

Empowering Communities to Prevent Stunting: A Study in Sitisir-Tiris Village, Tapanuli Tengah Regency, North Sumatra Province

Fatma Zuhro Gaja

Universitas Islam Negeri Sumatera Utara, Indonesia
fatma0103201006@uinsu.ac.id

Sahrul Sahrul

Universitas Islam Negeri Sumatera Utara, Indonesia
sahrul@uinsu.ac.id

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Abstract:

Stunting in children, which results from chronic malnutrition from ages 0-5 years, negatively impacts physical and psychomotor development as well as their future. This nutritional deficiency often arises from a lack of community knowledge about stunting and its preventive measures. This study aims to explore community empowerment efforts to prevent stunting in Sitisir-tiris Village, Andam Dewi District, Tapanuli Tengah Regency, North Sumatra Province. The study uses a qualitative method. We collected data through direct observation at Posyandu Beringin in Sitisir-Tiris Village and interviews with ten informants, including midwives, nutritionists, cadres, and mothers of toddlers. The results show that community empowerment through two main programs—the counseling program and DASHAT (Healthy Kitchen to Overcome Stunting)—successfully reduced stunting rates in the village. The counseling program increased parents' knowledge about stunting, while DASHAT focused on improving healthy eating habits as a preventive measure against stunting. The reduction in stunting rates reflects the success of the community empowerment efforts in the village.

Keywords: *community empowerment, DASHAT (Healthy Kitchen to Overcome Stunting), educational outreach, malnutrition prevention, stunting.*

INTRODUCTION

Stunting is a health issue caused by nutritional deficiencies during early growth, starting from the womb, influenced by various factors such as environmental conditions, education level, economic status, maternal health, knowledge, access to healthcare services, and infection status (Priyono, 2020). This phenomenon primarily occurs in lower-middle-income countries, including Indonesia, which experts still classify as a developing country (Mitra, 2015). Data from the 2021 Indonesian Nutrition Status Survey indicate that the prevalence of stunting in Indonesia reached 24.4%, exceeding the 20% threshold set by the World Health Organization (WHO) (Mei et al., 2023). However, the 2022 Indonesian Nutrition Status Survey (SSGI) reported a decrease in stunting prevalence to 21.6% (Octavia et al., 2023). At the provincial level, North Sumatra recorded a stunting prevalence of 3.0% among 946,365 toddlers, with Tapanuli Tengah Regency having a stunting rate of 1.3% among 21,102 toddlers and Sitisir-Tiris Village showing a prevalence of 3.4% among 145 toddlers (Ditjen Bina Pembangunan Daerah, 2023).

Stunting, caused by chronic nutritional deficiencies from the womb, negatively impacts various aspects of a child's health. The effects are not only visible in physical growth, such as short and thin bodies, but also in the child's psychomotor abilities, including cognitive development, speech, and communication skills (Alfarisi et al., 2019; Sakti, 2020). Significant stunting, particularly in rural areas, can decrease intelligence, productivity, and well-

being and increase vulnerability to diseases. This condition potentially hinders long-term growth for individuals, families, and communities and affects their contribution to overall societal development (Fatmawati et al., 2020).

To address this issue, the government has designed national health development programs aimed at improving community welfare. These programs align with the 1945 Constitution of the Republic of Indonesia, particularly Article 28H Paragraph (1), which states that everyone has the right to health and a decent life. The Constitution also encourages development efforts that prioritize social welfare through improved education and community participation in a fair and social life. Comprehensive and sustainable national development programs, such as the Family Hope Program, Healthy Indonesia Program, and Community Empowerment Program, aim to enhance access and quality of healthcare services, expand social security coverage, and empower communities (Haryono & Marlina, 2021).

