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FAMILY RESILIENCE MOTIVATORS (MOTEKAR) AND STUNTING RATE

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ABSTRACT

Family is the smallest organization in the community. The West Java Provincial Government created the Family Resilience Motivator (MOTEKAR) program with the aim of improving family resilience. The purpose of this study is to analyze and understand how the implementation of the West Java government program Family Resilience Motivator (MOTEKAR) and its effect on stunting rates. This research uses longitudinal descriptive qualitative methodology through interviews, observations, and documentation studies. The informants in this study consisted of the coordinator of Motekar in Dawuan sub-district and parents of stunted children. This study found that the community of Dawuan Subdistrict pays less attention to providing nutritious food to children, cultural factors/habits of the local community in determining the type of food, high rates of early marriage and household sanitation that does not meet health standards provide a risk for increasing stunting rates in the local area. The conclusion of this study is that the local community pays less attention to providing nutritious food to their children. From this study, the Family Resilience Motivator program has not been optimal in reducing stunting rates even though human resources and financial resources are adequate, but other techniques and methods are needed to deal with stunting. Motekar needs to increase counseling on child nutrition, the dangers of early marriage, and the importance of home sanitation.

Keywords: Policy Implementation; Motekar, Stunting, Family Empowerment, Parenting Patterns

BACKGROUND

The creation of the Family Resilience Motivator program is an implementation of Law No. 52/2009 on Population Development and Family Development. In 2014 the West Java Government passed Regional Regulation Number 9 of 2014 concerning the Implementation of Family Resilience Development, the Regional Regulation is also the foundation of the Motekar program in West Java. The implementation of Motekar is in accordance with Governor Regulation Number 55 of 2018 concerning the Regulation on the Implementation of Family Resilience Development.

The West Java Government's efforts to help reduce stunting rates through the Family Resilience Motivator (MOTEKAR) program come from village communities who have the willingness, understanding to provide problem identification facilities, motivation, mediation, education, planning and advocacy on empowering families who experience physical, economic, psycho-social, and socio-cultural vulnerabilities to improve their quality of life for the better (Saleh Firdaus et al., 2014).

Stunting is an impediment to the brain and physical development of children. Malnutrition can occur from pregnancy to the beginning of a baby's life after birth. However, stunting conditions only begin to appear when the child approaches the age of 2 years. Stunted and severely stunted toddlers are categorized based on body length (TB/U) (Kalla M Jusuf, 2017). Stunting is a symptom of malnutrition as well as overnutrition from severe nutritional deficiencies to extreme obesity (Negi Nitanshu et al., 2022). The high prevalence of stunting in children can be a significant obstacle especially in terms of overall health and national development. Stunting indicates failure to reach linear growth potential due to a suboptimal health or nutrition situation. Stunting in children under five is a key indicator for assessing child well-being and social inequality. (Mukhopadhyay, 2023).

Efforts to reduce stunting in West Java Province have produced positive results, this is indicated by the decline in the prevalence of stunting in 2018-2022. However, in 2023 the prevalence of stunting in West Java Province has increased again and there are still several districts with stunting rates that experience ups and downs, one of which is Majalengka Regency. In the span of 2018-2023, the prevalence of stunting in Majalengka Regency experienced ups and downs, and in Dawuan District as the research location experienced a very significant up and down prevalence of stunting as in the graph below:

Figure 1.1 graph of stunting prevalence data Prov. West Java in 2019-2023

(Sumber: Dinkes (2019-2023))

Figure 1.1 shows that the prevalence of stunting in West Java Province has decreased significantly by 10% in the 2019-2022 period. However, in 2023, there was an increase of about 1% from the previous year, reaching 21.7%. The decline that occurred until 2022 reflects the success of various stunting intervention programs. Some important achievements in the program include: 90.44% of pregnant women received blood supplement tablets, exceeding the target of 82%, 71.11% of toddlers were exclusively breastfed, exceeding the target of 70%, as well as an increase in management services for malnourished toddlers 98.36% of the target of 86%, and so on (DHO Jabar, 2023). In 2023, the prevalence of stunting in West Java Province increased again to 0.46% due to a lack of supervision in the implementation of stunting reduction program services and there are still villages that have difficulty getting access to clean water.

