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Gender Inequality: The Husband-Wife Relationship and its Impact on Under-Five Children with Stunted Growth in Labotan Kandi Village, Banggai Islands Regency, Central Sulawesi, Indonesia*

Atik Triratnawati**
Universitas Gadjah Mada, Indonesia
Eka Yuniati
Universitas Gadjah Mada, Indonesia

Abstract

The high incidence of stunting in isolated, outermost, and underdeveloped areas has not yet been successfully resolved. This study aimed to identify husband and wife relationships that affect decision-making patterns in handling children with stunted growth. Ethnographic research was used to find the root causes of gender inequality in the people of Labotan Kandi Village. Observations and interviews were conducted from July to August 2022 with 18 mothers of children under five with stunted growth and four male informants. Data analysis used a gender approach to allow for a valid analysis of gender relationship. The dominant role of men, owing to the patrilineal system and men as the main breadwinners of the family, leads to gender inequality. Women's lower education, younger age at marriage, and non-participation in family income improvement cause them to accept roles that are part of their commitment. Women are not decision makers in family matters, which makes them unable to address the root causes of stunting. Consequently, the suffering of the stunted children does not improve because of a lack of improvement in the underlying factors of stunting in the family.

Key words

Gender inequality, stunting, women's role, family

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** Corresponding author

Introduction

Indonesia is among those countries facing a triple burden of nutrition problems, namely, undernutrition, overnutrition, and micronutrient deficiency. Nutrition problems require serious attention because of their close relationship to with future human resource quality. Stunting is a condition in which children under five years of age fail to thrive due to chronic malnutrition, especially in the first 1000 days of life (Prendergast & Humphrey, 2014).

Based on Indonesian Basic Health Research data from 2013 to 2018, the stunting rate decreased from 37.2% to 30.8% (National Health Research, 2013, 2018). However, this figure is still above the maximum limit (20%) of the criteria for public health problems set by the World Health Organization (WHO, 2018). Referring to the Indonesian RPJMN (National Medium-Term Development Plan [*Rencana Pembangunan Jangka Menengah Nasional* [RPJMN]) for 2020-2024, the government has a target achievement indicator of reducing stunting prevalence to 14%. However, the current conditions remained unchanged. Based on the latest national data on the prevalence of nutritional status in children under five in 2021, the stunting rate was 24.4% (Indonesian Nutrition Status Study (SSGI), 2021).

Many provinces in Indonesia consume food that is not diverse or is inadequate. In the short run, it can cause malnutrition and, in the long run, it results in chronic malnutrition that manifests as stunting. Mahmudiono, Sumarmi and Rosenkranz (2017) revealed that, in the families they studied, the percentage of consumption of foods high in protein and calcium, such as dairy products and meat/poultry, was lower than in other food groups. The consumption of diverse foods can reduce the risk of stunting in children (Trisasmita, Sudiarti, Dewi Santika, & Setiarini, 2020). To prevent stunting, the government has provided technical instructions that the local supplementary food should be complete and consist of sources of carbohydrates, proteins, fats, vitamins, and minerals (Indonesian Ministry of Health, 2018).

As one of the 3T (*terisolasi, terluar, tertinggal* [isolated, outermost, underdeveloped] areas in Indonesia, the Banggai Islands Regency, Central Sulawesi Province, has a prevalence of children under five with a stunted growth of 26% (Indonesian Nutrition Status Study (SSGI), 2021). The number of families with the potential for stunting was 17,667 (PK BKKBN, 2021). In this figure, the local government pays special attention to the convergence of the stunting reduction efforts from to 2022-2024 to achieve significantly reduced rates.