Although the government plays a crucial role, tackling stunting requires cross-sector involvement, including the community. Efforts to prevent and address stunting involve community empowerment to increase knowledge and skills in managing stunting. Therefore, active community participation in understanding and managing health issues significantly supports the effectiveness of existing programs (Astuti et al., 2020). Population health becomes a crucial aspect of national development because it directly relates to workforce capabilities, such as skill acquisition, technical knowledge, creativity, and productivity, which in turn influences income and economic well-being (Midgley, 2020). Thus, preventing stunting must occur early through various appropriate intervention measures, including providing nutritious food, giving nutritional supplements, implementing exclusive breastfeeding, and offering healthy complementary foods (Muchlis et al., 2022).

In addition to these measures, preventing stunting requires attention to external factors, such as community empowerment through education for healthcare workers, youth, and the general public, as well as the role of the environment and parents in supporting child health (Munawaroh et al., 2020). Jim Ife (2016) explains that community empowerment involves providing resources and opportunities, and enhancing experience, quality, and knowledge so that communities can manage their living conditions and influence other communities. One form of empowerment is health education, which aims to increase individual health knowledge through various media such as posters and PowerPoint presentations (PPT). Research by Fitria and Sudiarti shows that nutrition and health education effectively educate the public about health issues (Fitria & Sudiarti, 2021).

Previous studies also indicate that health education plays a crucial role in improving knowledge and efforts to prevent stunting. Waliulu (2018) found that education positively impacts community knowledge and the effectiveness of preventive measures against stunting, emphasizing the importance of a sustainable approach. Fitria (2022) highlights the need for education combined with monitoring and in-depth training, emphasizing the role of the community as key actors in stunting prevention and the need for guidance from health experts (Fitriani, 2022). However, these efforts need to be complemented by hands-on practice. This research underscores the importance of integrating practical experience with education, as demonstrated by village midwives and nutritionists from the Regional Technical Implementation Unit (UPTD) Puskesmas Andam Dewi in Sitisir-Tiris Village, to implement stunting prevention measures effectively.

Therefore, this study aims to evaluate the community empowerment program for stunting prevention in Sitisir-Tiris Village, Andam Dewi Subdistrict, Tapanuli Tengah Regency, North Sumatra Province. The main focus of this research is to identify the role of community cadres in stunting prevention, including training, mentoring, development, evaluation, and assessment, with the goal of enhancing understanding of the impact of chronic nutritional deficiencies and barriers to child growth and development. Efforts like these, according to Manalor et al. (2023), can increase awareness at the Posyandu (*Pos Pelayanan Terpadu*) level and effectively address stunting issues.

METHOD

This study employs a qualitative method with a descriptive approach to explore community empowerment in stunting prevention (Lune & Berg, 2017). This approach aims to gather information in the form of written statements from the community members who are the research subjects. Researchers then describe, explain, record, and analyze the obtained data to provide an overview of the current situation and the ongoing processes.

The study takes place at Posyandu Beringin in Sitisir-Tiris Village, Andam Dewi District, Tapanuli Tengah Regency, North Sumatra Province. Data collection involves observation methods, including direct observation of immunization activities and educational sessions. This observation assesses how the community members at the

Posyandu receive the educational material and their responses during these activities. Observations occur from January 29, 2024, to February 22, 2024.

Following the observation phase, researchers conduct interviews to gain deeper insights. Before the interviews, researchers prepare interview guidelines and meet with the sources to explore more detailed information on the research topic. During the research, researchers interview ten trusted sources. These sources include a Posyandu Beringin facilitator who is also a midwife at the Posyandu, a nutrition expert from UPTD Puskesmas (*Pusat Kesehatan Masyarakat*) Andam Dewi overseeing the Posyandu where the research takes place, and a cadre trained in stunting prevention. Additionally, researchers interviewed seven mothers of toddlers who are members of Posyandu Beringin.

Table 1: Research Informants

No.	Informant	Position
1	M. Sitio	Village Midwife
2	S. Silalahi	Nutrition Expert
3	SM	Posyandu Cadre
4	NH	Community Member
5	NT	Community Member
6	ES	Community Member
7	SD	Community Member
8	NL	Community Member
9	WL	Community Member
10	AT	Community Member

Source: Processed by the researcher, 2023.