In this case, the West Java Provincial Government must continue to monitor programs to reduce stunting rates to avoid an increase in the following year.

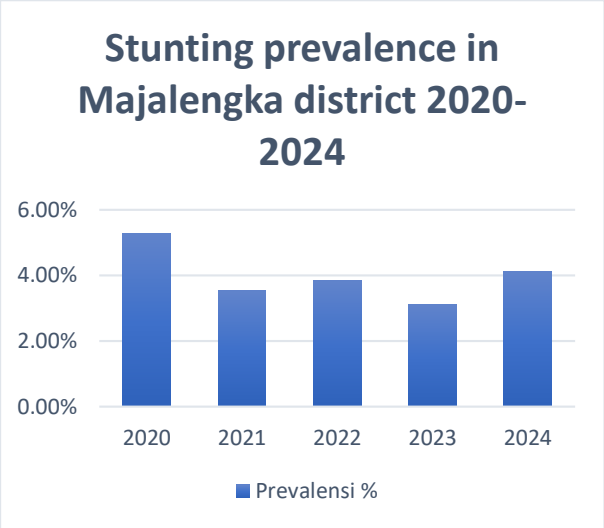

Figure 1.2 graph of stunting prevalence data for Majalengka Regency in 2020-2024

(Source: Health Dept. (2020-2024)

In Figure 1.2 Majalengka Regency stunting prevalence data shows that in 2020 it was 5.29%, while in 2021 it experienced a drastic decrease compared to the previous year to reach 3.52%, in 2022 the stunting prevalence data in Majalengka Regency increased to 3.84%, while in 2023 it decreased to 3.12%, and experienced an increase again in 2024 to reach 4.12%.

This shows that there are obstacles in the implementation of the stunting reduction program. These obstacles can be in the form of ineffective communication between implementers and program targets, non-optimal disposition, as well as a bureaucratic structure that is too complicated (Pramono Joko, 2020). In addition, the increase in stunting rates can also be influenced by community behavior which causes poor sanitation and lack of nutrition in the food consumed (Oktia et al., 2020). On the other hand, people who have children at risk of stunting usually come from the lower class. Population increase and growth is also a factor in increasing stunting rates.

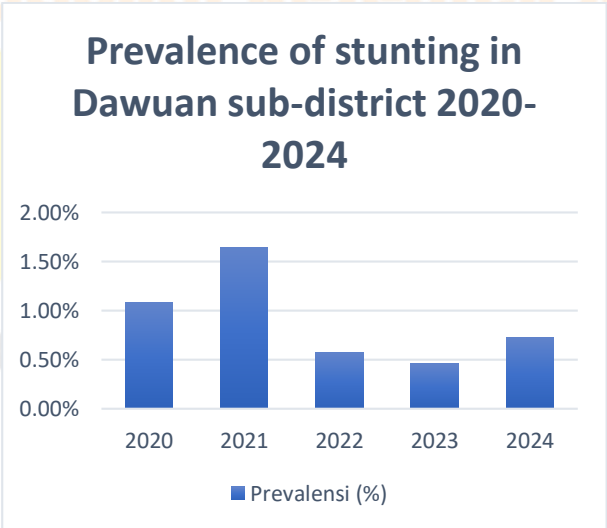

Figure 1.3 graph of stunting prevalence data Dawuan sub-district 2020-2024

(Source: Health Dept. (2020-2024))

Figure 1.3 Data on the prevalence of stunting in Dawuan sub-district In 2020, there was an increase of 1.08%, then a higher increase in 2021 which reached 1.68%. However, in 2022, the rate decreased to 0.57% and decreased again in 2023 to 0.46%. However, in 2024, there was another increase to 0.73%.