Table 1
Number of children under five with stunting by sub-districts in Banggai Islands Regency in 2022

No	Sub-district/Puskesmas	Number of children measured	Number of children with stunting	Prevalence (%)
1.	Totikum	764	93	12.17
2.	Tinangkung	496	44	8.87
3.	Liang	300	84	28.00
4.	Bulagi	465	111	23.87
5.	Buko	382	54	14.14
6.	South Bulagi	588	214	36.39
7.	South Tinangkung	608	78	12.83
8.	South Totikum	324	94	29.01
9.	Central Peling	628	178	28.34
10.	North Bulagi	383	112	29.24
11.	South Buko	473	118	24.95
12.	North Tinangkung	482	114	23.65

(Source: Family Data, Bappeda of Banggai Islands, 2021)

Table 1 shows the number of children under five with stunting risks by sub-districts in 2022 in the Banggai Islands Regency. Of the 12 subdistricts, South Bulagi had the highest percentage of stunted toddlers (214, 36.39%). The second highest was in North Bulagi (29.24%). This was followed by Central Peling with a percentage of 28.34%. Tinangkung is the subdistrict with the lowest percentage of stunting, at only 8.87%. Labotan Kandi village is an area included in South Bulagi, with a stunting percentage of more than 50% of the toddlers there. Various factors are responsible for the birth of stunted toddlers in the villages.

The inequality in husband-wife relations in families is common in rural communities where wives must obey and respect husbands, must obtain husbands' permission for activities outside the home, and must be responsible for all domestic affairs. Wives then become considered second-class citizens who are inferior, under male domination, and economically dependent on their husbands. Marx and Engel refer to this as a determinist materialist relationship pattern (Aisy, 2021).

In-depth observations by social scientists are needed to identify the sociocultural issues that hinder women's progress. It is necessary to observe husband-wife relations in families to reveal imbalanced relation patterns. These imbalanced hus-

band-wife patterns show women's inferior status and position in society (Aisy, 2021). Similar conditions are also found in farming families in Labotan Kandi, which adhere to a patrilineal kinship system in which the husbands have more favorable roles and powers in the household than their wives. This study aimed to reveal the relationship between husbands and wives who have children under five with stunted growth to identify their role in the family and the extent of the wife's authority in the decision-making of health problems concerning herself and her young children.

Literature Review

In many developing countries, women bear the burden of being caregivers, which requires them to have the autonomy to decide which health services to choose for themselves and their children (Ahmed et al., 2022). However, despite their roles as caregivers, rural women in Indonesia do not have the autonomy to determine health services for themselves or their children. The role of men as decision-makers in the family remains dominant because of their more powerful positions. Consequently, gaps arise in family decision-making processes. In cases where women are allowed to negotiate with their husbands when deciding something, the final decision remains in the husband's hands (Dwyer et al., 2022).

Even if a household has adequate resources, the wife's limited participation in household decision-making can lead to a low uptake of maternal health services. A study by Alemayehu and Meskele in Ethiopia revealed that a woman's healthcare decision-making autonomy is broadly influenced by her age, household literacy, household economy, family size, and her involvement in income-generating activities (Alemayehu & Meskele, 2017).

Studies conducted in other developing countries in Africa have shown that gender disparities in health are heavily influenced by individual and societal attitudes that undervalue women's health and prioritize men's health (Azad, Charles, Ding, Trickey, & Wren, 2020). In subordinate positions, women have limited decision-making power related to access to resources and less economic and social utility than men. Additionally, parents, children, and the environment are stunting risk factors for children under five (Huriah & Nurjannah, 2020). Adequate nutritional intake, especially for children, often cannot be achieved because of several factors, including the mother's level of education, knowledge of nutrition and health, socioeconomic conditions, and the availability of food (Nurmaliza & Herlina, 2019).

The government of the Banggai Islands Regency has also attempted to implement a series of stunting prevention and handling intervention programs at the district and sub-district or Puskesmas (primary health services centers at the sub-district level) levels (Team to Accelerate Stunting Decrease in Banggai Kepulauan Regency, 2021). In addition, the Central Sulawesi Provincial Government has organized food security development programs (Food Security Agency, 2019). These intervention programs above will not favorably impact stunting in children under five unless the existing culturally rooted problems are remedied first. Family and community approaches are valuable in understanding stunting problems in this region.