The data analysis techniques used in this study include data reduction, information presentation, and conclusion drawing (Miles & Huberman, 2013). This process begins after collecting all observation and interview results. Researchers analyze the data by reviewing all obtained information, combining and linking data, and reducing information by sorting and systematically organizing the data. Additionally, researchers prepare information from various sources, including interview and observation results, to analyze how community empowerment can contribute to stunting prevention in Sitisir-Tiris Village, Andam Dewi District, Tapanuli Tengah Regency, North Sumatra Province.

RESULTS AND DISCUSSION

Reduction of Stunting in Sitisir-Tiris Village, North Sumatra

This study was conducted through observation at Posyandu Beringin, located in Dusun I, Sitisir-Tiris Village, Andam Dewi District, Tapanuli Tengah Regency, under the management of UPTD Puskesmas Andam Dewi. Geographically, Sitisir-Tiris Village is situated at coordinates 2.0347° latitude and 98.3803° longitude. The village is one of the areas in Andam Dewi District, Tapanuli Tengah Regency. Sitisir-Tiris Village comprises four hamlets with a population of 1,897 as of 2022, including 974 males and 923 females. The area of Sitisir-Tiris Village is 13.23 km², covering 10.81% of the total area of Andam Dewi District (Sibagariang, 2023).

In interviews with Village Midwife M. Sitio, Posyandu Beringin recorded stunting rates in Sitisir-Tiris Village from 2020 to 2023. The table below presents the data.

Table 2: Stunting Rates in Sitisir-Tiris Village

Year	Number of Stunted Children	Short	Very Short
2020	32	25	7
2021	10	9	1
2022	8	7	1
2023	5	5	0

Source: Sitisir-Tiris Village Data, 2024.

Since 2020, Posyandu Beringin has recorded 32 children suffering from stunting, with seven children classified as very short and 25 as short. In 2021, there was a significant decrease, with stunting cases dropping to 10 children, including one very short child and nine short children. Data from 2022 show that eight children suffered from stunting, with seven classified as short and one as very short. The decline continued into 2023, with the number of stunted children decreasing to 5, all classified as short. The data team recorded the information up to August 2023. The reduction in stunting rates demonstrates the effectiveness of the actions and interventions implemented to address the issue.

Stunting is a health problem caused by chronic nutritional deficiencies, negatively impacting children's growth and development and potentially affecting their psychomotor abilities. Preventing stunting is crucial, particularly for children aged 0-5 years, a critical period for their growth and development. Appropriate interventions during this time can determine children's future abilities and overall quality of life.

Based on interviews with nutrition expert S. Silalahi, the majority of parents registered at Posyandu Beringin come from lower-middle economic groups, with most residents working as fishermen and farmers. Therefore, they often need to meet their daily nutritional needs from simple and readily available sources. Additionally, the education level of parents with infants and toddlers at this Posyandu generally only reaches junior high school (SMP) and senior high school (SMA) levels (Interview, February 20, 2024).

The education level of parents can affect the effectiveness of community empowerment in preventing stunting. Higher education typically correlates with a better ability to receive and understand information. Research by Rahmawati et al. (2019) shows that individuals with higher education, such as senior high school graduates, tend to absorb information more easily compared to those with only junior high school education.

Although most parents in the study area only have education up to senior high school or lower, nutrition expert S. Silalahi believes that regular counseling can help improve community understanding. Therefore, we optimize counseling activities and the DASHAT (Healthy Kitchen to Overcome Stunting/*Dapur Sehat Atasi Stunting*) program to occur monthly to be effective in stunting prevention efforts.

“Stunting prevention targets four groups: prospective brides, pregnant women, postpartum mothers, and toddlers. Prevention efforts include emphasizing the importance of nutritional intake and non-nutritional factors at various stages, from pregnancy preparation, pregnancy, and postpartum to child-rearing, including breastfeeding and providing Complementary Foods for Breastfeeding (MPASI). Non-nutritional factors in stunting prevention include environmental sanitation, access to clean water, healthcare services, and health infrastructure. We communicate all these aspects through counseling to the community. In counseling activities, especially for mothers, we provide education on health maintenance and stunting prevention, which is a primary focus of the government. In addition to counseling, we also implement the DASHAT program to give direct examples to the community regarding types of food that can prevent stunting” (Interview, February 20, 2024).

