ABSTRACT
This article discusses the causes and solutions of stunting and its effect on household harmony. In addition, this article also discusses the government’s efforts in overcoming health problems as Perpres Number 72/2021 concerning the Acceleration of Stunting Reduction. The method that used in this article is descriptive qualitative which is library research. Article data in the form of literature data, especially books and equipped with other documents that related to stunting both causes and solutions. The results of the article show that stunting is a condition that a person’s height is shorter than the height of other people in general (who are the same age). Stunting is a chronic nutritional problem caused by multi-factorial and intergenerational nature. Stunting is also something that is not expected to happen in a household, in Indonesia stunting is a health problem that must be taken seriously. However, in practice, stunting still occurs a lot and is a problem today. Widespread incidence of stunting hampers economic growth, increases poverty, and widens inequality in households.

Keywords: Stunting, Nutrition, Household.
INTRODUCTION

The household is the smallest unit in society formed due to marital ties. Usually the household consists of father, mother and children. However, in Indonesia, often in households there are relatives who reside, for example parents, either from husband or wife, siblings or half-siblings of either parties who are related by blood or nasab (Soeroso, 2010). Sociologically, there are several functions in the household, such as biological function, economic function, affection function, education function, protection function, socialization function, religious function, educational function, recreational function, and diversity function.

Based on the data, people generally want peace, happiness, peace, and love in accordance with the functions in the household. However, households often encounter problems; either internal or external. In this study, the internal factor in question is the low economy in the household. Based on the research conducted by Nasikhah (2012) on children aged 24-36 months in Semarang, it shows that there are several risk factors that are most influential for stunting, namely low parental height, low paternal education, and low per capita income (Rahayu, 2018). This means that the value of income in the household also greatly affects the occurrence of stunting. Furthermore, a scientific paper written by Rahmawati, et al (2019) explained that in Jember Regency the incidence of stunting is still higher than other districts and the importance of the role of the family in meeting nutritional needs in toddlers (Rahmawati, 2019).

In the fact, stunting is not only a problem and/or a job that must be done immediately in the household but also of a larger space, namely, the state. In this case, surely people's expectations of the country are getting bigger and bigger. The state has provided concrete evidence with the ratification of Presidential Regulation Number 72/2021 concerning the Acceleration of Stunting Reduction as evidenced from food security in Presidential Regulation Number 72/2021, Article 1 explained in fact: Stunting is a disorder of child growth and development due to chronic malnutrition and recurrent infections, which is characterized by its length or height being below the standards set by the minister who organizes government affairs in the field of health (Perpres, 2021).
RESEARCH METHODS

The method on this research used to a descriptive qualitative approach, with the type of library research, namely by collecting article of journals objects of the research or collecting data that is literature from various international and national journals, this method seeks to summarize the current state of understanding of a topic. The literature study re-presents previously published material and reports new facts or analyses and literature reviews provide a summary of the best and most relevant publications and then compare the results presented in the article clearly.

RESULTS AND DISCUSSION

Stunting is a condition where is a person's height is shorter than the height of other people in general (who are the same age). Stunted (short stature) or low height/length of body to age is used as an indicator of chronic malnutrition that describes the history of malnutrition of toddlers over a long period of time (Atikah: et al 2018). Stunting is a condition that growth failure in children under five until to chronic malnutrition so that children become short for their age. Malnutrition can occur from the time to the baby in the womb and in the early period after the child is born, but only apparent after the child is 2 years old, where the state of maternal and child nutrition is an important factor of the child's growth. Stunting is a problem that occurs in children due to malnutrition. In general, stunting occurs in many poor and developing countries, one of them is Indonesia. In the Health Regulations of the Republic of Indonesia Number 41/2014 concerning Guidelines for Balanced Nutrition states four pillars and/or principles in maintaining balanced nutrition, first, eating a variety of foods, second, getting used to living clean behaviors, third, doing physical activity, and fourth, monitoring weight in a balanced manner to maintain normal weight.