Consequently, the convergence of these problem-solving programs remains a priority in this region. According to data from the Banggai Islands Regency Government's official portal (https://banggaikep.go.id/), this district has managed to reduce the prevalence of stunting from 23% in 2020 to 21.80% in 2021. However, this figure is still far from reaching the target of 14% by the end of 2024. Stunting is often considered as a medical problem. Women's low levels of education, early marriage, and inadequate parenting, especially in child feeding practices, are the main problems in the Banggai Islands Regency.

These factors indicate that families play a crucial role in fulfilling children's nutritional needs. Families should be able to provide attention and support to children and adopt appropriate behaviors, especially in providing nutritious food, teaching proper eating behaviors, and taking advantage of the health services provided to support the improvement of children's nutritional status (Noorhasanah & Tauhidah, 2021).

Husbands and wives in families with stunted toddlers play a determining role in the success of maintaining nutritional status and decision-making regarding health issues faced by the family. However, gender inequality in husband-wife relations may have an unfavorable impact on family members. Previous research (Dwyer et al., 2022) relates gender inequality the decision-making processes in family planning, child health, and nutrition issues. The contribution of the social sciences (anthropology) to addressing the issue of stunting will be meaningful because the husband's and wife's roles are comprehensively examined in studying the cultural problems that hinder the handling of stunting. Björnberg and Kollind (2018) mentioned that some political actions are significantly related to the strength of individual rights in the family and society. A work structure that creates and maintains inequality that places women at a disadvantage compared to men is seen in the division of labor in the family.

Poor people in developing countries may have cultural views that lead to gender inequalities. Relations characterized by gender inequality can be explained by the development process in which society-specific factors are at play many under-developed countries today hold cultural norms that exacerbate favoritism toward males. Societal norms such as patrilocality and concern for women's purity help explain the male-skewed sex ratio in Indonesia and China specifically and the generally low female development in India, Asia, the Middle East, and North Africa (Jayachandran, 2015).

Gender inequality was observed in the Labotan Kandi community in early January 2022 while studying anti-stunting efforts in the Banggai Islands. Men play prominent roles in family decision-making regarding health and economic issues. Men are also a determinant of the number of children a mother will have. Fathers are also the most powerful in the division of labor in households. Given the scarcity of husband-wife gender relations studies related to stunting issues, this study opens the door to other studies that have a similar agrarian background.

Methods

Using an ethnographic approach, this qualitative research was conducted in Labotan Kandi Village, South Bulagi District, Banggai Islands Regency. Labotan Kandi village is located on an island with the majority of the population working as farmers. This study was conducted between July and August 2022. The number of children under five in this village was 34, half of whom were diagnosed with stunting. The 18 informants were mothers of under-five children who suffer from stunting based on the results of measurements and examinations by health workers at the local children's health clinic (*Posyandu*), which was held in conjunction with the distribution of Vitamin A in February 2022.

The researchers stayed in the village to observe the daily lives of the mothers of toddlers with stunted growth. The observations were conducted at *Posyandus* each of which was visited by the researchers once a month as were the gardens/forests where the mothers worked, and their homes to observe the condition of the family's kitchen, water, ventilation, and sanitation. Additional observations were made to map the homes of children under five with stunted growth and to observe the *Posyandu* situation and village public facilities such as schools, markets/food stalls (*warung*), places of worship, and public transportation.

Interviews were conducted with 18 mothers of children under five years of age with stunted growth during their free times. They were conducted repeatedly to

obtain valid and reliable data. To ascertain data validity, the researchers also collected information from two additional informants, two of the informants' husbands. These men provided information related to local customs, the role of women in the family, and information about the husbands' powers, including their decision-making power within the family.

