and other diseases.
  - c. Decreased reproductive health.
  - d. Suboptimal learning capacity and performance during school.
  - e. Suboptimal productivity and work capacity. [34]

Stunting is a condition in which a child is unable to develop (body and brain growth) due to prolonged malnutrition [35]. As a result, children with stunting tend to be smaller than their counterparts of the same age, and their cognitive development is slowed down.

Malnutrition persists for an extended period, starting from the fetus in the mother's womb and continuing for the first 1000 days after birth [36]. The characteristics of stunted children are as follows [37]:

- a. Growth is slow.
- b. The face looks younger than children of the same age.
- c. Delayed tooth growth.
- d. Poor performance in the ability to focus and learn memory.
- e. Toddlers' weight does not increase and tends to decrease.
- f. Children are susceptible to various infectious diseases

This study will explore three factors that influence community involvement in stunting prevention [38]: the first, is the socialization variable, which encompasses mothers' comprehension of stunting; the second is the environmental factor variable, encompassing cleanliness indicators; and the third is the nutritional intake variable, encompassing poverty indicators. This study then generates a flow that serves as a reference for developing a conceptual framework:

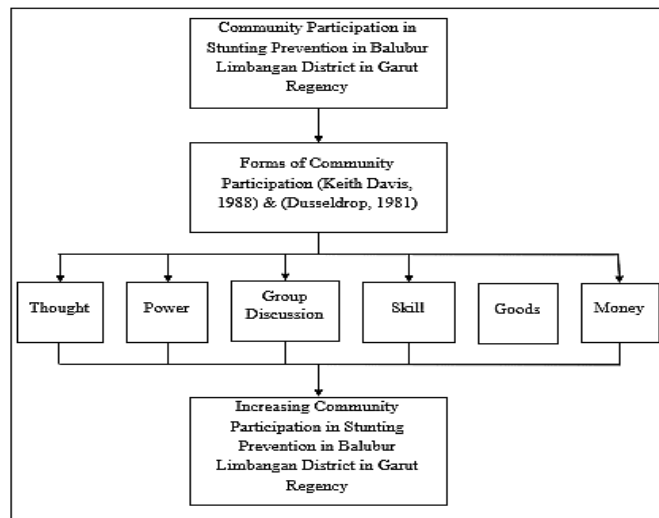


**Figure 4. Research Variables and Indicators**  
Source: [38]

The diagram illustrates the relationship between various factors contributing to community participation in stunting prevention. It highlights three primary variables: nutritional intake, socialization, and environmental factors. Three key indicators influence the nutritional intake variable: poverty indicators, nutritional awareness, and nutritional support and access. These elements reflect the economic and knowledge-based factors that determine the quality and availability of nutrition in a community [38].

A mother's awareness of stunting, her participation in stunting awareness programs, and the communication channels she uses shape the second major variable, socialization [39]. This underlines the important role of mothers and the wider community in disseminating information about stunting prevention. The third variable, environmental factors, is divided into three categories: environmental cleanliness, sanitation facilities, and environmental health awareness. These indicators emphasize the importance of a clean and healthy environment in preventing stunting. Overall, the diagram demonstrates that community participation in stunting prevention is a multifaceted process involving education, environmental management, and nutrition. These variables are interconnected, which contributes to the overall effectiveness of stunting prevention efforts in a community [38].

This study's framework of thought is to discuss community participation in Balubur Limbangan District, Garut Regency, in preventing stunting. We measured community participation in this study using Keith Davis's 1988 theory [27]. This theory states that community participation can be measured through six indicators, namely thoughts, energy, thoughts and energy, expertise, goods, and money. Contrary to Dusseldorp's 1981 theory, Keith Davis's forms of community participation are nearly identical to Dusseldorp's, with one notable exception: Dusseldorp's 1981 theory places more emphasis on community involvement in group discussions. This study employs a framework that combines the theories of Keith Davis 1988 and Dusseldorp 1981, focusing on six indicators of community participation: thoughts, energy, group discussions, expertise, goods, and money. With the measurement of community We hope that measuring community participation will enhance community involvement in stunting prevention in Balubur Limbangan District, Garut Regency, thereby contributing to the reduction and prevention of stunting study's conceptual framework:



**Figure 5 Research Thinking Framework**  
Source: [27]

**RESEARCH METHODOLOGY**

This study employs a qualitative research method to gain a comprehensive understanding of community participation in stunting prevention in Balubur Limbangan District. This approach allows researchers to explore and explain the various ways in which communities are involved in stunting prevention efforts, from conveying ideas to active participation in health programs. With this method, researchers can explore community perspectives and experiences in detail, providing a more comprehensive insight into how their participation contributes to the effectiveness of the program. We will present the results of this study in the form of a structured description and detailed analysis, clearly describing data and findings through in-depth narratives. We hope that this approach will facilitate readers' understanding of the various aspects of community participation and its impact on stunting prevention. This comprehensive and illustrative explanation aims to increase understanding of the community's role in health efforts, as well as provide useful information for planning and implementing future stunting prevention programs.

