A Method of Stunting Reduction Intervention Based on Community and Local Culture

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ABSTRACT
Policies and programs to reduce stunting by specific and sensitive nutrition intervention methods tend to be one-sided and top-down, namely based on the will of the government alone without paying attention to the wishes, interests and needs of the community and local culture. The aim of the study was to analyze specific and sensitive nutrition intervention methods for stunting reduction based on the community and local culture. A quantitative-qualitative descriptive as kind of research. Design by Case study, analytic, evaluative, phenomenological, exploratory – comparative. South Bontonompo District, Gowa Regency as location. Purposive sampling used to take 4 villages and 100 families. Data collected by literature study, documentation, observation, questionnaires, interviews. Data analysis with qualitative descriptive. The results of this study was development of community-based and local culture-based stunting reduction intervention methods covers five domains, namely: Core domains: analysis of potential, constraints, disadvantages and advantages; The domain of institutional roles is both formal government institutions (leading sector and lining sector) and non-formal community institutions in implementing any intervention methods. The domain of upholding the local culture include the reproductive health care culture, clean and healthy and prosperous culture, nurturing and caring for children culture, and the culture of nutrition and eating; The domain of coordination and cooperation, as well as the participation and role of all relevant parties and institutions; SWOT analysis domain. Recommendations, the Government and empowerment parties/institutions need to consider the application of the five domains of stunting reduction intervention methods.
Keywords: *method, based, local culture, community*

INTRODUCTION

In the field of health (social medicine), there are many issues and problems that require intervention with certain methods, one of which is the problem of stunting. A child whose stature is stunted, or as Kakietek et al., (2017) stated as failing to grow (low birth weight, small, short, thin) is called stunting. The incidence of stunting in children is difficult to separate from various multidimensional factors. These factors according to TNP2K (2017) such as poor nutrition, poor parenting practices, lack of knowledge of mothers about health and nutrition both before and during pregnancy and after childbirth, limited ANC-Ante Natal Care and Post Natal Care health services, lack of quality early learning, lack of access owned many household/families to nutritious food as well as to clean water and sanitation.

Its development, stunting is not only a health problem but has expanded into a social, cultural, and environmental and even economic problem. Stunting does not only have an impact on the health sector but also social, cultural, environmental, economic, and even political life. Especially in the health sector, stunting, which is parallel to the problems of wasting (thin toddlers), overweight (fat children), obesity, and anemia in pregnant women has become one of the triple burdens of universal maternal and child health problems both at the global, regional, national, and local levels. In fact, Global Nutrition Report 2014 shows that there are around 159.1 million children experiencing stunting worldwide, and 9 million of them are in Indonesia. Therefore, Indonesia is one of 17 countries in the world that are facing a double burden of health problems. This is reinforced by data from Riskesda 2013 which shows a stunting prevalence rate of 37.2%. This figure equivalent with 37.1% prevalence of anemia in pregnant women, even higher than obesity (28.9%), wasting 12.1%, and overweight 11.9%.

In Indonesia, according to the RISKESDAS estimation (stunt rate) and the BPS population projection for 2016-2018, the incidence of stunting aged 5 years (U-5) across income is not only experienced by underprivileged (poor) households/families

but also non-poor who are above 40% of their social and economic welfare level. The main direct causes are low nutritional intake and health status (Levinson & Balarajan, 2013; UNICEF, 2013; International Food Policy Research Institute/IFPRI, 2016; Bappenas, 2018). However, according to TNP2K (2017), the factors that cause stunting are multi-dimensional, namely (1) starting from the problem of poor parenting practices, lack of knowledge of mothers about health and nutrition before and during pregnancy and after childbirth; (2) limited health services including Ante Natal Care/ANC and Post Natal Care services and the lack of quality early learning; (3) lack access owned household/family to nutritious food, clean water and sanitation.

Recognizing the increasing burden of multiple problems, the impact and multidimensional factors that cause stunting, the Government and its related ministries and institutions have implemented a number of policies and programs of nutrition intervention, particularly the two great frameworks, namely specific and sensitive nutrition intervention methods. The first short-term intervention method is carried out by the health sector for children in the First 1,000 Days of Life (HPK) and is claimed to contribute 30%, while the second medium and long-term established by the non-health sector which oriented to the public, and this kind intervention claimed to contribute 70 % (TNP2K, 2017; Bappenas, 2018).

The phenomenon of the problem, policies and programs as well as the implementation of specific and sensitive nutrition intervention methods still creates a relative gap between expectations and reality. This caused using a one-sided, top-down dominant approach, still ignoring a bottom-up approach based on local culture, not based on the needs and interests and expectations of local communities, not based on a list of priority problem solving needs faced and needed by local communities. This has broad implications for the low or lack of participation of local communities, even parties from relevant agencies are not maximally carrying out their functions and roles as they should (Source: research results, 2020/2021).

Both policies, programs, and implementation of specific and sensitive nutrition intervention methods for stunting reduction require a community-based approach and local culture. For this purpose, there are at least several main aspects that need attention, including: (1) The views of the community and local culture regarding the relationship between stunting and four main aspects, namely the product of cultural values and traditions, beliefs and religion, heredity and behavior in the husband's relationship. wife, patterns of living habits and changes in lifestyle behavior, and life welfare symbols and the excesses of generations; (2) To overcoming unequal views or assessments of local communities and parents/families regarding gap policies and programs with the implementation of one's methods by making a priority list (Source: research results, 2020/2021). On that basis, the formulation of the main problem and the research objective is the development of community-based and local culture-based stunting reduction intervention methods.

