

## BEHAVIOR OF PEOPLE AFFECTED BY STUNTING AND THEIR PREVENTION IN MELER VILLAGE AND COMPANG DALO VILLAGE, RUTENG DISTRICT, MANGGARAI REGENCY

Hotlif A. NOPE<sup>1</sup>

<sup>1</sup>Nusa Cendana University, Kupang, Indonesia

Corresponding author: Hotlif A. NOPE

E-mail: [hotlifnope@staf.undana.ac.id](mailto:hotlifnope@staf.undana.ac.id)

Volume: 4

Number: 2

Page: 345 - 355

### Article History:

Received: 2022-12-09

Revised: 2023-01-21

Accepted: 2023-03-16

### Abstract:

Stunting is still a significant problem in Meler Village and Compang Dalo Village, Ruteng District, Manggarai Regency, so it is necessary to know the behavior of people affected by stunting and their prevention mechanisms. The method used in this study is a qualitative research method, with a case study approach with a total of 37 informants in this study. This study's data types are qualitative and quantitative, and data collection techniques are observation, qualitative interviews and documents. -qualitative documents. The data that has been collected is then analyzed using data analysis techniques from Bungin (2012: 70), namely; (a) Data Collection, (b) Data Reduction, (c) Data Display and (d) Conclusion Drawing and Verification. The results of the study found that the behavior of people affected by stunting in the area of Meler Village and Compang Dalo Village, Ruteng District, Manggarai Regency was by doing; (a) specific nutrition interventions, (b) sensitive nutrition interventions while for stunting prevention behavior in the Meler Village and Compang Dalo Village areas, Ruteng District, Manggarai Regency, is to carry out; (a) fulfilling nutritional needs since pregnancy, (b) giving exclusive breast milk (ASI) until the baby is 6 months old, (c) accompanying exclusive breastfeeding with complementary foods for healthy breast milk (MPASI), (d) continuing to monitor growth and development children and (e) keeping the environment clean.

**Keywords:** Behavior, Society, Stunting.

Cite this as NOPE, H.A. (2023). "Behavior of People Affected by Stunting and Their Prevention in Meler Village and Compang Dalo Village, Ruteng District, Manggarai Regency." *International Journal of Environmental Sustainability and Social Science*, 4 (2), 345 - 355.



## INTRODUCTION

Meler Village is one of the villages in the Ruteng District, Manggarai Regency, which has an area of 540.90 Ha with a population in 2019 of 2832 people/Ha and a population density of 6 people/Ha. The topographical condition of Meler Village is a plateau that is located at an altitude of 800 m above sea level, with a distance to the district capital of 19 km and the sub-district capital of 2 km. Land use in Meler Village is 228.4 Ha (42%) of built-up land and 312.5 Ha (58%) of undeveloped land.

Based on the functions and roles of Meler Village, according to the Manggarai Regency Spatial Plan (RTRW) for 2012-2032, Article 31 paragraph 4 letter a concerning artificial tourism designated areas is the utilization of artificial tourism designated areas, namely Lodok Cara in Meler Village, Ruteng District and Article 18 letters c concerning the Protected Forest Area, namely the Meler Kuwus forest area in Ruteng District and Lelak District with an area of 3,040 Ha. The area that protects its subordinate areas is water catchment areas, namely the Meler Kuwus Forest area in Ruteng District and Lelak District. Ruteng District, based on the 2012-2032 Manggarai Regency Spatial Planning Article 6 paragraph 4 letter c, has the function and role of being a regional service center (PPK).

Meler Village has quite several potentials in the food crop agriculture sector. The area of Meler Village's paddy fields reaches 213.25 Ha, with rice productivity in 2019 reaching 3.75 tons/ha. The potential of the tourism sector in agriculture is the agricultural pattern in the form of cobwebs (look). Based on data from Meler Village officials, tourist visits in 2019 reached 30-50 people per day with an entrance fee of Rp. 10,000.

Implementation of rural infrastructure development in a participatory, transparent, accountable and sustainable manner. Infrastructure development continues to be carried out in Meler Village in 2014-2019 based on data from village officials in the form of the construction of the Meler Village Office, the construction of Meler Village tourism facilities, the construction of a new road network, improving the quality of pavement, the construction of uninhabitable houses, the construction of irrigation networks, the development of POSKESDES, construction of a clean water distribution network, construction of sewers and construction of retaining walls at the Meler Village Office. Village infrastructure development targets require community participation in planning, implementation and evaluation. Village community participation is one of the supporters of the success of village development programs (Latif et al., 2019).