**3.1. Research Characteristics**

The characteristics of the research will be presented by the researcher in the following table

**Table 1. Research Characteristics**

No	Research Character	Type
1	Based on Method	Qualitative
2	Based on Purpose	Descriptive
3	Based on Implementation Time	<i>Cross Sectional</i>
4	Based on Researcher Involvement	No Data Intervention

Source: Research Results, 2023

**3.2. Data sources**

The sources of data collection in this study are primary data and secondary data.

- a. Primary data sources were obtained from interviews with informants, namely:
  - a) Head of the Nutrition Section of the Balubur Limbangan Health Center
  - b) Head of Pangeureunan Village
  - c) Head of Ciwangi Village
  - d) Head of Neglasari Village

- e) Head of Surabaya Village
- f) Two communities with stunted toddlers
- b. Secondary data sources include public administration and community participation books, scientific journals related to community participation and stunting, official websites from government portals that provide news about the state of stunting, especially in Garut Regency.

### 3.3. Data Collection Techniques

Data collection techniques in this study are:

- a. Observation  
The observations carried out in this study were by conducting direct observations in the field to determine the stages, forms, factors that influence stunting, and strategies for developing community participation.
- b. Interviews  
To obtain data, this study uses interview techniques as research capital. Interviews are conducted periodically because the state of the data can change according to circumstances.
- c. Documentation Study  
This study also uses documentation study techniques by recording or taking objects with photos that are relevant to the study.
- d. Literature Study  
Literature study is a data collection technique carried out by obtaining data from books, scientific works, opinions of experts that are relevant to the study

### 3.4. Data Analysis Techniques

Data analysis techniques in this study are data collection, data reduction, data presentation and drawing conclusions.

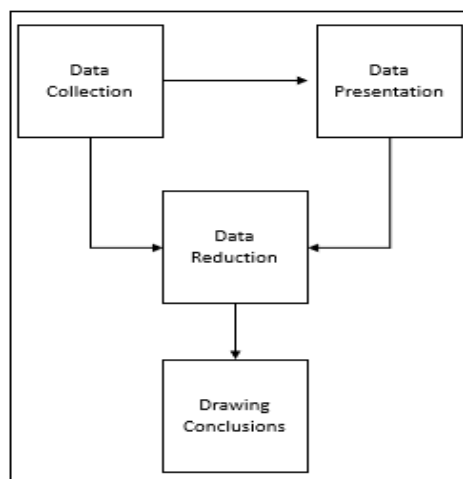


Figure 6. Triangulation of Research Dat

### 3.5. Data validity techniques

Data validity testing is an examination of the conformity between the data processed by the researcher and the data used in the study. The triangulation technique tests the credibility of the researcher by checking and comparing data. Sources, methods, researchers, and theories can be used to compare data

### 3.6. Research Location And Schedule

The location of this research was carried out in Balubur Limbangan District, Garut Regency, focusing on the Balubur Limbangan Health Center which includes Pangeureunan Village, Neglasari Village, Surabaya Village, and Ciwangi Village. The research was carried out from September 2023 to March 2024.





## FINDINGS AND RESULT

Stunting prevention programs in Balubur Limbangan District are the task of the Balubur Limbangan District Health Center in accordance with the Regent's Decree Number 440/DINKES-355/2022. The programs held in Balubur Limbangan District are:

1. Integrated Service Post (Posyandu) activities that include weighing, height measurement and complete basic immunization. This is held in each RW each which is carried out once a month. The number "Posyandu" in 4 villages in Balubur Limbangan District is as follows:

**Table 2. Number of Integrated Health Posts in 4 Balubur Limbangan Villages**

No	Village	Number of Integrated Health Posts
1.	Pangeureunan	11
2.	Neglasari	11
3.	Surabaya	9
4.	Ciwangi	12

Source: Research Results, 2023

2. Providing additional food or what is commonly known as Provision of Additional Food Program targeting children under 5 years old, and Orientation for Providing Infant and Child Food or PMBA for newborns up to the first 1000 days of the child's life.