METHOD

Kind of this research was quantitative-qualitative descriptive (Sugyono, 2014). Design by case study, analytic, evaluative, phenomenological, exploratory – comparative (Creswell, 2010). Location at South Bontonompo District, Gowa Regency. Population includes 9 villages and 30,754. soul or 7,365 families. Based on the purposive sampling so there are 4 villages and 100 families as sample. Data collected by literature study, documentation, observation, questionnaires, interviews. A qualitative descriptive to data analysis (Miles and Huberman, 2012) by Likert scale and SWOT analyses (J. Salusu, 1996).

RESULT AND DISCUSSION

Characteristic of Respondent

1. **People characteristic**

Based on the results of the study, out of 100 community respondents, 75.0% aged 21 to 50 years, 58.0% women and 42.0% men, 82.0% were married and had a family, 69.0% had a junior high school education/equivalent and high school/equivalent in addition there are 17.0% diploma and undergraduate education and 14.0% elementary school. Types of work or professions are relatively diverse, namely 27.0% farmers/fishermen and day laborers, 21.0% education and medical personnel, 20.0% traders/entrepreneurs and private employees, 18.0% domestic workers, 11.0% ASN (Civil servant) and TNI/Polri (personnel military), as well as 2.0% of students/academician. Most of them have the status of ordinary community members, while some are administrators of certain organizations.

2. Characteristic of parent and stunting children

a. Stunting children characteristic

For all, 80.0% of stunted children, both boys (57.0%) and girls (43.0%) are the second, third and fourth children; 87.0% them aged over one year, 86.0% received breastfeeding for less than 18 months, 74.0% received PMT (supplement nutrition food) for 6 to 18 months, 89.0% had even occasionally and often got sick, 83.0 % have a eating pattern three times and twice a day, 84.0% have not attended PAUD, and 63.0% stunted children get along and interact well with other children of the same age in the surrounding environment.

b. Parent characteristic

For all, 86.0% of parents of stunted children aged from young to 40 years old, with age variations between fathers and mothers who paired up. The body postures of fathers and mothers have their own variations with their respective phenomena, which are sometimes the same and different, such as tall, fat, thin, short, small. 92.0% of parents have primary and secondary education, and only 8.0% have higher formal education (diploma and bachelor's degree). The type of work/profession among parents of stunting children is relatively varied, especially those who are mostly farmers/fishermen, besides some who work as daily laborers or work as private employees in their life daily.

View owned the local community and culture against intervention method to reduce stunting

1. View of local community and culture about stunting

Based on the results of the study, the local community and culture assessed that there were four main aspects that were closely related (strong and weak) to the stunting problem, namely (1) the product of cultural values and belief traditions, (2) heredity and behavior in husband-and-wife relationships, (3) patterns of living habits and changes in lifestyle behavior, and (4) symbols of the life welfare and the excesses of generations. Of the four aspects, the first aspect considered to be the most closely and very strongly related to the stunting problem. Then the second aspect also considered to be relatively close and quite strong. While the third aspect considered to be relatively moderate in relation to stunting. Furthermore, the fourth aspect considered to be relatively strong and weakly related to stunting. Thus, the four aspects be strengths and weaknesses as well as potential for developing an intervention method to reduce stunting based on the community and local culture approach.

2. View of local community and culture about any policy and program of specific and sensitive intervention method to reduce *stunting*

Based on the results of the study, an average of 76.0% (classified quite well, with an interval of 73.0% - 82.0%)) the community and its local culture gave a

good assessment and supported the four indicators of specific nutrition intervention policies and programs, namely (1) routine health control at UPK 1x a week, 4x a month during pregnancy, (2) administration of PMT (supplement nutrition food) during pregnancy, (3) treatment of worms and malaria in pregnant/breastfeeding women, and (4) to supply ASI (breastfeeding) since from birth up to 2 years. The breastfeeding program is best considered them.

Regarding sensitive nutrition intervention policies and programs, an average of 67.0% (classified as good, with an interval of 50.0% - 82.0%) the community and their local culture provide a good and supportive assessment of the ten indicators, namely (1) Fulfillment sources of clean water, (2) environmental sanitation, (3) provision of food/food, (4) family planning services, (5) family health insurance, (6) parental care for children, (7) PAUD services, (8) Food nutrition, (9) reproductive health and (10) food security and nutrition. Phenomenon, of the ten indicators, the assessment of local communities with the best/highest and very supportive category is aimed at three intervention indicators, namely indicators (9), (8) and (10). Furthermore, the assessment category is being directed to three other intervention indicators, namely indicators (5), (3), (6). Meanwhile, the low and very low rating categories are addressed to indicators (4), (2), (1), respectively. This phenomenon indicates the priority list of community needs for stunting reduction intervention policies and programs in their area.

Its conclusion, local people's assessment of specific nutrition intervention policies and programs is still better than sensitive nutrition interventions. In specific nutrition, the highest support is given to breastfeeding programs and the lowest is PMT (given available a supplement nutrition food). Meanwhile, for sensitive nutrition, the highest support was for food nutrition and reproductive health programs, and the lowest for PAUD service programs.

3. Assessment of local communities regarding the implementation of specific and sensitive nutrition intervention methods for stunting reduction

Based on the results of the study, it can be formulated the level of local community assessment of the seven indicators or aspects of assessing the implementation of specific nutrition intervention policies and programs for stunting reduction in Bontonompo District, Gowa Regency as shown in Table 1.