Results and Discussion

Under-five children with stunted growth condition

Of the 34 children under five in the village of Labotan Kandi, 18 were identified as having stunted growth, with 13 children judged to be severely stunted and five children as mildly stunted. The stunting identification provided by health workers toddlers was generally accompanied by a sense of shock from their mothers. They only knew the word "stunting" with the term *pependek* (in local language: short-bodied) to describe children with significantly shorter heights than their peers. Mothers do not understand and could not accept why their children under five years old are considered to have stunted growth. Parents believe that when toddlers are short, their bodies develop on their own, similar to other children of their age. In other words, they assume that shortness is only temporary, and children will naturally be as tall as children of other ages.

The explanation from health workers about the causes of stunting resulted in the mothers eventually accepting the stunting condition of their under-five children, as stated by Participant A: "*I learned that my boy suffers from stunting from Puskesmas. I used to think that my son is just the same as other children his age, only a bit smaller. I thought he might be pependek.*"

Children with *pependek* conditions do not cause shame to their parents because they believe they have provided feeding and drinking to their younger children as they did to their older children. Some mothers noted that if their children had snacks such as bread or crackers, they would skip meals. Parents tend to do nothing when their children want to skip their meals because they cannot afford to offer their children food alternatives other than what they have in stock, such as rice or cassava. This condition is different from that of urban mothers, in that when their children have difficulty eating, they will try to offer food alternatives that vary in tastes, appearance, and processing methods to make their child more willing to eat.

Maternal education and age at marriage

The gender inequality visible in the Labotan Kandi village community included the loss of schooling opportunities for girls. Mothers of under-five children with stunted growth believe that the prohibition on attending school they experienced as children is a form of filial piety for their parents. They do not dare to break their parents' rules. Parents argue that schools are expensive, far to reach, and prevent children from helping their parents work in gardens/forests. Informant S said, "*No schooling because my parents did not allow me to do so. I cannot write properly, only scribble.*"

Although schools are currently available in the village (nearby), this old-fashioned view has not disappeared. If parents forbid their daughters from attending school, they will obey. The rule that only applies to girls adversely affects them as adults, which is evident in the finding that nine of the 18 mothers did not attend school (illiterate), seven graduated from elementary school, one graduated from senior high school, and one graduated from college.

Limited education has unfavorable impacts on many aspects of life, including the preservation of old-fashioned parenting practices. For example, babies are fed bananas or cassava porridge by their parents when they are 1-4 weeks old. The rationale for practicing early breast milk replacement is that the baby cries, which is interpreted as a sign of hunger. Feeding them with bananas or porridge calms them down and stops crying. Currently, recommendations made by midwives to provide exclusive breastfeeding do not work well because mothers are more compliant with their grandmothers than with the midwives's advice.

Girls' obedience to their parents in Labotan Kandi is also manifested in early marriage. A girl may get married at the age of 16 or17 simply because a young man has proposed to her, as experienced by Informant L's daughter who was forced by the man who proposed to her: "*Yes, she [the first daughter] has also been married. I don't know whether they dated or not. This boy just came and proposed to her. My daughter was forced to accept the proposal otherwise it would cause shame to him.*"

In the past, the age at marriage was 16 and 19 years for women and men, respectively. Local customs dictate that families are forbidden to refuse a marriage proposal. The low level of education of women and the high prevalence of early marriage affects the health status of the mothers of under-five children with stunted growth. Low literacy levels result in inadequate health knowledge, which leaves women unaware of anemia or reproductive health problems.

The weights-at-birth of all the under-five children with stunted growth in this

area were generally within the normal range of between 2,700 and 3,500 grams, except for one "premi" who weighed 1,800 grams at birth (seven months 15 days of pregnancy). The underweight baby was treated with a traditional method of raising the body temperature by putting some bottles containing hot water near the baby, as practiced by mother informant I, under the assistance of stunting cadre R, who said:

> *Yes, the baby was born at 1.8 kilograms. I came to check because, according to the parents, this child is not alive. But all the veins look blue, the breath is still visible too. I told the mother not to give a bath to her baby and not to expose the baby to cold temperatures. Then I told her to put glass bottles filled with hot water on the left and right of the baby every night. That's what I know. Yes, the child is small. The weight at birth was very low.*