Stunting is a health issue identified by measuring children's height and weight compared to their age standards to determine if their development and growth are appropriate for their age (Sutarto et al., 2018). Children with stunting generally face a reduced quality of life because stunting impacts their physical and cognitive development directly, which in turn affects their future productivity (Ruaida, 2018). Parents' knowledge about stunting, including its causes and effects, plays a crucial role in preventive actions for their children. One risk factor for stunting is the lack of maternal knowledge about nutrition. Children with stunting often come from mothers with limited knowledge. Therefore, efforts to enhance maternal knowledge about stunting are necessary (Ernawati, 2022).

Community Empowerment Through Counseling Activities

Jim Ife (2013) states that empowerment involves enabling individuals to determine their futures and potentially positively impact others. This process involves providing them with resources, opportunities, knowledge, and skills (Zubaidi, 2013). Therefore, community empowerment is an effort to enhance the capacity of disadvantaged communities in areas such as health, economy, education, marginalization, and other aspects so that they can become self-reliant and maximize their potential to improve their quality of life (Endah, 2020). Community empowerment includes raising awareness, increasing self-awareness, and efforts to make communities independent in stunting prevention (Desiana et al., 2021).

Stunting is influenced not only by the income and education level of the toddler's parents but also by other aspects, such as household stability and parental personality (Setiawan et al., 2018). Household stability refers to parents' ability to manage and stabilize family conditions, especially in situations of economic uncertainty, such as price fluctuations affecting household spending and meeting daily nutritional needs. Additionally, parental personality plays an important role, as the attitudes and decisions made by parents directly impact family health.

Currently, we have implemented stunting prevention programs through counseling since around 2022 in Sitis-Tiris Village, Andam Dewi District, and Tapanuli Tengah Regency. Counseling is one of the core activities of the stunting prevention program that began in 2022. The goal of counseling is to disseminate health messages or information with the hope of instilling a deep understanding in individuals so they can internalize these health values in their daily lives.

Counseling serves as an important means to disseminate information on various health topics, including stunting prevention efforts. One of the counseling activities took place on Sunday, February 11, 2024, at Posyandu Beringin, Sitis-Tiris Village. The activity covered various aspects related to stunting, including causes, mechanisms, locations, and involved parties, as well as applicable solutions.

The counseling methods included socialization and lectures. The speakers involved in this activity were health experts such as village midwives, nutrition experts from UPTD Puskesmas Andam Dewi, and other health professionals. The material presented concluded with a Q&A session aimed at addressing various issues faced by mothers and toddlers in maintaining a healthy lifestyle.

Additionally, this counseling functioned as a form of guidance for both the stunted and non-stunted members of the community. As a health promotion effort, this counseling aims to encourage behavior change or improvement in health practices, which influences public health quality, including stunting prevention. The educational approach in this counseling can create effective community empowerment movements (Pakpahan et al., 2021).

Interview results regarding the impact of health counseling show various responses from the community members who attended the activity. Some informants, such as SM, expressed that sometimes the community does not fully focus during counseling, possibly due to having to bring children who may be fussy. Nevertheless, some participants still paid attention to the material despite frequent interruptions. NH added that social interactions with friends might divert attention to counseling, but she also felt benefits, especially in child health maintenance and first aid, such as understanding the importance of having paracetamol plants at home (Interview, February 10, 2024).

Meanwhile, NT felt that counseling provided valuable knowledge about immunization, hygiene, and daily nutrition, even though her child did not experience stunting. For her, counseling was like a school for mothers with lower education levels. ES reported gaining an understanding of the importance of consuming vitamins and milk during pregnancy, as well as maintaining toddler nutrition and diet during breastfeeding. She felt that counseling helped her understand stunting as a form of malnutrition and the importance of pregnancy check-ups and vitamin consumption (Interview, February 10, 2024).

