

The Domestication of Women in Stunting Mitigation Programs in Sidoarjo Regency

Maslihatin Utami^{1*}, Emy Susanti², Sutinah³

^{1,2,3}Sociology Department, Social and Political Sciences Faculty, Universitas Airlangga
email : maslihatin.utami-2020@fisip.unair.ac.id

Abstract

One of the challenges in realizing the vision of Golden Indonesia 2045 in Sidoarjo Regency is stunting. The stunting treatment program implemented by the government puts women in a central position. This study seeks to explore the domestication efforts of women in the stunting treatment program in Sidoarjo Regency. A qualitative approach with primary and secondary data was chosen to explore the research objectives. The data obtained through interviews were then analyzed using Walby's theory. The results of the study show that the implementation of the stunting treatment program in Sidoarjo Regency has encouraged the domestication of women. They are placed as parties who must be responsible for stunting treatment. Patriarchal practices occur in the implementation of stunting prevention programs, both in the public sphere and even more so in the private sphere. The government needs to reorient the implementation of the program. Considering that in its implementation, the government even justifies and perpetuates gender inequality.

Keywords: *domestication of women; gender; patriarchy; stunting*

Abstrak

Salah satu tantangan dalam mewujudkan visi Indonesia Emas 2045 di Kabupaten Sidoarjo adalah stunting. Program penanganan stunting yang dilaksanakan pemerintah menempatkan perempuan pada posisi sentral. Penelitian ini berupaya mengupas upaya domestikasi terhadap perempuan dalam program penanganan stunting di Kabupaten Sidoarjo. Pendekatan kualitatif dengan data primer dan sekunder dipilih untuk mengupas tujuan penelitian. Data yang diperoleh melalui wawancara terhadap informan selanjutnya dianalisa menggunakan teori Walby. Hasil penelitian menunjukkan bahwa implementasi program penanganan stunting di Kabupaten Sidoarjo telah mendorong terjadinya domestikasi perempuan. Mereka ditempatkan sebagai pihak yang harus bertanggungjawab terhadap penanganan stunting. Praktik patriarki terjadi dalam pelaksanaan program penanganan stunting, baik di ranah publik terlebih lagi pada ranah privat. Pemerintah perlu melakukan orientasi ulang terhadap pelaksanaan program. Mengingat dalam pelaksanaannya pemerintah malah membenarkan dan melanggengkan ketimpangan gender.

Kata Kunci: *domestikasi perempuan; gender; patriarki; stunting*

*Corresponding Author: Maslihatin Utami (maslihatin.utami-2020@fisip.unair.ac.id). Sociology Department, Social and Political Sciences Faculty, Universitas Airlangga. East Java, Indonesia. Jl. Dharmawangsa, Surabaya 60115

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Introduction

Stunting is a significant issue that has garnered serious attention from many countries around the world, especially considering that efforts to address stunting are still far from the target. A report by the World Health Organization (2023) states that only one-third of all countries are on track to reduce the number of children affected by stunting by half by 2030. Furthermore, there are still a quarter of countries where progress in addressing stunting cannot be measured.

Stunting also presents a challenge in realizing the Golden Indonesia Vision 2045. As we all know that, the quality of human resources is a key factor in successfully achieving this vision. Stunting must be reduced to the lowest possible level, as the infants and toddlers living today will become the productive age group in 2045 (Muhamad, 2023).

The Government of the Republic of Indonesia (2021) has taken serious measures by targeting a stunting prevalence rate of 14% by 2024. Significant efforts are needed to achieve this target, considering that as of 2022, the national stunting prevalence rate still stands at 21.6%. The results of *Survei Status Gizi Indonesia (SSGI)* in 2022 show a decrease of 2.8% compared to 2021 (24.4%). A similar trend is observed in East Java Province, where the stunting prevalence decreased from 23.5% in 2021 to 19.22% in 2022 (Taufik, 2023).

An interesting phenomenon has occurred in Sidoarjo Regency. While other regencies/cities in East Java have experienced a decline in stunting prevalence, the prevalence in Sidoarjo Regency has actually increased. According to the 2022 SSGI data, the stunting prevalence in Sidoarjo Regency increased by 1.3% to 16.1% (Zulkarnain, 2023). The stunting prevalence in Sidoarjo Regency was recorded at 14.8% in 2021. Although this figure is still well above the national target, this phenomenon requires a serious attention from many parties, particularly regarding the role of parents in addressing stunting.