As child labor assisted by traditional birth attendants and family members has become a tradition, few mothers worry about their babies being stunted. They tended to react by denying it and believing that their children would grow and develop as normal children. However, after receiving an explanation that their children's growths can be considered stunted, as seen from their physique and measurements made by health workers, the mothers who were initially passive began to be more motivated to find out what behaviors could overcome the stunting their children suffered. However, due to a lack of information sources (e.g., socialization from local cadres and health workers), they are not well informed about how to address stunting in children under the age of five.

Their limited nutritional knowledge, inadequate economic circumstances, and limited access to transportation make it difficult for them to access markets and health services. Many mothers are ignorant of their under-five children's health conditions and give up because they do not know what foods are appropriate for their children. As a result, they choose to take a passive position regarding the conditions from which their children suffer. Under-five children's stunting condition is expected to improve with *Posyandu* activities held once a month, which, among other activities, provide supplementary feeding for under-five children.

Supplementary feeding provided by Posyandu enables children to consume nutritious foods, including rice, vegetables, side dishes, and milk. Unfortunately, many children under five do not want to eat the foods offered by *Posyandu* cadres because they are not used to eating those kinds of food (e.g., mung beans, eggs, and assorted vegetables) that taste strange to them. The daily amount of food con-

sumed did not vary. They only consume cassava, sweet potatoes, and rice, unaccompanied by vegetables and side dishes. Vegetables and side dishes are available only when there is additional extra money to buy fish and when they can obtain vegetables from the garden. All of these activities are the wife's responsibility as a mother, and very rarely receive help from her husband.

Family planning

Most families in this village have more than two children because of their husbands' desire for more children. The wives followed their husbands' wishes out of respect for their husbands as the head of the family. Despite the husbands' desire to have more children, wives in Labotan Kandi used contraceptives to separate their children's births, as stated by informant N: *"I got the contraceptive shot once every three months for which I have to pay IDR 25,000 each."*

The informant's decision to choose the injection was also influenced by their husbands. Her husband wanted a cheap contraception method that did not interfere with the sexual relationship. Contraceptive injection was the preferred choice because this method suited her husband. However, problems can arise when the family does not have the money to pay for injectable contraceptives. Although it is relatively cost-efficient, couples sometimes cannot afford it. Consequently, patients often skip routine injections.

An option other than injection is a long-term (eight-year) contraception method known as an intrauterine device (IUD), which is the contraceptive of choice because it has a one-time payment method but works for eight years. For some women, IUD are a rational choice compared to injections because users do not need to remember that they have to receive interjections every three months. Users only need to remember the year of installation and change their IUD every eight years. Users believe that the long-term use of this particular contraceptive is very beneficial because if they want to get pregnant again, they can visit a midwife to help remove the contraceptive. For some users, IUD is chosen based on consultation with their midwife only but with their husbands' permission as well, as stated by informant A: *"I use the IUD because my husband chose it."*

The educational level of both wives and husbands in Labotan Kandi is low, combined with the strongly held patrilineal tradition in society, gives rise to an unequal pattern of husband-wife relations. It seems that control over family life in every household remains with the husband, as indicated by the family decisions predominantly made by him. In the case of family planning, wives ask their hus-

bands for their opinions on the contraceptive they choose. When the husband objects to an option, the wife obeys. The wife will obey even if the husband does not allow her to use contraceptive methods because he wants her to become pregnant again.