Thus, a significant increase in the stunting rate in Dawuan sub-district occurred in 2020-2021, this was caused by external factors, namely the Covid-19 outbreak that emerged in early 2020, so that efforts to reduce the stunting rate were hampered because the government prioritized the prevention and control of Covid-19. However, in the period 2021 to 2023, the stunting reduction program returned to running more effectively and efficiently, resulting in a decrease of 0.46%. In 2024, the stunting rate increased again due to the weakening of family resilience motivated by the economy, so that not a few mothers who have children of golden age choose to work and leave their children with other people or closest relatives so that monitoring of food intake is less than optimal. This caused the stunting rate to increase again in 2024 after experiencing a decrease in 2021-2023.

Based on the prevalence data graph above, it provides an overview of the stunting situation in West Java Province, Majalengka Regency, and Dawuan District as the research location. This study obtained information that to prevent the increase in stunting rates in the following year, the community must improve family resilience and optimal food provision. In addition, the government needs to continue to monitor programs to reduce stunting rates, there are obstacles such as ineffective communication between program implementers and targets, disposition that is not optimal, and bureaucracy that is too complex (Pramono Joko, 2020). The stunting prevalence data displayed ranges from 2020-2024 in Dawuan District, Majalengka Regency as the research location. While the stunting prevalence data displayed at the West Java Province level ranges from 2019-2023, because the 2024 stunting data has not yet been released.

The SIGIZI application, as an E-Government service, has the benefit of providing information related to health status, nutrition, immunization of toddlers, and the health of pregnant women with more accurate records. However, its use is currently limited to posyandu (Integrated Health Post) cadres, while the general public has not received adequate socialization. Therefore, the development of access and wider socialization of the SIGIZI application is needed in order to increase public awareness of good nutrition and monitoring of child growth and development is very important in efforts to reduce stunting rates, because it ensures that children get adequate nutrition and grow optimally.

Stunting has negative impacts in the short term, such as reduced academic performance and a weakened immune system, making children more susceptible to disease. In the long term, stunting also increases the risk of various health conditions, including diabetes, obesity, heart and vascular disease, cancer, stroke, and disability in old age. The negative impact of stunting will affect the quality of human resources in the future, making it difficult for Indonesia to compete with other nations (Bina et al., 2017).

In addition to the physical impact, stunting has an influence on learning achievement, economic productivity as an adult, and social because social influence cannot be avoided either subtly or vulgarly, consciously or unconsciously, directly or indirectly, actively or inactively. Social impacts can be seen immediately or have to wait a long time (Rahman Agus Abdul, 2020). For example, children who have a physical size that is not optimal will get social influence in the form of ridicule from their peers, the impact is not only experienced by the child, it can even affect the mother and her family.

Social problems are problems that occur in society and shift the order of life, such as the economy, education, health, politics, and the environment. The West Java Provincial Government created the Motivator of Family Resilience (MOTEKAR) program as an implementation of Law number 52 of 2009

concerning Population Development and Family Development, with the hope of minimizing social problems that exist in the communities of West Java Province. However, in reality, the implementation of Motekar in Dawuan Sub-district has not been optimal in overcoming the problem of stunting, because from field observations made by the author that local communities pay less attention to providing nutritious food to children, cultural factors / local habits in determining the type of food, high rates of early marriage and household sanitation that does not meet health standards.

Motekar research conducted by (Kidung et al., 2023) entitled The Effectiveness of the Family Resilience Motivator Program (MOTEKAR) in Improving Family Resilience in West Java Province resulted in the results that the Motekar Program has been running in accordance with existing regulations, but has not had a significant impact on community behavior. So that a review is needed to improve family resilience.

