

## Social Strategy in Stunting Prevention: Analysis of the GENTING Program (Foster Parents Movement to Prevent Stunting) by the DPC IPeKB Pangkalpinang to Minimize Stunting Cases in Pangkalpinang City

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### Abstract

*This study discusses the social strategies implemented by the DPC IPeKB Pangkalpinang in efforts to prevent and reduce stunting through the Gerakan Orang Tua Asuh Cegah Stunting (GENTING) program. The background of this research stems from the persistently high and fluctuating stunting rates in Pangkalpinang City each year, as well as the differing interpretations between the government and the community regarding the meaning of stunting itself. This research employs a qualitative approach using a case study method, with data collected through interviews and observations involving families at risk of stunting, posyandu cadres, and the management of DPC IPeKB Pangkalpinang. The findings indicate that the community, particularly families at risk of stunting, generally do not understand the scientific concept of stunting. Most people still interpret stunting as a physical condition of a child being small or thin, or as a hereditary trait, rather than as a result of chronic malnutrition. Furthermore, some community members still associate stunting with traditional beliefs, such as “penyakit budak” (child illness), which is perceived as a non-medical or supernatural disorder. Through the GENTING program, DPC IPeKB plays an active role in bridging this gap in understanding by conducting direct outreach, providing nutritional assistance, offering health education, and guiding families at risk of stunting. The program has proven effective in raising public awareness about the importance of nutrition, hygiene, and healthy parenting patterns. Theoretically, this research is analyzed using Peter L. Berger’s (1990) theory of social construction, which emphasizes that social change occurs through three stages: externalization, objectivation, and internalization. The GENTING program has proven to be an important instrument in shaping new social awareness, as communities begin to understand that stunting is not a matter of fate or heredity, but a preventable condition through improved lifestyle and nutritional intake*

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## 1. INTRODUCTION

Stunting is a symptom of stunted growth in toddlers due to nutritional deficiencies from infancy through early childhood. According to the Ministry of Health, accessed from <https://upk.kemkes.go.id/new/4-gejala-stunting-things-to-watch-out-for>, the visible symptoms of stunting in early childhood include having a very short height compared to their normal age, low weight compared to children of the same age, stunted bone growth in

children, and body proportions that tend to be normal but appear younger/smaller for their age. The stunting prevention program in Indonesia has been carried out for a long time, but the problem of stunting in Indonesia remains high. According to data from the Ministry of State Secretary, "the prevalence of stunting in Indonesia in 2024 was 19.8%". This stunting problem is often found in communities in any region, one of which is in Pangkalpinang City, Bangka Belitung Islands Province. The Government program regarding the prevention of stunting problems in Pangkalpinang City has been implemented in accordance with the regulations of the central government but the stunting rate in Pangkalpinang City is unstable, sometimes rising and sometimes falling. Based on data from <https://website.pangkalpinangkota.go.id/> "The stunting rate in 2021 was 16.7%, then in 2022 it decreased by 3.8% to 12.9%. After that, in 2023, stunting cases experienced a significant increase of 7.8%, according to data presented by the Regional Secretary of Pangkalpinang City in his interview with Bangka Pos, so the percentage of stunting cases in 2023 was 20.7% (Bangka Pos, 2024). In 2024, the stunting rate experienced a significant decrease of 1.24% measured from the number of 205 toddlers affected by stunting out of a total of 16,458 toddlers in Pangkalpinang City (Bangka Pos, 2024).

This does not yet fully demonstrate overall success, as Pangkalpinang is still classified as a stunting-prone area due to the high number of families at risk of stunting, recorded at 4,478 at-risk families according to BKKBN data from February 2024. Pangkalpinang City itself also has several Families at Risk of Stunting (KRS) of 648, quite high compared to other regions such as West Bangka Regency with 424 KRS, Belitung Regency with 506 KRS, and South Bangka with 608 KRS (BKKBN of the Bangka Belitung Islands Province). This is compounded by the high percentage of uninhabitable houses at 75.29%. Recognizing the potential for a surge in stunting cases, especially among poor and vulnerable families, the Provincial BKKBN has taken a strategic step by collaborating with the Branch Representative Council of the Family Planning Extension Association (DPC IPeKB) of Pangkalpinang City to implement the national program Foster Parents Movement to Prevent Stunting (GENTING). This program is one of the quick-winds *designed* by the National Population and Family Planning Board (BKKBN) as a rapid solution based on cross-partner collaboration to reduce stunting rates sustainably.