Children's health

Children are valuable assets for the locals of Labotan Kandi. They regard child workers as help both in the forest/garden and in the household. The arrival of a long-awaited child is sometimes not accompanied by adequate preparations during pregnancy regarding the health of the mother and baby. This can be observed in the poor diet of pregnant women: as long as they are still able to eat kela, sweet potatoes, and rice, that is considered sufficient. Moreover, the health of pregnant women has received limited attention. They still go to the forest even though their pregnancies are almost over. Many are ignorant of the need for antenatal care (ANC), as informant I said, "*I don't routinely go to Posyandu for pregnancy examinations because I think my pregnancy is normal*"

The preferred choice for childbirth is delivery by a traditional birth attendant. Ten of the 18 mothers of children under five years of age with stunted growth gave birth with the help of a traditional birth attendant, whereas the remaining eight chose to go to a midwife. Childbirth and labor with traditional birth attendants are preferable because they have a special place in the local people's hearts. Local people even believe that traditional birth attendants are more proficient than midwives because of incidents of labor difficulties faced by midwives handed over to traditional birth attendants. This perceived ability strengthens confidence in traditional birth attendants.

The choice to give birth with the help of a traditional birth attendant and other family members who can help with child labor is inseparable from the husband's role. Husbands decide on and prefer traditional birth attendants over midwifes as the birth attendant. Even in cases where the wives accessed ANC examinations with a midwife, expecting to give birth with the midwife's help, the final decisions regarding birth attendants were up to the husband. Husbands will look for the closest, fastest, easiest, and cheapest helper, namely a traditional birth attendant, as informant I stated: "*Yes, when I gave birth to this boy, I was helped by the traditional birth attendant Piliani.*"

From the descriptions regarding maternal and child health, husbands play a more dominant role than wives in health-related decisions. This shows that the

health of the mother and child were mainly in the hands of the husband. If the husband disagrees with the health services chosen by his wife, the wife will follow her husband's decision.

Feeding practices and nutrition

The mothers' role as caregivers is central to the growth and development of under-five children. In Labotan Kandi Village, being a caregiver is not only considered a woman's role in the family but is also regarded as an instinct. It was a maternal instinct to breastfeed the baby. Breastfeeding usually lasts for 2.5 years or more. There were still children aged three or four years who suckled their mothers in this village. Mothers will only stop breastfeeding when their children no longer want to continue or when the breast milk is no longerproduced as stated by informant R: "*Many mothers practice it. Mothers are used to breastfeeding their last child until four years of age.*"

Although a minimum of two-year breastfeeding has become a tradition and is practiced by all mothers, this is not true of exclusive breastfeeding. Health workers in the village, such as Midwife R and stunting cadres, continuously socialize about the importance of exclusive breastfeeding. Unfortunately, the transgenerational tradition of feeding breast milk replacement foods to newborn babies is strongly adhered to. Babies aged two or three days are sometimes fed bananas mashed with a spoon. In addition to bananas, they were also fed instant soft porridge (brand S), which they usually buy in the 120 g. packages. Newborns are fed breast milk replacement food to prevent them from crying excessively. Parents believe that a baby's crying is a sign of hunger. Babies stop crying and sleep soundly after being fed bananas or porridge. With the baby sleeping soundly, the mother can perform the other household chores that are part of her responsibility.

Although the start of breastfeeding varies with age, the habit continues to be passed down from generation to generation. Breast milk replacement feeding starts at ages as young as 2-3 days or sometimes 2-4 weeks old. However, in most babies, it starts at 3, 6, or 12 months of age. Grandmothers play a determining role in encouraging and controlling mothers to provide breast milk replacement food to their infants as early as possible. Grandmothers are experienced persons whose advice and suggestions the younger generations feel obliged to follow. Parents regard grandmothers as the main determinants of breastfeeding and breastmilk replacement practices.

As children grow older, mothers determine their feeding patterns. Children aged

one year or older are introduced to local foods. They were fed kela or Banggai tubers for breakfast, lunch, and dinner. Children are accustomed to eating them without vegetables or side dishes during the three meals. Economic constraints mean the mothers are not always able to provide side dishes. Fish cooked with salt and monosodium glutamate are served only when they can afford to buy it, which is usually only when they sell forest products or livestock, such as pigs, cows, dogs, and chickens. The habit of incubating chicken eggs instead of feeding them to under-five children is a sign that the need to feed children nutritious food is not a priority. Therefore, it is important to provide sufficient food to the entire family.