LITERATURE REVIEW

The stunting rate in West Java is still relatively high, recorded in 2019 (26.20%), 2020 (25.50%), 2021 (24.50%), 2022 (20.20%), and 2023 (21.70%) (West Java Health Office, 2023). Based on the results of field research conducted by researchers in Dawuan District, Majalengka Regency, the prevalence of stunting between 2020-2024 continues to fluctuate, Majalengka Regency in 2020 (5.29%), 2021 (3.52%), 2022 (3.84%), 2023 (3.12%), 2024 (4.12%), Dawuan District in 2020 (1.08%), 2021 (1.64%), 2022 (0.57%), 2023 (0.46%), and 2024 (0.73%). In comparison, in Sub-Saharan Africa 58 million children under the age of five are underweight and 14 million are disproportionately overweight. This is due to poor diet in terms of diversity, quality and quantity, combined with disease and poor water and sanitation facilities, associated with micronutrient deficiencies such as iodine, vitamin A and iron that are associated with growth, development and immune function (Skoufias Emmanuel et al., 2023). Malnutrition will make it difficult to combat other diseases such as HIV/AIDS, there is a dearth of information on the magnitude of stunting and seropositive pediatric children in low-income countries such as Ethiopia (Gezahegn et al., 2020). Nutritionists and economists in Canada share a common understanding of the causes of growth retardation in early life. In UNICEF's widely used conceptual framework, for example, child undernutrition in early life is directly caused by disease or inadequate food intake (Hoddinott et al., 2013). Research in Guatemala found that stunting poses long-term risks to cognitive development, academic achievement, economic productivity in adulthood, and maternal reproductive outcomes. These findings have reinforced the growing scientific consensus that addressing childhood stunting should be a top priority to reduce the global burden of disease and promote economic growth (Dewey & Begum, 2011). Stunting research in eastern Indonesia, specifically North Maluku Province, conducted by Australian researchers in 2004 resulted in the knowledge that Indonesia should focus its stunting reduction program on children under the age of two, male and from families with low socioeconomic status (Ramli et al., 2009).

Rapid population growth will increase human demand for natural resources (Jasin Maskoeri, 2017). The pandemic causes limited food availability, difficult access to nutritious food at affordable prices, and the clean water crisis poses a threat to children's health, increasing the risk of malnutrition and stunting (Amirullah et al., 2020). The fulfilment of child nutrition during the Covid-19 pandemic period is also

hampered due to limited parental income (Ali, 2022). In nutritional anthropology, stunting can be caused by social support and families with minimal educational background, mothers sporadically or may not require their children to eat certain foods with the words "because food is good for you". Like adults, children are allowed to choose what they want and reject what they do not like (Foster M. George & Anderson Barbara Galtin, 1986). Age is a characteristic of toddlers which is an internal factor for children that affects the incidence of stunting (Illahi Rizki Kurnia & Muniroh Lailatul, 2016). The role of the family is the basis for the consequences of biological, psychological, and social relations of children's interactions that can shape their growth (Tasmuji et al., 2020).

Solving the problem of stunting requires the role of the government through policies that are realized in society. The theory of George C. Edward III in the book Public Policy Implementation and Public Policy Evaluation (Pramono Joko, 2020) assumes that policy implementation is determined by four variables that influence each other, namely: (1) Communication, (2) Resources, (3) Implementer Disposition and (4) Bureaucratic Structure. In terms of communication, successful policy implementation requires implementers to know what must be done, where policy goals and objectives must be transmitted to the target group, so that it will reduce implementation distortion (Ariyani Dini et al., 2014). Then, even though the policy content has been communicated clearly and consistently, implementers sometimes experience a lack of implementing resources, so that program implementation will not run effectively. These resources can take the form of human resources and financial resources. If the implementer has a good disposition, the implementer can implement the policy well in accordance with the expectations of the policy maker. Policy makers in making regulations, policies and procedures must not only pay attention to implementation in the field, but must also be able to encourage employees to be more disciplined and improve their performance (Rahmayanti et al., 2025). Meanwhile, the bureaucratic structure functions in implementing policies so that it has a major impact on the implementation of policies that have been designed. Aspects of bureaucratic structure include Standard Operating Procedures (SOPs) and fragmentation. A bureaucratic structure that is too long can weaken supervision and create red-tape, which is a complicated and complex bureaucratic procedure, making organizational activities less flexible. Resource management in the family must be done well so that the family through the individuals in it contributes positively to the community and the wider environment (Sunarti Euis, 2014).