"The benefits of counseling are significant for me. In counseling, I learned how to be a knowledgeable mother in selecting snacks and foods for my child, and we also discussed the importance of spacing pregnancies with family planning programs, and sometimes health topics are also covered. Thanks to counseling, even those with only a junior high school education can manage their family health, although they may still know little" (Interview, February 10, 2024).

The success of providing health education through counseling in increasing participants' knowledge about stunting is evident from research conducted by Marni and Ratnasari (2021). Their research demonstrates that counseling improves the community's ability to understand and address stunting issues. Thus, the community can actively help reduce stunting incidence through the implementation of Clean and Healthy Living Behavior (PHBS). In addition to providing information on stunting prevention, counseling also plays a role in enhancing the capabilities of pregnant mothers and family members in maintaining health.

Health counseling and stunting prevention contribute significantly to the effectiveness of stunting prevention, with health education as an effort to align knowledge with practice. Through health counseling, mothers can receive consistent, realistic, and effective support and education to improve nutrition during pregnancy. Accurate health information encourages mothers to apply their knowledge, including information on feeding young children.

Applying this knowledge plays a crucial role in preventing malnutrition during the critical growth and development period for infants (Said-Mohamed et al., 2015).

Education for mothers, especially emphasizing the role of nutrition in child development, is crucial. This education includes understanding healthy living practices and proper caregiving techniques, including daily intake and environmental conditions (Saleh et al., 2021). In communities, individuals with lower to middle education levels often neglect these aspects (Mediani, 2020). Therefore, through counseling, we hope to guide the community in maintaining family health and equip them with skills to utilize surrounding resources to improve health.

Empowering Communities Through the DASHAT Program (Healthy Kitchen to Overcome Stunting)

Several factors can cause stunting, including nutritional deficiencies during adolescence, pregnancy, and breastfeeding, as well as infections in mothers. A nutrient-rich diet is necessary to cover deficiencies caused by poor food quality, insufficient high-protein intake, and inadequate vitamins and minerals, which all contribute to stunting. Balancing nutritional intake in food is one way to ensure adequate nutrition (Wigati et al., 2022).

Combating stunting through food should start from the early stages of pregnancy until the introduction of complementary foods (MPASI), which plays a crucial role in reducing stunting prevalence in infants. However, community issues reveal that many mothers are unaware of stunting and its impact on child welfare (Aprillia et al., 2020). Additionally, there is a tendency not to provide exclusive breastfeeding, offer non-varied MPASI, and consume food with low nutritional content.

One effective strategy for addressing feeding issues in children is to adopt an approach focused on mothers. The role of mothers is critical in household menu planning. Efforts need to enhance mothers' understanding, attitudes, and behaviors regarding child feeding (Yuliantini et al., 2024). We can implement this approach by guiding mothers on applying the "*Isi Piringku*" principles to monitor child growth and development (Pratiwi & Asnuddin, 2023). The "*Isi Piringku*" concept stipulates that each meal should consist of half a plate filled with vegetables and fruits, while the other half should include staple foods and side dishes. In addition to regulating the types of food and drink to be consumed at each meal, this concept also provides guidelines on ideal portion sizes to meet daily nutritional needs.

To improve the low understanding of stunting, we need to develop a nutrition education program that aims to raise mothers' awareness about stunting through nutrition education outreach. This program should encourage communities to become more aware and active in preventing and addressing stunting issues within their families. Through nutrition outreach, improvements in mothers' attitudes toward feeding their children will occur, influenced by their knowledge of nutrition. Children's nutritional problems can be improved or addressed with adequate knowledge. Sufficient information will shape good thinking patterns, which should help meet children's health needs through effective maintenance practices to achieve optimal health status (Masitah, 2022).

Posyandu Beringin has implemented a similar initiative in Sitis-Tiris Village, Andam Dewi District, Tapanuli Tengah Regency. After conducting outreach to increase knowledge and awareness about stunting and the importance of health, we guided offering foods that meet daily nutritional needs. Nutrition experts from UPTD Puskesmas Andam Dewi, who oversees Posyandu Beringin in Sitis-Tiris Village, directly supervise this program, known as DASHAT (Healthy Kitchen to Overcome Stunting). In this program, we teach the community how to prepare meals using simple, readily available, and affordable ingredients. We emphasize achieving nutritional adequacy through simple methods.