The Foster Parent Movement to Prevent Stunting (GENTING) program is a movement that encourages community participation (both individuals, institutions, and governments) to become foster parents for children and families at high risk of stunting, especially during the First 1,000 Days of Life (HPK). The form of support is in the form of nutritional assistance (minimum IDR 15,000 per day), parenting education, sanitation improvements, and family socio-economic empowerment. In Pangkalpinang City. According to Mr. Auzi, Chairman of the DPC IPeKB Pangkalpinang, "the GENTING program will be implemented in July 2025."

According to research conducted by Riyadi, Agus, and Heni Fitrianti (2023), the cause of stunting in Indonesia is not due to a lack of health facilitators and related programs, but rather due to differences in the social construction of stunting between the government, health facilitators, and the community. This makes it quite difficult to find common ground for achieving successful stunting management programs. Therefore, stunting can be linked to how the community interprets stunting. Similarly, what happened in Pangkalpinang City, where there were differences in the interpretation of stunting from the Pangkalpinang government and the community, especially families at risk of stunting. Within the framework of the BKKBN (National Population and Family Planning Board) of the Bangka Belitung Islands, the GENTING Program is understood as an instrument to accelerate

stunting reduction with a family approach as the central point. For them, stunting is not merely a nutritional issue, but a multidimensional problem that requires cross-sectoral interventions, ranging from improving sanitation, access to maternal and child health services, family education, to social and cultural interventions. The GENTING program is interpreted as a systemic strategy to build collective awareness and synergy between institutions to prevent the birth of a generation with physical and cognitive stunting. However, when this program reached the Pangkalpinang City community through facilitators such as family planning counselors from the DPC IPeKB, a more complex dynamic of interpretation emerged. Family planning counselors, as actors who interact directly with the community, realized that the meaning of stunting for residents did not always align with the formal government narrative. In practice, many people still viewed stunting as "a child who doesn't like to eat" or "a child who is small because of heredity," rather than as a chronic condition resulting from malnutrition in the first thousand days of life. This is a form of social construction shaped by life experiences, cultural values, and limited access to information that the community has experienced for years.

The differences in interpretation between the government and families at risk of stunting reflect the differences in knowledge between the two, stemming from differing social constructs. In this case, the government speaks the language of national policies and strategies, connecting bureaucracy with reality, while society speaks the language of everyday life, filled with symbols, customs, and limitations. If the GENTING Program is to be truly meaningful, it must bridge all these meanings, not by standardizing, but by embracing differences and building understanding. This is because successful stunting prevention is not just about achieving numbers, but about changing perspectives, parenting patterns, and social practices that arise from awareness, not merely from instructions.

This social construct of stunting didn't emerge suddenly. It grew out of the daily lives of people trying to survive with what they had. When nutritious food was hard to reach, justifications emerged such as "the important thing is the child is healthy," or "before, we only ate salted rice but remained strong," "before, we only gave babies rice water and rice water, they didn't need milk, but they're still healthy today." These myths were passed down, leading to other myths, such as that children shouldn't eat eggs too early because "it can cause boils," or that fish "can make children itchy." These myths weren't simply based on ignorance but rather part of a community's survival strategy by creating knowledge that aligned with their reality. Furthermore, because this information was continually repeated in social spaces such as families, religious study groups, social gatherings, or coffee shops, it persisted and was eventually accepted as a "common truth." The problem was, this construct became a serious obstacle to stunting prevention efforts.

Social construction is the reality or reality that we see in society is actually formed through social processes, such as actions and interactions between individuals. This process occurs continuously and can vary depending on each person's experience, so it is more of a personal or subjective view (Berger in Riyadi Agus & Heni Fitrianti, 2023). The knowledge of the community, especially families at risk of stunting in Pangkalpinang City, regarding stunting gives rise to their own construction according to the knowledge and experiences they have. This is different from the construction built by the government, namely from the DPC IPeKB Pangkalpinang. The Head of DPC IPeKB stated that stunting is commonly understood by the people of Pangkalpinang City as a hereditary factor and is considered normal and does not represent a health problem in their children. Therefore, when stunting is understood by families at risk of stunting in Pangkalpinang City, not as a

health problem, alertness in handling stunting is ignored, making this stunting problem quite difficult to overcome.