## DISCUSSION

### 4.1. Participation in the form of Thoughts

In the thought indicator, community participation in question is defined as contributing individual or group ideas or concepts to programs related to preventing or reducing stunting in order to meet the desired goals [28]. Community participation in the form of thoughts is not used by the Balubur Limbangan District community in conveying ideas or concepts, both individuals and groups, to the organizers of the stunting prevention and reduction program in order to meet the desired goals. This is because the community here only acts as a recipient of facilities and benefits without using development subjects that are able to help the government implement programs to improve the welfare of the community, one of which is by contributing ideas or concepts. Neglasari Village is the only one in Balubur Limbangan District to have a youth health post.

However, in reality, the village's community has not demonstrated participation by contributing ideas. According to interviews with the Head of Neglasari Village, even though the community is present, they do not provide suggestions or criticisms on existing activities. Their daily work, primarily in the garden, and their limited comprehension of the discussed issues are the primary reasons for this lack of involvement. The existence of the adolescent Integrated Service Post (Posyandu) in this village does not necessarily encourage the community to be actively involved in providing input, indicating the need for further efforts to increase their awareness and participation in health programs.

In Surabaya Village, unlike Neglasari Village, the community does not hold the belief that stunting occurs. Local cultural and religious factors influence this belief. The Head of Surabaya Village explained that the community tends not to provide suggestions or criticism because they often have to choose between going to the garden or participating in "Posyandu" activities. Many of them choose to go to the garden because there is a growing stigma in the community that immunization can cause fever and discomfort in children. This stigma affects their participation in stunting prevention activities and ultimately hinders the effectiveness of existing health programs. In Ciwangi Village, the community showed a fairly high level of activeness and responsiveness in providing suggestions or criticism regarding "Posyandu" activities, although they did not always do so at every opportunity.

The Head of Ciwangi Village explained that the community in his village was generally willing to provide suggestions to improve "Posyandu" activities in the future. However, he noted that not all residents were involved in providing feedback at every event. Community contributions, although not consistent in every activity, occur periodically and have a positive impact on program improvement. Pangereunan Village, the last of the four villages studied in Balubur Limbangan, faces significant mobility challenges. This village is the furthest away, and many residents complain about the long distance from their homes to the village location. The head of Pangereunan Village explained that the community's difficulty in providing suggestions or criticism was due

to their reluctance to come to the village. The high cost of transportation, which was an additional burden for residents. This limited access contributed to low community participation in village activities and decision-making regarding stunting prevention programs.

These statements are in line with the information provided by the Community Nutrition Services Division of the Balubur Limbangan Health Center. In his explanation, he said that the community in this area tends to only follow the directions given by the program organizers. The community does not actively contribute ideas, concepts, suggestions, or criticism to the programs under implementation. This is due to the community's limited knowledge, which impedes their ability to convey constructive ideas or input. Thus, even though communities follow the existing instructions, they are not actively involved in the process of evaluating or improving the program.

Statements from the Village Government and the Balubur Limbangan Health Center reflect the real conditions found in the field, as expressed by the community with stunted children. One mother with a three-year-old stunted child stated that she could only take her child to the integrated health post if she was not working in the garden. She revealed that after her child received immunization, she frequently had a fever the next day, which hindered her ability to return to the garden. On the other hand, a mother of a 5-year-old stunted child expressed her belief that hereditary factors cause stunting. According to her, the child's short stature may be the result of the parents' genetics, especially from the father's side, rather than malnutrition. This view highlights the variation in community understanding of the causes of stunting and the impact of genetic and nutritional factors.

Thus, community participation in the form of contributing ideas for preventing and reducing stunting in Balubur Limbangan District appears minimal. The low level of community trust and knowledge, which discourages them from actively contributing ideas, suggestions, or criticism, is the root cause of this condition. Lack of understanding of the importance of active involvement in stunting prevention programs, as well as limited information about the benefits of their contributions, play a major role in inhibiting wider participation in the process. Consequently, we cannot optimally utilize the community's constructive input to enhance program effectiveness.



**4.2. Participation in the Form of Manpower**

Community participation in the form of labor refers to the use of group or individual labor to achieve the desired goals, as described by Keit Davis (1988). Balubur Limbangan District frequently utilizes this participation to prevent and reduce stunting, as evidenced by the community's involvement in Integrated Service Post “Posyandu” activities and the Provision of Additional Food Program. The Head of Neglasari Village said that although community attendance in “Posyandu” activities is generally good, they tend to attend only if there are no other activities, such as working in the garden. In line with this, the Head of Surabaya Village said that the community also attends “Posyandu” or Provision of Additional Food Program if they do not conflict with their garden schedule.