Economic activities or livelihoods have been known by the Meler people for a very long time, even throughout the age of civilization they have, at the same age, the local people are familiar with activities for making a living, trading, or having a livelihood (PIBP; 2002 in Dagur, 2004: 21). In agriculture, a plantation pattern known as a link (communal garden) or a system of dividing agricultural land called look has long been known. The Meler community and the Manggarai community, in general, must be connected to farming and gardening activities. Therefore, Manggarai people know the expression, 'gendang one lingkon peeing, which means that where there are settlements or villages centered in bars gendang (Manggarai traditional houses), of course, they have arable land for village residents called a link. Lingko (commonly owned land), customary land, is distributed among the villagers to meet their daily needs.

The rice field division system in Meler village has an exciting story. The Balinese are familiar with the subak system, namely the organization that manages agriculture and irrigation (Koentjaraningrat, 2005, p. 118)—links designation. Lingko is agricultural land which is the communal right of each wa'u (tribe). The pattern of link cultivation is a circle at the center point like a "spider web" (Antar, 2010, p. 255). Each link cleared into fields is divided by a tua teno (acting parrot in charge of land use) in the form of a book, and each division is called a moso (fingers). The link has been divided into moso-moso. If it has been worked on as a whole, the shape of the rice field is like a spider's web.

The system of dividing look rice field plots, related to the status of communal land ownership, is traditionally communal (tribal) land. In addition to marking communal (tribal) ownership rights, the land distribution system as a marker of communal (tribal) rights is also related to the environment. Technically, irrigation can be regulated by an equitable water distribution system. When there is a change related to the ownership status of rice fields in the Meler community, it tends to lead to individual ownership, resulting in a change in land ownership status from communal to individual. For example, some of the Meler people already have land certificates with the name of the owner with individual characteristics. In further development, it is also good because of individual land ownership claims and changes in cropping patterns that lead to community crops, threatening the existence of the book soil system.

While Campong Dalo Village is a division village from Pong Murung Village, now its name is Compang Dalo Village. This village is in Ruteng District, Manggarai Regency, Flores, East Nusa Tenggara. This village has a population of 2271, with 1138 men and 1133 women and 501 heads of household. Its area is 2.90 km<sup>2</sup>. To the west, this village is bordered by Bangka La'o Village and Pong

La'o Village, to the east by Pong Murung Village and Rai Village, to the South by Cambi Village and to the North by Wae Belang sub-district.

The potential amid the Compang Dalo community is varied and sufficient so that all existing potentials are utilized appropriately and maximally, and all problems can be overcome. It is hoped that this potential will become a tool or means for the success of all programs that enter Compang Dalo Village to improve people's welfare.

The village government and BPD Desa Compang Dalo, as the lowest level of government in direct contact with the community, are concerned for and take sides with the poor and other marginalized communities. The role of the village government is constructive in poverty alleviation efforts and provides opportunities for the community to exploit their abilities. In order to achieve this condition, the Compang Dalo Village government jointly formulates and stipulates various policies, both in the form of village decrees and other regulations related to improving the welfare of the Compang Dalo people.

In general, the population of Company Dalo at the end of 2015 was 2223 people, and in 2016 there were 2261 people, with details of men: 1136 people, women 1125 people. The number of households was 498 families. Compang Dalo Village residents have varied livelihoods, including 543 farmers, 6 traders, 10 civil servants, 572 housewives, 22 teachers/lecturers, 620 students, 34 students, 1 village head, village apparatus 8 people, 7 drivers, and 546 have not worked (Profile of Compang Dalo Village residents in 2021).

Through this research, the authors wish to examine the Behavior of Stunting Affected Communities and their Prevention in the Meler Village and Compang Dalo Villages, Ruteng District, Manggarai Regency.

**METHODS**

This research was conducted in Meler Village and Compang Dalo Village, Ruteng District, Manggarai Regency, from August to September 2022. With the time and location determined by the authors, it is hoped that this research will be completed by obtaining objective and comprehensive research results. The method used in this study is a qualitative research method with a case study approach. The unit of analysis in case studies can be multiple cases (multi-site studies) or single cases (in-site studies) (Creswell, 2016, pp. 135-136).