Therefore, the community's interpretation of stunting does not always align with the formal definition issued by the government, such as that of the IPeKB Branch Office (DPC IPeKB). This difference creates a cultural barrier that impacts the program's success. Therefore, this study is crucial to explore how the social construction of stunting is formed within the community, particularly families at risk of stunting in Pangkalpinang, and how the IPeKB Branch Office's social strategies bridge these differences in meaning to prevent and sustainably reduce stunting rates. Based on the explanation above, Pangkalpinang City was chosen as the research location because of the following stunting data:

Number of People Suffering from Malnutrition in Pangkalpinang City					
No	Subdistrict	2020	2021	2022	2023
1.	Kecamatan	1	5	24	24
2.	Bukit Intan	2	4	19	22
3.	Girimaya	1	1	6	13
4.	Gerunggang	0	0	13	7
5.	Taman Sari	1	1	12	8
6.	Rangkui	0	0	1	3
7.	Pangkal Balam	1	0	1	-

**Table 1.**

**Data on malnutrition sufferers per sub-district in Pangkalpinang City**

**Source: Central Statistics Agency (BPS) Pangkalpinang City Health Office.**

Data from 2020 to 2023 shows that stunting cases have increased in several areas that were previously considered low. For example, in 2020, there was only one case of stunting in the Bukit Intan District. However, within two years, that number jumped drastically to 24 cases in 2022. A similar increase also occurred in Girimaya District, from 2 cases in 2020 to 4 in 2021, then sharply to 19 cases in 2022, and again to 22 cases in 2023. In Taman Sari, from zero cases in 2020 and 2021, 13 cases suddenly appeared in 2022. Even Rangkui, which had only recorded one case in the previous two years, jumped to 12 cases in the same year. These spikes are not just numbers, but strong warnings that there are social patterns that have not been deeply touched by formal programs. On the other hand, several sub-districts, such as Pangkal Balam and Gabek, recorded zero cases in 2020 and 2021, but then saw a resurgence in cases in subsequent years. Pangkal Balam, for example, recorded one case in 2022, which increased to three in 2023. While this figure may seem small compared to other regions, the emergence of cases after the "zero" period indicates that stunting can occur anywhere, at any time, if its root causes are not fully understood and addressed from a medical, economic, and social perspective. This data demonstrates that a solely health intervention approach is insufficient. Therefore, this study aims to examine how the community, particularly families at risk of stunting, interprets stunting and the social strategies implemented by the Pangkalpinang IPeKB Branch Office (DPC IPeKB) in promoting the Genting Program.

## 2. RESEARCH METHODS

This research uses a case study method with a qualitative approach conducted in Pangkalpinang City. The purpose of this study is to provide a clear and systematic description of the object under study by providing valid information and data related to the phenomena in the field. The urgency of using the case study method is because the

researcher believes that from the case, new knowledge will be obtained scientifically and in-depth (Mudjia Rahardjo, 2017). The object of this research is the community's interpretation of stunting and what efforts or strategies are used by the DPC IPeKB Pangkalpinang to prevent the recurrence of a spike in stunting rates in Pangkalpinang City through the GENTING program. The data collection techniques used are interviews and observations. The data collection process was carried out from August to October 2025.

Interviews and observations were conducted with the chairman of the DPC IPeKB Pangkalpinang, the head of the Genting Program division, Posyandu cadres in each sub-district of Pangkalpinang City, and Families at Risk of Stunting (KRS) in Pangkalpinang City (as the target location for Genting program assistance distributed to KRS). In addition to using data from interviews and observations as primary data, this study also used secondary data obtained from online news, books, journals, and previous research results.

### 3. RESULTS AND DISCUSSION

Based on the data collection results, Table 1.2 shows the informants' demographic information. This information includes name, age, gender, education, address, and number of children. This data is provided to provide an overview of the informants' conditions at the time of the research.

No.	Name	Age	Gender	last education	Address	Number of children	Status
1.	Triana	34	P	SD	Gg. Melur IV No. 102 Jl. RE Martadinata, Opas Indah Subdistrict, Taman Sari District	4	Breastfeeding mothers
2.	Susilawati	37	P	SD	Jl. Djakfar Yusuf, RT08 RW03, Pintu Air Village, Rangkui District	4	Breastfeeding mothers
3.	Rosdiana	41	P	SD	Tenggiri Street, RT06 RW03, Ketapang Subdistrict, Pangkalbalam District	5	Breastfeeding mothers
4.	Dila Saswita	28	P	JUNIOR HIGH SCHOOL	Jl. Garut, Gg. Kedondong VI, RT/RW.005/003, Pasar Padi Subdistrict, Girimaya District	3	Breastfeeding mothers
5.	Siti Fatimah	32	P	SD	Jl. Kp. Melayu, Gg. Pepaya, RT01, RW01, Bukit Merapin Subdistrict, Gerunggang District	3	Breastfeeding mothers