The Head of Ciwangi Village added that their work schedule in the garden greatly influences community participation. On the other hand, in Pangeureunan Village, community participation in “Posyandu” and Provision of Additional Food Program is very minimal. The head of Pangeureunan Village explained that the low community attendance was due to distance factors, poor road conditions, and limited public transportation. “Posyandu” activities carried out in each RW often clash with the garden work schedule, causing people to prefer working in the garden rather than attending “Posyandu”.

According to the Head of Community Nutrition Services Division of the Balubur Limbangan Health Center, the most dominant community participation is in the form of labor. Although attendance in the program did not reach 100%, the majority of farm laborers tend to participate in “Posyandu” and Provision of Additional Food Program if they do not coincide with their work schedules. As a representative of the Limbangan community, a mother acknowledged that while the “Posyandu” takes place once a month, it frequently conflicts with the garden's work schedule, compelling them to choose between the two. Conversely, a community member/mother who regularly participates in the “Posyandu” asserts that despite her frequent attendance, she rejects the notion that her child suffers from stunting. In general, the community in Balubur Limbangan District utilizes their labor through attendance at “Posyandu” activities or taking additional food, although not all individuals who are required to attend can do so consistently.

#### ***4.3. Participation in the form of Group Discussions***

Group discussions refer to community involvement in discussion forums to find solutions to existing problems. In Balubur Limbangan District, both the Balubur Limbangan Health Center and the Village Government have never held special group discussions on stunting. This suggests that efforts to prevent and reduce stunting in the area have not effectively implemented group participation. The Head of Neglasari Village said that until now, there has been no specific discussion about stunting in the group discussion forum. Only the organizers, such as the village government, cadres, or the Community Health Center (Puskesmas), are involved in the discussions, which typically revolve around the preparation of integrated health post-activities and the distribution of “Providing Additional Food” program. He hopes that in the future, the village government will innovate by holding more inclusive meetings or gatherings, involving the community to discuss stunting problems.

Likewise, the head of Surabaya Village stated that there has not been a meeting to discuss stunting with the community. The Head of Ciwangi Village added that the meetings held so far have been internal and often only took place before Provision of Additional Food Program. The Head of Pangeureunan Village also disclosed that there has been no communication about stunting with the community, and he believes that communication with the community in general is challenging. This statement is in line with confirmation from the Balubur Limbangan Health Center; the Community Nutrition Services Sector explained that so far there have been no group discussions on stunting involving the health center, village government, and the community. The discussions that exist are limited to counseling carried out by Integrated Service Post (Posyandu) cadres, and not all “Posyandu” can be visited due to limited human resources, so that supervision of the program is less effective.

The community also confirmed that they have never received an invitation to attend a stunting meeting or group discussion. A mother from the Limbangan community stated that they had never received such an invitation, and the meetings typically revolve around school activities or events like Muludan. Mrs. Aisyah further stated that there have been no group discussions about stunting. Therefore, to improve efforts to prevent and reduce stunting in Balubur Limbangan District, it is necessary to conduct group discussions involving the Balubur Limbangan Health Center, representatives from each village government, and community representatives from each RW and RT. We anticipate that this group discussion will enhance community awareness and knowledge about stunting while also bolstering their involvement in health programs.

#### ***4.4. Participation in the Form of Expertise***

Community participation in expertise refers to the contribution of individual or group expertise to support the development and smooth running of a program [27], [28]. Balubur Limbangan District has never implemented this form of participation. This is because the majority of people work as farm laborers, who generally do not innovate or change their farming activities and only continue traditional farming practices. The Head of Neglasari Village said that until now, there has been no specific discussion about stunting in the group discussion forum. Usually, only the organizers, such as the village government, cadres, or the district, participate in these discussions, particularly during the preparation of integrated health post-activities and the distribution of



“Providing Additional Food” program. He hopes that in the future, the village government can hold meetings or gatherings that focus more on the problem of stunting and actively involve the community.