**Table 1.** Informants in this study amounted to 37 people with the following details:

No	Subject Informant	Amount (people)
1	Village Head	1
2	Head of Health Center & Village Field	2
3	Head of Village BPD	1
4	Village Community Shop	4
5	Village Secretary	1
6	Village Treasurer	1
7	Gapoktan Village	5
8	Village Farmers Group	5
9	Village Livestock Farmers Group	2
10	Village Farmer Women's Group	4
11	Village Youth Organization	1
12	Village Bumdes	1
13	Village Preschool	1
14	Village Ikat Weaving Group	1
15	Village Posyandu Cadre	5
16	Head of Hamlet & Head of RT/RW	5

This study's data sources come from primary and secondary data sources. The types of data in this study are Qualitative Data and Quantitative Data. In contrast, the Data Collection Methods in this study are Field Research, Library Research Data Collection Techniques in this, research Observation, Qualitative Interviews and Qualitative Documents.

In analyzing the data, the data obtained by the researcher used the data analysis technique proposed by Bungin (2012: 70). Data collection is an integral part of data analysis activities. Data collection activities in this study are by using interviews and documentation studies. Data reduction is defined as a selection process, focusing attention on simplifying and transforming raw data that emerges from written records in the field. The reduction was carried out since data collection began by making summaries, coding, tracing themes, making clusters, writing memos and so on, to eliminate irrelevant data/information. Display data describes a set of structured information that provides the possibility of drawing conclusions and taking action. Presentation of qualitative data is presented in the form of narrative text. The presentation can also be in matrices, diagrams, tables and charts. This is the final activity of data analysis. Concluding is in the form of interpretation activities, namely finding the meaning of the data that has been presented. The sampling method is carried out by purposive sampling technique, which is a sampling technique with specific considerations or criteria.

## RESULT AND DISCUSSION

**The behavior of People Affected by Stunting in the Meler Village and Compang Dalo Villages, Ruteng District, Manggarai Regency.** Stunting management is carried out through Specific and Sensitive Interventions targeting the first 1,000 days of a child's life up to the age of 6. Presidential Regulation No. 42 of 2013 states that the 1000 HPK Movement consists of specific and sensitive nutrition interventions. Specific interventions are actions or activities planned precisely for the 1000 HPK group. Meanwhile, sensitive interventions are various development activities outside the health sector. The target is the general public, not specifically for 1000 HPK, so based on the research findings, it is known that the behavior of people affected by stunting in the Meler Village and Compang Dalo Village areas, Ruteng District, Manggarai Regency is as follows:

**Specific Nutrition Intervention.** The health sector generally carries out the framework for specific nutrition intervention activities. Rahayu et al. (2018) explained that this intervention aimed at children in the first 1,000 days of life (HPK) contributes to a 30% reduction in stunting. Interventions targeting Pregnant Women: 1). Providing additional Food to pregnant women to overcome chronic energy and protein deficiencies. Overcoming iron and folic acid deficiencies, 3) Overcoming iodine deficiency, 4). Overcoming worms in pregnant women, 5). Protect pregnant women from Malaria.

The results of the interviews also revealed that many deviant behaviors could be categorized as healthy behavior in the community related to the emergence of stunting in the Meler Village and Compang Dalo Village areas, Ruteng District, Manggarai Regency, including parents keeping the environment clean, keeping children clean and providing nutritious Food to children, for example, provide eggs, vegetables, vitamins and milk, and participate in Posyandu activities. On average, after the emergence of the stunting phenomenon, residents who have an impact are encouraged to always be active in environmental cleaning and posyandu activities

The results of the author's observations regarding intervention issues related to breastfeeding mothers, more children do not give breast milk after the third and sixth months, impacting the children's immune systems. Furthermore, according to Rahayu et al. (2018: 84), interventions

targeting Breastfeeding Mothers and Children Aged 0-6 Months: 1) Encouraging early initiation of breastfeeding (giving breast milk oolong/colostrum), 2). The reasons obtained from several informants were very diverse. For example, some stated that their children did not want to be breastfed anymore, as told by Marlina Tiran & Anak: Monerama Abineno. Some explained that their children, after six months and had to be fed, always did not want to and wanted only to receive breast milk, so they used the understanding that it was better for the children to be separated so they could eat. It was different from some informants who explained that the result of parents from husbands/ the wife wanted their child to be weaned and be with them, and even then, it was given after six months. They were encouraging exclusive breastfeeding.