6.	Fransiska	26	P	SMA	Hanging Hamlet Village, Gabek District	2	Breastfeeding mothers
7.	Melly Apryllya	27	P	JUNIOR HIGH SCHOOL	Old Semabung, RT004/RW001, Bukit Intan District	3	Pregnant woman (pregnant with her 4th child)
8.	Regina	18	P	SD	Pangkalbalam District	2	Breastfeeding mothers
9.	Irma Safitri	27	P		Pangkalbalam District	2	Breastfeeding mothers
10.	Dhelvia Cantika Aurora	39	P	SMA	Jl. Depati Bahrin, No. 167, RT07/RW02, Opas Indah Subdistrict, Taman Sari District	3	Breastfeeding mothers
11.	Maria	31	P	JUNIOR HIGH SCHOOL	Jl. RE Martadinata, No. 85, RT 01/RW 01, Opas Indah Village, Taman Sari District	3	Breastfeeding mothers
12.	Bella Estiana	33	P	SMA	Jl. Mawar IX, RT04/RW01, Opas Indah Subdistrict, Taman Sari District	1	Breastfeeding mothers

**Table 2.**  
**Informant Demographics**

In this discussion, the researcher will describe several subheadings in order to answer the problem formulation. Through this research, we can see how the meaning of stunting is from the community, especially Families at Risk of Stunting (KRS) in Pangkalpinang City. Families at Risk of Stunting according to the Regulation of the National Population and Family Planning Agency Number 12 of 2021 are "families that have one or more risk factors for stunting consisting of families with teenage daughters/prospective brides/Pregnant Women/Children aged 0 (zero)-23 (twenty-three) months/children aged 24 (twenty-four)-59 (fifty-nine) months from poor families, low parental education, poor environmental sanitation, and unsafe drinking water". So each of the Families at Risk of Stunting will construct the meaning with their respective knowledge. In addition, they also see how the strategies carried out by the DPC IPeKB Pangkalpinang City in accelerating the prevention and management of stunting risks in Families at Risk of Stunting.

Stunting is a chronic health problem that slows children's growth and development due to long-term malnutrition, especially during the first 1,000 days of life (HPK), and has long been a major concern in health policy in Indonesia. According to the WHO, stunting is a health problem characterized by impaired growth and development caused by malnutrition, recurrent infections, and psychosocial disorders during development. *World Health Organization*, 2015). Stunting is also defined as a chronic health problem caused by malnutrition during childhood. *The golden age* will ultimately lead to a decline in children's growth and cognitive function, which will undoubtedly impact their future. This is reinforced by research by Yusuf & Ikhwan, who argue that stunting is a condition of



malnutrition in children aged 18 years and over *golden age* has implications for children, resulting in below-average height and a risk of poor cognitive development (Yusuf & Ikhwan, 2025). In Indonesia, the prevalence of stunting in 2024 was 19.8% (Ministry of State Secretary, 2024). Given this high prevalence of stunting, the government, in collaboration with the National Population and Family Planning Board (BKKBN), is working to accelerate stunting reduction by implementing the Genting program.

The Genting Program (Foster Parent Movement to Prevent Stunting) is a program to accelerate the reduction of stunting launched by the Ministry of Population and Family Development or BKKBN. According to Mrs. Utiwi Dardini, S.Psi as the Head of the Reporting Team, ICT Management of the BKKBN Representative of the Bangka Belitung Islands, and the administrator of the Genting division said that "the Genting program is an acceleration program to minimize stunting rates, this program does not receive funding injections from the government or the Ministry of Health because the principle of this Genting program is the spirit of cooperation in the sense of inviting all partners from the Penta helix such as BUMN, BUMD, private sector, communities, individuals, society and even the media to contribute to becoming foster parents in accelerating the reduction of stunting". She also added that the targets of the Genting program, or so-called foster children, are pregnant women, mothers who have toddlers who are breastfeeding, or toddlers aged 0-23 months from Families at Risk of Stunting (KRS) who come from underprivileged/poor families. The assistance provided includes nutritional assistance, providing nutritious local food in the form of ready-to-eat complete meals, such as Free Nutritious Food (MBG) or raw food ingredients. This nutritional assistance is provided for 3-6 months at a nominal value of 15,000 rupiah per day.

