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license**WOMEN'S WELFARE, STUNTING, AND ACCESS TO
REPRODUCTIVE RIGHTS: AN OVERVIEW OF THE
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Ambon 97126, Indonesia*Correspondence E-Mail: simona.litaay@fisip.unpatti.ac.idDOI: <https://doi.org/10.30598/baileofisipvol1iss3pp332-343>**ABSTRACT**

This article explores the interconnection between women's welfare, stunting, and access to reproductive rights in Indonesia, highlighting the often-overlooked role of women's health and empowerment in combating child stunting. The study aims to analyze how structural barriers, gender inequality, and unmet reproductive health rights contribute to the persistence of stunting, particularly among children under five. Utilizing a literature review method, this research draws from scholarly databases and bibliometric analysis to examine relevant publications on stunting, women's rights, gender, and reproductive health. The findings reveal that many healthcare services in Indonesia remain inadequate in fulfilling women's reproductive rights, with limited access to essential services reflecting broader issues of gender injustice and state neglect. The novelty of this article lies in its integrated perspective that frames stunting not only as a child health issue but also as a gender and social equity concern. This study contributes to the social sciences and humanities by emphasizing the need for a holistic, long-term strategy that centers women as both rights holders and key agents in public health. It recommends policy reforms focused on reproductive justice, structural health equity, and the transformation of social norms to ensure that stunting prevention efforts are sustainable and gender-responsive.

Keywords: Gender Justice, Reproductive Health Rights, Stunting, Women's Empowerment, Women's Welfare

INTRODUCTION

There are still significant challenges related to stunting in Indonesia. In 2024, the government's target is to reduce the prevalence of stunting in toddlers to about 14 percent nationally. There has been a noticeable decline in the prevalence of stunting. For context 2018, the figure reached over 30 percent, but according to the Indonesia Nutrition Status Survey 2022, that number has dropped to 21.6 percent. Despite progress, data indicates that Indonesia remains a country with the highest rates of stunting and wasting in the Southeast Asia region, as revealed by UNICEF (UNICEF East Asia dan Pacific Region, 2021). Furthermore, based on a study by Huriah & Nurjannah (2020), Indonesia is among the top five countries with the highest stunting rates globally.

The steps to reduce stunting are closely related to the identified contributing factors.

According to WHO, there are four main causes of stunting, including household conditions, inadequate food intake, breastfeeding practices, and infection issues. However, these factors do not operate in isolation, as additional underlying factors exist, such as women's social status (Palutturi et al., 2020). So far, government efforts have focused on specific actions related to the root causes of stunting. Some steps that have been taken include checking for anemia in pregnant women, providing adequate antenatal services, and monitoring child development (Akseer et al., 2020).

Analysis of the underlying factors of stunting, which are indirect causes, often gets overlooked and is considered challenging to address. In various specialized programs designed and implemented by the government to reduce stunting, rarely do they emphasize the importance of women's rights or efforts to eliminate gender discrimination against women. Stunting is often perceived as unrelated to women's status issues. However, the status and role of women are crucial parts of the stunting context, encompassing topics such as reproductive health rights and gender equality. This is because any effort to address nutritional problems in children cannot be separated from the role and status of mothers (Wendt et al., 2019). If stunting interventions do not consider women's rights, the reduction in stunting rates achieved may not be sustainable since a key factor in the issue has not been adequately addressed.

Like other health issues frequently faced by women (Eyanoer & Zaluchu, 2020), stunting should also be viewed within its social framework. According to the World Health Organization (WHO), social aspects, often social determinants of health, influence about 50-70 percent of an individual's health quality (Marmot & Allen, 2014). This article highlights the importance of incorporating the social dimension in addressing stunting, especially considering the often-overlooked perspective of women's rights.

RESEARCH METHOD

This article is designed using a method that organizes information based on themes. To compile it, an in-depth literature review was conducted. Researchers utilized online data sources, including the Google Scholar search engine. In the literature search, keywords such as "stunting," "women's rights," "gender," and "reproductive health rights" were inputted. The initial search results yielded approximately 700 publications. These publications were then reanalyzed using the VoSViewer software to identify relevant relationships with the research focus. Considering this relevant literature, the article was structured according to the intended purpose and objectives.