The bureaucratic structure of public policy should involve various institutions, for example in meeting the needs of 9-year learning for citizens who have economic constraints. Education is one of the controllers of stunting cases, mothers with low education levels have a 2.22 times higher risk of having stunted children compared to mothers with high education (Rahayu et al., 2014). In this regard, Motekar collaborates with the Education Office and PKBM (Kencanawati Nenny, 2014). The implementation of Motekar by going directly to the community and collaborating with various institutions has not been effective in improving family resilience in West Java Province (Kidung et al., 2023). Stunting if it does not get serious treatment will have a long-term impact if the quality of human resources is low, it will be difficult to compete, one of which is in the economic sector. If people are unable to compete, it will cause poverty and lack of welfare (Khumayah et al., 2020). The Motekar program is a manifestation of Law No. 52/2009 on Population and Family Development, West Java Province Regional Regulation No. 9/2014 on

the Implementation of Family Resilience Development, and Governor Regulation No. 55/2018 on the Implementation of Family Resilience Development. Motekar provides counseling to all groups, especially children. Socialization to stop early marriage in children is routinely carried out every month. When the early marriage rate is still high, it is prone to affect the stunting rate. On the other hand, this activity is carried out to create protection for children and have an impact on child-friendly cities (Khumayah et al., 2023).

METHODOLOGY

This research uses longitudinal qualitative and descriptive methodology, through observation methods, in-depth interviews with human objects in communities/groups or individuals or an in-depth/detailed research on non-human objects, both in individual units and groups with the aim of revealing the role of change agents in a community, documentation studies and literature studies. Research questions are used as a medium to achieve research objectives (Yunus Hadi Sabri, 2010). The focus of this study is to identify the implementation of the Motekar program and its effect on stunting rates. The data collection method in this study was carried out using purpose sampling and snowball sampling techniques. Informants were selected subjectively using the assumption that people who have issues are needed for research (Sugiyono, 2022).

This study used primary as well as secondary data sources. Primary data was generated through news surveys and interviews to obtain information on Motekar performance and stunting rates in Dawuan Sub-district, Majalengka Regency. Primary data was collected through direct interviews with stakeholders involved in Motekar activities and stunting rates, namely the Motekar Coordinator in Dawuan Sub-district and parents of stunted children in Dawuan Sub-district. Secondary data was obtained from various reference books, journals, and the Health Office website to obtain stunting rates. The research data refers to the stunting reduction report in West Java Province submitted by the West Java Provincial Health Office in 2018-2023, the stunting prevalence report of Majalengka Regency and Dawuan District by the Majalengka Regency Health Office in 2018-2023, as well as the stunting prevalence report from the Majalengka Regency Statistics Agency as a comparison medium in testing the validity of the data. This research applies data source triangulation to ensure the accuracy of information by combining various sources, such as documents, archives, interviews with informants, observation results, and informant involvement in the research.

RESULTS AND DISCUSSIONS

Communication of Motekar activities is done directly or indirectly by the sub-district Motekar coordinator with the Women's Empowerment, Child Protection and Family Planning Office. If done directly, Motekar will usually attend or come to the village where the case occurred. Motekar can also contact the family or family representative of the case through phone calls or WhatsApp messages. Indirect communication is usually organized with another mediator, such as the Motekar coordinator, the family planning field officer, or the village head and pamong who handle the case. This is done to achieve effective communication channels that can result in optimal policy implementation. In addition, there is a monthly publication of activity reports as evidence of policy implementation and regular coordination to achieve

performance effectiveness. Communication is a factor in the success of policy implementation, requiring implementers to know the tasks, functions, and objectives of the policy, so that it will reduce distortion of implementation (Ariyani Dini et al., 2014). Motekar's counseling is conducted according to the place and needs of the community. These extension activities are (1) Socialization of legality and structure (marriage certificate and birth certificate) through posyandu or village association, (2) Socialization of physical resilience (health and nutrition) at posyandu, (3) Economic resilience (economic problems) through the distribution of social assistance, (4) Social and psychological resilience (domestic violence) through special socialization events and (5) Social and cultural resilience (child marriage, internet use in children and social activities) is carried out through visits to schools for socialization to students.