In light of these facts, the National Population and Family Planning Board (*Badan Kependudukan dan Keluarga Berencana Nasional-BKKBN*) initiated the Great Parent School (*Sekolah Orang Tua Hebat/SOTH*)

program. This program aims to educate parents about the care needed during the first 1,000 days of life. The hope is that children can grow and develop optimally with emotional, social, and physical stability (Agustina & Dwijayanti, 2023, p. 1). This program is also expected to motivate and encourage behavioral changes that will contribute to reducing stunting rates (Anastasia et al., 2023, p. 2494).

The Sidoarjo Regency Government has also adopted SOTH as one of its stunting mitigation programs. In 2022, the Sidoarjo Regency Government recorded the graduation of 30 participants (Sholahuddin, 2022). Even at the beginning of 2024, the Sidoarjo Regency Government graduated 279 participants from the SOTH program (Taufik, 2024). An interesting fact about the SOTH program is that the majority of participants are mothers or women. According to the Great Parent School Guidelines in the BKB Group (BKKBN, 2020, p. 11), there is material related to father involvement in parenting.

In line with this, several studies have specifically pointed out that a mother's knowledge and education influence stunting prevalence (Apriluana & Fikawati, 2018, p. 252; Azari et al., 2023, p. 24; Hamani et al., 2023, p. 1721). Laksono et al. (2022, p. 8) emphasize that lower maternal education is associated with a higher risk of having stunted children. The prevalence of stunting is indirectly a burden that women, particularly mothers, must bear.

Rahmawati & Putri (2023, p. 72) explain that gender often intersects with social determinants that vary at different levels of the health system, including in the context of stunting, which is not gender-neutral (Tinaningsih et al., 2022). According to Utumatwishima et al. (2024, p. 15), gender bias within a family has the potential to increase stunting rates. In this context, women face limitations in social supports and influence in family decision-making. Men are more dominant as decision-makers regarding access to and control over nutritious food sources for the family (Peten et al., 2023).

Stunting in Sidoarjo Regency has become a topic of interest for many parties conducting studies. These studies range from identifying the causes of stunting (Imamaturodiyah & Sumarmi, 2023, p. 770) to efforts which aimed

at alleviating it. Empowerment has emerged as a common area of research. Farizi et al. (2024, p. 3297) highlight the empowerment of community health center cadres in stunting alleviation. Other studies have explored the empowerment of village governments (F. F. Putri & Sukmana, 2022, p. 224) and youth (Ibad et al., 2023, p. 452).

However, the various studies conducted have not addressed the efforts of domestication in handling stunting in Sidoarjo Regency. This research, therefore, aims to fill the gap left by previous studies. It is hoped that the findings of this research can serve as a reference for the Sidoarjo Regency Government to accelerate the reduction of stunting in the region.

As is well known, patriarchy is one of the causes of gender discrimination. Walby (2014) explains that patriarchy is divided into several structures that perpetuate gender inequality practices in society. First, the patriarchal structure in household production involves the full assignment of caregiving roles to women, including child-rearing and household tasks. Second, the patriarchal structure in employment is manifested through the segregation of job positions for men and women and wage disparities. Third, the patriarchal structure in the state is characterized by the minimal presence of women in important government positions and limited roles for women in law and politics. Fourth, the patriarchal structure in sexuality places women in the role of providing sexual services and emotional support. Fifth, the patriarchal structures is related to male violence, including physical, psychological, and verbal abuse. Lastly, the patriarchal structure in culture imposes demands for an ideal femininity for women in family, education, religion, and mass media contexts.

Walby (2014) further elaborates that the practices of these patriarchal structures occur in two domains: the private and public spheres. The private patriarchy makes households and families the primary arenas for the oppression of women, while the public patriarchy represents a form of control by ideology in the public domain. The strength of patriarchal ideology is inseparable from the complicity of women as a group that is hegemonized by men (Utami et al., 2018, p. 65).

Based on the above description, an interesting phenomenon to explore is the role of women in stunting mitigation efforts. Women appear to be the focus of stunting intervention programs in Sidoarjo Regency. This is evident from the Great Parent School (SOH) program, which targets women/mothers as participants. However, the SOH guidelines also emphasize the involvement of men/fathers in preventing and reducing stunting.