Table 1. Formulation assessment of the local community against seven indicators of implementation any specific nutrition intervention policies and programs for stunting reduction, 2021

No	Indicator's assessment of specific nutrition intervention implementation	Answer Respondent's Answer Frequency (F, %)		Rank	Priority list of interventi on needs
		SS/S/CS	T/KS		
1	*2*	*3*	*4*	*5*	*6*
1	Pregnant women routinely check their health at the health center or hospital, the nearest doctor/nurse	42 (42,0%)	58 (58,0%)	I	VI
2	Health workers from relevant agencies actively make visits for counseling/direction and assistance for pregnancy check-ups for pregnant women	6 (6,0%)	94 (94,0%)	V	II
3	Government/relevant agencies play a role in providing cost assistance and ease of service for pregnant women	10 (10,0%)	90 (90,0%)	IV	III
4	Relevant parties such as PKK, Posyandu, health and nutrition officers from relevant agencies play a role to provide assistance or aid PMT/ additional food services and medicines for pregnant women.	5 (5,0%)	95 (95,0%)	VI	I

5	Relevant agencies, PKK, Posyandu or other health workers play a role in providing counseling on prevention and treatment of diseases for pregnant women and breastfeeding mothers.	14 (14,0%)	86 (86,0%)	II	V
6	Relevant agencies, PKK, Posyandu, health and nutrition workers play a role in providing socialization and health education on the importance of breastfeeding until the age of 2 years.	14 (14,0%)	86 (86,0%)	II	V
7	The local government/relevant agencies play a role in conducting routine or periodic health education and socialization for the community regarding the prevention of stunting in children during pregnancy and lactation.	13 (13,0%)	87 (87,0%)	III	IV
	Total amount (%)	15 (15,0%)	85 (85,0%)		
		100 (100,0)			

Source: primary data processing, 2021
Description: SS=strongly agree; S=agree; Cs=sufficiently agree; Ks=disagree; Ts = disagree

Table 1 shows that first, on average only 15.0% of the community considered the implementation of specific nutrition interventions good, while the other 85.0% rated it less. Second, from the seven indicators of implementation of specific nutrition intervention policies and programs for stunting reduction, generally, the rating is between 5.0% and 42.0%, so it is classified as very less (not optimal). This means that the seven indicators are potential weaknesses of the specific nutrition intervention policies and programs to reduce stunting.

Its phenomenon of the seven indicators for implementing policies and programs, the assessment of local communities with the least and unsupportive categories is aimed at the fourth indicator (i.e. the lack of roles of related parties such as PKK, Posyandu, health and nutrition officers from relevant agencies in providing additional food service assistance and medicines for pregnant women), then the second indicator (i.e. the inactivity of health workers from the relevant agencies in conducting visits for counseling/direction and assistance for prenatal care for pregnant women), and then the third indicator (i.e. the lack of the role of the Government/ relevant agencies in providing cost assistance and convenience of antenatal care services for pregnant women), and the fifth and sixth indicators (ie the lack of roles of relevant agencies, PKK, Posyandu or other health workers playing a good role in providing counseling about the prevention and treatment of certain diseases for pregnant women). miles and breastfeeding mothers, as well as in

providing socialization and health education regarding the importance of breastfeeding from birth to 2 years of age). While the assessment with the poor category is the first indicator that pregnant women have not routinely checked their pregnancy health every week and month at the Puskesmas or hospital, the nearest doctor/nurse. These phenomena also indicate a priority list of community needs that need to be addressed immediately in the implementation of specific stunting reduction policies and intervention programs in their area.

Furthermore, based on the ranking of the assessment levels, the community and their local culture construct the seven indicators in Table 1 into a priority list formula for the implementation of specific nutrition interventions in a row starting from the most urgent to the least/not urgent, namely 4, 2, 3, 7, 5, 6, 1. Therefore, this priority list needs to be a concern, consideration and reference for third parties, especially the government and its institutional ranks, related agencies (leading sector and lining sector) or other intervening institutions in implementing specific nutrition intervention methods for stunting reduction. in the area, especially in the District of South Bontonompo, Gowa Regency.

Furthermore, from the results of the study, it was obtained an overview of the formulation of community and local culture assessments of the ten indicators of

implementing stunting reduction policies and intervention programs with sensitive nutrition intervention methods in Bontonompo District, Gowa Regency as shown in Table 2 below.

Tabel 2. Formulation assessment of community and local culture about implementing a stunting reduction policies and intervention programs with **sensitive** nutrition intervention methods, 2021

No	Indicator's assessment of Sensitive nutrition intervention implementation	Frequency (F, %)		Rank	Priority intervention needs
		SS/S/CS	T/KS		
1	Implementation of development policies and programs or the provision of clean water infrastructure for the community, and efforts to achieve equitable access to clean water sources, especially for households that have difficulty to satisfy their needs for clean water.	50 (50,0%	50 (50,0%)	I	VIII
2	Implementing any sanitation improvement programs and improving the quality of environmental health	47 (47,0%)	53 (53,0%)	III	VI
3	Implementation of food price control programs, ease of access to food and food sources, especially for community members who have difficulty finding food and food sources	17 (17,0%)	83 (83,0%)	VII	II
4	Implementation of socialization and health education programs on KB (family planning) for family and community welfare	36 (36,0%)	64 (64,0%)	VI	III
5	Implementation of the health insurance program through the Jampersal/ Jamkesda program	34 (34,0%)	66 (66,0%)	II	VII
6	Implementation of socialization and health education programs on childcare by parents/families and community.	43 (43,0%)	57 (57,0%)	IV	V
7	Implementation of outreach programs and expansion of access to TK/ PAUD (ear education) for families.	49 (49,0%)	51 (51,0%)	II	VII
8	Implementation of socialization and nutrition health education programs as well as providing food and nutrition assistance for families and communities.	43 (43,0%)	57 (57,0%)	IV	V
9	Implementation of reproductive health socialization and education programs for families and community	42 (42,0%)	58 (58,0%)	V	IV
10	Implementation of socialization activities and health education on functional food and nutrition.	16 (16,0%)	84 (84,0%)	VIII	I
	Total (%)	**38 (38,0%)**	**62 (62,0%)**		
		100 (100,0)			