In terms of disposition and leadership and employee performance, in this case Motekar officers, the use of good authority and superior leadership will influence the discipline and performance of employees or subordinates. All rules, policies and procedures set by an institution, which are initiated by the expertise and authority of the institution's leadership, must support the improvement of employee discipline. In other words, in addition to paying attention to the implementation in the field, making regulations, policies and procedures must also be able to encourage employees to be more disciplined and improve their performance (Rahmayanti et al., 2025).

In terms of implementer resources, the appointment and selection of Motekar program personnel starts with the recruitment of Motekar candidates from village communities who have a desire to improve the resilience of their own families in the social, economic, cultural, and psychological fields. After recruitment, coaches are given Training of Trainers (TOT) for two years to be able to provide provisions in mentoring Motekar coordinators. After that, coaching is routinely conducted once a year to improve the attitude and quality of the coaches. Funding for the Motekar program comes from the West Java Provincial or Regency / City Budget Allocation Funds and Village Funds. The allocation of funds for Motekar program activities consists of operational funds, capacity building funds.

If Motekar encounters a sensitive case and the concerned party does not want to involve other parties in the problem, Motekar can only monitor to avoid unwanted things until the case is resolved. If the community asks for Motekar's help, he will assist them in dealing with their problems. Bureaucratic arrangements will determine the success of Motekar's performance in the field. In this case, the standard operating procedures (SOPs) must be concise, effective and efficient, so that the targets of the Motekar program and efforts to reduce stunting can be carried out properly. The Family Resilience System is a useful work system to facilitate Motekar's work. This stage is divided into three parts, namely Input, Process, and Output. The input stage is the discovery of family problems in the village environment related to family resilience. At the input stage, Motekar obtains family data collection targets, including: (1) Families who experience vulnerability in parenting, especially early childhood at the golden age, (2) Families with low levels of maternal and child health, (3) Poor families who cannot afford to send children to school at school age. In the input part, Motekar's task is to explore the root of the problem by conducting a needs analysis. Then, based on the needs analysis, Motekar will motivate, mediate, educate, plan, and advocate according to the needs of target families who are identified as problematic.

The next stage is the process stage, which involves the involvement of related institutions in dealing with the problems of target families. The facilities provided by Motekar include: (1) Conducting education and advocacy for families who have vulnerable children in terms of health and nutritional intake, education patterns, love and parenting patterns at the golden age so that they grow and develop optimally. (2) To educate, advocate and facilitate families with low maternal and child health status. Forms of facilitation relate to aspects of understanding health and nutritional intake, as well as guidance from Posyandu and other related institution programs. (3) Conducting education and facilitation for poor families, especially husbands as the head of the family as the main breadwinner, to have better economic resilience, so that they can facilitate their school-age children to continue their primary and secondary schooling.

The last step is Output, in the form of: (1) The targeted families improve their parenting, especially children in the golden age and other problematic children, (2) The targeted families improve the health of mothers and children, (3) The targeted families improve the family economy and send their children to formal education, at least primary and secondary school.

The Motekar coach structure is well organized from the provincial to the village level. The West Java Provincial Government coordinates with the West Java Family Resilience Development Team to form a provincial Motekar coach who is tasked with socializing the program to all parties at the provincial and district/city levels and conducting training for Motekar trainers at the provincial level. Furthermore, the provincial Motekar coaches organize the stages of activity in the form of the planning stage, the implementation stage, and the monitoring and evaluation stage of Motekar activities so as to assist in the process of implementing Motekar activities in all fields.