RESULTS AND DISCUSSION

Stunting

Stunting results from persistent nutritional deficiencies, occurring from the start of the First 1000 Days of Life (HPK) phase until the child reaches the age of five. The concept of HPK holds special significance because this period is considered a critical window influencing the future health and well-being of the child. However, unfortunately, many mothers do not fully understand that the 1000-day span includes the period from conception (calculated as the first 30 days multiplied by 9 months, equivalent to 270 days) until the child reaches 2 years of age (Brahima et al., 2020; Usman et al., 2021).

During the First 1000 Days of Life (HPK) period, the risk of stunting increases significantly, especially when viewed from the birth weight indicator below 2,500 grams. This risk can persist during the first six months after birth and even as the child enters their second year. The consequences of this condition become more pronounced when the child reaches five years of age when the permanent impacts of malnutrition start to manifest. According to the WHO, infants experiencing stunting from birth have a higher potential health risk. This can lead to the emergence of the “stunting syndrome,” a set of health problems that impact individuals into adulthood (Prendergast & Humphrey, 2014). This condition not only affects families but also has repercussions on a country’s healthcare infrastructure and even its finances, as revealed in various studies (Beal et al., 2018; Black et al., 2015; Blackburn, 2014; Correa & Petchesky, 2017; Danaei et al., 2016).

Statistical information reveals concerning facts: approximately 19.4 percent of toddlers in Indonesia are born with a length below the expected standard, which is less than 48 cm, while 6.6 percent weigh less than 2,500 grams (Kementrian Kesehatan RI, 2022). This indicates that the challenge of stunting among Indonesian toddlers begins early in their lives. The condition of impaired growth from birth, which becomes increasingly concerning in subsequent life stages, is often triggered by inadequate nutrition intake and infections (Arifuddin et al., 2023; Handayani et al., 2023). If essential nutritional needs are not met, it can exacerbate the condition of suboptimal growth for toddlers who have already experienced stunting from birth. Furthermore, dietary deficiencies can also be a catalyst for the onset of stunting in toddlers who were previously in a healthy condition. Much literature indicates that introducing complementary foods can detect stunting, even in toddlers under 2 years old (Hafid et al., 2023).

Therefore, the period from the early stages of pregnancy to the first two years of a child’s life is considered crucial in determining whether a child will grow into a quality individual or become a burden. In this context, the role of the mother is not only as a supporter but also as the primary pillar in the child’s development. During this critical period, preventive measures to combat stunting should focus on special attention to the well-being of pregnant women, who play a central role during their 9-month pregnancy, and on the early nutrition provision for their toddlers.

Women’s Reproductive Health Rights

The issue of reproductive health rights has long been a focal point in global discussions. This well-being is regarded as a fundamental right for women, and when these rights are fulfilled, women will have higher productivity, optimal health, and a more prosperous life (Strasser & Schenk, 2023). Following the implementation of the Population Conference in Cairo and the meetings in Beijing, awareness of the importance of women's reproductive health has increased. Maternal mortality and the well-being of toddlers then became critical benchmarks that needed improvement in efforts to realize better reproductive health rights (Alson et al., 2021).

In the context of the Sustainable Development Goals (SDGs), where nutrition is one of the global performance indicators for 2030 (Ganle et al., 2020), the issue of stunting should be seen as a golden opportunity to consider reproductive health aspects more broadly. When a newborn faces stunting issues, it indicates complications in the mother's reproductive health. This fact underscores that toddlers are highly dependent on their mother's well-being from conception; the mother's health during pregnancy will directly impact the child's health condition at birth and throughout toddlerhood.

Based on that reasoning, it seems difficult to understand why women who marry before the age of 18 often do not utilize antenatal services appropriately and do not understand stunting prevention efforts (Sari, 2021) unless this issue is linked to the lack of fulfillment of their reproductive health rights. Similarly, it is challenging to comprehend why many women do not have access to education, decent job opportunities, or quality food unless these issues are associated with the gender inequities frequently faced by women.

From a different perspective, if differences in stunting conditions are found among toddlers from various mothers, it may indicate disparities in the fulfillment of reproductive health rights and gender equality. Based on this analysis, it can be suggested that the approach to addressing stunting should not only focus on medical interventions for toddlers but should also encompass efforts to intervene in the issues experienced by their mothers (Wendt et al., 2019).