In this article, it is found that there is a close relationship between the level of education of the mother and the nutritional status of the child. It is proven according to WHO (2013) to divide the causes of stunting in children into four broad categories, like family and household factors, inadequate supplementary/complementary foods, breastfeeding, and infections. As for family and household factors, they are subdivided
into maternal factors and home environmental factors. Maternal factors include insufficient nutrition during preconception, pregnancy, and lactation, low maternal height, infections, pregnancy in adolescence, mental health, intrauterine growth restriction (IUGR) and preterm birth, short pregnancy distances, and hypertension. Meanwhile, the factors of the home environment are inadequate stimulation and activity of children, insufficient care, inadequate sanitation and water forces, insufficient access and availability of food, inappropriate allocation of food in households, low education of caregivers.

In these conditions, it is necessary to have a treatment for stunting, by means of specific interventions and sensitive interventions in the first 1,000 days of a child's life until the age of 6 years. Generally, the framework of these specific nutritional intervention activities is carried out in the health sector. (Minister of Villages 2017).

Stunting is an incident that is very closely related to family and household. The role of the family that affects the incidence of stunting in children under five based on the form of family. In practice, it was found that this article is supported by other research that the form of family affects the occurrence of stunting, where the incidence of stunting often occurs in the form of divorced families, while the family form that rarely occurs stunting is in the form of a large family. The incidence of stunting occurs a lot in the form of large families, where large families influence the incidence of low stunting. It is proven that in fostering children, in addition to parents, there are also grandmothers and grandfathers who help meet daily needs including food intake.

The form of family can have an influence in the incidence of stunting which is in line with the characteristics of the number of children in the family, because families classified as large or small are determined by the number of children. This means that families that have more than two children can affect the fulfillment of nutritional needs in the family. This is due to the lack of individual attention and care for the child. The number of children in this family also affects the incidence of stunting when viewed from the family's economic status based on family income.

The family's income level is less then has a tendency to meet nutritional needs with consideration of cheaper prices, and the menu is less varied. Family income can affect a child's nutritional status in line with the results of the analysis in this article. The harmony
of the household is closely related to the incidence of stunting, and the form of the family. Stunting is more prevalent in families with low average/month incomes. However, family income does not affect nutritional status directly because family opinions are a medium as a fulfillment of nutritional intake that needs.

Family influence based on family form is closely related to stunting events. Likewise, children living in nuclear families have a higher incidence rate of stunting compared to children living with large families and children living with single families have a lower incidence of stunting compared to children living with large families. In this article, that large families have a lower incidence rate of stunting, this can happen because children living in large families have an additional family role in terms of childcare and can affect well-being in the household and have a great influence on the decision-making process on the head of the family and other male family members.

In other studies, it is shown that parental education can also affect nutritional status which causes stunting. This is supported by the results of research which states that parents with low levels of education have children with higher nutritional status problems than parents with higher levels of education. The level of education can affect the incidence of stunting but does not occur significantly, it is likely to be influenced by the ability of each parent to access information, because there are parents with a low level of education but have good sources of information from health services related to their children's nutritional needs. The implementation of the role of the family optimally to support the improvement of nutritional status in toddlers to reduce the incidence of stunting. If the role of the family can be carried out properly, the family can increase its role, especially in providing nutrition to children under five.

The fulfillment of nutrition in toddlers cannot be separated from the role of the family, especially the family that takes care of children, so the fulfillment of nutrition can be done by teaching the family about the nutritional needs of toddlers. Because the reduction of stunting is an insistence from the community about the occurrence of this matter. The efforts of the central and local governments in reducing the prevalence of stunting are guided by the National Strategy for the Acceleration of Prevention of Stunting for the 2018-2024 period, which is followed by the issuance of Presidential Regulation
Number 72/2021 concerning the Acceleration of Stunting Reduction. In this Presidential Regulation, it is regulated regarding the national strategy for accelerating stunting reduction, organizing stunting reduction, coordination of stunting reduction, monitoring, evaluation, reporting and funding.