The DASHAT program has been implemented monthly since 2022, with different menus each time. The activities include cooking demonstrations attended by the community, along with explanations on how to obtain and maintain the nutritional content of cooking ingredients. The menus practiced are based on research by nutrition experts from UPTD Puskesmas Andam Dewi and have guaranteed nutritional content. The DASHAT program also aims to enhance mothers' skills in preparing nutritious meals for infants, toddlers, and themselves, thereby improving maternal and child health and breaking the stunting chain through the application of the "*Isi Piringku*" approach.

Some successes of the DASHAT program in Sitis-Tiris Village illustrate the experiences of participating mothers. One example is NH, a mother who has actively participated in the program since her pregnancy. NH stated that the DASHAT program helped her maintain a healthy diet and monitor her blood pressure through proper food consumption. Additionally, she regularly conducted pregnancy check-ups to monitor her baby's growth and took vitamins and iron tablets as advised. When starting complementary feeding (MPASI), NH felt she gained a lot of new knowledge about preparing nutritious food for her baby. She also discovered the use of moringa leaves as

an ingredient in making omelets. By doing this, her children became more interested in eating vegetables compared to when she served vegetables directly. NH's experience demonstrates the positive impact of the DASHAT program in enhancing nutrition knowledge and cooking skills beneficial to family health.

WL recounts another benefit of the DASHAT program:

“For your information, I did not previously know that we should not give pureed rice to a 2-month-old baby. When my first child was born, I gave this food at two months because the baby cried frequently. However, after participating in the DASHAT program, I learned that we should start giving MPASI at six months. Additionally, through this program, I also understood that incorrect food processing and cooking too long can reduce the vitamin content in food, such as in spinach stew” (Interview, February 16, 2024).

Through interviews and observations with all informants, we summarize the benefits of the DASHAT empowerment program in the following table:

Table 3: Benefits and Efforts of Mothers Post-DASHAT Program

No.	Informant	Benefits of the DASHAT Program	Efforts Undertaken
1	NH	Maintained diet, blood pressure, MPASI, moringa leaves in omelets	Consumed chayote, pregnancy check-ups
2	NT	Regular diet, MPASI variation, psychomotor development	Ate three times daily, MPASI variation
3	ES	Nutritional fulfillment, stunting, moringa leaves, vegetable soup	Planted moringa leaves, cooked vegetables
4	SD	Awareness of low nutrition, nutritious cooking, fish cakes, fish meatballs	Cooked fish cakes, fish meatballs, vegetable omelets
5	NL	Economic limitations, cheap, nutritious food, green bean porridge, formula milk	Prepared green bean porridge, boiled eggs, formula milk
6	AT	Healthy snacks, reduced seasoning, spinach chips, potato cakes	Cooked healthy snacks, no seasoning
7	WL	MPASI at six months, food vitamins, spinach stew	Did not give MPASI at two months, cooked less

Table 3 illustrates the positive impact of the DASHAT empowerment program on the nutritional practices and eating habits of mothers in Sitis-Tiris Village. The program has successfully empowered mothers with new knowledge and skills, which in turn affects their dietary practices and family health. Through this program, mothers learn to manage healthier diets, improve MPASI variation, and choose simple yet effective nutritious foods. The program applies concepts like using moringa leaves and reducing food seasoning. This application reflects the implementation of empowerment theory, which equips individuals with tools and knowledge to change their behaviors for their own and their family's well-being.

In the framework of empowerment theory, the DASHAT program acts as a catalyst for increasing mothers' awareness and capacity to manage family nutrition (Sutomo, 2019). The participating mothers not only gain information but also implement practical changes in their daily lives, such as preparing nutritious meals with affordable local ingredients and adjusting cooking times to retain vitamin content. This impact demonstrates that empowerment through nutrition education and practical skills can address health issues such as stunting and improve overall quality of life. The program has successfully created sustainable positive changes in eating habits and family health, aligning with empowerment principles that emphasize developing individual capacity for social and health improvements.