Social Dimensions of Women's Reproductive Health Rights

Women should be granted comprehensive and holistic rights in their reproductive health aspects (Cook, 2020; Parker, 2020). In the context of stunting, these rights should ideally be fulfilled starting from the phase before marriage and continuing throughout the marital bond. Before entering married life, women must prepare themselves physically and mentally, ensuring that they are ready for pregnancy, can undergo the pregnancy process optimally, and can care for and educate the child born in the future.

Regrettably, these rights often do not receive sufficient attention. The practice of marrying girls under the age of 19 remains a pressing issue. Data from the Central Bureau of Statistics (BPS) indicates that in 2022, about 8 percent of women were married before age 18, with the highest incidence occurring in rural areas (Badan Pusat Statistik, 2022). Research has also indicated that marriage at such a young age increases the risk of stunting in children (Duana

et al., 2022; Putri & Rosida, 2023). Conversely, marriages at a more mature age are associated with efforts to prevent stunting (Safitri et al., 2022).

The physical pressures often faced by women can be one of the triggers for stunting in children. These pressures are physical or external and often manifest in the form of social norms considered common in society. Kramsch (2020) identifies this situation as 'symbolic violence,' while Wang (2021) and Wieringa (2020) explain it as part of the 'passionate aesthetics' experienced by women. This phenomenon can be reinforced by data showing a high prevalence of nutritional problems and stunting in rural areas. There, women's reproductive health rights often do not receive maximum attention due to the strong cultural norms. Within this framework, marriage is often viewed as a family domain, placing much of the control over reproductive decisions outside the direct control of the woman herself.

Broadly, in Indonesia, there is a normative view that places women in a position with limited control over their reproductive health (Blackburn, 2014). This norm affects health and extends to other dimensions, such as losing women's bodily autonomy. This is evident in the dietary patterns of pregnant women, which often do not meet their own and their baby's needs. This condition arises due to the strong influence of social norms that affect daily lifestyles, including dietary patterns that should support the health of both the mother and the unborn child.

Social pressures expecting women, including those who are pregnant, to meet household demands continually often sacrifice the rest they need. Many are trapped in the grueling routine of meeting family needs without enough rest. On the other hand, access to nutritious food is often limited for these pregnant women. As a result, the nutritional needs that should be obtained to support the mother's health and fetal growth are unmet. Consequently, it is not surprising that many babies born later experience stunting issues.

This phenomenon can be likened to a continuing domino effect. After giving birth, many mothers in Indonesia often struggle to provide exclusive breastfeeding to their babies for various reasons, including work demands or social pressures. Data shows that the average rate of exclusive breastfeeding throughout Indonesia is only 52.5 percent, and only 48.6 percent of babies receive Early Initiation of Breastfeeding (EIB) immediately after birth (Kementrian Kesehatan RI, 2022). When mothers cannot provide exclusive breastfeeding or do not perform EIB, it essentially represents neglect of the fundamental rights of both the mother and the child to receive optimal nutrition and health protection.

The pressure from social norms expecting mothers to return to work quickly often forces breastfeeding mothers to leave their infants under the care of others. As a result, the production of breast milk in the mother's body can be disrupted, and infants under six months of age are at risk of receiving substitute foods prematurely. This is reflected in data showing that only 44.7 percent of children in Indonesia receive complementary feeding (MP-ASI) when they are over six months old, according to recommendations. In contrast, the rest receive additional foods in other forms that may not meet their nutritional needs (Kementrian Kesehatan RI, 2022). Moreover,

mothers who have to work and cannot provide exclusive breastfeeding miss the opportunity to restore their health and reproductive organs. This condition increases the risk of pregnancies occurring sooner than they should, without giving the mother's body a chance to recover fully after childbirth.

Pregnancy control is a crucial aspect of women's well-being. However, in many cases, women in Indonesia often do not have full authority to determine when or if they want to become pregnant, even within the context of marriage. Cultural and societal views often portray pregnancy as a sign of blessing or gift, even though, in reality, many women may not be physically or mentally prepared to face pregnancy (Arman et al., 2020; Mulyani, 2021). As a result, many women become mothers without having full control over this decision. Pressure from family or social environments often forces women to become pregnant more frequently or sooner than they desire or what is ideal for their well-being and the well-being of their future children. The impact of this situation is an increase in the number of unplanned births, which in turn elevates the risk of stunting among children.