Methods

This research employs a qualitative approach, encompassing data collection techniques and data analysis. The study utilizes both primary and secondary data. The primary data were obtained through in-depth interviews with informants, specifically 11 housewives with children aged up to five years (toddlers) who are stunted, and one father of a stunted child. Additionally, program stakeholders involved in stunting mitigation in Sidoarjo Regency were also included as informants, consisting of two community health center nutritionists, one village head, and five Posyandu cadres. Informant selection for the study was conducted using snowball and accidental sampling techniques.

Secondary data were gathered from activity reports of three local government agencies involved: the Regional Development Planning Agency of Sidoarjo Regency, the Sidoarjo Health Office, and the Department of Women's Empowerment, Child Protection, and Family Planning of Sidoarjo Regency. The research was conducted starting in October 2023 in the Sidoarjo sub-district, specifically in Magersari Village, Bulusidokare Village, and Bluru Kidul Village. The collected data were subsequently analyzed through a thorough examination of all data. The next step involved data reduction of the analyzed information before presentation. Finally, after all these processes, the data will be re-verified to draw conclusions.

Results

Domestication of Stunting Mitigation in Sidoarjo Regency

The results of in-depth interviews with the informants reveal an interesting phenomenon. The handling of stunting in Sidoarjo Regency places women in the position of responsibility. Meeting the nutritional needs of children, which is closely related to stunting cases, often puts women, in this case mothers, in a dilemma. Their status as wives and mothers makes them central figures in fulfilling the nutritional needs of the family, including their children.

Ensuring the nutritional needs of children becomes the absolute responsibility of the mother. This was expressed by Mrs. Tyas, an informant with two children, one of whom is classified as stunted: "...the responsibility for the food and nutrition of the children falls on me." Not only that, but she also has to perform other tasks such as washing dishes, doing laundry, and cleaning the bathroom. A similar situation was shared by Mrs. Dian and Mrs. Riska, who are responsible not only for their children but also for their families.

"Kulo sing belonjo sehari-hari, belonjo sembarang untuk anak-anak (I am the one who does the shopping every day, buying everything for the children). I also think about the menu... today I'm cooking vegetable curry with tilapia and tempeh... and also cooking for my husband and grandfather" (Mrs. Dian, 36 years old).

"...I don't work; I'm a housewife. My activities are taking care of the children, managing the house, and cooking for my husband... I take care of the children because I spend more time at home; their father works in the morning" (Mrs. Riska, 28 years old).

The burden of responsibility placed on wives is also confirmed by the Posyandu cadres who support families with stunted children, as follows:

"Yeah, a lot is still placed on the wives, in my opinion." (Mrs. Kristin, 45 years old)

"In my opinion, because issues concerning children are the mother's responsibility." (Mrs. Isa, 46 years old)

The facts above are quite interesting; patriarchal culture does not only dominate housewives. The implementers of stunting intervention programs have also been hegemonized, as seen in the statements made that children are the responsibility of women.

The role of men, in this case, husbands, related to child-rearing is still very minimal. They generally focus only on fulfilling their obligations as breadwinners. This was expressed by Mr. Sugeng as follows:

"Mamae sing masak (The wife is the one who cooks); kulo kan kerjo budale injing (I leave for work in the morning)... Kulo mpun pegel bu, menawi prentun kulo kangge istirahat, urusan bersih-bersih mpun dados tugase bojo kulo (I'm already tired, ma'am; if I have a day off, I spend it to rest; cleaning has become my wife's responsibility)." (Mr. Sugeng, 42 years old).

This view is also supported by Mrs. Uswatun. Not only related to child-rearing, but even the provision of children's multivitamins is entirely her responsibility. As she expressed:

"I'm the one who decides if I want to change the milk because the milk is getting more expensive... The father doesn't want to know how much the milk costs. As long as it's not too expensive." (Mrs. Uswatun, 32 years old)

The minimal role of men in child-rearing is also mentioned by Mrs. Luki. According to the informants, the limited role of husbands is due to their obligation to work until night. The impact is that when they return home, they are already tired and do not have time to care for the children.

The phenomenon above demonstrates an imbalanced gender relationship in addressing stunting in Sidoarjo Regency. This reality also suggests that there is a patriarchal structure that tightly grips the community of Sidoarjo Regency. The information provided by the informants indicates that this patriarchal structure has permeated the private sphere. In this context, there is a pressure on household work with female stereotypes (Kurniawan & Kusumaningtyas, 2022, p. 7). This is manifested

in the burden of domestic work placed on women, ranging from caring for children to completing other household chores. In this case, stunting is viewed as a domestic issue, thus placing the greatest responsibility on women (A. Rahmawati et al., 2022, p. 37).