Source: primary data processing, 2021
Description: SS=strongly agree; S=agree; Cs=sufficiently agree; Ks=disagree; Ts = disagree

Table 2 shows that first, on average, only 38.0% of the population considered the implementation of the nutrition sensitive intervention good, while the other 62.0% rated it less. Second, of the ten indicators of implementation, generally, they get an assessment between 16.0% to 50.0%, so they are classified as very less and not optimal. This means that the ten indicators are potential weaknesses of sensitive nutrition intervention policies and programs.

Its phenomenon, of the ten indicators of the implementation of policies and programs, the assessment of local communities shows five levels of categories, namely very poor, lacking, moderately lacking, close to balanced, and balanced. First, the category is very less directed to two indicators, namely indicators 10 and 3. Second, the category is less directed to two indicators, namely indicators 5 and 4. Third, the category is quite less directed to three indicators, namely indicators 9, 8, 6. Fourth, the category is close to The balanced category is directed to two indicators, namely indicators 2 and 7. Fifth, the balanced category is directed to indicator 1.

Furthermore, based on the ranking of the assessment levels, the community and their local culture construct the ten indicators in Table 2 into a formula for the priority list of

needs for the implementation of sensitive nutrition interventions in a row starting from the most urgent to the least/not urgent, namely indicators 10, 3, 4, 9, 8, 6, 2, 5, 7, 1. Therefore, this priority list needs to be considered and a reference for third parties in implementing stunting reduction sensitive nutrition intervention methods in the regions.

4. Assessment of Parents/ Family regarding the implementation of specific and sensitive nutrition intervention methods for stunting reduction

Among parental or families owned stunting child give an assessment as like formulated at Tabel 3 below.

Table 3. Formulation Parental/Family's Assessment Regarding Stunting, Knowledge and Understanding, Relationship with Local Culture and Religion, and Implementation of Specific and Sensitive Nutrition Interventions, 2021

No.	Sub variables and Indicators Assessment	Frequency (F/%)		Rank	Priority list
		SS/S/CS	T/KS		
1	Knowledge and understanding about stunting	37 (37,0%)	63 (63,0%)	IV	III
2	Knowledge and belief regarding ancestral teachings, customs, religious traditions, and cultures related to stunting	61 (61,0%)	39 (39,0%)	III	IV
3	Knowledge and belief regarding religious teachings related to stunting	61 (61,0%)	39 (39,0%)	III	IV
4	Assessment about relationship between stunting children and the practice of cultural and religious teachings, heredity, and socio-culture in the family environment	77 (77,0%)	23 (63,0%)	I	VI
5	Assessment about a link between stunting and implementation of specific nutrition interventions	34 (34,0%)	66 (66,0%)	V	II
6	Assessment on the stunting reduction sensitive nutrition intervention program	67 (67,0%)	33 (33,0%)	II	V
7	Assessment of the implementation of the stunting reduction sensitive nutrition intervention program.	22 (22,0%)	78 (78,0%)	VI	I
		51 (51,0%)	49 (49,0%)		
	Total average (%)	100 (100,0%)			

Source: primary data processing, 2021
Description: SS=strongly agree; S=agree; Cs=sufficiently agree; Ks=disagree; Ts = disagree

Table 3 shows that First, on average 51.0% of parents/families have knowledge and understanding of stunting, the link between local culture and religion with stunting, as well as the implementation of specific nutrition interventions and sensitive nutrition to reduce stunting. Second, from the seven sub variables or indicators, the parents/families gave an assessment of the highest/highest 77.0% and the lowest 22.0%. Third, from seven sub-variables or indicators, the highest/highest rating is directed to indicator 4. While the medium category assessment is directed to indicators 6, 3, 2. For the lowest category of assessment, it is aimed at indicators 1 and 5, and the lowest category of assessment is aimed at indicator 7.

Furthermore, based on the ranking of the assessment, the parents/families construct the seven indicators in Table 3 into a formula for a priority list of the needs for the implementation of interventions in a row starting from the most urgent to the least/not urgent, namely indicators 7,5,1,2 ,3,6,4. Therefore, this priority list needs to be a consideration and reference for third parties to implement sensitive nutrition intervention methods in the regions.

Development Method of Local Culture and Community-Based Stunting Reduction Model of the community-based and local culture-based stunting reduction intervention explains that:

1. Core domain: analysis of potential, constraints, disadvantages and advantages of specific nutrition intervention methods and sensitive nutrition for stunting reduction based on community and local culture
2. The second domain: the role of institutions, both formal government institutions (including leading sector institutions and lining sectors) and non-formal community institutions (such as health organizations (Posyandu, Polindes, Poskesdes), NGOs, mass organizations, universities, professional organizations) in implementing specific nutrition intervention methods and sensitive nutrition for stunting reduction based on community and local culture. The two institutional components require strategic synergies and partnerships
3. The third domain: the enforcement of four types of local community culture, namely first, reproductive health care culture; second, clean and healthy and prosperous culture; third, the culture of nurturing and caring for children; fourth, nutrition and eating culture
4. Fourth domain: coordination and cooperation, as well as the participation and role of all relevant parties and institutions.
5. Fifth domain: SWOT analysis.

