

A Gender-Based Communication Approach to Hasten the Prevention of Stunting in Bojonegoro Regency

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Abstract

The gender-based stunting prevention acceleration program in Bojonegoro Regency still faces challenges. Therefore, this study aims to analyze the communication strategy for accelerating stunting prevention through a gender perspective. A descriptive method with a qualitative approach was used in the study, conducted in three sub-districts (Kapas, Balen, and Gondang) from January to December 2023. Primary data were collected through in-depth interviews with 23 informants from various related agencies. Data analysis utilized source triangulation, technique triangulation, and GAP analysis. The results show that the stunting prevention acceleration program by the Bojonegoro Regency Government with a gender approach has been planned specifically and sensitively. However, in practice, only the Women's Empowerment, Child Protection, and Family Planning Agency has a gender-friendly program with balanced participation. Despite using detailed communication design through intrapersonal approaches, public communication, digital media, and the 8-convergence communication strategy design, the program still has gender participation gaps in access and decision-making.

Keywords: Bojonegoro, Communication Strategy, Gender, Stunting.

INTRODUCTION

The prevalence rate of stunting cases in Indonesia based on the Indonesian Toddler Nutrition Status Survey is still at 21.6% or equivalent to 4 million cases of children under five suffering from malnutrition. Although the prevalence of stunting has decreased, the stunting rate in Indonesia is still relatively high compared to other countries in Southeast Asia. This condition is far from the target of the stunting rate set by the President of the Republic of Indonesia, which is 14% in 2024. This data is in line with the results of a survey by the Asian Development Bank (ADB) which illustrates that the prevalence rate of stunted children under five years old in Indonesia in 2022 is still ranked second highest in Southeast Asia (SSGI, 2022).

(UNICEF, 2013) explained that stunting is caused by three main categories, namely primary causes, underlying causes and direct causes. The basic cause is the quantity and quality of potential resources in society, such as humans, education, economy, environment, organization, and technology. Underlying cause factors are factors that directly affect nutritional status, such as lack of access to health services, malnourished and optimal infant and child eating, and infections. Immediate cause is a factor that directly causes stunting, such as nutritional deficiencies, diarrhea, and worm

infections. These three factors can be managed and anticipated with cooperation between stakeholders, and a gender equality-based society.

The high prevalence of stunting in Indonesia is related to the low gender empowerment index (IDG) caused by the inequality of participation between men and women in the stunting acceleration process. Currently, the Gender Inequality Index (GII) based on the (World Economic Forum, 2022) report Indonesia is ranked 92nd out of 146 countries or equivalent to 0.697. In line with the SDGs pillar in the fifth point related to gender equality. Empowering men and women through gender equality is the main strategy in development. Countries that want to progress must ensure that women and men have equal access to education, employment, health, and political participation.

There are three important aspects that can increase gender equality in development, namely empowerment, reproductive health, and politics ((Badan Pembangunan Perencanaan Daerah Kabupaten Bojonegoro, 2023)). Men and women have different roles in stunting prevention efforts. Women, as the main caregivers of children, have an important role in ensuring nutritional intake and children's health. Men, as the main breadwinners, have an important role in providing access to economic resources for families. Judging from these factors, the issue of gender equality is implied in both direct and indirect factors. For example, in access to nutritious food, not only poverty can affect women in obtaining good nutrition but there is a patriarchal culture that occurs in certain areas. Another contributing factor is the rise of child marriage. According to (Afifah, 2014) the proportion of stunted toddlers in mothers who get married at the age of less than 18 years is 29.3%, while in mothers who get married at the age of 20-24 years is 22.4%. According to (Nur Afni dan Alfiana Hanifah, 2022) the risk of stunting in children born to married mothers under 18 years old is 2.5 times higher than children born to married mothers at the age of 20-24 years.

Child marriage can also cause women to be trapped in a cycle of poverty and gender inequality. Women who marry at an early age often have low education and limited job opportunities. It is important to prevent child marriage in order to protect women and increase gender equality. In line with gender equality, in the third point, reproductive health SDGs have a very important role in improving people's welfare. Health issues in the SDGs are integrated in one goal number 3, which is to ensure a healthy life and well-being for all people of all ages. Efforts to achieve the SDGs health goals must continue to be carried out by increasing investment, cooperation, and public awareness.

The form of gender inequality in empowerment can be seen from indirect and direct factors, including the problem of women gaining access, involvement or participation in the determination of policies, benefits and control both during adolescence, pregnancy, breastfeeding, and pre-conception. Another form is that this unequal parenting pattern can have a negative impact on women and children. Women can experience stress, fatigue, and depression. Children can also experience a lack of attention and affection from parents. Fatigue in women has an effect on health, especially when it is associated with psychological health and correlates with reproductive health ((Tim Nasional Percepatan Penanggulangan Kemiskinan (TNP2K), 2018)).

Based on reports from KPPPA and (Badan Pusat Statistik, 2022), Indonesia's gender development index nationally in 2021 was 91.27 and increased by 0.21 compared to the previous year. The gender empowerment index reached 76.26 in 2021 and increased by 0.69 compared to 2020. This shows that the mainstream gender movement still has challenges, including in supporting stunting acceleration programs. Activities that are encouraged to realize gender equality in development are gender-responsive budgeting and planning (PPRG) Gender mainstreaming is a strategy that is able to support the target of reducing stunting prevalence by up to 14% by 2024, where in every stage of development planning and budgeting cannot be separated from the importance of the participation of parties who experience development gaps, both women, men, children, teenagers, and the elderly.

Based on the 2022 SSGI report, the stunting prevalence rate in Bojonegoro Regency has increased compared to the previous year, reaching 24.3%. Bojonegoro Regency is 9th out of 38 districts and cities in East Java. The high prevalence of stunting is not proportional to the very high regional income every year. Bojonegoro Regency is a district in Indonesia that has a wealth of natural resources, in the form of abundant natural gas (oil and gas) and oil. More than a quarter of national oil and gas production, so Bojonegoro receives an average of 1.3 trillion oil and gas revenue sharing funds per year ((Badan Pusat Statistik, 2022)). According to data from the (Kementrian Keuangan Republik Indonesia, 2022), Bojonegoro ranks second in the city/regency with the highest income in East Java.

