Development of Community Participation in Preventing Stunting

Yana Sundayani[1,*)]

[1]Politeknik Kesejahteraan Sosial Bandung
[*)]*Correspondence e-mail: yanasundayani28@gmail.com*

ABSTRACT

Participation is participation in an activity by playing an active role to achieve goals with full responsibility. This research aimed to determine the effect of the development of community participation on efforts to prevent stunting. The method used in this study is a survey method with a quantitative approach, and the main tool for collecting data is a questionnaire. The data analysis technique in this study was to use a simple linear regression formula with the help of SPSS 25 for windows. The research location is located in Leuwigoong Village, Leuwigoong District, Garut Regency. The results showed that based on the Anova test with F count 5,747 and a probability significance level of 0.019 <0.05, it can be concluded that the regression model can be used to predict stunting prevention variables. The results of the t test found that t count> t table (2,397 > 1,670), that H0 was rejected statistically significant. Based on the results of the t test, the significant value is less than 0.05 (0.019 <0.05) meaning that there is a significant influence between the development of community participation on stunting prevention.

Keywords: *Community, Development, Participation, Prevention, Stunting*

INTRODUCTION

Multi-sectors can occur in the handling of stunting, namely the social, economic and health sectors. Stunting is a condition in which a person's height is shorter than the height of other people in general (which is appropriate). Stunting can also be interpreted as a condition of failure to thrive in infants (0-11 months) and toddlers (12-59 months) as a result of chronic malnutrition, especially in the first 1,000 days of life so that children are short for their age. Malnutrition since the baby is in the womb and in the early days after the baby is born, but the condition of stunting only appears after the child is 2 years old, the baby is in the womb and in the early period after the baby is born, but the condition of stunting is only visible after the child is 2 years old (Association of Nutritionists Indonesia (PERSAGI), 2018:6)

The phenomenon of stunting is an important matter to discuss. The 2019 Indonesia Health Profile informs that the gestation period requires special attention because it is an important period of 1,000 days of life. Pregnant women are one of the nutritionally vulnerable groups. Nutritional intake of pregnant women greatly affects the growth of the fetus. Good nutritional status in pregnant women can prevent Low Birth Weight (LBW) and stunting (Ministry of Health of the Republic of Indonesia, 2019).

In Indonesia, the prevalence of stunting in 2018 was 19.3% stunted and 11.5% severely stunted. Based on WHO data for 2017, Indonesia is ranked third with the highest prevalence of stunting in the Southeast Asia region (Unicef, 2018). In West Java in 2017 the prevalence for the category of stunted children was 18.3% and severely stunted was 4.7% (Ministry of Health RI. 2018). In Garut Regency, there are ten villages which are the priority for stunting handling. Stunting cases in Garut Regency, based on data from the Garut Regency Health Office in 2019, the results of verification are spread across several villages which are the priority for stunting treatment.

One way to deal with stunting is by empowering the community. Community empowerment can be realized through active community participation which is facilitated by empowering actors (Sartika, 2021). Participation is the participation of the community voluntarily without strings attached in changes that are determined by the community itself. It was further stated that community involvement is aimed at developing the environment, life and themselves (Mikkelsen, 2003).

Community participation is an obligation, and it is a right for the community to directly participate in planning development activities, because the community knows the needs and problems faced, and has the freedom to decide on the implementation of an activity (Adi, I.R 2007 in Uceng A, et al. 2019) . Meanwhile, according to Sastropoetro, (1998: 13) that: "Participation is defined as the mental characteristics/thoughts and emotions/feelings of a person in a group situation that encourages him to contribute to the group in an effort to achieve goals and take responsibility for the business concerned."

Stunting cases in Garut Regency based on data from the Garut Regency Health Office in 2019 the verification results totaled 102 toddlers, spread across 10 villages that are priority for stunting treatment (Nurbudiawati, et al. 2020). Furthermore, Nurbudiawati, et al. (2020) stated that there are internal and external factors that influence stunting prevention, one of which is due to the low level of community participation. This is because there are internal and external obstacles, so that it is necessary to increase human resources in the development of community participation.

The quality of human resources (HR) is the main requirement for carrying out development, each human being individually is required to have competence, which in reality the development of an increasingly advanced era brings a number of implications for the development of human resources in the region. Competitiveness will be realized if it is supported by quality human resources, one of which is by preparing young people to be free from stunting (Hermawan, Y and Suryono, Y, 2016).