As toddlers are not introduced to a variety of vegetables and side dishes from the beginning, their appetite for food is formed at an early age through their environment. The provision of supplementary feeding to all under-five children once a month at the *Posyandu* seems to bring about a positive change in their eating behaviors. The eggs, vegetables, tofu, tempe, mung bean porridge, milk, and fruits served by *Posyandu* cadres were not enthusiastically consumed by under-five children. Many people did not want to try them. Efforts to provide healthy food choices to meet the nutritional needs of children under five years of age do not seem to work well. Toddlers still prefer kela, Banggai tubers, and rice, without side dishes or vegetables. Consequently, nutritious foods prepared once a month are consumed by other family members. One day, the *Posyandu* cadres tried to serve mung bean porridge to the under-five children, but it turned out that many children did not like it, as told by informant R, "*I don't understand, I'm also confused. I served mung bean porridge as supplementary feeding [PMT], but many children didn't like it and didn't want to eat it.*"

Gender inequality

Gender inequality does not occur solely as a result of the patrilineal kinship system adopted by the local people. Several other factors contribute to this condition. The low education level of mother causes means they have limited knowledge, especially concerning child rearing, early breastfeeding, nutrition and food preparation, and are liable to do nothing when their under-five children refuse to eat.

The role played by the Labotan Kandi women in the family is overwhelming. Their duties are not only domestic, such as cooking and washing, but also public. Women work long hours in the forests. On average, women go to the garden/forest every day, although some go every two days. Consequently, parents who are too busy working outside the home (in the garden) means children receive less at-

tention from their parents, do not receive supervision in the consumption of healthy and routine food, and rely on the care of a grandmother. Children eat anything without parental supervision.

When they come home from the garden/forest, they carry many things alone, including firewood, tubers, and vegetables, whereas men carry only machetes without any additional burden. Men do not help carry other things because that is considered part of women's work. They also have to walk as far as four to seven kilometers, which takes one to three hours. Informant P, one of the mother informants' husbands said, "*We have farmland in the forest, but we don't have motorbikes. We [a family] have to walk nine kilometers, taking about three hours.*" This division of labor on farms also affects the value of children. Both are regarded as important, however, boys are favored over girls. It is evident that girls skip school more often and prefer to go to the fields. Boys' grades take precedence over girls' grades.

The time allocation and type of work that the wife bears indicate unequal burdens on the husband and wife. The wife has to bear a heavy load due to an imbalance in the division of labor and autonomy in the family, in that she has a higher workload but less autonomy, so that gender equality does not occur (Björnberg & Kollind, 2018). Women not only play a role in planting and caring for crops but also play a vital role in harvesting them. Women whose families have sizeable farmlands may need to spend the night in the forest, especially during harvest time. When gender equality does not exist in the family, women have limited or no rights to control their bodies and make decisions about themselves (Mbombo, 2013). Taking too long to decide will result in delayed treatment of the child's health and may lead to other health problems.

Even if the wives in Labotan Kandi had to go to the garden/forest only once every two days instead of every day, they would likely miss the opportunity to take their children under five to *Posyandu*. Wives prioritize working in the garden/forest because they try to complete the tasks that are their biggest responsibility in the hope of bringing home an abundance of garden/forest products to support their families' food security, especially that of their children. The high stunting rate proves that the decision-making problem including food for toddlers remains in the hands of husbands. The food given to toddlers and what the mother cooks are based on what their husbands grow in the fields. If money is available, they can buy nutritious food according to their child's needs.