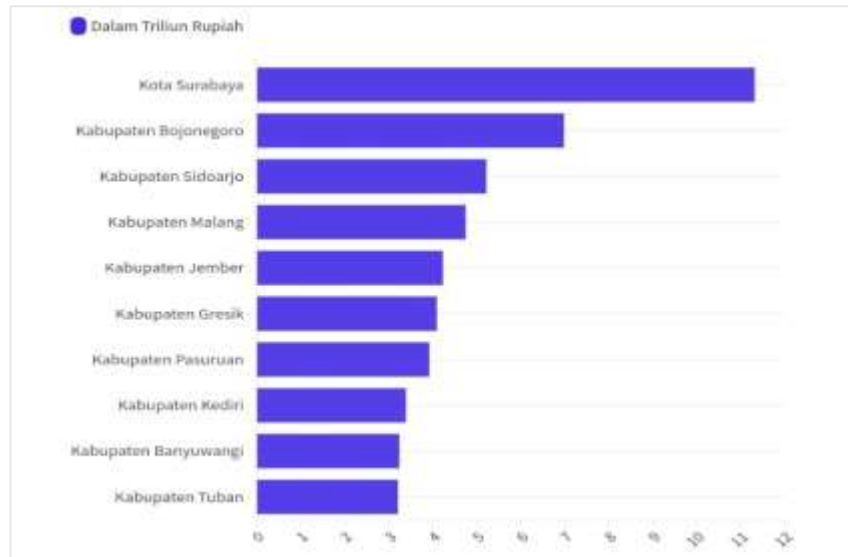


Figure 1. *Highest City/Regency Budget Chart in East Java*
Source: Ministry of Finance of the Republic of Indonesia, 2023

Bojonegoro on the one hand has a high prevalence of stunting and a low gender empowerment index in East Java Table 1.1 One of the factors causing this is due to the high rate of early marriage and divorce cases. Around 532 disparities in the participation of men and women in the process of accelerating stunting prevention. Reviewing data from BPS 2022, the Bojonegoro gender empowerment index (IDG) is only 56.80 or the second lowest in East Java and there is an inequality in the human empowerment index where the HDI for men is 73.57%, while the HDI value for women is only 66.34%.

Table 1. *Gender Empowerment Index (IDG)*

Year	Bojonegoro	East Java	Indonesian
2018	57,62	69,37	72,10
2019	55,44	73,04	75,24
2020	55,77	73,03	75,57
2021	56,14	72,36	76,26
2022	56,80	74,42	76,59
Average	56,35	72,44	75,15

Source: Central Statistics Agency, 2023

The low value of the gender empowerment index in Bojonegoro is triggered by the high number of early marriages in Bojonegoro Regency and divorce cases that reach 2,000/year, so women have to work and entrust their toddlers to caregivers or grandmothers ((Pengadilan Agama Kabupaten Bojonegoro, 2023) There is a patriarchal culture that is still thick in the Bojonegoro community, especially in domestic activities in choosing food intake and the culture of preceding husbands or parents so that the nutritional needs of pregnant women are not enough. Finally, there is a culture of "tarak" where a mother who has just given birth to her baby is not allowed to consume several types of seafood, eggs and certain foods, which are actually needed during breastfeeding and the postpartum recovery process.

Stunting prevention cannot only be done with specific nutritional interventions. Sensitive nutrition interventions are also needed to address the underlying factors of stunting, such as poverty, gender inequality, and lack of access to basic services. According to the 2018 Stunting Acceleration Communication Strategy Guidelines by the Ministry of Health of the Republic of Indonesia, emphasizing the importance of integrated intervention by involving various parties to overcome stunting. The government developed a national strategy with five pillars to accelerate stunting prevention including, leadership commitment and vision, national campaigns and communication of national behavior change, convergence, coordination, and integration of central, regional, village nutrition and food security programs, and monitoring and evaluation. The strategy is implemented at several levels of government with and involves various non-governmental institutions such as civil society, the private sector and communities both nationally

and regionally.

In the process, the Bojonegoro Government has developed several specific programs related to the acceleration of stunting prevention. Some of the programs that have been running include; increase in family nutrition consumption (P2GK), the program to increase access and utilization of health services (PAPK), but the stunting rate in Bojonegoro is still above twenty percent. Therefore, it is necessary to combine stunting acceleration programs with gender-responsive development planning in Bojonegoro Regency. Departing from these descriptions and phenomena, researchers are motivated to analyze in depth the strategy to accelerate gender-based stunting prevention in Bojonegoro Regency. It is reviewed from upstream to downstream and starts from policy makers, existing empowerment programs, program implementation and evaluation, to the benefits obtained. The aim of this study can describe the gender-based stunting prevention acceleration program of the Bojonegoro Regency Government. Analyze the communication strategy of the stunting acceleration program in Bojonegoro Regency from a gender perspective. Describe community behavior towards the stunting prevention acceleration program in the aspect of gender equality. It is hoped that this research can provide benefits or scientific basis to the Bojonegoro Government in alleviating the problem of stunting and realizing a quality generation.

LITERATURE REVIEW

Nature and Nurture's Gender Equality Theory

Nature Etymologically nature is defined as an inherent characteristic or innate state in a person or something, also interpreted as a natural condition or basic human nature. In gender studies, the term nature is defined as a theory or argument that states that differences in traits between genders are inseparable and are even determined by biological differences (sex). It is called the theory of nature because it states that the differences between men and women are natural and from these natural differences arise innate differences in the form of masculine and feminine attributes that are inherent in them naturally. The theory of nature is familiar to classical and religious scientists. Sometimes this theory is also associated with Rousseau, Kant, and Hegel, but the one who is considered to be the basis of this theory scientifically is Charles Darwin and supported by Gregor Mendel's Hereditary Theory.

In gender studies, this theory was popularized by Carol Gilligan and Alice Rossi who ultimately deflected the discourse of feminism towards biological essentialism after the 1980s which was marked by the re-acceptance of the concept of gender role differences. Followed by the concept of eco-feminism, which brings the concept of nature to be more dominant. The originators of this theory aim to create social harmony, fair equality in diversity.

In contrast to the terminology of gender studies on nurture, this theory interprets that the difference in masculine and feminine traits is not determined by biological differences, but social constructions and the influence of cultural factors. It is called nurture because social and cultural factors create gender attributes and form stereotypes of a certain gender, it occurs during the parenting period or society and is repeated from generation to generation. Because of the cultural factor in it, this argument is often referred to as the concept of culture. The tradition that continues to repeat then forms an impression in the community that it is something natural.

Differences in social constructions in society result in the relativity of masculine and feminist attributes between cultures. Certain traits attached to a gender in a community are not necessarily the same as others. Feminists and gender activists began to distinguish gender from sex and concluded that gender with its new definition is something that can change and be exchanged between the sexes. These changes and exchanges are possible due to differences in place, time, level of education, physical condition, sexual orientation, and so on. The new definition also leads to the deconstruction of existing norms and orders.

Rules, customs, assessments, and treatments in which there are differences and differences between men and women began to be reviewed from the perspective of feminism and gender equality, from which terms such as gender inequality, gender bias, patriarchal hegemony, sexism, and misogyny emerged (Hooks, 2000). According to them, quantitative and comprehensive equality regardless of gender is the only solution to the differences that occur. In contrast to the theory of nature, where most of the figures are religious scientists, the nurture theory is carried out by experts in the humanities who tend to be humanist and deconstructive. The difference in methodology used and also the perspective between the characters in these two concepts has caused the debate between nature and nurture to not find a common ground and it is not yet possible to know which winner is (Lippa, 2005).

Theory of Health Communication Strategy

Health communication is a systematic effort to change health behavior both on an individual and community scale by using various communication methods. Health communication is also a study that explores the use of communication strategies to disseminate health information that affects how individuals or groups make the right decisions related to their health management (Liliweri, 2008). In studying the phenomenon of health communication, there are at least several communication theories and approaches that discuss various things ranging from the relationship between patients and health experts, the process of educating health information in the community, the work patterns of health workers to the gap in access to health in certain groups.