Based on the overall description, it can be seen that: **First,** in the community-based and local culture-based stunting reduction intervention method in South Bontonompo District, Gowa Regency, there are four main aspects of the research findings, namely: (1) Community views and local culture about stunting, which show the existence of a link between stunting and the product of cultural values and traditions of belief and religion, heredity and behavior in husband and wife relationships, patterns of living habits and changes in lifestyle behavior, and symbols of the welfare of life and generational excesses;

Intervention

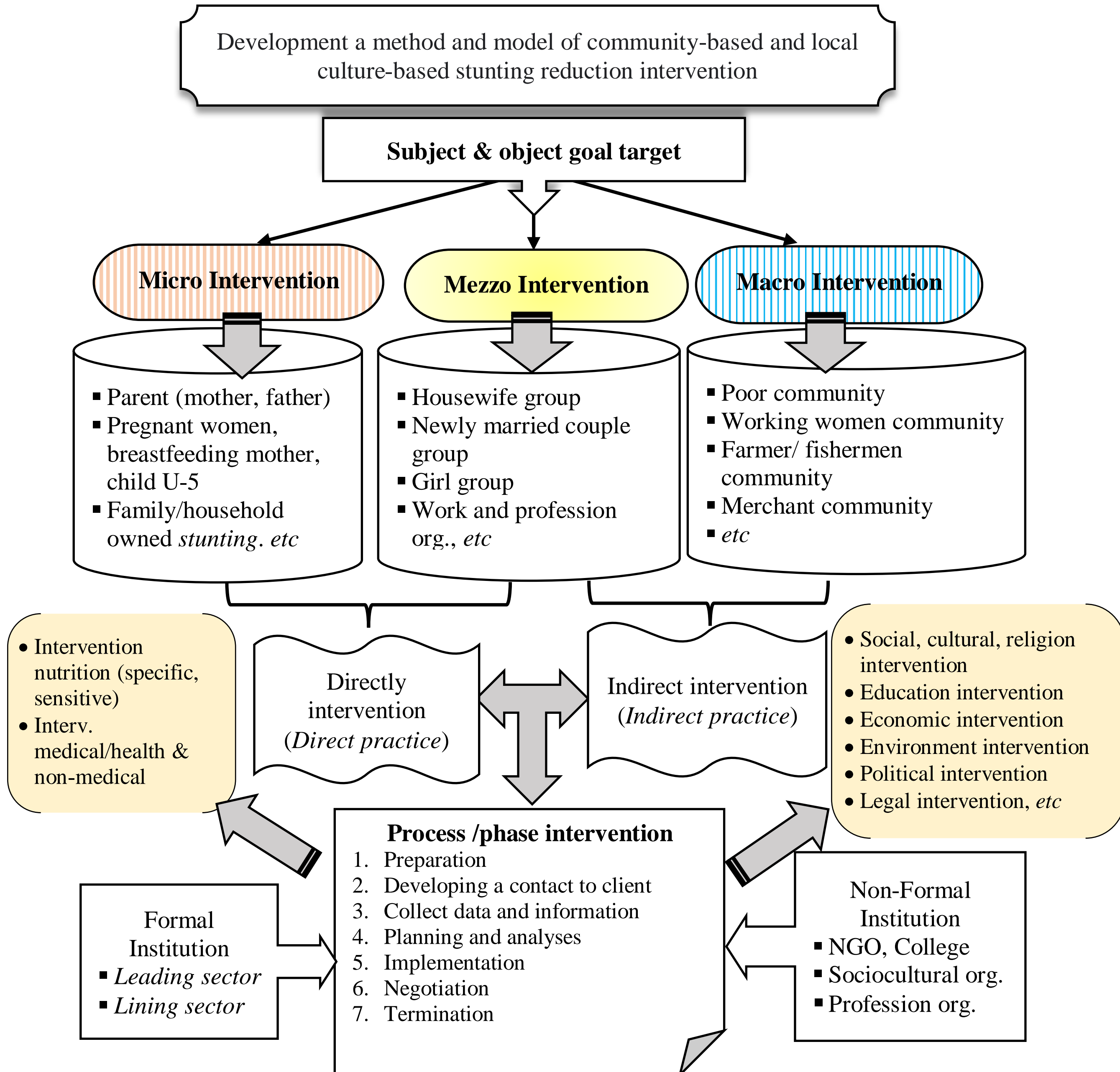
(2) The local community's views on specific and sensitive nutrition intervention policies and programs for stunting reduction are still unequal; (3) Assessment of local communities regarding the implementation of specific and sensitive nutrition intervention methods for stunting reduction which is still lame and requires a priority list of implementation; and (4) a special assessment of parents/families of stunting children, knowledge and understanding, the link between stunting and the teachings of local culture and religion, implementation of specific and sensitive nutrition intervention programs for stunting reduction that are still lame and require a list of priorities for implementation. **Second**, it has been carried out the development of methods and models about interventions it.