Similar conditions apply in other villages on the Banggai Islands. The time-consuming tasks of women in the domestic sphere result in their lack of autonomy. Research by Fadjriah, Rusdianto, Herman, and Vidyanto (2021) at the Tikson

Health Center, Banggai Laut, showed that exclusive breastfeeding, complementary breastfeeding, infectious diseases, primary health practices, environmental sanitation, and knowledge of maternal nutrition were associated with the incidence of stunting in toddlers. Mothers' knowledge regarding nutrition is also influenced by the family environment and culture because the history and social context of long-standing inequality directly affect pregnant women, infant care, and malnutrition (Lock & Nguyen, 2018).

This gender inequality negatively affects women, especially with regard to maternal and child health. They are unaware that their rights such as the human rights to education and health have been violated (Mbombo, 2013). This inequality results in unequal positions and roles in the family, leading to delayed decision-making on crucial issues such as health. Wives should be mandated as decision-makers in maternal and child health issues because they are directly concerned with women themselves and with their children. As women play a critical role in feeding, processing, and serving the food, decisions regarding the family diet is in the hands of women. Women also take care of babies when they are sick and serve as caregivers and first and foremost as nurses in the family. Even though the patrilineal culture continues to support this gender inequality, what goes into a child's mouth and stomach is determined by the mother, not the father or grandfather (Yuniati & Triratnawati, 2022). Women's autonomy appeared only in terms of providing food to their families.

Conclusions

The inequality in husband-wife relations among the Labotan Kandi people has a negative impact on stunting cases because it prevents incidents from decreasing over time. These unfair situations are relatively difficult to handle because of unfavorable environmental conditions and strongly held cultural customs. The greater power of men in the family and women's lack of autonomy over themselves and their children results in inequality in husband-wife relationship. Women's lack of autonomy leads to delayed decision-making regarding maternal and child health issues because they cannot make decisions themselves. Accordingly, they are highly dependent on their husbands' decisions. For women, obeying their parents and husbands is of paramount importance, regardless of whether their rights have been violated or whether their own or their child's health is jeopardized.

Women's limited education means they have little to no power, except in managing domestic matters, while public affairs are the husbands' domain. This gender

inequality hinders decision-making on critical issues such as family planning, maternal and child health, and nutrition. In the short term, the current high incidence of stunting among under-five children will remain stagnant because the wives' role as a decision-makers in the realm of family planning, as well as maternal and child health and nutrition, is shackled by the patriarchal structure, which results in the loss of women's autonomy. The husband's greater authority often resulted in the wife making delayed decisions regarding the toddler's health because she waited first for the husband's orders.

This qualitative study took a long time to conducted. However, owing time constraints in the field of study and the narrow scope of the study's aims, exploration was limited. The educational status of women needs to be improved to improve gender relations between husbands and wives. Courses or similar women's schools are needed to improve women's equal rights and knowledge about health (food nutrition), including awareness of the implications of marrying at an early age or according to the government, which allows young couples to marry at the age at 19.

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Biographical note: **Dr. Atik Triratnawati**, M.A. completed her undergraduate education in Anthropology, Faculty of Cultural Sciences, Gadjah Mada University in 1988. She has continued her Master's degree in Health Social Science Programme, Faculty of Social Science and Humanities, Mahidol University, Thailand in 1997. Her doctoral degree was completed from the Anthropology Programme, Humanities Sciences, Faculty of Cultural Sciences UGM in 2012. She has been a lecturer at the Department of Anthropology, Faculty of Humanities UGM, since 1989 until now. Writings related to the field of Medical Anthropology are scattered in domestic and foreign journals. Current research focuses on stunting in various cultural regions in Indonesia.

Biographical note: **Eka Yuniati**, S.Pd., M.A. completed her undergraduate education in Sociology and Anthropology Education, Faculty of Social Sciences, Universitas Negeri Semarang in 2016. She has continued her Master's degree in Antropology, Faculty of Cultural Sciences, Gadjah Mada University in 2022. She is currently working as a research assistant at the Centre for Rural and Regional Studies, UGM. She has written and conducted research related to medical anthropology, ethnomedicine, ethnobotany, cultural anthropology, rural communities, and empowerment.

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