Social Support Theory

Social Support Theory, there are two types of support, namely Perceived Support and Enacted Support. Perceived Support is the belief that support will always be there when we need it. Enacted Support is a form of support, which can be in the form of help provided by others. The support that individuals get as patients is influential in their health development (Littlejohn et al, 2017). Direct effects are felt on the body because of the positive effects in the interactions that are supportive. Buffering effect which has a psychological impact on mental health which means less stress due to positive communication with others. Among the two effects, the Buffering Effect is the most influential. Social support has a direct effect and also a buffering effect for the following reasons (Goldsmith and Albrecht, 2011): (1) Social support is able to provide input on behaviors that threaten health and give us control to stay away from it. (2) Social support provides information about health services starting from how to access them. (3) Social support can also provide real assistance. For example, when people experience financial difficulties to seek treatment and then get financial support from their brothers and sisters. Social support helps patients in the process of coping with stress due to emotional stress.

Structur Rasional Divergence Theory

This theory is one of the studies of health communication in the context of organizations initiated by Anne Maydan Nicotera, 2003. Broadly speaking, this theory seeks to explain that conflicts in a health organization can affect communication between its members (doctors, nurses, employees of other health institutions). The existence of a poor communication cycle between health workers can have an indirect impact on patient health continuity (Littlejohn et al, 2017).

Risk and Crisis Communication Management Theory

One of the theories that has a larger scope is the agency of change (government). This theory was carried by Matthew Seeger and is usually used to estimate health crisis phenomena such as the spread of infectious viruses. In this theory, there is a model of the phases of crisis management which is divided into four levels (Littlejohn et al, 2017) including; (1) Prevention, in the form of preventive measures that minimize risks, for example, the recent case of the spread of the coronavirus has made countries such as Vietnam strictly take precautions by closing borders and access to the country to prevent the increase in the number of virus spreads. In addition, the appeal to isolate at home is also one of the preventive measures taken by the government. (2) PrepaRationalon (preparation) which includes strategies made to deal with crises. For example, the DKI Jakarta government has formulated a strategy and protocol for a special hotline for handling coronavirus infections. Response, including crisis handling, for example to deal with stunting, governments around the world release various information through various media to ensure that the public knows how to prevent and respond to stunting.

In an effort to develop awareness and potential in the community to maintain and improve their health status, WHO (1984) formulated an approach called a global health promotion strategy, namely Advocacy, Social Support and Community Empowerment. Advocacy is aimed at all decision-makers or policy makers, in order to provide policies that provide benefits to public health. Social support is given to all community leaders, both formal and informal, including religious leaders, so that public health activities can obtain support and subsequently bridge with the community. Community Empowerment is aimed at the community directly as a primary target whose goal is for the community to be able to maintain and improve their health independently. According to WHO, the three main strategies in question are: 1) Advocacy, which is to produce political commitment, policy support for health, and increase public awareness and demands for health. 2) Empowerment, which is equipping individuals and groups with knowledge,

attitudes and skills that encourage healthy behavior. 3) Social support, namely developing alliances and social support systems that strengthen and encourage healthy behavior as a social norm

In the book Mulyana D with Ganiem L.M (2021) explains that communication is a very complex phenomenon, consisting of several levels: interpersonal communication, group communication (small), public communication, organizational communication and mass communication. Classification is based on the number of participants, with interpersonal communication involving the smallest number of participants and mass communication involving the largest number of participants Karya Ningsih in her book Communication Science categorizes based on the most commonly used levels to see the context of communication, starting from communication that involves a very large number of participants. There are four levels of communication that many experts agree on, namely:

- a. Interpersonal Communication,
- b. Group Communication,
- c. Organizational Communication,
- d. Mass Communication.

Choosing and deciding on the best communication strategy, communicators need to consider many factors, including medical, political, financial, logistical and technical factors. Behavioral factors should take part in influencing the strategy, the communicator should analyze the relationship between the environment and the desired behavior and how to take that relationship into consideration when choosing a communication strategy. In the implementation of communication or health promotion strategies, attention must be paid to the health promotion methods and techniques used to be efficient and effective in achieving goals. Thus, health promotion methods and techniques are the ways and tools used by health promoters to convey health messages or transform health behaviors to targets or communities.

Gender Gap Theory, Roles and Access

Gender equality is the same conditions for men and women to obtain opportunities and rights as human beings, in order to be able to play a role and participate in political, legal, economic, socio-cultural, educational and national defense and security activities as well as equality in enjoying the fruits of development. The realization of gender equality is marked by the absence of discrimination between women and men, and thus they have access, the opportunity to participate, control over development and obtain equal and equitable benefits from development. The indicators of gender equality are as follows;

- a. The aspect of access is an opportunity or opportunity in obtaining or using certain resources. Consider how to obtain fair and equal access between women and men, girls and men to the resources to be created. For example, in terms of education for teachers, access to scholarships to continue education for female and male teachers is given fairly and equally or not
- b. Partisipasi is the participation or participation of a person or group in activities and/or in decision-making. In this case, whether female and male teachers have the same role in decision-making at school or not.
- c. Control is the mastery or authority or power to make decisions. In this case, whether the school position holder as a decision-maker is dominated by a certain gender or not.
- d. Benefits are uses that can be enjoyed optimally. Decisions taken by schools provide fair and equal benefits for women and men.

Behavior Change Communication Theory

Health communication is a systematic effort that positively influences people's health behavior. The main goal of health communication is to make health improvements related to health behaviors and ultimately improve the degree of public health. Health communication by many professionals working in this field is also called the term health promotion, health education and Information Communication and Education (KIE). Despite the differences in terminology, professionals are involved in changing health behaviors through communication programs.

Behaviour change communication is an interactive process to design messages using various media and channels to promote, change, develop and maintain positive behaviors, especially in this case public health behaviors. Behavior Change Communication (KPP) is a development of KIE (Communication, Information and Education), but it emphasizes more on behavior change, so that it does not only stop at the development of knowledge and attitudes. The term KPP is used to emphasize that the communication is carried out in order to lead to a change or improvement in behavior.

Behavior comes from the words "fairy" and "practice", fairy means how to do deeds and practice means deeds, behaviors, ways of doing. Skinner distinguishes behavior into two, namely innate behavior, which is behavior that is carried over from the time the organism is born that contains reflexes and feelings. Operant behavior is behavior that is formed through this learning process, behavior, role or psychology that is in accordance with humans. Most of these behaviors are behaviors that are formed, behaviors that are obtained, behaviors that are conditioned by the center of consciousness or the brain (cognitive).

The emergence of observable behavior is a consequence of the three forces in a person, namely the power of a person who tends to repeat good experiences and tends to avoid bad experiences called Pavlov's conditioning and James's pragmatism; the power of stimulation (stimulation) of a person being responded to, known as Skinner's "stimulus-response theory"; individual power that has existed in a person or independence. Behavior is a person's psychic reaction to their environment, reactions can be explained in various forms, which in essence are classified into 2, namely a passive form without real or concrete actions and in an active form with real or concrete actions. The process of forming behaviors is explained by Abraham Maslow, known as Maslow's hierarchy of needs, which says that human behavior is basically influenced by the level of needs by each level or the hierarchy of basic needs begins when Maslow makes observations on monkey behavior. Based on his observations, it was concluded that some needs took precedence over others.