The Head of Surabaya Village also stated that there has never been a meeting to discuss stunting with the community. The Head of Ciwangi Village clarified that the existing meetings are typically internal and occur prior to “Providing Additional Food” program activities. Meanwhile, the Head of Pangeureunan Village emphasized that there has never been any stunting-related communication with the community, and general community communication frequently encounters difficulties. The Community Nutrition Service Division of the Balubur Limbangan Health Center supports this statement, confirming that the health center, village government, and the community did not participate in any group discussions regarding stunting. Limited human resources prevented Integrated Service Post “Posyandu” cadres from visiting all “Posyandu”, resulting in ineffective program supervision.

The community also confirmed that they had never received an invitation to attend a meeting or group discussion about stunting. A mother/representative from the Limbangan community asserted that they had never received such an invitation, and the meetings they attended typically revolved around school activities or events like Muludan. Another mother added that there had been no group discussions about stunting. So, to improve stunting prevention and reduction in Balubur Limbangan District, it is necessary to hold group discussions involving the Balubur Limbangan Health Centre, representatives from each village government, and community representatives from each RW and RT. We anticipate that this group discussion will enhance community awareness and knowledge about stunting, while also bolstering their involvement in health programs.

#### ***4.5. Participation in the Form of Goods***

Individuals from a higher economic class typically participate in the community by providing goods to help achieve a goal [27], [28]. However, in Balubur Limbangan District, there has never been any community participation in the form of goods. So far, no community has provided assistance in the form of goods, especially for the prevention and reduction of stunting. The head of Neglasari Village stated that despite the community's high economic class, there has never been a contribution of goods. The Head of Surabaya Village also confirmed that no goods were donated, even though there were wealthy people. The head of Ciwangi Village stated that the community only attended and did not provide goods. The Head of Pangeureunan Village said that participation in the form of goods was very difficult to do, especially because the community did not believe that stunting was a problem that needed more attention.

This statement aligns with the Community Nutrition Services Division of the Balubur Limbangan Health Center's explanation that the community did not contribute any goods, including small items like pens. The results of interviews with the community also reflected the same thing. A mother representing the community revealed that, as ordinary people, they did not have valuables to donate. Another mother emphasized clearly that there was no participation in the form of goods. The above interview results indicate that Balubur Limbangan District did not witness community participation in the form of goods. All forms of activity financing, including Integrated Service Post “Posyandu” and “Providing Additional Food” program, originate entirely from the Local Government Budget (APBD) or Village Budget (APBDesa).

#### ***4.6. Participation in the Form of Money***

Community participation in the form of money involves giving money as a form of support for an activity is part of community participation. People from a higher economic class typically do this instead of physically participating in the activity [27], [28]. In Balubur Limbangan District, there was no evidence of financial participation. All funding for the stunting prevention and reduction program came entirely from the government budget, and no community, even those with a high economic class, offered money to support the program.

The head of Neglasari Village explained that all logistical and facility needs came from the Local Government Budget or Village Budget, and there were no monetary donations from the community. The Head of Surabaya Village added that participation in activities was a gesture of gratitude, with the Local Government Budget or Village Budget covering all costs. The Head of Ciwangi Village asserted that the Local Government Budget or Village Budget, still covered all costs, despite the presence of high-income individuals. The Head of Pangeureunan Village also confirmed that all costs came from the Local Government Budget or Village Budget, and the community there did not believe in the importance of stunting prevention.

The explanation from the Community Nutrition Services Division of the Balubur Limbangan Health Center, which stated that the government funded all activities such as integrated health posts, Provision of Additional Food Program, and PMBA, is



consistent with the statements from the four village heads. The results of community interviews showed similar things. A Limbangan mother/community member stated that, as ordinary people who depended on farm laborers, they felt they should have received assistance. Another mother also emphasized that there was no money participation and that this issue should be the government's business. The interviews above lead to the conclusion that Balubur Limbangan District did not implement community participation in the form of financial contributions. All funding for activities, including integrated health posts and Provision of Additional Food Program, was entirely provided by the Local Government Budget or Village Budget.

## IMPLIXATIONS AND CONCLUSIONS

Using the theories of Keith Davis and Dusseldrop [27], [28] we have found that Balubur Limbangan District only uses one of the six indicators of community participation: participation in the form of work. That indicator was participation in the form of work. The other five indicators included thoughts, energy, group discussions, skills, goods, and money. This district's community primarily contributes through labor, as other forms of participation remain unknown. This is due to several factors, including a lack of community awareness of stunting, low knowledge of the issue, limited available jobs, and cultural influences that hinder change. These factors indicate the need for increased understanding, education, and support to expand other forms of participation in order to support more effective prevention and reduction of stunting.

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