Figure 1: Interview with the Head of the Critical Program Division



Source: (Researcher Documentation, 2025)

Figure 2 Nutritional food assistance



Source: (Researcher Documentation, 2025)

The provision of nutritional assistance to KRS families in Pangkalpinang is in the form of raw food by calculating the nominal assistance per day into one month so that the provision of nutritional assistance in the form of raw food is totaled for 1 month to 450,000/month. So the Genting program administrators distribute nutritional assistance to these KRS families directly for 1 month with a total nominal of 450,000 rupiah. According to Auziya'u Husni Santoso, S.Sos, this is done because there is no kitchen or special

cooking place, there are no special workers to cook and prepare ready-to-eat meals every day for Genting assistance recipients, and to be more efficient and practical in its distribution so that KRS families can manage food ingredients according to their needs and consumption habits.

Figure 3 Interview with the Head of the Pangkalpinang IPeKB DPC



Source: (Researcher Documentation, 2025)

### 3.1 The meaning of stunting by the family at risk of stunting

Based on the results of interviews and field observations, researchers took samples from families at risk of stunting who received assistance from the Genting Program in several sub-districts in Pangkalpinang City, such as Taman Sari District, Pangkalbalam District, Gerunggang District, Girimaya District, Bukit Intan District, Rangkui District, and Gabek District. From the results of observations and interviews, we found that the people of Pangkalpinang City, especially from families at risk of stunting in general, do not have a conceptual understanding of the meaning of stunting. Most informants, when asked "How do you define stunting?" answered that they did not know or had never heard the term clearly. One of them was a KRS family from Pangkalbalam District (Irma Safitri). When asked how her mother (Irma Safitri) responded to the meaning of stunting, she said, "I don't know." This shows that public knowledge about stunting is still low, especially in terms of medical and social definitions. However, this ignorance does not mean that the community is completely unaware of the existence of nutritional problems. According to IPeKB branch staff who conduct child development checks and monitoring, some families only become aware of the risk of stunting after their children are examined. This understanding is limited to physical characteristics such as small stature, low weight, and slow growth.

Figure 4: Interview with an informant of Families at Risk of Stunting



Source: (Researcher Documentation, 2025)

When compared to the scientific meaning, stunting is caused by poor nutrition in children, repeated infections, and psychosocial disorders during their development (*World Health Organization*, 2015). According to Hinonaung & Manoppo (2023). Stunting is a condition of growth failure in children under health problems characterized by impaired growth and development of children aged 2 years caused by chronic malnutrition that occurs especially in the first 1,000 days of life, so that



the child becomes too short for his age. Furthermore, (Parestiana et al., 2024) emphasized that Stunting is defined as a condition of impaired growth and development of children due to chronic malnutrition that occurs from in the womb until the child is two years old, which impacts the child's intellectual abilities and productivity. Based on a comparison between field results and literature, it is apparent that the community from Families at Risk of Stunting in Pangkalpinang interprets stunting empirically and physically, namely, considering stunting as a condition of children who are small, thin, and whose weight is not ideal. Meanwhile, from a scientific perspective, stunting is not only understood as a height problem, but as an indicator of chronic malnutrition that impacts cognitive development, intelligence, and children's productivity in the future. This difference shows a gap in understanding between the community and the scientific concept promoted by the government. Sociologically, this gap can be understood as the lack of a strong social construct regarding stunting within society. The term stunting has not yet been internalized in social consciousness, so its meaning remains limited to surface symptoms.

Furthermore, research also shows that Genting program recipients generally know that their children are at risk of stunting, not because they understand the concept, but because they are informed by cadres that their child's weight is less than ideal or height is not appropriate for their age. In other words, the community's understanding of stunting is more empirical (based on physical observation), originating from lower-middle-income families. Limited economic conditions affect families' ability to meet children's nutritional needs, such as the availability of balanced, nutritious food and access to health services. This makes them the most vulnerable group to the risk of stunting. These socioeconomic factors also have implications for how they interpret children's health and nutrition, where economic limitations are often considered the main cause of children's less-than-ideal growth and development, rather than a lack of nutritional understanding.

In this context, Peter L. Berger's social construction theory can help explain why the reality of "stunting" in Pangkalpinang society is still limited. According to Berger, social reality is created through three stages: externalization, objectivation, and internalization. Based on field findings, the Pangkalpinang community appears not to have yet gone through the externalization stage because they have not yet discussed or understood the term stunting broadly. The reality of stunting only began to emerge when DPC IPeKB cadres explained the results of their children's measurements; at that point, objectivation occurred, where the community saw stunting as something real. However, because their understanding was still limited to physical signs, the process of internalization of meaning had not yet fully occurred. The community did not yet view stunting as a social reality that needed to be addressed collectively, but rather as a personal condition affecting only certain children.