The pyramid theory of needs, according to Abraham Maslow, is a basic need that is described as a hierarchy or ladder that explains the level of need. There are five levels of basic needs, namely: physiological needs, the need for security, the need for belonging and affection, the need for appreciation and the need for self-actualization. Maslow hypothesized that once a person has satisfied a need at the lowest level, he will satisfy a need at the next level. If at the highest level but the basic needs are not satisfied, then the individual can return to the previous level of needs. According to Maslow, the satisfaction of these various needs is driven based on two strengths, namely lack motivation and development motivation. Motivation for shortcomings aims to overcome human tension conflicts because of various shortcomings that exist, while motivation for growth is based on the capacity of all humans to grow and develop, this capacity is innate from all humans. Human behavior occurs because of needs, according to Abraham Maslow, humans have five basic needs, namely:

- a. Physiological/biological needs are the most basic needs of every person, namely the need to maintain their lives physically. These needs are the need for food, drink, shelter, sex, sleep and oxygen
- b. The need for security, after physiological needs have been adequately satisfied, arises the need for security, including physical security, stability, dependence, protection and freedom from threatening forces such as war, terrorism, disease, fear, anxiety, danger, riots and natural disasters.
- c. The need to love and be loved or affection will be a demand if physiological needs and the need for security have been met. These needs are the encouragement to be friendly, the hope of having a partner and offspring, the need to be close to the family and the need between ourselves, for example, the need to give and receive love.
- d. The need for self-esteem, after the needs are loved and possessed enough, humans will be free to pursue the need for appreciation. A person who has two categories of reward needs, namely lower and higher needs. Low needs are the need to respect others, the need for status, fame, glory, recognition, attention, reputation, appreciation, dignity, and even dominance. A high need is the need for self-esteem including feelings, beliefs, competence, achievements, mastery, independence and freedom.
- e. The need for self-actualization is the last level of Maslow's basic need, which is a need that does not associate balance, but relates to a continuous desire to fulfill potential. This need is a desire to be able to become a full self of one's own abilities, to be anything according to one's ability.

Health behavior is a person's response to stimuli or objects related to illness and disease, the health care system, food and beverages, and the environment. Health behaviors can be classified into the following 3 (three) groups:

- a. Health maintenance behavior is a person's behavior or effort to maintain or maintain health so that they do not get sick and efforts to heal if they are sick. Health maintenance behavior consists of 3 (three) aspects, namely. Behaviors to prevent and cure diseases when sick and to recover health when recovering from diseases. Health improvement behavior, if a person is in good health, a healthy person needs to be tried in order to achieve the optimal level of health possible. Nutritional behaviors (food and drink), which can care for and improve a person's health or vice versa can lower health and will bring disease, it depends on a person's lifestyle in consuming food and drinks.

- b. The behavior of seeking and using health service systems or facilities or often called health seeking behavior is related to a person's efforts or actions when suffering from a disease or accident. Actions or behaviors start from treating yourself to seeking treatment abroad.
- c. Environmental health behavior is how a person takes care of the environment, both the physical and socio-cultural environment and others, so the environment does not affect their health.

Behavior is a form of response or reaction to stimuli or stimuli from outside the person, but in providing a response it depends on the characteristics or other factors of the person concerned. The factors that differentiate responses in different stimuli are called behavioral determinants. Determinants of this behavior can be divided into 2 (two), namely: a. Determinants or internal factors, are the characteristics of the person concerned, which are given or innate, such as intelligence level, emotional level, gender and others. b. Determinants or external factors are the environment, both physical, social, cultural, economic, political and others. Environmental factors are always the dominant factor that colors a person's behavior.

Behavioral theory according to WHO, if a person behaves, because there are 4 main reasons or determinants, namely: 1) thoughts and feelings, 2) the existence of a reference or reference from a person or person who is trusted (personal reference), 3) available resources are supporters for the behavior of a person or society, 4) local socio-culture (culture) usually has a great influence on the formation of a person's behavior. Public health problems, including diseases, are determined by 2 (two) main factors, namely behavioral and non-behavioral factors including physical, social, economic, political and so on. Intervention efforts against behavioral factors can be carried out through 2 (two) approaches, namely: 1) education, which is an effort to persuade or learn from the community so that people are willing to take actions or practices to maintain and improve their health, 2) coercion or pressure (coercion), which is coercion or pressure applied to the community so that they take actions to maintain and improve their health.

Enabling factors are factors that allow or facilitate the behavior or actions of a person or society, namely in the form of the physical environment, facilities and health infrastructure. Health promotion activities aimed at enabling factors (enabling) are empowering the community through community organizing or development. In this activity, it is hoped that the community can facilitate themselves or the community itself to behave healthily. Intervention activities on this enabling factor do not mean providing health facilities or infrastructure, but providing the ability for a person or community, including economic potential to implement or provide health facilities or infrastructure as a support for healthy behavior.

Reinforcing factors are factors that encourage or strengthen behavior, including the attitudes and behaviors of community leaders, religious leaders, health workers, health cadres or other officers, which are reference groups of community behavior. Health promotion activities aimed at driving factors (reinforcing) contain various trainings by community leaders, both formal and informal. Indonesian society is still paternalism, which still triggers the behavior of our leaders, both formal and informal. The purpose of this activity is first, so that the community leaders are able to behave as an example for the surrounding community, each of the two community leaders can transform knowledge about health to other people or the community based on their respective strengths. In addition to training, health promotion activities are also carried out through advocacy for formal officials (Lurah, Sub-district Head, Regent/Mayor, Governor and so on). With advocacy activities, formal officials can issue decrees, regulations, instructions to the target or the community to behave healthily.

METHODS

The study's main technique is descriptive, which means that data is collected and compiled, then analysed and shown to represent the current condition (Daniel, 2003). According to (Bogdan et al., 1982), qualitative research is a research process that generates descriptive data in the form of written or spoken words from people and observed actions, with a holistic approach to the setting and persons. According to Sugiyono, qualitative research methodologies arose as a result of a paradigm change in the way we view reality/phenomenon/phenomenon. The study was conducted out in Bojonegoro Regency, East Java. Bojonegoro Regency was chosen as the location of the study because it has the ninth highest stunting prevalence rate compared to cities/regencies in East Java. The study was conducted in Bojonegoro Regency, which has the 9th worst stunting prevalence rate among East Java cities/regencies, as well as the 4th lowest gender empowerment index value (BPS, 2022). The informants chosen for this study are BAPEDA, the Health Office, DP3AKB (Women's Empowerment, Child Protection, and Family Planning Office), the Education

Office, the Agriculture Office, stunting program implementation cadres, and the community, who are directly or indirectly involved, so that the analysis of stunting acceleration communication strategies with a gender perspective can be seen objectively. This study's data will be collected in a natural context, using both primary and secondary sources. Field data collected from participants using the observer technique, interviews, and documentation will be tested before being processed in the analytic process, and the data that is eligible for use as a study result will be identified. Valid data will be checked using triangulation approaches, which assess data validity by combining several methodologies to increase data correctness (Creswell, 2008). This study employed the Gender Analysis Pathway (GAP) to analyse gender data.