Referring to the informants' explanations, there are at least two patriarchal structures that support such stunting intervention practices. First, the burden of caring for stunted children is placed on women, in this case, the wives. This condition illustrates that there is a patriarchal structure in the household production of families with stunted children in Sidoarjo Regency. This burden of responsibility cannot be separated from the second structure, which is the patriarchal structure in sexuality. Women or wives are always placed as the nurturing party, especially in child-rearing. Women are often seen as unpaid domestic laborers for giving birth to and raising their children (Qomariah, 2019, p. 53).

The imbalanced gender relationship in child-rearing aligns with the study by Peten et al. (2023, p. 265). The role of men, in this case, husbands as breadwinners makes them feel entitled not to engage in health activities, including stunting interventions. Husbands often play a role in determining access and control over nutritious food sources. Meanwhile, women, in this case, wives, are present as objects in stunting interventions. This situation results in women experiencing a double burden in both the domestic and public spheres.

However, according to research by Allotey et al. (2022, p. 1), men play a crucial role in supporting women's tasks in child-rearing. This is certainly linked to the fact that effective child-rearing requires good cooperation between fathers and mothers (Ngewa, 2019, p. 106). One aspect of this is related to providing nutrition to children through food fortification. Efforts for food fortification greatly require the participation of men (Kairiza et al., 2020, p. 9) to create equality in family consumption (Mphangwe et al., 2023, p. 2).

The inequality in consumption between boys and girls within the family was also mentioned by Mrs. Yolanda:

"...because boys tend to drink more milk than girls, so even though he's over two

years old, he still wants to nurse, and I haven't weaned him..."

This understanding makes the informant feel no guilt when the provision of breast milk differs between boys and girls. The husband, in this case, actually plays a very important role in ensuring that their children receive equal nutritional intake. A support for mothers, according to Utumatwishima et al. (2024, p. 2), is crucial in efforts to improve the nutritional status of their children.

Food fortification is not only important for treating stunting in toddlers, but it is also crucial in preventing stunting. Equal food consumption between boys and girls in the long term also impacts the potential occurrence of stunting. When adolescent girls receive the same rights to meet their micronutrient and balanced nutrition needs, it can be ensured that the incidence of anemia, which is a trigger for low birth weight (LBW) and stunting, will decrease (Renyonet et al., 2023, p. 304).

In addition to being responsible for handling stunting, women in Sidoarjo Regency often find themselves in a dilemma. Even when both husband and wife in a family work, it does not automatically grant women equal bargaining power. Women are always the ones forced back into the domestic sphere when their children need attention. This situation was described by Mrs. Norma, Mrs. Iin, and Mrs. Yolanda. The three informants had to stop working and focus on raising their children because of, different reasons.

Mrs. Iin had to stop working because she was reprimanded by a health worker from the local Posyandu. It all started when her child's weight did not increase, as explained by the informant:

"I stopped working after being scolded by the Posyandu worker when Abimanyu was 3 months old. The Posyandu worker said, 'Are you more focused on your job or on your child who is having trouble gaining weight?' Then my husband said, 'It's okay, just quit your job.'" (Mrs. Iin, 38 years old)

A different reason was given by Mrs. Norma and Mrs. Yolanda. They chose to quit

working on their own initiative, as explained by the following informants:

“I decided to take time off because of this, Miss, because Hana is a picky eater. Actually, I want to work, but since Hana’s eating habits are like that, I have to be patient and attentive.” (Mrs. Norma, 31 years old)

“I used to work at a cosmetic company, but after having my second child, I stopped working. My second child was often sick, and even now we still go to the health center. They said his weight is low, so after that, I quit my job.” (Mrs. Yolanda, 31 years old)

Mrs. Norma even had to give up her career and her master’s degree (S2) to take care of her child.

The information above shows that patriarchy has also extended into the public sphere. In this case, the public domain is clearly under the control of an ideology that considers women subordinate to men. Society still views women as economically less independent compared to men (Qomariah, 2019, p. 53). In some cases, female workers are often underestimated, which contributes to the wage gap between men and women (Chandra et al., 2024, p. 5).