According to Rahayu et al. (2018: 84), interventions targeting Breastfeeding Mothers and Children Aged 7-23 months: 1). Encouraging the continuation of breastfeeding until the age of 23 months is accompanied by the provision of MP-ASI. 2). Providing worm medicine, 3). Providing zinc supplementation, 4). Carry out the fortification of iron into Food. 5). Protects against Malaria, 6). Provide complete immunization, 7). Prevent and treat diarrhea. Furthermore, it was also explained that stunting is caused by several factors multi-dimensional and is not only caused by malnutrition experienced by pregnant women and children under five. The most decisive intervention to reduce the prevalence of stunting in the first 1000 days of life (HPK) of children under five. Some of the causes of stunting include 1) Poor parenting practices, including lack of maternal knowledge regarding Health and nutrition before, during pregnancy and after delivery; 2) There is still a lack of household/family access to nutritious Food; and 3) Lack of access to clean water and sanitation. Nevertheless, one of the causes of stunting in Meler Village and Compang Dalo Village is an unhealthy lifestyle.

The results of tracing from residents affected by stunting in the Meler Village and Compang Dalo Village areas, Ruteng District, Manggarai Regency, found that, on average, children were given worm medicine when they went to the puskesmas or posyandu. Meanwhile, prevention of diarrhea was medically provided by the puskesmas, including zinc supplementation. Regarding iron-containing foods, breastfeeding mothers are given an iron supplement. However, residents affected by stunting explain that they only receive blood supplement medication after pregnancy and childbirth, but after that, they are advised to buy it themselves. As told by several residents who experienced the effects of stunting stated that, on average, their children stopped breastfeeding after six months.

**Sensitive Nutrition Intervention.** Rahayu et al. (2018: 80) explain that ideally, this is done through various development activities outside the health sector and contributes to 70% of stunting interventions. The target of specific nutrition interventions is the community in general and not specifically pregnant women and toddlers in the first 1,000 days of life (HPK). 1). Providing and Ensuring Access to Clean Water, 2). Providing and Ensuring Access to Sanitation, 3). Carry out (Food Material Fortification, 4). Providing Access to Health and Family Planning (K.B.) Services, 5). Providing National Health Insurance (JKN), 6). Providing Universal Maternity Guarantee (Jampersal). 7). Providing Parenting Education to Parents. 8). It provides Universal Early Childhood Education. 9). Providing Community Nutrition Education. 10). Providing Sexual and Reproductive Health Education and Nutrition to Adolescents. 11). Providing Social Assistance and Security for Poor Families. 12). Improving Food Security and Nutrition.

According to the Indonesian Pediatrician Association (IDAI), there are two causes of stunting, namely environmental and genetic factors. The environment is an important aspect that can still be intervened to overcome short stature or stunting. Environmental factors that play a role in causing short stature to include the mother's nutritional status, feeding patterns for children, environmental hygiene, and the incidence of infection in children. Besides being caused by the environment,

stunting can be caused by genetic and hormonal factors. However, most stunting is caused by malnutrition.

It is common knowledge that children under five years are at the golden age for children's growth. At that time, children will absorb information from their surroundings which will be recorded for a long time in their memory. So that during this period, it is essential to be given adequate nutritional intake, communication stimulus or stimulation, and correct behavior from the environment, especially parents and family. This will determine the mindset and behavior in the future.

The results of interviews with the Village Sector in Campong Dola Village explained that if the provision of nutrition, communication, and character stimuli is insufficient, the child may experience slowed growth or stunting, lower body weight, height, and motor and sensory skills abilities than other children at his age. It was further explained that the impact of stunting is divided into two. Namely, there are long-term impacts and also short-term ones. Short-term stunting disrupts brain development, physical growth, intelligence, and metabolic disorders in the body. In the long term, namely accessible illness, the emergence of diabetes, heart and blood vessel disease, obesity, cancer, stroke, disability in old age, and poor quality of work, which causes low productivity.