This study uses BAPEDA, the Health Office, DP3AKB (Women's Empowerment, Child Protection, and Family Planning Office), the Education Office, the Agriculture Office, stunting program implementation cadres, and the community who are directly or indirectly involved in the analysis of stunting acceleration communication strategies from a gender perspective. The data collection of this research was carried out in the existing conditions in the field, using primary and secondary data types. The collection of data, facts, and related information uses several data collection techniques which include several methods;

a. Participant as Observer

In addition, observation is a method of data retrieval in which the informants being studied are involved or directly involved in their activities. In this study, researchers will occasionally participate in the implementation of stunting acceleration programs carried out by informants. The purpose of the activity is to observe and collect primary data related to the implementation of stunting prevention and acceleration programs by the Bojonegoro Regency government, the implementation team and the object of empowerment from a gender perspective.

b. Interview

According to (Sugiyono, 2017) an interview is defined as a meeting of 2 people to exchange information and ideas through questions and answers to create meaning related to a topic. One form of data collection technique is interviews, which are conducted by asking informants about the problem. This study uses in-depth and structured interviews, which are expected to be able to dig up more information from informants. The interview guidelines used in this study include an outline of the subject matter to be asked. It is expected that the data collected from the interviews are in accordance with the purpose of the research, as the researcher uses field notes and tools such as recorders to record everything the informants say. The interview method was conducted by the researcher to find out the decision-making process, policy making and program implementation as well as the benefits of empowerment in accelerating stunting prevention and reduction.

c. Documentation

In this study, documentation helps in obtaining additional or supporting data through documents related to the research. Documentation itself is a way of collecting data through research and recording of archives and data related to the problem being researched as material for analyzing the problem. This research focuses on collecting documents to support research data ((Soehartono, 2004)). The document can be in the form of writings or images related to research on the influence of stunting handling and prevention programs in Bojonegoro Regency on gender equality issues.

RESULTS AND DISCUSSION

Program Identification

Accelerating stunting prevention is any effort that includes Specific Interventions and Sensitive Interventions that are implemented in a convergent, holistic, integrative, and quality manner through multi-sector cooperation at the center, regions, and villages ((Peraturan Presiden, 2021)). The Stunting Prevention Acceleration Program is a government priority program supported by the leadership of the central government, namely the President and Vice President, relevant Ministries/Institutions, Provincial and Regency/City Regional Governments, and village governments. There are 23 Ministries/Institutions involved in collaborating in stunting prevention. In line with the direction of national development, Bojonegoro Regency participates in implementing priority programs to accelerate stunting prevention to reduce the high prevalence of stunting. The prevalence rate in Bojonegoro regency was quite

high at the beginning of 2022 in East Java Province and made the Bojonegoro Regency Government hold a special coordination meeting to discuss the program to accelerate the reduction and prevention of stunting called "Rembug Stunting".

"In Bojonegoro, a special agenda meeting is conducted every three months to review the assessment and planning of stunting over the previous year, beginning in early March 2022. The activity is called "Rembug Stunting," and the Regent and Bappeda asked several OPDs to establish a team to speed up the handling of Stunting under the Regent's decision letter number 188/191/KEP/412.013/2022. The purpose is to organize, assess, and design stunt prevention and acceleration initiatives. Coincidentally, yesterday in August, the review and strategy planning for next year were just concluded." (RZ, Bappeda).

This was revealed by the Sub-Coordinator of Human Empowerment of Bappeda Bojonegoro Regency where the purpose of the Stunting Rembug is in the context of harmonizing the central and regional government activity programs in supporting stunting reduction actions. Second, strengthening the performance of the coordination team for the acceleration of stunting reduction and prevention along with the involvement of regional apparatus, the business world, community institutions, universities, the media and stakeholders. Third, as input material in the preparation of planning for the implementation of monitoring and evaluation of programs and activities to accelerate stunting reduction in regional planning documents of RPJPD, RPD, RKPD, strategic plan of regional apparatus.

The development of a strategic plan for the stunting prevention acceleration program in Bojonegoro Regency began with the formation of the Regency TPPS team and then continued with the sub-district and village TPPS and family assistance teams. The basis of regulations or laws and regulations for organizers of the implementation of the acceleration of stunting reduction is obtained from Presidential Regulation Number 72 of 2021 and Law No. 36 of 2009 concerning Health which regulates the implementation of efforts to improve community nutrition including: direction, objectives, and strategies for improving community nutrition. In the regional scope, it is revealed through regulations/decisions of the Regent No. 188/191/KEP/412.013/2022 related to the establishment of the Bojonegoro Regency Stunting Reduction Acceleration Team for 2021-2023 and the Regent No. 188/321/KEP/412.013/2022 Bojonegoro Regency Stunting Case Audit Team for 2022-2024. The implementation of specific nutrition intervention programs at the district level is delegated to the Health Office, represented by the Head of Public Health as the main person in charge to provide referrals, services and assistance to the target of stunting reduction and prevention, as well as coordinating the surveillance of families at risk of stunting and the preparation of modules for the use of the APBDes.

"So, in addition to being a coordinator, the Health Office is also the program's implementer, because, in addition to our responsibility as a Regency TPPS, we have an internal program of the Office that covers all sub-districts in the Regency and is carried out through the health center. There are three particular nutrition intervention programs, which include the supply of PMT and Vit. We supply children with full immunizations after the mother gives birth. We provide ANC services through the closest health center or facility, as well as the development of health cadres and posyandu in each sub-district and village, as well as sensitive nutrition programs for expectant mothers, such as the program to administer zinc supplements or blood supplement tablets (IS, Health Office).

The specific intervention efforts that have been carried out by the Health Office are supporting the implementation of weighing months every February and August as well as weighing operations in June and December with a target of 100%. Verify the results of nutritional status measurement by health center nutritionists. Providing referrals for toddlers who do not gain weight in one weighing to the Health Center. Facilitate standardized measurement tools in all posyandu. The implementation of the stunting prevention program through sensitive interventions is not only carried out by the Health Office but also by the DP3AKB, the Agriculture and Food Service, and the Animal Husbandry Service. There are three prevention programs in DP3AKB in the form of sensitive interventions, namely, optimization of the assistance team outside health workers, the second is a great parent school and the last is Nutrition Education and anemia prevention.

"Each community is represented on the help team for the optimization program by health workers or health workers. There are now 1002 cadres out of the 3006 objectives. If the health professionals are abducted and trained, they will be of little help, which is why we prefer non-health workers. As a result, we concentrate on spreading knowledge about MLM systems. (DP3AKB, UM)

It was explained by the DP3AKB KB extension sub-coordinator in an in-depth interview that DP3AKB focuses on equalizing stunting prevention information in the surrounding community through key figures such as the PKK chairman or PKK members who are fostered. It is hoped that with the equitable distribution of information, it can

improve people's healthy living behavior. In addition, the Nutrition Education and Anemia Prevention program DP3AKB also collaborates with BKKBN in making materials.