Additionally, the government has initiated daily nutritional fulfillment through the “*Isi Piringku*” concept as part of a campaign to achieve nutritional balance. This program divides a plate into three parts: 50% for fruits and vegetables, while the program allocates the remaining 50% into two parts—one part for protein sources and one part for carbohydrates (Atasasih, 2022). The DASHAT program functions as a complement to health education related to stunting prevention, focusing on hands-on practices in daily food management. The implementation of

DASHAT counseling and kitchens has shown a significant reduction in stunting rates; from 35 children detected with stunting in 2020, this number decreased to only five children in 2023.

The establishment of *Bina Keluarga Balita* (BKB) supports the DASHAT program by training cadres in stunting prevention. BKB plays a crucial role by directly assisting the community in each prevention activity, including monitoring daily “*Isi Piringku*” practices. BKB cadres conduct direct observations from house to house to ensure daily nutritional fulfillment for toddlers and the health conditions of pregnant women. The formation of BKB as supervisors in stunting prevention facilitates monitoring the growth and development of toddlers and maternal nutrition, supporting serious efforts to create a healthy, strong, and intelligent generation.

Therefore, community empowerment has proven effective in preventing and reducing stunting rates, especially in rural areas. This research's findings align with evidence from other studies that show community empowerment's effectiveness in preventing and reducing stunting, particularly in rural areas. For instance, Aguayo and Menon (2016) found that empowerment practices, which improve maternal nutrition and household sanitation in South Asia, significantly reduce stunting prevalence. Imai et al. (2012) observed similar results, highlighting that women's empowerment plays a crucial role in improving child nutritional status and access to health facilities, which are essential factors in reducing child malnutrition. Additionally, Hossain et al. (2017) confirmed that a combination of specific and sensitive nutrition interventions, along with community involvement and political commitment, plays a critical role in reducing stunting in low- and middle-income countries.

Furthermore, findings from Remans et al. (2011) support the conclusion that multisectoral approaches, which include nutrition-based and food system interventions, can lead to significant reductions in stunting. These findings are also consistent with conditions in Malaysia, which faces a double burden of malnutrition, where coordinated nutrition intervention programs successfully reduced stunting prevalence, although challenges remain among poor communities (Khor, 2005). This research emphasizes the importance of an integrated approach involving community empowerment, comprehensive program support, and engagement from various sectors to achieve sustainable reductions in stunting.

CONCLUSION

This study found that community empowerment programs, particularly nutrition education and DASHAT (*Dapur Sehat Atasi Stunting*) programs, which include nutrition counseling and hands-on food management practices, effectively address stunting in Sitis-Tiris Village. The main findings indicate that combining education and cooking training in these programs successfully increased mothers' knowledge about nutrition and healthy food preparation. This approach positively impacted their food-giving behavior and reduced the number of stunted children from 32 in 2020 to only 5 in 2023. Empowering mothers through nutrition education and cooking skills significantly improved family dietary patterns and health.

This study introduces an innovative integrated approach that combines nutrition education with practical food management. The DASHAT program provides not only theoretical information but also practical skills that enable mothers to apply their knowledge directly. This approach represents an innovation compared to traditional nutrition education methods, which often focus solely on theory.

In the context of empowerment theory, the results of this study affirm that community empowerment can effectively address stunting issues. This approach equips individuals with the tools and knowledge to make positive changes in their lives, strengthening community capacity to manage health and nutrition. Empowerment supported by education and practical training contributes to improved nutritional status and sustainable stunting reduction.

However, this study has limitations, such as geographical constraints and a sample that may not represent a broader population. Future research should include expanding the program to other areas with different characteristics and further investigating the long-term impacts of nutrition interventions on child and maternal health. Additional research could also explore other factors influencing the success of empowerment programs in broader contexts.

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