A lack of knowledge about proper nutrition is one of the challenges many mothers face in Indonesia. Many women do not have access to relevant and essential information about nutrition for themselves and their children. This situation often results in suboptimal dietary patterns for both mothers and children. For example, many mothers rely solely on traditional or inherited knowledge from previous generations when feeding their children. This condition has negative consequences, as data shows that only about half of children aged 6-23 months in Indonesia receive adequately varied food according to their nutritional needs (Kementrian Kesehatan RI, 2022).

Gender Justice and Women's Welfare

The data released by the National Commission on Violence Against Women (Komnas Perempuan) paints a concerning picture of gender justice in Indonesia, especially in the context of domestic violence. In just 2021 alone, there were reports of 2,527 cases of violence occurring within households or on a personal level. Of this number, approximately 31 percent were cases of violence directed at wives (Perempuan, 2020, 2021). This fact reveals that domestic violence in Indonesia is not merely a sporadic incident but represents a very serious and alarming issue.

Furthermore, cumulative data from the period of 2014 to 2021 indicates that approximately 70 percent of over 10,000 cases of domestic or personal violence that occurred were violence experienced by wives (Maharani & Galih, 2021). This emphasizes that the issue of domestic violence in Indonesia is not merely episodic but appears to be ongoing without significant signs of decline. This situation underscores the urgency to take more effective preventive and intervention measures to protect women from violence and advocate for gender justice in Indonesia.

The reports previously presented may only represent the tip of the iceberg regarding the issue of domestic violence against wives in Indonesia. This is because many actual cases of

domestic violence are never reported to authorities, primarily due to psychological barriers felt by the victims. Therefore, the real situation of domestic violence may be far more serious and alarming than what is recorded in statistics. However, the data previously presented already sufficiently illustrates how gender injustice plays a role in society, especially in the context of stunting. Women are often placed in less advantageous positions than men in decision-making. This is evident in various aspects of life, ranging from decisions regarding pregnancy check-ups and participation in health education programs to child-rearing practices. In many cases, husbands make these decisions more frequently than wives (Knight & Miller, 2021; Lens, 2020).

This situation indicates an urgent need to increase awareness and understanding of equal gender rights for women and encourage the active participation of women in decision-making processes related to their health and well-being. The power and autonomy of women in making decisions about their health and well-being are often limited by patriarchal power structures in society. In many cases, wives feel they do not have full control over their bodies and lives but must rely on the decisions of others, especially their husbands or other family members.

In the report on stunting education that we released earlier (Zaluchu, 2022), there were many complaints from pregnant women or mothers of toddlers expressing their sense of powerlessness in certain situations. For example, some mothers complained that they could not prevent their mothers-in-law or other family members from feeding their children before the appropriate time, even though they were aware of the potential negative consequences of such actions. Some mothers also admitted that they felt they had no choice but to comply with their husband's requests, such as when asked not to visit healthcare facilities for work-related reasons. From these situations, it is clear that there is a need to strengthen women's autonomy and decision-making rights and support an environment that allows women greater access to resources and information that can improve their own and their family's well-being.

Indeed, it is true that in many cases, husbands, as the authority figures in the family, often do not provide adequate support to their wives in managing pregnancy and caring for toddlers optimally. Many are reluctant to actively engage in efforts to prevent stunting, especially due to traditional views emphasizing the different roles between men and women. However, research conducted by Beal et al. (2018) on the issue of stunting in Indonesia revealed that there is a deeper issue often experienced by women, namely related to their education. Based on their findings, it is clear that mothers who have received adequate education, both in terms of quality and the number of years of education, can better prevent the risk of stunting in their children.

Regrettably, statistics from BPS for 2022 indicate that women's average length of education (RLS) tends to be shorter than men's (BPS, 2023). Education, which should be the primary foundation in facing life's challenges, especially for women during pregnancy and child care, seems not to have fully realized its benefits for women. Moreover, this figure also represents a gender gap indicator in development (IPG). Findings from a study by Frasetya et al. (2023) also confirm a similar fact, emphasizing that education plays a crucial role in stunting in Indonesia.