Figure 2. *Implementation of Nutrition Education and Anemia Prevention Program at SMAN 1 Gondang and Nutrition and Anemia Prevention Education Module from BKKBN*

Source: Researcher documentation, 2023

The stunting prevention program at the Agriculture and Food Service is carried out through farmer groups and PKK. The two programs consist of a sustainable food program and local processed food training. The Agriculture Service does not have direct access to provide sensitive interventions to individual communities because the main task and responsibility of the Agriculture and Food Service is the production of food sufficiency, so in this case the program targets are directed at farmer groups that are at the stunting recommendation locus by Bappeda. The sustainable food program has a target of thirty farmer groups in 15 villages. Each farmer group will provide local plant seeds that can be planted in the yard of the farmer group's house or glasses house, then will be accompanied until harvest.

The second program has a target for PKK members of Districts and Villages in priority and outermost Districts. There are already nine villages that have received training and socialization of non-rice local food processing in 2022. The Agriculture Office provides facilities in the form of food processing training and also business assistance for PKK groups who submit funding proposals. The purpose of this program is so that the community is interested in processing local non-rice food ingredients as an effort to fulfill nutrition and diversify food.

"For processing training, we usually collaborate with food entrepreneurs to provide demonstrations on how to process them into heavy, light foods such as chips and others, then we also facilitate training on how to sell them if they want to be sold to generate more economic value. It is different from a sustainable food program if this processing training is shorter in duration" (RV, Agriculture Office).

At the Livestock and Fisheries Service, there are two programs that support sensitive interventions against stunting, namely the GERIMISMADU program (likes to drink milk, eat meat and eggs). This program aims to increase awareness of the importance of animal protein consumption in reducing stunting rates. The target of this program is pregnant women with SEZ and anemia as well as mothers of toddlers with stunted and malnourished children. This program has been implemented since the beginning of 2022 and has been implemented in two locus, namely Temayang District and Balen District. The second program from Disnakkan is the movement to popularize eating fish or GEMARIKAN. GET IN aims to socialize to the public so that they like to consume fish so that a healthy, strong and intelligent generation is created. The target of this program is pregnant women and mothers who have children under five. Similar to the first program, GEMARIKAN has also been carried out in two locus, namely Temyang District and Balen District.

In the identification of roles in the advocacy process consisting of planning and distributing stunting prevention programs, there are five local government organizations that are responsible. Bappeda as the person in charge of the first action activity in the form of situation analysis, the second action coordinates and the third action in organizing stunting discussions. The second ODP responsible for intervention activities is the Health Office and the Women's Empowerment, Child Protection and Family Planning Office which consists of the fourth to seventh actions. In community empowerment, the Agriculture Office, Animal Husbandry Service and PUPR Office are involved. The evaluation of each program implementation carried out will be analyzed by Bappeda.

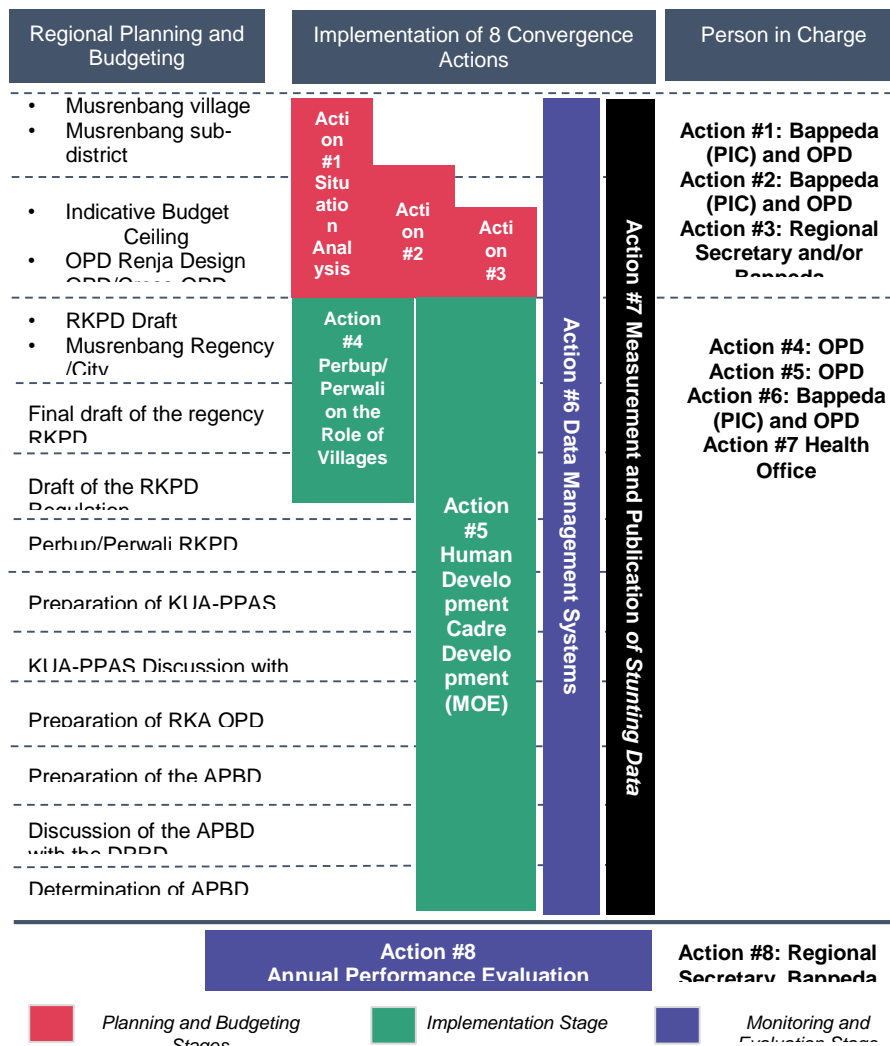


Figure 3. Matrix of Planning and Implementation of Stunting Prevention Programs
Source: Researcher Primary Data Analysis, 2023

Communication Strategy for Program Implementation

On specific and sensitive nutrition intervention communication strategies or stunting reduction acceleration programs. The message conveyed by the communicator to the target audience or communicator in the communication strategy certainly has a certain purpose. This goal determines the communication techniques that will be selected and used in the communication strategy. In a communication strategy, the formulation of a good message by considering the situation and conditions of the audience is very important. Advocacy is aimed at all decision-makers or policy makers, in order to provide policies that provide benefits to public health. Social support is provided to all community leaders, both formal and informal, including religious leaders, so that public health activities can obtain support and subsequently bridge with the community ((Littlejohn et al., 2017)). The message formulated by the communicator should be precise about the target audience. In an in-depth interview with the sub-coordinator of KB DP3AKB, it was explained that they collaborated with several organizations/institutions such as BKKBN and Insan GendRe in attracting the attention of the program's target audience. In the process of planning and identifying targets, the Bojonegoro Regency Government maps based on the type of intervention and target priorities.