West Java's stunting rate is still relatively high in the 2021 Indonesian Nutrition Status Survey (SSGI) data. West Java's stunting prevalence in 2021 reached 24.5%, higher than the national average stunting rate of 24.4%. Meanwhile, the stunting rate in Dawuan Sub-district is still experiencing ups and downs. The causes of the high stunting rate in Dawuan Sub-district are child nutrition, sanitation, economic conditions, health services, and education. The people of Dawuan Sub-district pay less attention to providing nutritious food to their children. Then, the high rate of early marriage, lack of parental understanding of parenting and child nutrition provide additional risks for increasing the stunting rate in the local area. In addition, cultural factors determine the type of food and habits of the local community. Despite being pregnant, many local people still eat instant foods such as instant noodles and foods that are high in carbohydrates but low in protein, such as rice, sweet potatoes and cassava. The local community largely adheres to the patriarchal system, where the social status of men is considered higher than that of women. Because men have to work, their food intake is prioritized. Trust-based social support and families with little educational background lead to another haphazard attitude about child nutrition that children should not be forced to do things they do not want to do. Mothers sporadically or perhaps never force their children to eat certain foods with the words “because it is good for you”. Like adults, children are allowed to choose what they want and reject what they do not like (Foster M. George & Anderson Barbara Galtin, 1986). This problem occurs in the community of Dawuan Subdistrict, when the mother's child is malnourished and does not want to consume formula milk. The mother gives SKM as a substitute for

formula milk, but does not provide education to the child to consume formula milk which contains good energy sources for the child's physical and brain development.

The sample of children taken for this study was obtained from the 2024 Survey of the Status of Nutrition Indonesia (SSGI) visit. On average, children affected by stunting or still at risk of stunting in this research are caused by a lack of protein intake, provision of fast food, dislike of formula milk which is an additional nutrient for child growth and parental knowledge regarding the nutritional content of food, resulting in a lack of nutritional intake that children get which then inhibits child growth and development. The quality of human resources can be influenced by nutritional intake from the womb to toddler age, which is a direct cause of stunting. Providing good nutrition from parents to children is important in the First 1000 Days of Life. This means starting before pregnancy, to create a more excellent and perfect child's growth and development, parents must provide good parenting methods. Indirect factors that cause stunting include food security or access to nutritious food, as well as social environmental conditions, the health environment, and the residential environment, namely access to clean water, drinking water and sanitation facilities. Stunting can be caused directly or indirectly by many factors including income inequality, trade, urbanization, globalization, agricultural development, and women's empowerment (Listyawardani Dwi, 2021). The high prevalence of stunting can cause poverty vulnerability, threatening the nation's welfare status (Khumayah et al., 2020).

CONCLUSION

The results of the research on the Family Resilience Motivator program in Dawuan District, Majalengka Regency found data information that: Not all villages have a Motekar coordinator, where the model for implementing Motekar activities is carried out according to the needs of the community. Meanwhile, there is a work system that is considered effective to facilitate Motekar's performance. The communication between the Motekar coordinator and related institutions has been done well. Meanwhile, human resources and budget resources are considered very adequate. In a stunting study conducted by researchers in Dawuan Subdistrict, Majalengka Regency, West Java Province, it was found that the local community pays less attention to providing nutritious food to children, due to economic factors, knowledge, culture / habits of the local community in determining the type of food to the high rate of early marriage and household sanitation which is considered not meeting health standards. From the results of the study, it can be concluded that the Family Resilience Motivator program has not been optimal in reducing the stunting rate. Although human resources and financial resources are adequate, other techniques and methods are still needed to address stunting in Dawuan Sub-district. Motekar needs to increase counseling on child nutrition, the dangers of early marriage, and the importance of household sanitation. Making regulations, policies and procedures must not only pay attention to implementation in the field, but also encourage employees to be more disciplined and improve their performance.

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