Researchers' observations indicate that the process of constructing the meaning of stunting in Pangkalpinang is heavily influenced by social, cultural, and economic experiences. Socially, the community only learns about stunting through interactions with Genting cadres. Culturally, there's a persistent belief that short or small children are "normal" or "hereditary," not a sign of malnutrition. Economically, limited income leads them to view stunting as a result of an inability to afford nutritious food, rather than a structural problem that needs to be addressed collectively.

In addition to findings regarding the community's low understanding of the term stunting, field research also shows that families at risk of stunting in Pangkalpinang

have diverse local views and beliefs regarding the causes of suboptimal child growth and development. In interviews, some informants stated that small, thin, or slow-growing children are not caused by malnutrition, but rather by what they call "slave disease." This was revealed by one informant from the KRS Family (Triana) during an interview with her at her home.

Figure 5 Interview with KRS Family Informant



Source: (Researcher Documentation, 2025)

Therefore, this term refers to a local belief that children are ill or have difficulty growing due to non-medical influences, such as disturbances from spirits or spiritual imbalances. In such cases, parents usually do not take their children to a health post (posyandu) or community health center, but instead seek the help of a shaman or spiritual person to "cure" the child's illness. However, not all families share this view. Some informants admitted to not believing in this myth and preferring to take their children to health facilities when their child's weight is not increasing. Some of them recognize that a child's diet significantly influences growth, although they still do not fully understand the concept of stunting. These differing views demonstrate the varying social constructions in understanding the reality of child health among the Pangkalpinang community. This phenomenon demonstrates that the social reality of child health and development is shaped by experiences, culture, and beliefs that exist within the community.

Social reality is the result of a dialectical process between individuals and society through three stages: externalization, objectivation, and internalization (Peter L. Berger, 1990). In this context, myths such as slave disease are the result of the externalization of past experiences of society, where they try to explain phenomena that have not been medically understood through traditional beliefs. This myth is then objectified, that is, accepted as a social truth and passed down from generation to generation, so that it becomes part of local culture.

However, with the socialization and education of the Genting program conducted by DPC IPeKB cadres, some members of the community began to internalize new meanings. They gradually understood that suboptimal child growth was not always caused by mystical factors, but could be due to inadequate nutrition, poor sanitation, or inappropriate parenting patterns. However, this shift in meaning did not occur simultaneously; some families still maintained traditional views, while others began to open up to scientific understanding.

### 3.2 Social Strategy of DPC IPeKB (Critical Program)

The main activity carried out by the IPeKB Branch Office is direct outreach to families at risk of stunting. This activity is carried out through home visits and meetings at integrated health posts (Posyandu) or village halls. During outreach, cadres provide educational guidance regarding the importance of nutritious food

intake, healthy parenting patterns, and the long-term dangers of stunting on brain development and a child's future. In addition, cadres also provide family planning (KB) counseling to parents who already have more than three children. This education is intended to enable families to focus more on fulfilling nutritional needs and caring for existing children. Thus, the IPeKB Branch Office not only addresses stunting from a nutritional perspective but also strives to break the chain of stunting risk through birth control.

This approach is personal and participatory. Cadres not only come to provide information, but also listen to families' complaints and experiences. In some cases, cadres also help connect families with health facilities such as integrated health posts (Posyandu) or other social assistance. This approach makes the community feel valued and heard, not simply as objects of government programs. The Pangkalpinang IPeKB Branch also aligns program objectives, acts as an intermediary for aid distribution, and reports on the development of beneficiary children by monitoring the weight and height of toddlers. In addition to involving civil society, the IPeKB Branch also collaborates with various parties, including the city government through the Regional Development Planning Agency (Bapedda). Prominent forms of collaboration include: Building access to clean water through drilling wells in areas that previously lacked potable water. Repairing uninhabitable houses for families at risk of stunting to make their living environment healthier and more hygienic. Building healthy and usable latrines to support clean and healthy living behaviors (PHBS).

Figure 6: Clean water and sanitation in Bukit Intan District



Source (Researcher Documentation, 2025)

These activities demonstrate that the Genting Program focuses not only on nutritional fulfillment but also on environmental and sanitation factors as social determinants of health. This aligns with a multidimensional approach to stunting prevention that emphasizes cross-sectoral interventions. In addition to field activities, the IPeKB Branch Office, in collaboration with the Bangka Belitung Islands Province National Population and Family Planning Agency (BKKBN), also utilizes social media as a means of outreach through simple digital content such as posters and educational videos on Instagram.