In addition to the program objectives, other important components of the development communication strategy are messages and media (channels). A message is the whole of what a communicator conveys. Messages can be persuasive or persuasive that instills a person's awareness that what the communicator conveys can

have an impact so that there is a change in opinion or attitude. Various messages in the program were prepared by the Bojonegoro Regency government for the preparation of modules on the use of APBDes to accelerate stunting reduction, nutrition education and anemia prevention material modules, and 13 great parent school materials and BKB cadre extension guidebooks. The third component is the communication medium, used to equate informants from communicators to communicators to achieve certain goals. Communication efforts to prevent and accelerate stunting in Bojonegoro Regency are carried out through several media such as print media, audio-visual and non-visual media, broadcast media, digital media and interpersonal communication as well as small groups. In print media, program communication messages are delivered through KIA books, smart posters and leaflets which are disseminated through public places such as village halls, health centers, sub-district offices or sub-districts.

The last component is monitoring and evaluation to find out the final results of the program that has been implemented, and measure the expected performance. The forms of monitoring and evaluation carried out by the Bojonegoro district government institution on the stunting prevention acceleration program include monitoring at the Regency, Institution/Institution, Sub-district, and Village levels. One form of monitoring carried out by the Regency government is to make a decision of the Regent regarding the formation of the Bojonegoro Regency Stunting Case Audit Team 2022-2024 which is attached to the Regent Decree No. 188/321/KEP/412.013/2022. The monitoring has been carried out in several agencies related to sensitive and specific interventions, namely the Health Office, DP3AKB, DPKP Cipta Karya and DINSOS.

The evaluation results found by the stunting audit team in the second semester of 2022, it was obtained that there were ten main factors that caused stunting in Bojonegoro, including improper parenting style 60%, poor food intake 45%, poor sanitation environment 31%, PHBS less than 19%, comorbidities 16%, BBLR 8%, children who are often sick 7%, nutritional and health problems during pregnancy 6%, premature babies 6% and non-exclusive breastfeeding 6%. The results of the recommendations given by the stunting audit team are to increase education on the importance of stunting prevention, equitable distribution of blood supplements, recommendations for conducting follow-up examinations of stunted infant cases and referrals to internal medicine specialists.

Table 3. *Design of Communication Strategy for the Gender-Based Stunting Prevention Acceleration Program*

Less	Strategy Components	Identify the Strategy			
		Sensitive Interventions		Specific Interventions	
		Woman	Man	Woman	Man
1	Communication Approach	Intrapersonal approaches to primary groups such as dialogue between pregnant women, adolescent girls, and mothers under five through health counseling.	Public campaigns use social media and advocacy for certain groups such as village heads and RT heads.	Persuasive and involve health workers to provide instructions and implement programs	Group approach and public communication through the media to carry out family planning programs, etc.
2	Message	Balanced nutrition and a healthy lifestyle as a teenager "take care of your food, take care of your future" Message as general as "diligent health checks to posyandu" Specific Message "Exclusive Breastfeeding"	Maintaining environmental cleanliness and sanitation Moving to prevent stunting, "Stop smoking" Nutritious eating and consumption of animal protein	Consumption of blood-boosting vitamins Performing periodic check-ups for pregnancy Refer to the first health facility when there is a decrease in the growth of infants and toddlers	Conducting periodic inspections Using birth control to prevent child age gaps
3	Media Channels	Through the implementation of	Through farmer groups with a	Through counseling	Through social media such as

socialization programs and health counseling forums as well as monthly posyandu activities.	campaign to eat protein and vegetables	sessions with health workers at the nearest health center with midwives, general practitioners or nutritionists	Instagram, website, facebook or Youtube within the government and paid partners
	Evaluation program on stunting rebugs every three months		
	Website and internal social media		

Source: Primary Data Analysis, 2023

In practice, there is still a viewpoint that holds that women are more likely to work in the home and family spheres, whilst males are more likely to work in the public realm. Both internal and environmental variables influence how people see gender roles. Internal considerations include the implementer's personal belief that efforts to reduce the stunting rate are a domestic family issue in order to elevate women to a position of greater responsibility. The local community's culture, which is dominated by ethnic Javanese, serves as the driving force behind external variables. The notion of nature and nurture, which describes how social and cultural variables produce gender traits and stereotypes of certain genders, is associated with this situation. According to the findings of in-depth interviews conducted with a number of toddler moms and their spouses across three subdistricts, Bojonegoro residents believe that the patriarchal culture is still the main emphasis of the tradition of implementing cultural values. The prevalence of female administrators strengthens this view. Limits of a Patriarchal Culture Freedom of Women in Public Places It is challenging for women to interact with public areas since they are perceived as only domestic laborers, male desire gratifiers, kitchen chefs, and lifetime kid caregivers (Ihya'Ulummudin et al., 2022). This viewpoint continues to serve as a model for the community, as seen by the implementers' statements that they feel "isin (shy)" or deeply that Indonesia is "embarrassed" to actively participate in stunting prevention initiatives. The emergence of the perception that stunting is a woman's issue is also supported by the percentage of implementation of the stunting reduction acceleration program identified from four agencies (DP3AKB, Health Office, Agriculture and Food Service, Livestock and Fisheries Service, and Service), with only one agency implementing gender equality in the stunting prevention acceleration program, DP3AKB, as shown by the distribution of programme targets. Access, power, advantages, and participation are not distributed equally between men and women. Organizational performance is impacted by gender values.

Evaluation of the Effectiveness of Communication Strategies in the Gender Context

Gender is a variety of attributes and behaviors that are attached to women and men and shaped by culture. Then the idea of a view that should be carried out by both men and women emerges (Edriana, 2013). Understanding gender equality is a condition in which women and men enjoy equal status and have the conditions to fully realize their human rights and potential for development in all areas of life. This is possible because of the difference in the role and social status of the community. The definition of USAID as quoted by Puspitasari (2013) gender equality provides opportunities for both women and men to equally/equally/comparably enjoy their rights as human beings, socially have objects, opportunities, resources and enjoy the benefits of development results).

Gender justice strategies are ultimately used to improve gender equality. In its implementation, there is still a perspective that views that woman are more dominant in working in the domestic family sphere, while men work in the public sphere. Gender role perception is formed from internal factors and external factors. Internal factors are in the form of the personal assumption of the implementer, that stunting rate reduction activities are a domestic family problem, so that women are seen as more responsible. Meanwhile, external factors are motivated by the culture of the local community, which is the majority of ethnic Javanese. This condition is linear with the theory of nature and nurture which explains that social and cultural factors create gender attributes and form stereotypes of certain genders.

From the results of in-depth interviews with several mothers of toddlers and their husbands in three sub-districts, it was found that the people of Bojonegoro think that the tradition of applying cultural values still focuses on patriarchal culture. The perception is strengthened by the dominance of female administrators. Patriarchal Culture

Limits Women's Freedom to Public Spaces Women are seen as only domestic workers, male lust gratifiers, cooks in the kitchen, and lifelong child caregivers, making it difficult to touch public spaces (Farida, 2023). For the community, this perspective is still a role model, reflected in the expressions of the implementers who feel "isin" or deep that Indonesia is "embarrassed" to play an active role in stunting prevention activities. The habits, assessments, and treatments that occur create a gap between men and women who are studied from the perspective of feminism (Hooks, 2000).

In its implementation, the husband views that the problem of stunting is closely related to the duties and roles of mothers or wives in providing nurturing and nutritious food intake for their children. That stunting is a domestic affair that is the responsibility of women. As information from the informant that;

"I don't want to pluck the poktan; I still adore the seeds from the Office. Continuing to grow in the hills of the sun, I am sick of stunting. My grandma was instructed to look after the women. Well, I was OK while I was ill. Continue eating; it's not healthy. (RD, Member of the farmer group and husband of Mrs. ST from Pilanggede Village).