The report released by UNICEF in 2010 presented several facts related to stunting and its effects, namely:

1. Children who experience stunting earlier, namely before six months, will experience more severe stunting before the age of two.
2. Severe stunting in children, there will be long-term deficits in physical and mental development, so they are unable to learn optimally at school compared to children with average height.
3. Children with stunting tend to take longer to attend school and are more often absent from school than children with good nutritional status. This has consequences for success in life in the future.
4. Stunting will significantly affect the Health and development of children. The primary factors that cause stunting can interfere with intellectual growth and development.
5. The effect of nutrition at an early age who is stunted can interfere with lacking growth and cognitive development.
6. Stunting at the age of five tends to persist throughout life. Early childhood growth failure continues in adolescence and then grows into stunted adult women and directly affects Health and productivity, thereby increasing the chances of giving birth to Low Birth Weight Babies (LBW).
7. Other consequences of malnutrition/stunting on development are detrimental to children's performance. If bad conditions occur during the golden period of brain development (0-2 years), it cannot develop, which is challenging to recover from.
8. Decreased cognitive development, impaired concentration and inhibited learning achievement and decreased productivity by 20-30 percent will result in loss generation, meaning that the child is alive but cannot do much good in education, economics and others.

**Stunting Prevention Behavior in the Meler Village and Compang Dalo Village, Ruteng District, Manggarai Regency.** The stunting prevention behavior in Meler Village, Ruteng District, was explained by the secretary of Meler village that, on average, we announce socialization through churches, posyandu and puskesmas so that everyone in their environment attends, especially those with children under five and young couples about the possibility of stunting, rather than must make efforts to deal with it after stunting has occurred. Because the cost of preventing stunting is

undoubtedly cheaper, and the impact will certainly be more controllable than if stunting has occurred. The Village Sector explained that several steps could be taken to prevent stunting in Meler Village and Campong Dola Village, Ruteng District, namely:

**Meeting Nutritional Needs Since Pregnancy.** The results of the researchers' search also found relatively effective actions to be taken to prevent stunting in children, namely efforts to fulfill nutrition since pregnancy. The village sector and posyandu cadres also explain that pregnant women consume healthy and nutritious Food and supplements on doctors' advice. In addition, women undergoing pregnancy should also routinely have their Health checked by a doctor or midwife.

**Exclusive breastfeeding until the baby is 6 months old.** The results of the researcher's investigation regarding the problem of breastfeeding in village children and posyandu cadres explained that we, as cadres, explained to residents that breastfeeding has the potential to reduce the chances of stunting in children thanks to its micro and macronutrient content. Whey and colostrum proteins found in a mother's milk can also boost the baby's vulnerable immune system. Therefore, mothers are advised to continue to provide exclusive breastfeeding for six months to their babies.

**Exclusive breastfeeding assistance with Healthy Breast Milk Complementary Foods (MPASI).** The results of the author's interview with Meler Village cadres explained that when the baby is 6 months and older, the mother can already provide complementary Food or complementary Food. On average, the cadres know that the selected foods can meet micro and macronutrients, which previously always came from breast milk to prevent stunting. Of course, adding nutrients to Food, for example, children are always given Food in the form of vegetables and side dishes such as tofu and tempeh.

**Continue to Monitor Children's Growth and Development.** Posyandu cadres and village officials in Meler explained that we urge parents to continue to monitor the growth and development of their children, especially from the child's height and weight. The action is to take your child regularly to Posyandu and the health center. That way, it will be easier for mothers to know the early symptoms of the disorder and how to treat it.

**Maintaining Environmental Cleanliness.** As is known, children are very vulnerable to disease, especially if the environment around them is dirty. This factor also indirectly increases the chance of stunting. The results of the author's investigation found that, on average, the residents of Meler Village were aware of dealing with diarrhea. They knew it causes health problems, such as diarrhea, from exposure to feces entering the human body. Of course, this was also explained by local village government officials that the causes and characteristics of stunting are based on the problem of inadequate nutrition or nutrition in the community, especially for pregnant women and toddlers, and has something to do with a healthy lifestyle, such as the availability of proper sanitation. (bathing, washing, toilet or toilet facilities) and availability of clean water.

Another thing that several informants conveyed was that residents who experienced stunting problems on average were still patterned by traditional living habits, namely following the wishes of their husband or wife's parents, who roughly released their children from breastfeeding because parents only wanted to take care of their children. Without thinking about the child's physical and mental growth factors, the child has a weak immune system due to not getting optimal breastfeeding. Education or knowledge about how to live a healthy life, good sanitation, or nutritious Food has been taught at the elementary level, starting from elementary school. However, it has become commonplace in society that there is a distance between a person's knowledge and the application of that knowledge, not necessarily in line.