The National Population and Family Planning Agency (BKKBN)'s Emergency Program Division is also working to reach out to the wider community and invite them to become foster parent partners, expanding the reach of the Emergency Program's assistance and increasing the number of recipients of the Emergency Program's assistance to KRS families. Due to limited partners and contributions from BKKBN Provincial employees and DPC IPeKB Pangkalpinang employees, the Emergency Program's assistance is prioritized for those truly in need. The BKKBN Provincial Office offers several benefits to partners if they participate as foster parents in the Emergency Program. As said by Mrs. Utiwi Dardini, S.Psi as the head of the

Genting Program division team, "the benefits of being a Genting partner are being able to meet CSR standards in the company, being able to fulfill the obligation to allocate a minimum of 4% of the company's net profit for their TJSL program, indirectly supporting government programs, the Genting Program is quite transparent and they can see for themselves how the allocation of funds is on target or not, the names of donors from the Genting program partners are recorded on the national dashboard so indirectly these partners gain certain prestige through this program, and receive awards from the Minister of BKKBN".

Based on observations and interviews, the Genting Program was deemed quite effective in raising public awareness of the importance of child nutrition and environmental health. This was evident in the increased participation of families at risk of stunting in integrated health service posts (Posyandu), outreach activities, and the receipt of food aid. The community response to the DPC IPeKB activities tended to be positive. Many families reported feeling helped, as they had previously been unaware of the reasons why their children were not growing optimally. After participating in outreach activities, they began to pay attention to diet, home hygiene, and regularly taking their children to Posyandu. The program's success was also evident in the synergy between the community, government, and private partners. The active participation of foster parents, infrastructure support from the city government, and mentoring from cadres demonstrated that the Genting program was successful in building a social network that cares about stunting and is functioning effectively at the local level.

From a social construction theory perspective, the success of the GENTING Program is not only measured by the reduction in stunting rates, but also by the formation of new social awareness in the community. Through a process of socialization, coaching, and cross-sector collaboration, the DPC IPeKB acts as an agent of social change that encourages the community to change their mindset and behavior regarding child health. This process aligns with the concept of internalization in Peter L. Berger's social construction theory, where new values about nutrition, health, and sanitation begin to be embedded in the community's consciousness. From initially being unaware of what stunting is, the community is now beginning to understand that short children are not "normal" or "hereditary," but rather something that can be prevented through a healthy lifestyle.

### **3.3 Implications of local meaning on the success of the Genting program**

Based on the results of field research, it can be concluded that local interpretations of stunting among KRS families in Pangkalpinang are highly diverse and directly influence the implementation of the Genting program (Foster Parents' Movement to Prevent Stunting). These interpretations are formed from social, cultural, and economic interactions inherent in everyday community life. In the context of Peter L. Berger's social construction theory, the social reality of "stunting" among KRS families in Pangkalpinang is still in the early objectification stage, meaning that the community is beginning to recognize stunting as a real problem but has not yet fully internalized its meaning. Although some people do not yet understand the scientific definition of stunting, there are forms of local interpretations that actually support the success of the Genting program. Several families at risk of stunting began to recognize the importance of maintaining children's diets, home hygiene, and regular check-ups at the integrated health post (Posyandu) after receiving outreach from DPC

IPeKB cadres. Genting cadres successfully connected scientific concepts of nutrition with the local community's way of thinking. For example, they explained that "a healthy child must be strong and diligent in eating nutritious side dishes"—a narrative that is easier to accept than complicated medical terms. In this context, practical and simple local meanings help internalize the meaning of stunting.

Before the Genting program, most Pangkalpinang residents interpreted children's undergrowth as "normal" or "hereditary." However, after outreach and education by IPeKB DPC cadres, awareness began to emerge that stunting is not destiny, but rather a preventable condition. In interviews, several parents stated that they are now "more careful about feeding their children," "don't forget to weigh them at the integrated health post," and "no longer believe what their parents used to say that shortness is inherited." Narratives like these demonstrate a shift in the community's perspective from fatalistic to rational and preventative.

### 3.4 Analysis of Peter L. Berger's social construction theory

The social changes occurring in the Pangkalpinang community can be explained through the theory of social construction (Peter L. Berger, 1990), which emphasizes three main processes: externalization, objectivation, and internalization. Externalization: The DPC IPeKB, as the program implementer, carried out the externalization process by introducing new values about the importance of nutrition, clean and healthy lifestyles (PHBS), and family planning. Through outreach and mentoring, cadres created a new discourse in the community: that stunting is not fate, but rather the result of malnutrition and an unhealthy environment.