Stunting as an Indicator of Structural Violence by the Government against Women

The occurrence of stunting is a direct reflection of government policies and responsibilities. In the context of the analyses by Correa & Petchesky (2017) and Zaluchu et al. (2017) on women's health, stunting can be interpreted as a result of the government's inadequate efforts to meet women's health needs. At times, the government appears to be less responsive to the health challenges faced by women, ultimately leaving them at risk of stunting. Within this framework of thought, Lindberg et al.'s (2023) perspective describing this phenomenon as a form of structural violence seems both relevant and profound.

In the context of stunting, the government's actions seem to have created obstacles to the positive principles that should rightfully be accorded to mothers and their infants. Policy decisions made by the government have narrowed the scope and choices available to mothers and their children, thereby increasing the risk of stunting. This phenomenon indicates that, within its policy framework, the government allows for inequality and injustice, manifested through disparities in rights and power, especially for marginalized groups and those in economically disadvantaged conditions. This is supported by data collected through surveys conducted by authorities.

Based on the SSGI report for the year 2022, although there has been a decline, the disparity in the prevalence of stunting in Indonesia shows significant differences. As many as 18 provinces in the country have prevalence rates exceeding the national average of 21.6 percent. Meanwhile, 16 other provinces fall below this figure. The data shows that provinces with the highest prevalence rates are around 22.1 percent in North Kalimantan Province, while East Nusa Tenggara Province shows an even higher rate, reaching 35.3 percent. The significant gap between these two figures reflects a broad disparity between regions in Indonesia. Interestingly, even within a specific province, similar inequality can also be found.

The issue of women's health is often linked to the government's inability to provide accessible healthcare services for all, including pregnant mothers (Dahlberg & Thapar-Björkert, 2023). The lack of evenly distributed healthcare facilities is a long-standing issue that significantly impacts the limited access of pregnant women to necessary medical services (Zaluchu et al., 2017). Furthermore, the government's inadequacy in ensuring affordable and quality clean water supply has led to many pregnant women experiencing infections, which ultimately contribute to the problem of stunting.

The entire discussion on the incomplete rights to health for mothers and children has detailed the framework of stunting as previously discussed. This indicates that the country has yet to comprehensively fulfill the rights of pregnant mothers (women) to be free from stunting. The facts on the ground show that many pregnant women are left in inadequate health conditions by the state, resulting in stunting cases remaining a persistent issue every year. Therefore, decreasing the prevalence of stunting instances does not always indicate that toddlers have been freed from this problem. This can occur because they have surpassed the age limit of the survey, which is usually above 5 years. Thus, individuals who were previously recorded as

experiencing stunting but are now considered healthy still have the potential for health problems in the future. To date, there has been no official explanation from the government regarding strategies to address this situation, which will have significant implications for the welfare of Indonesian society.

CONCLUSION

This article outlines three interconnected critical issues in Indonesia: women's welfare, stunting, and access to reproductive rights. The main findings indicate that many healthcare services in Indonesia do not fully support the fulfillment of women's reproductive health rights. Moreover, several critical health services are challenging for women to access, indicating structural barriers from the government in supporting women's rights. Preventing stunting is not an issue that can be addressed. A comprehensive approach involving women's empowerment is needed, reconstructing social norms surrounding reproductive health and optimizing women-focused health services. The Indonesian government has a strategic responsibility to ensure the fulfillment of women's reproductive health rights to prevent future stunting. The analysis in this article shows that current stunting mitigation efforts tend to be short-term and have not fully considered fulfilling women's rights as beneficiaries of the policy. Toddlers suffering from stunting are often separated from the issues of reproductive health rights and gender justice that their mothers should receive. Therefore, even though a decrease in stunting rates seems encouraging, the potential temporary impact is significant given that women's health issues have not been fully addressed.

ETHICAL STATEMENT AND DISCLOSURE

This study was conducted in accordance with established ethical principles, including informed consent, protection of informants' confidentiality, and respect for local cultural values. Special consideration was given to participants from vulnerable groups to ensure their safety, comfort, and equal rights to participate. No external funding was received, and the authors declare no conflict of interest. All data and information presented were collected through valid research methods and have been verified to ensure their accuracy and reliability. The use of artificial intelligence (AI) was limited to technical assistance for writing and language editing, without influencing the scientific substance of the work. The authors express their gratitude to the informants for their valuable insights, and to the anonymous reviewers for their constructive feedback on an earlier version of this manuscript. The authors take full responsibility for the content and conclusions of this article.

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