The stunting prevention program is an effort to protect health so that children's welfare is guaranteed (Permenkes Number 25 of 2014). Welfare is a shared responsibility including the community (Zastrow, 2003), therefore community participation is important because the community is aware of their rights and obligations, legally, productively and determined to be independent. Participating communities have critical characteristics, which means people know the problems they face and try to solve problems (Tilaar (1997:237-238) in Iswanto, 2021).

Various causes of stunting can occur, for example due to a lack of understanding of toddler nutrition, keeping the environment clean and maintaining food hygiene. Starting when they are still in the womb,

parents should pay attention to the nutrition in their food and all people must also protect the environment. The concern of mothers and the community towards the problem of stunting needs to be increased. Therefore, to increase awareness and concern for the problem of stunting, the role of the participation of all people is needed in handling, preventing and overcoming stunting (Iswanto, 2021).

There are three elements of participation: 1. Having responsibility 2. Willingness to make a contribution to achieve group goals 3. Willingness to be involved in the group (Chandra B.R and Humaedi S., 2020). According to Bamberger M., Shams K (1989:18) that community participation is a joint process of groups that exist in an area that affect the form of planning, implementation, management, utilization or maintenance of services, facilities or activities.

According to Mardikanto, 2013, the stages of community participation consist of First, participation in planning, implementing, evaluating and utilizing the results. Both forms of community participation. These three factors influence participation. The fourth strategy is to develop community participation. There are other factors that can affect community participation, namely 1) Supporting Factors 2) Inhibiting Factors. Supporting factors can be in the form of a mutual cooperation culture system, while inhibiting factors for community participation are low levels of education (Hermawan Y., Suryono Y., 2016).

The level of participation in efforts to prevent stunting is necessary because in Leuwigoong Village, based on the results of previous studies, the level of community participation is still low, even though stunting has decreased every year. This is due to the existence of supporting factors for community participation in stunting prevention, but community participation is needed. Based on this, the researcher is interested in conducting research on developing community participation in efforts to prevent stunting in Leuwigoong Village.

Various factors influence participation in stunting prevention, namely mother's age, mother's education, and the role of Posyandu distance cadres. Mother's age and education as well as the role of cadres are things that can have a big influence on participation efforts in stunting prevention. Another thing is distance and accessibility to social welfare services. Several factors can affect the risk of stunting. The risk factors for stunting are socio-economic factors as follows: Political Economy, Health and Health Services, Education, Socio-Cultural. Agriculture and Food Systems and Water, Sanitation and Environment (According to WHO, 2014).

In addition to this, the low participation of the community in preventing stunting is due to a lack of keeping the environment clean; lack of mother's knowledge about health and nutrition; busy parents; poverty. The fact shows that in Leuwigoong Village there is low community participation, inseparable from the obstacles faced both internally and externally. Internal inhibiting factors, namely: age; gender; knowledge; income and work. The external obstacle is the lack of coordination across sectors (Nurbudiawati, et al., 2020).

Stunting cases in Garut Regency based on data from the Garut Regency Health Office in 2019 the verification results totaled 102 toddlers, spread across 10 villages which are the priority for stunting treatment. Of the ten villages, the highest cases of stunting in 2019 occurred in Leuwigoong Village (Nurbudiawati, et al. 2020).

Even though the stunting rate in Leuwigoong Village is high, every year the stunting rate in Leuwigoong Village has started to decline. In 2019 there were 102 toddlers and in 2022 there were 57 toddlers (Puskesmas Leuwigoong, 2022), there was a decrease from 2019 almost reaching 50%. This is because there are supporting factors for community participation in stunting prevention, namely: a willingness to participate; the ability to participate; and there is an opportunity to participate. There is a strategy for developing community participation, namely by communication, community involvement and community empowerment (Mardikanto, T. (2013); in Hermawan Y and Suryono Y, 2016). So an effort is needed to develop participation in the context of preventing stunting in Leuwigoong Village.

In addition to this, the low participation of the community in preventing stunting is due to a lack of keeping the environment clean; lack of mother's knowledge about health and nutrition; busy parents; poverty. The fact shows that in Leuwigoong Village there is low community participation, inseparable from the obstacles faced both internally and externally. Internal inhibiting factors, namely: age; gender;

knowledge; income and work. The external obstacle is the lack of coordination across sectors (Nurbudiawati, et al., 2020).

Stunting cases in Garut Regency based on data from the Garut Regency Health Office in 2019 the verification results totaled 102 toddlers, spread across 10 villages which are the priority for stunting treatment. Of the ten villages, the highest cases of stunting in 2019 occurred in Leuwigoong Village (Nurbudiawati, et al. 2020).