The emergence of the perception that stunting is a woman's affair is also supported by the percentage of implementation of the stunting reduction acceleration program identified from 4 agencies (DP3AKB, Health Office, Agriculture and Food Service, Livestock and Fisheries Service, and Service) with only one agency implementing gender equality in the stunting prevention acceleration program, namely DP3AKB which can be seen from the distribution of program targets. Participation, benefits, access and control are not received equally between men and women (Table 4). The perspective of gender values affects organizational performance.

Table 4. *Policy Analysis Gender Analysis Pathway (GAP)*

Column 1	SKPD Program Activities Performance Indicators Purpose	Bojonegoro Regency Health Office Specific Nutrition Interventions to Accelerate Stunting Prevention and Reduction Improving nutrition through specific interventions for pregnant women, mothers of toddlers, infants and toddlers. Number of stunting-free villages/sub-districts Improving access and quality of health services to improve the nutritional adequacy of pregnant women, postpartum women, breastfeeding mothers, stunted infants and toddlers.
Column 2	Insight Opening Data (Gender-Disaggregated Data)	General data: The number of health centers in Bojonegoro is 35 units and 11 hospitals. Of that number, there are 122 maternity rooms and 231 rooms for inpatient treatment. The number of stunted babies in Bojonegoro Regency in February 2023 was 1,765 children under five. Access: The number of deliveries assisted by health workers (Nakes) with midwifery competence in Bojonegoro Regency is quite high, as many as 15,345 mothers out of 15,480 deliveries in 2022. The number of pregnant women who received K4 services was 85.59%, infant health services were 97.76% and exclusive breastfeeding was 93.94% in 2022. Counseling/information on maternal and child health (KIA) is more accessible to women. Participation: Not all pregnant women want to check their pregnancy to the nearest health worker completely, at least 4 times (K4) Not all pregnant women are willing to be immunized Not all pregnant women want to take blood booster tablets according to the dosage Men often do not want to attend counseling to disseminate information related to maternal and child health.

			<p>Control: Data in the community is more than (too old, too young, too often giving birth, too many children) is a risk if pregnant and giving birth to babies or toddlers who are born will be stunted.</p> <p>Benefit: Recipients of multivitamins, blood supplements and additional foods will improve the nutrition of pregnant women and toddlers.</p>
Column 3	Gender Issues	Gap/problem factors (Access, participation, control, benefits)	<p>Access: The delivery of information about maternal health and health has not been well coordinated, so women's access to this information is higher than that of men The opportunity for women to attend counseling invitations on maternal and child health is greater because there is quite a lot of free time, extension is also often carried out in the morning/afternoon where men are working to earn a living The limited information received by men makes it difficult to detect the dangers of pregnancy and fetus.</p> <p>Participation: Pregnant women are reluctant to check their pregnancy because it is considered that the pregnancy is not problematic due to limited knowledge or domestic busyness in the household. Similarly, laziness to take blood supplement tablets and refuse TT immunization is due to more limited knowledge from the mother or prohibition from the father (fear of the side effects of immunization on the fetus)</p> <p>Control: Delay refers to toddlers who experience a decrease in growth due to the belief (considered that nothing happened and has no effect) of lack of knowledge about early detection.</p> <p>Benefits: -</p>
Column 4	Because of the Internal Gap (in SKPD)	Internal Gap	<p>The program's response is gender-neutral assuming equal access and opportunity Weak cross-program coordination within the Bojonegoro Regency Health Office to solve problems in the field of nutrition</p>
Column 5	Because of external inequality	External Inequality	<p>Coordination across sectors that is not optimal assumes that the nutritional problem of pregnant women and toddlers (stunting) is a problem in the health sector of each is very strong</p>
Column 6	Reformulation of Goals	Reformulation of Goals	<p>Improve access and quality of maternal, infant, adolescent, and reproductive health services.</p>
Column 7	Action Plan	Action Plan	<p>Coordination meeting for the consolidation of tiered referrals Training of Responsive Midwives and Nutritionists Preparation of Standard Standards for Stunting Handling Procedures Fulfillment of facilities and infrastructure in several health centers that do not yet have inpatient rooms Strengthening the capacity of Posyandu cadres The development of public service counseling/advertising matriculation related to preventing stunting is important Capacity building to support standby husbands</p>
Column 8	Baseline Data	Baseline Data	<p>Access: Counseling/information on maternal and child health (KIA) is more accessible to women Not all inpatient health centers out of the 35 existing health centers</p> <p>Participation: Not all pregnant women want to check their pregnancy at the nearest health worker with complete inimal 4 times</p>

		Not all pregnant women are willing to be immunized Not all pregnant women take blood booster tablets according to the dosage Control:- Benefit:-
Column 9	Output	Performance Formulation Served health services for pregnant women, postpartum mothers, and breastfeeding mothers and toddlers from existing health facilities Performance Indicators Coverage of villages/sub-districts that do not have new cases of stunting of toddlers in 1 year of monitoring data on the results of the month of weighing
	Outcome	Performance Formulation Improving the quality of access and quality of nutrition and maternal and child health services in order to reduce the prevalence of stunting Performance Indicators Number of stunting-free villages/sub-districts

Source: Primary Data Analysis, 2023

In the gender analysis of sensitive intervention programs it was found that access, participation, control and benefits were unbalanced. According to the theory of Gender Gap, Roles and Access The realization of gender equality is characterized by the absence of discrimination between women and men, and thus they have access, the opportunity to participate, control over development and obtain equal and equitable benefits from development (Parsons et. al, 1955). There are five levels of basic needs, namely: physiological needs, the need for security, the need for belonging and affection, the need for appreciation and the need for self-actualization. This is due to the focus of community empowerment targets related to preventive activities in the form of stunting prevention only given to women, resulting in role inequality. Gender is only defined as social gender or societal connotation to determine social roles based on gender (Muhtar, 2002). The difference between men and women is based on socio-cultural construction, which is related to their nature, status, position, and role in society so that the emergence of a nutritional paradigm is only a women's problem.

CONCLUSION

Based on the results of the research, the following conclusions were obtained:

- The Bojonegoro Regency Government's stunting prevention acceleration program through a gender approach has been carried out through specific and sensitive intervention planning. However, in the implementation and implementation of the program, only the Women's Empowerment and Child Protection and Family Planning Office and one program from the Agriculture Office are already gender-friendly by involving the participation and balanced roles of men and women. In the implementation of the program, the Education Office does not have a role that directly supports the stunting prevention program and is contrary to national strategic planning.
- The communication strategy of the stunting acceleration program in Bojonegoro Regency from a gender perspective has been carried out through intrapersonal approaches, public communication and digital media. In accordance with the guidelines of the communication strategy of the local government of Bojonegoro Regency, the program is implemented at the priority locus through 8 convergence actions to accelerate stunting prevention, but in its implementation there is still an inequality in the participation of women and men in the aspects of gaining access, benefits, and control over decisions.

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