This situation is exacerbated by the fatalistic attitude of women toward this reality. The life they are living is seen as part of their fate, making it seem impossible to resist. As stated by the following informant:

“Since I was young, my mother told me to sweep, mop, cook, and until now, I’m still doing it. It’s already the duty of a woman...boys don’t need to do housework.” (Mrs. Tyas, 27 years old)

“...maybe it’s the nature of women, when it comes to children, it’s always the mother’s fault. If the child is sick, it’s the mother’s fault too.” (Mrs. Uswatun, 32 years old)

“Yes, because as a mother, it’s my duty to take care of the children...” (Mrs. Luki, 31 years old)

“...it’s impossible for the father to quit his job, so it has to be me, because it’s the husband’s responsibility to work. It’s impossible for him to quit, and I keep working.” (Mrs. Norma, 31 years old)

“Because it’s my duty as a wife at home, and the husband works.” (Mrs. Dian, 36 years old)

“Yes, because I am the mother, it’s my duty to take care of the children.” (Mrs. Riska, 28 years old)

The diverse information presented increasingly demonstrates that women remain subjugated under the hegemony of patriarchy.

The subjugation of women to patriarchal hegemony cannot be separated from the internalization of values they experience. The family often becomes the initial source of this internalization, as mentioned by Mrs. Tyas. Parents play a significant role in instilling gender-biased relational values. In some cases, parents even become the key perpetrators of these values. This is evident in the following statement from Mrs. Indah:

“...there was different treatment from my parents. Back when my husband and I were newlyweds, he was sweeping the house, but my mother scolded me, saying, *bojomu iku wong lanang, opoo kok* (why is your husband, a man), being asked to sweep the house?’ Because according to my mother, there are men’s tasks and women’s tasks-men do men’s work, and women do women’s work...”

The information above illustrates that the family environment plays a very significant role in shaping gender inequality. Parwitaningsih et al. (2023, p. 29) emphasize that the more intense the exposure to gender inequality within the environment, the greater the likelihood of gender inequality occurring within the family.

The domestication that occurs in stunting prevention in Sidoarjo Regency is thus inseparable from the role of patriarchal structures in culture. It is this structure that constructs the ideal role of women in the family. In this context, the ideal wife is one who performs all the household chores. This task is

attached as a duty that women must fulfill as wives.

Patriarchal culture, according to Nasrulloh & Hidayat (2022, p. 139), justifies forcing wives to take on domestic roles. In Javanese culture, wives are expected to fulfill what is known as the 3M: Macak (to adorn oneself), Masak (to cook), and Manak (to bear children) (Fitria et al., 2022, p. 170). Syuhudi (2022, p. 228) found that although in some cases, women have roles in the public sphere, when they return home, they are still responsible for domestic tasks.

According to Walby, in private patriarchy, men in the role of father or husband are the oppressors or practitioners of patriarchy. However, this notion does not seem to apply to families with young children suffering from stunting. In the private sphere, women in the role of mothers or grandmothers also act as practitioners of patriarchy toward their daughters. In fact, they participate in perpetuating patriarchal culture within their families.

Stunting Management in Sidoarjo Regency

The hegemony of patriarchal culture in society cannot be separated from the role of the country. The government, as the representation of the country, often perpetuates patriarchal culture through various policies. This is also evident in the stunting prevention programs initiated by the government, one of which is Sekolah Orang Tua Hebat (SOTH).

SOTH is an informal educational facility aimed at improving parenting practices for toddlers. The National Population and Family Planning Agency (BKKBN) collaborates with local governments to address various social and health issues, including stunting. SOTH strives to enhance communication between parents and children by using appropriate knowledge and methods. Participants in each session are provided with materials and a pretest. The reduction of stunting cases is carried out through guidance under the Bina Keluarga Balita Eliminasi Masalah Stunting (BKB EMAS) program, with the following targets: (i) Implementation of eight family functions during the first 1,000 days of life; (ii) Physical and mental health support for pregnant and breastfeeding mothers; (iii) Promoting clean and healthy living behaviors for pregnant women

and children under two years old; (iv) Stimulation of child development during the first 1,000 days of life; (v) Increasing the involvement of fathers and other family members; and (vi) Responsive, appropriate, and timely parenting that meets the child's needs (S. E. Putri & Puspaningtyas, 2024, p. 18).