According to the author, Posyandu activities in villages or sub-districts carried out by PKK cadres have fulfilled most of the efforts needed to prevent stunting. Under the guidance of health workers from the Puskesmas, PKK cadre mothers have collected data and toddler development, recorded the toddler's weight, provided additional Food and so on. Stunting prevention might run faster if this Posyandu activity routinely runs in every village or sub-district. However, whether Posyandu activities have been running effectively must be studied again. Some people may even underestimate Posyandu's activities.

People who know how to live a healthy life or know the types of nutritious Food that are good for the body will only sometimes adopt a healthy way of life or consume healthy Food. Most people know the dangers or wrongs of smoking, but they still consume cigarettes. Building awareness and changing health behavior takes work. So a kind of movement or campaign is needed for the community to change the attitude and behavior of the community related to healthy living, fulfilling adequate nutrition for pregnant women and children, sound sanitation systems and availability of clean water.

Referring to the mindset of UNICEF/Lancet, the problem of stunting is mainly due to the influence of parenting style, coverage and quality of health services, the environment, and food security, so the next try to discuss it from the perspective of parenting style and food security at the family level. These two conditions are associated with the program implementation strategy that must be implemented. Parenting (caring), including Early Breastfeeding Initiation (IMD), exclusive breastfeeding for up to 6 months, and continued breastfeeding with complementary foods (MPASI) for up to 2 years, is a process to help the growth and development of infants and children.

Policies and strategies governing this parenting style are contained in Article 128 of Law Number 36 of 2009 concerning Health, Government Regulation Number 33 of 2012 concerning Breastfeeding, and the Strategic Plan of the Ministry of Health 2015-2019, Decree of the Minister of Health Number HK.02.02/MENKES/ 52/2015. The mandate in Law Number 36 of 2009 is; a) Every baby has the right to get exclusive breastfeeding from birth for 6 months, except for medical indications; b.) During breastfeeding, the family, government, regional government, and the community must fully support the baby's mother by providing particular times and facilities.

The law's mandate is regulated in P.P. Number 33 of 2013 concerning ASI, which states;

- a) Every mother who gives birth must provide exclusive breastfeeding. The regulation of exclusive breastfeeding aims to; a) ensure the fulfillment of the baby's right to receive exclusive breastfeeding from birth to the age of 6 (six) months by taking into account their growth and development; b. provide protection to mothers in providing exclusive breastfeeding to their babies; and c) increasing the role and support of the family, community, local government and the government for exclusive breastfeeding;
- b) Health workers and organizers of health service facilities are required to initiate early breastfeeding for newborns to their mothers for at least 1 (one) hour. Early initiation of breastfeeding as intended is carried out by placing the baby face down on the mother's chest or stomach so that the baby's skin is attached to the mother's skin.

This Government Regulation stipulates; 1) Responsibilities of the government, provincial, regional government, and district/city regional government; 2) Exclusive Mother's Milk; 3) Use of formula milk and other baby products; 4) Workplaces and places of public facilities; 5) Community support; 6) Funding; and 7) Guidance and supervision. The mandate of the law and P.P. has been included in the 2015-2019 Ministry of Health Strategic Plan, targeting; a. The percentage of infants aged less than 6 months who are exclusively breastfed is 50%. b. The percentage of newborns receiving Early Initiation of Breastfeeding (IMD) is 50%.

As previously described, several issues related to low IMD and exclusive breastfeeding include breastfeeding counselors who are not evenly distributed in all health centers. Breastfeeding counselor training has been carried out up to the district level. However, there needs to be more information on how many percent of the health centers already have breastfeeding counselors to train counselors in all health centers. If Puskesmas already has ASI counselors, what percentage of officers have successfully counseled mothers to convince them to do IMD and exclusive breastfeeding is unknown. Another gap is the weak monitoring of violations and law enforcement against using formula milk, and not all workplaces provide breastfeeding facilities as required. WHO/UNICEF, in its provisions, requires that infants aged 6-23 months have adequate complementary Food provided that they can receive at least 4 or more than 7 types of Food (cereals/tubers, nuts, dairy products, eggs, other protein sources, vegetables and fruit rich in vitamin A, vegetables and other fruits-Minimum Dietary Diversity/MMD). After the baby is 6 months old, even though the stipulation is that they still have to breastfeed until they are 2 years old, the baby needs complementary Food to fulfill the fulfillment of nutrition for growth.