DISCUSSION

The development a method and model of community-based and local culture-based stunting reduction intervention requires a few important things, namely **First**, placing the locus of assessment on the local community and culture along with its four main characteristics (strengths and weaknesses). **Second,** clustering the intervention target subjects and objects into several groups, namely: (1) pregnant women group; (2) groups of breastfeeding mothers and children under five; (3) group of parents and household/family in general; (4) groups of community leaders, cultural leaders, religious leaders, youth leaders, women's leaders, others; (5) youth/girl groups, young women/boys; (6) groups of social and cultural institutions of society such as PKK, LKMD, NGOs, youth organizations, others; (7) groups of social workers, volunteers, health cadres; (8) community-based health service groups such as Posyandu, Poskesdes, Polindes, and others.

Refer to the opinion of Suharto (2007), the subject and target object of the development of community-based and local culture-based stunting reduction intervention methods can be directed to three levels of

intervention, namely micro intervention, mezzo intervention and macro intervention. These three levels of intervention are also related to the forms of direct and indirect interventions, types of interventions and phases of intervention. For details, see Figure 1 below.



Source: interpretation, Suharto (2007), Louise CJ (2001), Adi (2008)

Figure 1 Subject and object / goal target in develop a method/ model of *Stunting* intervention-based community and local culture

Figure 1 shows that in the development of community-based and local culture-based stunting reduction intervention methods, there are three levels or levels of intervention, namely micro intervention, mezzo intervention and macro intervention.

1. The level of micro intervention is directed at individuals such as parents (husband,

wife, father, mother), pregnant women, breastfeeding mothers, children under five, and families/households of stunting children. Each of these individuals requires a form of direct intervention (direct practice) from the relevant formal and non-formal institutions, with the types of medical and non-medical/health interventions needed, or in the language of the relevant government/ministerial programs currently called specific nutrition interventions and sensitive nutrition.

The aims and objectives of the intervention are to overcome problems and obstacles in the prevention and treatment of stunting, increase knowledge and skills through socialization and education and coaching, provide direct assistance to meet their needs, manage and develop their socio-cultural potential in preventive action. , promotive and curative stunting problems. The main method that is usually applied in the intervention for handling stunting can be in the form of psychosocial individual therapy settings (casework) including client-centered therapy, behavior therapy, and family therapy.

2. The mezzo intervention level is directed at groups such as housewives, newly married couples, young women, work/professional organizations, and others. Each of these groups requires a form of direct intervention (direct practice) and indirect intervention (indirect practice) from the relevant formal and non-formal institutions, with the types of medical and non-medical/health interventions needed, as well as nutrition-sensitive nutrition interventions. In addition, they also need social, cultural, religious, health, educational, environmental, economic, legal, political and other interventions.

   The purpose and objective of the intervention is to increase their knowledge and understanding as well as competency skills about stunting, the factors that cause it and how to overcome them so that they can manage and develop their socio-cultural potential in preventive, promotive and curative actions for stunting. The main method commonly applied in the stunting intervention can be in the form of group therapy settings (groupwork), which includes socialization groups, self-help groups, and recreational groups. For that purpose, it is necessary to provide counseling, direction, guidance, advocacy, coaching, education and training.
3. The level of macro intervention is directed at the community and its environment, such as the poor community, working women community, farmer/fisherman/labor, traders and entrepreneurs, employees, and others. Each of these groups requires a form of indirect intervention from related formal and non-formal institutions, with the type of intervention in social, cultural, religious, health, education, environmental, economic, legal, political and others.

   The purpose and objective of the intervention is to increase their knowledge, understanding, awareness, motivation, and competency skills to prevent and handling stunting independently so that they can manage and develop their socio-cultural potential in preventive, promotive and curative actions against stunting. In addition, they expected to play a wider role to assist the government/relevant agencies and residents to face stunting. The main methods commonly applied can be in the form of community development settings, human service management and social policy analysis. For that purpose, need socialization, counseling, direction, advocacy, coaching, education, and training.

Third, stunting prevention and reduction requires synergies (strategic partnerships, coordination and cooperation, roles, and participation) of various parties and institutions, both from the government and from the community itself. Especially at the regional level, the Regional Government and its institutional ranks, especially the Leading sector and Lining sector in specific nutrition and sensitive nutrition interventions. The leading sector, for example, is the Health Office (Dinkes) to take a direct or indirect role in implementing policies, programs, and

activities as well as in providing management assistance, operational technical assistance, infrastructure, facilities, technological equipment, or assistance with operational or financial costs/budgets. required.

This is in line with the opinion of Louise CJ (2001) who divides the implementation of intervention at the practical level into two forms, namely: Direct practice and indirect practice. In the context of community-based stunting reduction intervention methods and local culture, direct practice involves or requires the direct involvement of parents (husband, wife, father, mother), pregnant women, breastfeeding mothers, children under five, and families/households of stunting children. other groups of housewives, groups of newly married couples, groups of young women, as well as work/professional organizations, including poor communities, working women communities, farming/fishing communities, trading communities, and other communities in outreach activities, counseling , advocacy, coaching, health education as well as in the provision of medical and non-medical services directly by the Government or related parties to prevent and overcome potential stunting problems in the family environment. Whereas in the context of indirect practice or indirect intervention practices involve or require the involvement of health cadres, PKK, NGO activists, youth organizations, community leaders, cultural and religious leaders, women's leaders, and others in socialization and education activities to increase knowledge, understanding, awareness, motivation, competence, and role in helping vulnerable/at risk individuals and groups to prevent and overcome any stunting problems.