Although one of the goals of SOTH is to increase the role of fathers, in practice, participants in SOTH in Sidoarjo Regency are mostly women. Information regarding the participation of women in SOTH was conveyed by several Posyandu (integrated health service post) cadres as follows:

“All those who come to the Posyandu are mothers; those who come for nutritional consultations at the Puskesmas (community health centers) are also mothers... There are no men, all Posyandu cadres in my area are women” (Mrs. Kristin, 45 years old)

“If we talk about Posyandu cadres, yes, they are all mothers, no men. There aren't any, miss; I've never seen any fathers involved in stunting prevention in my area, it's all the mothers' responsibility” (Mrs. Isa, 46 years old)

Some cadres also mentioned that the focus is on mothers because they are the ones taking care of the children. As conveyed here:

“The focus is on the mothers, yes, the idea is that the ones preparing the food and taking care of the children are the mothers” (Mrs. Tuti, 54 years old)

“There are no men, only mothers. There are also grandmothers or female caregivers...” (Mrs. Heru, 55 years old)

“It seems that almost none come with their fathers, only the mothers... How can I put it, most of the caregiving is done by the mothers” (Mrs. Endah, 48 years old)

The reality above is interesting when connected with the SOTH program, which is actually designed to target both parents. In this case, both the mother and father of the child should participate. However, in practice, it is

primarily the mothers or women who become participants, as explained by Mrs. Heru:

“Yes, SOTH is actually intended for both fathers and mothers, but the majority of those who come are the mothers. The ones who 'graduate' from the program are the mothers. Currently, there are 30 participants, all of them are mothers.”

Husbands, in this case, only sign the consent form for their wives' participation in the SOTH program. The mothers who participate in SOTH are expected to pass on the information about proper parenting to their partners.

Based on the explanation above, it is evident that the SOTH program encourages gender inequality within families with stunted children, in the form of subordination. Women's participation in the SOTH program must receive written consent from their husbands, which is a form of subordination. In this context, women are positioned lower than men (Nurrahman, 2022), meaning that anything they do must receive approval from men, in this case, their husbands. The government, through the SOTH program, appears to structurally allow and even perpetuate gender inequality (Irfan & Zaluchu, 2023, p. 77) within families with stunted children.

The government's role in perpetuating patriarchal practices through programs that justify gender inequality is indeed regrettable. This reality further strengthens the domestication of women in stunting prevention programs. According to Kustanto (2017, p. 100), this situation cannot be separated from government policies that apply the Women in Development (WID) approach. This approach emphasizes the involvement and participation of women in development, including stunting prevention.

Globally, the WID approach has been deemed a failure in freeing women from the shackles of discrimination and injustice. This is also evident in the implementation of the SOTH program as a stunting prevention effort. One fundamental issue is the failure to encourage men's participation in addressing stunting. When women, as wives, are subordinated, it becomes very difficult to expect them to educate their partners. Therefore, it is not surprising that in Sidoarjo Regency's stunting prevention

program, women are chosen as the primary party responsible.

Strategic positions in managing stunting prevention communities in Sidoarjo Regency are predominantly filled by women. However, this does not automatically result in policies that are pro-women. Various stunting prevention programs and activities have further domesticated women. In this study, public patriarchy occurs in stunting prevention communities at Posyandu, village/urban village governments, and Puskesmas. These three institutions represent the state, and they are managed by women—Posyandu cadres who are all women, female village heads, and nutrition officers at Puskesmas who are also women. They all become the agents of patriarchal practices in public stunting prevention efforts.

Conclusion

The stunting prevention program in Sidoarjo Regency, which requires active parental involvement, has not yet been effectively implemented. Instead, the program's implementation has further promoted the domestication of women, placing them as the primary and sole individuals responsible for their stunted children. The domestication of women in the stunting prevention program cannot be separated from patriarchal practices, both in the public sphere and especially in the private sphere.

Patriarchal practices that drive the domestication of women occur not only within the household structure but also extend to structures of sexuality and work. Even the state structure plays a role in perpetuating patriarchal practices, which ultimately, albeit indirectly, sustain patriarchal culture.

To ensure the stunting prevention program in Sidoarjo Regency runs effectively, the local government needs to reorient the implementation of existing stunting prevention programs, such as SOTH. The program must ensure the involvement of both parents, mother and father, in families with stunted children. Every effort must be made to ensure that responsibility is no longer placed solely on women or wives.

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