In addition, what also needs to be considered is that babies must meet the Minimum Meal Frequency (MMF) requirements, namely babies aged 6-23 months who are given or not breastfed and have received MP-ASI (soft food/solid Food, including giving milk that is not getting breast milk) should be given with the following frequency;

- a) For breastfed babies: Age 6-8 months: 2 x/day or more; Age 9-23 months: 3 x/day or more;
- b) For infants 6-23 months who are not breastfed: 4 x/day or more.

Furthermore, the provision of MP-ASI for babies 6-23 months must comply with the Minimum Acceptable Diet (MAD), a combination of fulfilling MMD and MMF. This condition is not fulfilled, and the achievement of indicators for good infant feeding patterns based on infant and child food standards (WHO/UNICEF) is still low. Only 36.6% of children aged 6-23 months whose intake reaches a consumption pattern that meets an acceptable diet. (Minimum acceptable diet/MAD).

For future strategies related to parenting, several things are recommended, including;

- 1) Conduct post-training monitoring of breastfeeding counselors, especially at the sub-district and village levels;
- 2) Carry out sanctions against P.P. violators regarding ASI;
- 3) Conduct breastfeeding counseling to pregnant women who come to antenatal care/ ANC (first 4 weeks of pregnancy) to prepare for breastfeeding;
- 4) Improving campaigns and communication about breastfeeding;
- 5) Conduct counseling and training on how to provide and provide MP-ASI according to standards (MAD).

Food security at the household level is an essential aspect of preventing stunting. The issue of food security includes the availability of Food down to the household level, the quality of the Food consumed (intake), and the stability of the availability of Food itself which is related to the population's access to purchase. The problem of food security at the household level remains a global problem, as well as in Indonesia. This is closely related to the incidence of malnutrition, with indicators of the prevalence of wasting in all age groups. In the long term, this problem will cause an increase in the prevalence of stunting. A process of failure to thrive begins in pregnancy due to a lack of nutritional intake before and during pregnancy. The mandate for food security in Indonesia is from Law Number 18 of 2012 concerning Food and Law Number 36 of 2009 concerning Health.

Law Number 18 of 2012 concerning Food states, among other things:

1. The government and regional governments are obliged to increase the fulfillment of the quantity and quality of public food consumption through:

- a) Determination of targets for achieving food consumption per capita per year by the nutritional adequacy rate;
- b) Provision of Food that is diverse, nutritionally balanced, safe, and does not conflict with people's religion, beliefs and culture; And
- c) Development of knowledge and ability of the community in food consumption patterns that are diverse, nutritionally balanced, of good quality and safe;
2. The government and regional governments are obligated to realize the diversification of food consumption to meet the nutritional needs of the community and support a healthy, active and productive life;
3. Diversification of food consumption is directed at increasing public awareness and cultivating food consumption patterns that are diverse, nutritionally balanced and safe and by local potential and wisdom;
4. Diversification of food consumption is carried out by:
  - a) Promote diversification of food consumption;
  - b) Increase public knowledge and awareness to consume a variety of foods with the principle of balanced nutrition;
  - c) Improve skills in the development of local food processing;
  - d) Develop and disseminate appropriate technology for local food processing;
5. The government stipulates a policy in the field of nutrition to improve the nutritional status of the community. Government policy, as referred to in paragraph (1), is carried out through:
  - a) Stipulation of requirements for improving or enriching the nutrition of certain foods to be circulated in the event of a deficiency or decline in the nutritional status of the community;
  - b) Stipulation of special requirements regarding food composition to increase the nutritional content of certain processed foods that are traded;
  - c) Meeting the nutritional needs of pregnant women, nursing mothers, infants, toddlers and other nutritionally vulnerable groups; And
  - d) Increasing food consumption of livestock products, fish, vegetables, fruits and local tubers;
6. The government and regional governments prepare a Food and Nutrition Action Plan every 5 (five) years.

Law Number 36 of 2009, concerning Health related to family-level food security, is written as follows:

1. Community Nutrition Improvement Efforts are aimed at improving the nutritional quality of individuals and communities through, among others, a) improving food consumption patterns and b) increasing access to and quality of nutrition services;
2. The government is responsible for meeting the nutritional needs of low-income families and in emergencies;
3. The government is also responsible for providing proper education and information about nutrition to the public. (Chapter VIII, Article 142; paragraph 3 of Law 36/2009).