Your objective:

After the community witnessed tangible results, such as children gaining weight, increasing height, and developing cognitive thinking skills (starting to ask questions, actively playing, memorizing, etc.). In addition, with the assistance of the critical program, families at risk of stunting who do not yet have decent housing, clean water, sanitation, and proper latrines feel helped because their homes are renovated to be more suitable, drilled wells are built so they have independent clean water and sanitation, and latrines are built so they have proper latrines. These new values began to be considered real and reasonable, so that the reality of "healthy children because of adequate nutrition" began to replace the old reality of "children are small because of heredity." In addition to adequate nutrition, the reality of implementing clean and healthy lifestyle habits has also begun to be established. This value then became socially objective because it was recognized by the community through shared experiences.

Internalization:

The final stage occurs when these new values are embedded in the community's consciousness. This is where the community no longer attends the integrated health service post (Posyandu) because of instructions from cadres, but rather because of their own initiative, having understood the significance of the risks of stunting in toddlers. Some families have begun to adopt the habit of providing nutritious food and snacks, as well as practicing habits of maintaining a clean and healthy lifestyle. Furthermore, they also remind each other's neighbors to maintain their children's diets and maintain a clean and healthy lifestyle. This indicates that the internalization of values has taken place. Through these three processes, Berger's theory explains that social change in the context of the GENTING program is not simply the result of

policy, but rather the formation of new social meanings that are continuously negotiated between the community, cadres, and their social environment.

### **3.5 The Relationship between Material Assistance and Social Change**

Field findings indicate that nutritional assistance is only an initial trigger for change, not a key factor in its success. When assistance is provided without understanding, the results are not sustainable. However, when assistance is accompanied by education and social support, the effects are broader: new habits, collective awareness, and social solidarity are formed. In other words, the success of the GENTING program is the result of synergy between structural interventions (policies and assistance) and cultural interventions (changes in values and behavior). The DPC IPeKB successfully bridged these two dimensions by adapting the national program to the local social context of the Pangkalpinang community.

## **4. CONCLUSION**

Based on the research results, it can be concluded that the public's understanding of stunting in Pangkalpinang City is still very limited. Most families at risk of stunting do not yet understand the scientific meaning of stunting and only recognize it from physical signs, such as a small child's body or low weight. This view is reinforced by persistent local culture and myths, such as the assumption that short children are inherited or the result of mystical influences. As a result, many families are unaware that stunting is a serious condition that requires special attention regarding nutritional needs and parenting. Through the Genting program, the Pangkalpinang City Branch of the Indonesian PeKB (IPEKB) has successfully implemented an effective social strategy to bridge this gap in understanding. The approach is not only informative but also participatory and humane. Genting cadres actively conduct outreach, mentoring, and provide nutritional assistance to families at risk of stunting. In addition, family planning counseling activities and improvements in environmental sanitation contribute to the program's success. As a result, the community is beginning to show changes in behavior and mindset, such as increased awareness of the importance of nutritious food intake, environmental cleanliness, and active participation in integrated health service posts (Posyandu).

From the perspective of Peter L. Berger's social construction theory, this change can be explained through three processes, namely externalization, objectivation, and internalization. In the externalization stage, DPC IPeKB introduced new values about the importance of nutrition and a clean and healthy lifestyle. The objectivation stage occurred when the community began to see tangible results from the application of these values, such as improved child health. The internalization stage then emerged when the new values were accepted as part of the community's social awareness. This process shows that the success of the Genting program lies not only in material assistance, but also in the change in social meaning that was successfully built at the community level. Thus, it can be concluded that the Genting program is not just an aid program, but an effort at social transformation that is able to change the community's perspective on child health and welfare. The success of this program is proof that structural interventions must always be accompanied by a cultural approach in order to create sustainable change.

## **5. INPUT AND SUGGESTIONS**

Based on the research results, further steps are needed to strengthen the sustainability of the critical program in Pangkalpinang City. The government and the DPC IPeKB are



advised to expand the educational approach by adapting the language and narrative of the socialization to the local cultural context so that the messages conveyed are more easily understood and accepted by the community. Capacity building of cadres is also important, especially in providing scientific understanding of nutrition and health communicatively. In addition, a continuous evaluation system is needed to monitor behavioral changes and reduce stunting rates more accurately. Cross-sector collaboration, both with educational institutions, local media, and community leaders, needs to be improved to strengthen social networks in supporting this program. A family economic approach must also be considered, for example, through empowering small businesses or skills training so that families are able to meet children's nutritional needs independently.

By strengthening education, increasing collaboration, and empowering the economy, the Genting program can continue as a social empowerment model that focuses not only on reducing stunting rates but also on building community awareness and independence in maintaining the health of future generations.

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