Even though the stunting rate in Leuwigoong Village is high, every year the stunting rate in Leuwigoong Village has started to decline. In 2019 there were 102 toddlers and in 2022 there were 57 toddlers (Puskesmas Leuwigoong, 2022), there was a decrease from 2019 almost reaching 50%. This is because there are supporting factors for community participation in stunting prevention, namely: a willingness to participate; the ability to participate; and there is an opportunity to participate. There is a strategy for developing community participation, namely by communication, community involvement and community empowerment (Mardikanto, T. (2013); in Hermawan Y and Suryono Y, 2016). So an effort is needed to develop participation in the context of preventing stunting in Leuwigoong Village.

Based on this, researchers are interested in conducting research on the effect of developing community participation in efforts to prevent stunting in Leuwigoong Village, Leuwigoong District, Garut Regency. The research question is how high is the influence of the development of community participation in efforts to prevent stunting in Leuwigoong Village.

METHODS

Quantitative research is an in-depth study of problems based on existing theoretical studies, including variables that can be assessed with numbers and can be analyzed statistically so that they can be generalized. The purpose of conducting research is to influence the development of community participation in stunting prevention. So that researchers can find out the effect of developing participation from communication, involvement, empowering the Leuwigoong Village community in preventing stunting.

The survey method with a quantitative approach is the choice in research conducted by researchers. The main tool in data collection is using a questionnaire (Creswell, J.W. 2016), namely data collection techniques by giving questions or written statements to respondents. The data collection strategy is carried out by distributing questionnaires to families or parents who have children under five and teenagers. It is hoped that in this way the data collection process from the analysis unit can be collected quickly and precisely. How to distribute questionnaires to respondents by giving a set of questions or written questions to respondents to answer. Measuring tools in this research using nominal, ordinal, and interval scales. The distribution of questions in this study can be seen in the explanation in the following table.

Table 1. Distribution of Question Items

Variable	Dimensions	Question	Amount
Participation	Community communication	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 13,14, 15	15
	Community engagement	16,17, 18, 19, 20, 21, 22,23, 24, 25,26,	11
	community empowerment	27,28,29,30,31,32,33, 34,35	9
Stunting	Health and health services	1,2,3,4,5,6,7,8	8
	Education	9,10	2
	Agriculture and health programs: Water, sanitation and the environment	11,12	2
	Culture	13,14	2
	Economy	15	1
Total			50

The scale used is Likert, which is a scale used to measure attitudes, opinions, and perceptions of a person or group of people towards social phenomena. The range of scales in this study starts from choice with five alternative answers: very often; often; sometimes; seldom; never (Sugiyno, 2016). Another

technique uses documentation studies through reading materials such as research, journals, resource books and village profiles.

1. The validity or accuracy test is carried out in a way that if r count is greater than r table, then the item statement is said to be valid, and the minimum requirement that meets the requirements is r = o.3. If r count is smaller than r table, then the instrument is declared invalid (Sugiyono, 2016). Calculations using SPSS 25 tools.
2. The reliability test is the determination or constancy of the instrument regarding the consistency of the score resulting from the use of the instrument. Reliability uses internal consistency, namely by testing the instrument only once. The results obtained are also used to estimate the reliability of the instrument. For the correlation using the Pearson product moment, the Product Moment correlation formula uses SPSS 25. Data analysis technique using simple linear regression. Before carrying out the analysis, the researcher first calculated the normality test. The normality test was carried out using the Kolmogorof test followed by heteroscedasticity and multicollinearity calculations.
3. Normality Test-Kolmogorov-Smirnov Test
   The data population is normally distributed or cannot be calculated by the normality test. If the data is normally distributed, a parametric statistical test is used, but if the data is not normally distributed, a non-parametric statistical test is used. The normality test was carried out using the Kolmogorov-Smirnov test with SPSS 25.0. Statistics For Windows The interpretation of the normality test is sig. > 0.05 means the data is normally distributed.
4. Heteroscedasticity Test
   The purpose of carrying out the heteroscedasticity test is to test whether in the regression model there is an inequality of variance from the residuals of one observation to another. The way to determine whether heteroscedasticity exists or not is by looking at the scatterplot graph. If there is no clear pattern and the distribution of points above and below zero on the Y axis, then it can be said that there is no heteroscedasticity (Ghozali, 2011: 139)

   The hypothesis in this research is:

   H0: There is no significant (significant) effect of the participation variable (X) on the stunting prevention variable (Y).