Where is the commitment requires agreement with the community and coordination between ministries and agencies, and demands contributions not only from the health sector, but also non-health. Strengthening the implementation of these cross-sectoral programs and activities needs to be ensured convergence from the central level to the village level so that they are right on target and reach the first 1000 days of life, namely households with pregnant women and children aged 0-23 months, breastfeeding mothers, and children 24-59 months, as well as young women and brides-to-be.

The efforts to reduce stunting are carried out through two interventions, namely specific interventions that address direct causes and sensitive interventions to overcome indirect causes. This effort is strengthened by supporting prerequisites consisting of technical support, mentoring activities, political commitments, policies, as well as government and cross-sectoral engagement. Referring to the 2018-2024 National Strategy and Presidential Regulation Number 72/2021 concerning the Acceleration of Stunting Reduction, a specific form of intervention with the priority target of pregnant women is realized by providing additional food for pregnant women with chronic lack of energy, and giving supplements of blood-added tablets. This effort is supported by the provision of calcium supplements and pregnancy checks.

Furthermore, for breastfeeding mothers and children 0-23 months, intervention is carried out by providing counseling and promotion of exclusive breastfeeding, infant feeding, malnutrition management, supplementary feeding for malnourished children, growth monitoring and promotion by providing vitamin A supplement support, nutritional sow powder supplements, immunization, and zinc supplementation for the treatment of diarrhea. In addition, for young woman, woman of childbearing age, and children aged 24-59 months, interventions are carried out by providing supplementation of blood-added tablets, poor nutrition management, supplementary foods for the recovery of malnutrition, as well as monitoring and promotion of growth.
Another strategy to accelerate stunting reduction is carried out by providing stunting prevalence data through an accurate data collection system. Since 2019, the Health Research and Development Agency of the Ministry of Health and BPS has conducted the SSGI measurement survey, namely stunting/dwarf, wasting/thin, and underweight measurements at the national, provincial, and district/city levels. The survey results are the basis for the Ministry of Finance to determine district/city incentive funds and become material for evaluating the implementation of nutritional interventions carried out by the central and regional governments.

The efforts to strengthen are also carried out by reactivating the function of posyandu which was previously stopped due to the Covid-19 pandemic. Posyandu is a center for monitoring the growth and development of children under five in the environment around Posyandu. These activities include weighing children under five every month as an early effort to detect stunting and prevent it. Support from the central and local governments in encouraging Posyandu cadres to pay special attention to child growth and development is one of the keys to successfully achieving the 14 percent stunting target by 2024. Other strengthening needs to be carried out at the puskesmas level through increasing nutrition surveillance activities, discovery, and handling nutritional cases. Surveillance includes data collection, processing, and dissemination of information. Data obtained from growth and development monitoring, nutritional status monitoring, case reporting, surveys and others. Surveillance also needs to be strengthened by using technology so that reporting from community cadres can be immediately known so that cases can be quickly intervened by health workers. Another strengthening effort is the empowerment and participation of the community to recognize the problem of stunting in the vicinity. (Mohammad 2022).

CONCLUSION

The implementation of the role of the family in fulfilling nutrition in toddlers is very important so that it can improve the nutritional status of toddlers and one way to overcome or overcome the problem of stunting that occurs in our country. In addition, in the Indonesian Health Regulations. Number 41/2014 concerning Guidelines for Balanced Nutrition states four pillars and/or principles in maintaining balanced nutrition, first, eating a variety of foods, second, getting used to living clean behaviors, third, doing physical
activity, and fourth, monitoring weight in a balanced manner to maintain normal weight. The commitment to accelerate stunting reduction is based on the understanding that the problem of stunting is a serious problem, so there is a need for cooperation between the central and regional governments followed by the issuance of Presidential Regulation Number 72/2021 concerning the Acceleration of Stunting Reduction.

ACKNOWLEDGMENTS

I would like to thank M. Arwin as the advisor and senior who has trusted me to participate in the preparation of this article. In addition, I do not forget to thank my friends who have helped in the data collection process, and provided support to me in the process of completing this article. would like to thank M. Arwin as the advisor and senior who has trusted me to participate in the preparation of this article. In addition, I do not forget to thank my friends who have helped in the data collection process, and provided support to me in the process of completing this article.

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