Fourth, the application of specific nutrition intervention methods and sensitive nutrition for stunting reduction based on community and local culture needs to prioritize preventive or preventive approaches in addition to promotive and curative approaches. This is in line with the opinion of Effendy (2009) regarding the occurrence of changes in the health care system in various countries from the curative approach to a preventive approach. In the field of medical prevention, there are three levels of clinical intervention, namely primary prevention, secondary prevention, and tertiary prevention. There is a distinction between three levels of prevention, namely prevention at the medical level, prevention at the behavioral level, and prevention at the structural level.

Fifth, the application of specific nutrition intervention methods and sensitive nutrition for stunting reduction based on community and local culture needs to integrate individual and structural approaches. This is in line with what was stated by Effendy (2009) that in the field of health promotion, there are two approaches, namely the individual approach and the structural approach. From the comprehensive strategy of health promotion formulated by WHO (Effendy, 2009) it seems to adopt a structural approach. From the formulation of the main objectives of the Ministry of Health and the strategies to achieve them, it can be concluded that both individual and structural approaches are adopted.

Effort to behavioral intervention is not limited to people who behave in high risk but also include various groups of people. Various programs found in other communities and have now begun to be implemented in the community are high risk group interventions, workplace education programs, health education programs in schools, community interventions, interventions through the mass media. Interventions in the field of social structure are directed at changing social structures, social systems, and the environment through legislation and policies. Tackling the stunting problem requires structural interventions, not just behavioral interventions.

Sixth, the application of specific nutrition intervention methods and sensitive nutrition for stunting reduction based on community and local culture needs to be carried out in accordance with the priority list of needs for problem solving in the community and family, as shown in Tables 6,7,8 below.

Table 6. List of priority policies and programs for specific nutrition interventions and nutrition sensitive stunting reduction based on community and local culture assessments, 2021

Priority Program of Stunting reduce intervention	
Specific nutrition intervention	**Sensitive nutrition intervention**
1. PMT intervention program during pregnancy 2. Routine health control intervention program at UPK 1x a week or 4x a month during pregnancy 3. The intervention program for the treatment of worms and malaria for pregnant and lactating mothers 4. Breastfeeding intervention program from the birth of the baby up to 2 years.	1. Intervention to fulfil clean water sources 2. PAUD service intervention (early childhood education) 3. Environmental sanitation intervention 4. KB service intervention (family planning) 5. Parenting interventions 6. Intervention for food/food supplies 7. Family health insurance interventions 8. Food and nutrition security interventions 9. Food nutrition intervention 10. Reproductive health interventions.

Source: research result and analyses, 2021

Table 7. List of priority to implementation any policies and programs for specific nutrition interventions and nutrition sensitive stunting reduction based on community and local culture assessments, 2021

Priority Implementation to Program of Stunting reduce intervention	
Specific nutrition intervention	**Sensitive nutrition intervention**
1. Increasing the role of related parties such as PKK, Posyandu, health and nutrition officers from relevant agencies in PMT service assistance and medicines for pregnant women 2. Increasing the role of health workers from relevant agencies actively conducting visits for counseling/direction and assistance for prenatal care for pregnant women 3. Increasing the role of the Government/relevant agencies in providing cost assistance and convenience ANC services for pregnant women 4. Increasing the role of the Regional Government/relevant agencies in conducting socialization, directing, coaching, health education on a regular basis or periodically for community members regarding the prevention of stunting during pregnancy and breastfeeding. 5. Increasing the role of related agencies, PKK, Posyandu or other health workers in counseling the prevention and treatment of certain diseases for pregnant women and breastfeeding mothers 6. Increasing the role of related agencies, PKK, Posyandu, health and nutrition workers in providing socialization and health education regarding the importance of breastfeeding from birth to 2 years of age 7. Increased activeness of pregnant women to check their pregnancy health every week and	1. Improving the implementation of socialization and health education activities regarding functional food and nutrition 2. Increasing the implementation of the basic food price control program, ease of access to food and food sources, especially for people who have difficulty finding food and food sources 3. Increasing the implementation of socialization and health education programs on family planning for the welfare of families and communities 4. Increasing the implementation of reproductive health socialization and education programs for families and community members 5. Improving the implementation of socialization and health education programs on childcare by parents/families and community members 6. Increasing the implementation of socialization programs and nutrition health education as well as providing food and nutrition assistance for families and communities 7. Increasing the implementation of sanitation improvement programs and improving the quality of environmental health 8. Increasing the implementation of the health insurance program through the Jampersal/Jamkesda program 9. Increasing the implementation of socialization programs and expanding access to TK or PAUD for families or community members. 10. Increased implementation of development programs or provision of clean water infrastructure for the community, and efforts to achieve equitable access to clean water sources, especially for households that have difficulty meeting their needs for clean water.

month at the health center or hospital, the nearest doctor/nurse.

Source: research result and analyses, 2021

Table 8. List of priority to **implementation** any policies and programs for specific nutrition interventions and nutrition sensitive stunting reduction based on Parent/ Family assessments, 2021