From this mandate, there are still many that have not been fulfilled if you pay attention to the facts as previously described, such as related to the large number of pregnant women whose intake is a deficit in energy and protein. Some of the programs recorded from the field and which have been implemented include: 1) Rice for the Poor (Raskin) / Rice for Prosperity (Rastra) (Bulog); 2) Non-Cash Food Aid (Ministry of Social Affairs); 3) Family Hope Program/PKH (Ministry of Social Affairs); 4) Provision of Supplemental Food/PMT for pregnant women (Ministry of Health); 5) Food aid from other sources (local government, NGOs, and others).

The gap issues between the policy and the population food security program implementation are; 1) There has never been a calculation of malnutrition for every low-income family which must

be met based on the facts of energy and protein deficit data (supposedly, the calculation of malnutrition for each low-income family which must be fulfilled is 500 kcal and 10 grams of protein/cap/day); 2) Many programs provide food assistance or PMT from non-standard sources; and; 3) There is no specific policy regarding the fulfillment of nutrition for pregnant women, lactating mothers, infants, toddlers and other nutritionally vulnerable groups.

The future strategy can provide recommendations for the future, including; 1) The type of Food must meet nutritional standards, integrated with other health services; and 2) Food aid standards need to be made. A program can be explicitly formulated to meet the needs of low-income families, including targets including pregnant women.

## CONCLUSION

Based on the results of the research that has been done, it can be concluded that the behavior of people affected by stunting in the areas of Meler Village and Compang Dalo Village, Ruteng District, Manggarai Regency is to do; (a) specific nutrition interventions, (b) sensitive nutrition interventions while for stunting prevention behavior in the Meler Village and Compang Dalo Village areas, Ruteng District, Manggarai Regency, is to carry out; (a) fulfilling nutritional needs since pregnancy, (b) giving exclusive breast milk (ASI) until the baby is 6 months old, (c) accompanying exclusive breastfeeding with complementary foods for healthy breast milk (MPASI), (d) continuing to monitor growth and development children and (e) keeping the environment clean.

## REFERENCES

- Adam L., I., Rusdi, M., Mustanir, A. & Sutrisno, M. (2019). Partisipasi Masyarakat dalam Pembangunan Infrastruktur di Desa Timoreng Panua Kecamatan Panca Rijang Kabupaten Sidenreng Rappang. *Jurnal Moderat*, 5(1), 5.
- Antar, Y. (2010). *Pesan Dari Wae ReboKelahiran Kembali Aritektur Nusantara Sebuah Pelajaran dari Masa Lalu untuk Masa Depan*. Jakarta: PT Gramedia Pustaka Utama.
- Bungin, B. (2012). *Analisis Data Penelitian Kualitatif*. Jakarta: PT Raja GrafindonPersada.
- Creswell, J. W. (2016). *Penelitian Kualitatif dan Desain Riset: Memilih Di Antara Lima Pendekatan*. Yogyakarta: Pustaka Pelajar.
- Dagur, A.B. (2004). *Prospek & Strategi Pembagunan Kabupaten Manggarai Dalam Perspektif Masa Depan*. Jakarta: Indomedia.
- Irwan. (2017). *Etika dan Perilaku Kesehatan*. Gorontalo: CV. Absolute Media.
- Koentjaraningrat. (2005). *Pengantar Antropologi Pokok-Pokok Etnografi II*. Jakarta: PT.Rineka Cipta.
- Pakpahan, M., Siregar, D., Susilawaty, A., Tasnim, T., Ramdany, R., Manurung, E. I., ... & Maisyarah, M. (2021). *Promosi Kesehatan dan Perilaku Kesehatan*. Medan: Yayasan Kita Menulis.
- Pieter, H.Z. & Lubis, N.L. (2010). *Pengantar Psikologis Untuk Kebidanan*. Edisi 2. Jakarta: Kencana.
- Rahayu, A., Yulidasari, F., Putri, A. O., & Anggraini, L. (2018). *Study GuideStunting Dan Upaya Pencegahannya Study Guide-Stunting*. Yogyakarta: CV Mine.
- Rumra, N. S., & Rahayu, B. A. (2021). Perilaku Cyberbullying pada Remaja. *Jurnal Ilmiah Kesehatan Jiwa*, 3(1), 41-48.
- Skinner. A. F. (1938). *The Behavior Of Organisms: An Experimental Analysis*. Cambridge, Massachusetts: B.F. Skinner Foundation.