Priority Implementation to Program of Stunting reduce intervention	
Specific nutrition intervention	**Sensitive nutrition intervention**
1. Increasing assistance for preventing and handling stunting children by the government/relevant agencies	1. Assistance in overcoming problems and educational needs for husband-and-wife relationship behavior
2. Increased visits by health workers to provide counseling and assistance for health services and medicines related to maternal and child health problems.	2. Assistance in overcoming problems and nutritional needs of food
3. Increased socialization of government policies and programs regarding the prevention/handling of stunting children	3. Assistance in solving PAUD service problems and needs
4. Maximize the health checks of pregnant women, nursing mothers and children and in the UPK (Posyandu, Polindes, Pustu, Puskesmas, Hospitals)	4. Assistance in solving environmental sanitation problems and needs
5. Increased PMT assistance	5. Assistance in overcoming problems and needs for food/food
6. Increasing food/food assistance, medicines, food supplements, vitamins, health care and others from related parties	6. Assistance in overcoming childcare problems and needs
7. Increasing assistance for disease prevention and treatment services from related parties.	7. Assistance in addressing reproductive health problems and needs
8. Increased socialization regarding the importance of prioritizing breastfeeding for children	8. Assistance in overcoming problems and needs for clean water sources
9. Improved health education for parents/families for stunting prevention	9. Assistance in overcoming problems and needs for family planning services
10. Improved nutrition and food education for parents/families for stunting prevention.	10. Assistance in solving health insurance problems and needs.

Source: research result and analyses, 2021

The list of priorities listed in Tables 6,7, 8 are community-based intervention methods and local culture. In this case, both the public and the parents/families have good judgments or views and attitudes towards the priority needs of specific and sensitive nutrition intervention programs, as well as to the priority needs for the implementation of the specific and sensitive nutrition intervention programs. This priority list should serve as a reference for relevant parties in the government, especially the local government/relevant agencies (leading sector and lining sector) as well as community institutions in stunting prevention and handling activities in their area.

Seventh, the application of specific nutrition intervention methods and sensitive nutrition for stunting reduction based on community and local culture needs to be carried out in accordance with the strategies and mechanisms (systems and procedures) of clear, systematic, structured, integrated and comprehensive stages or phases of the process. This needs attention because until now the implementation of stunting reduction intervention policies and programs in Bontonompo Selatan Gowa is unclear. Referring to the opinion of Adi (2008), there are at least 7 phases of intervention in the planned process and follow the expected changes. The intervention phases start from the preparation phase, contact development

with clients, information data collection, planning and analysis, implementation, negotiation, and termination phases.

Based on the results of the study and the seven phases of intervention proposed by Adi (2008), the following steps/phases of stunting reduction intervention can be formulated as like at Table 9 below.

Table 9 Process stages/phases of stunting reduction intervention methods

No.	Phase intervention	Activities	
		Main	**Additional/ Supporting**
1	Preparation	a. Preliminary survey and *feasibility study* b. Collecting data (total KK, pregnant, breastfeed mother, child <U-5, *stunting*) c. Cauterization data d. Making database	Coordination and cooperation Local Govt. NGO, health cadres, *etc.*
2	Development of contact with the subject and target object of micro, mezzo, macro intervention	a. To analyses strength and weakness potency of social cultural of subject and object goal target for micro, mezzo, macro level intervention b. To analyses any functions, motivation, participation in to solve any problem c. To analyses internal and external factors	To do analyses SWOT
3	Information data collection	a. To do documentation study b. Making and distribute questionary c. To explore more information via interview d. To processing and analyses primary data	To do FGD
4	Planning and analyses	a. To analyses substances problem and its solution b. To arrangement a program	To do FGD
5	Implementation	To conduct any program or agenda of activities which considered need it based priority list for preventing, holding, and solving *stunting* problem	Coordination and cooperation with Local Govt, / *Leading sector, lining sector,* and community institution.
6	Monitoring an evaluation (negotiation)	To doing a controlling, monitoring, and integrated-comprehensive evaluation to all planning and implementation of program or agendas.	
7	Termination	To stop or continue program/ agenda of preventing and treatment *stunting*.	

Source: analyses result, 2021

Eighth, the application of methods and models of community-based and local culture-based stunting reduction intervention programs requires a SWOT analysis approach (Strengths, Weaknesses, Opportunities, and Threats) in the assessment. The results of the SWOT analysis will determine strategies and alternative strategic action options that need to be carried out for the prevention, handling and overcoming of stunting problems.

CONCLUSION

1. The views of the community and local culture. First, assessing the relationship between stunting and the products of cultural values and traditions of belief and religion, heredity and behavior in husband-and-wife relationships, patterns of living habits and changes in lifestyle behavior, and symbols of welfare and excesses. generation; Second, assessing and supporting specific and sensitive nutrition intervention policies and programs for stunting reduction; Third, assessing the implementation of specific and sensitive nutrition intervention methods for stunting reduction is still lame; Fourth, requires the implementation of intervention methods based on a priority list of interests and

needs in problem solving. Fifth, some parents/families have knowledge and understanding of stunting and assess the relationship between local culture and religion with stunting but assess that the implementation of specific nutrition interventions and sensitive nutrition for stunting reduction is still lame and requires a list of priorities in handling problems in intervention methods.

2. Development of community-based and local culture-based stunting reduction intervention methods and models covering five domains, namely: Core domains: analysis of potential, constraints, disadvantages and advantages of community-based and local culture-based stunting reduction specific and sensitive nutrition intervention methods; The second domain: the role of institutions, both formal government institutions (including leading sector institutions and lining sectors) and non-formal community institutions (such as health organizations, NGOs, mass organizations, universities, professional organizations) in the implementation of intervention methods specific and sensitive nutrition for stunting reduction based on community and local culture. The two institutional components require strategic synergies and partnerships; The third domain: the enforcement of four types of local community culture, namely the culture of reproductive health care, the culture of clean and healthy and prosperous, the culture of nurturing and caring for children, and the culture of nutrition and eating; The fourth domain: coordination and cooperation, as well as the participation and role of all relevant parties and institutions; Fifth domain: SWOT analysis.

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