   H1: There is a significant (significant) influence of the participation variable (X) on the stunting prevention variable (Y).

   Condition:

   (1). If t count > t table then H0 is rejected, statistically there is a significant effect.

   (2). If t count < t table then H0 is accepted, meaning that statistically there is no significant effect between participation on stunting prevention.
5. Multicollinearity Test
   Multicollinearity test was conducted to test whether the regression model has a correlation between independent variables. Whether there is multicollinearity or not, you can do it by looking at the tolerance value and the Variance Inflation Factor (VIF) value. These two measures show which independent variables can be explained by other independent variables (Ghozali, 2011: 160).
6. Simple Linear Regression Test
   Coefficient of Determination (R2). Simple linear regression testing by calculating the coefficient of determination. The coefficient of determination (R2) to measure how far the model's ability to explain the variation of the dependent variable. The value of the coefficient of determination is between zero and one. If the value of R2 is small, it indicates the ability of the independent variable to explain the limited variation of the dependent variable. A value that is close to one means that the independent variable provides almost all the information needed to estimate the variation of the dependent variable (Ghozali, 2011: 66).
7. Anova Test.

Linearity test is a procedure used to determine whether there is a linear relationship in the distribution of research data. The linearity test is known by using the F test, the criterion is if the sig value > 0.05 then the relationship of the independent variable with the dependent variable is linear or by comparing the F value with the criteria if Fcount <Ftable then the independent variable with the dependent variable is linear. After calculating with the help of the SPSS 25 program.

8. T Test

   The t statistical test basically shows how far the influence of one explanatory or independent variable individually explains the variation of the dependent variable (Ghozali, 2011: 66). The next step is to analyze the data based on the data that has been collected which is determined as a sample. Data analysis was carried out as follows: 1) Grouping data based on participation and stunting variables. 2) Tabulating data based on variables 3) Presenting data by tabulating data in the form of percentage tables, frequency 4) Performing descriptive quantitative analysis techniques with frequency and percentage calculations.

Further researchers conducted a simple regression analysis used to test the effect of one dependent variable on one independent variable. The size of the dependent variable can only be predicted when the results of the independent variables are known. Regression analysis can also be used to determine the linearity of the dependent variable and the independent variable.

Simple linear regression test is done in the following way:

1. Comparing the significant value with a probability of 0.05. If the significance value is <0.05, it means that the independent variable has an effect on the dependent variable.
2. Simple regression test steps: 1) open research data 2) select the analysis menu, then regression and click linear 3) enter variable x into the dependent column and variable y into the independent column, then the output results are displayed.
3. The first output: the enter variable is removed, the table explains the variables used and the variables removed. The following table explains the magnitude of the correlation value. Second: summary model, explaining the magnitude of the correlation/relationship R and explaining the magnitude of the percentage effect of the independent variable on the dependent variable is called the coefficient of determination of the results of squaring R. Third: ANOVA, looking at the real or significant effect of variable X on variable Y with a significant level or probability 0.000<0.05. It can be seen from the calculated F with a significance level or probability <0.05, the regression model can be used to predict the dependent variable or the dependent variable. Fourth: with (coefficient) can be seen in column B, t and significance (Widiyanto, Joko.2012).

The research carried out begins with a literature review followed by field analysis. The next step is making a proposal and then attending a proposal seminar to improving the proposal. The research was continued by collecting data into the field and then data processing, followed by making reports, attending research seminars and writing research results in journals.

The research location is in Leuwigoong Village, Leuwigoong Sub-district, Garut Regency. The unit of analysis in this study is the household, namely the family consisting of parents, namely fathers, mothers who have children under five, up to the age of 18 and are not married in Leuwigoong Village, Leuwigoong Sub-district. The total population is 3,699 households (Leuwigoong District in Figures 2021). The sampling method based on probability sampling in this study uses random sampling, where the sampling technique used for populations has members that are considered homogeneous. The calculation of determining the sample using the Macorr Sample Size Calculator, with an error rate of 10%, a total of 68 respondents were obtained. The research was conducted from April to November 2022.

RESULTS AND DISCUSSION

RESULTS

The results of the research are presented starting from the characteristics of the respondents, a description or description of the frequency and percentage, a simple linear regression test regarding the development of participation by preventing stunting.

Characteristics of Respondents

The characteristics of respondents based on gender can be explained in diagram 4.1 below:

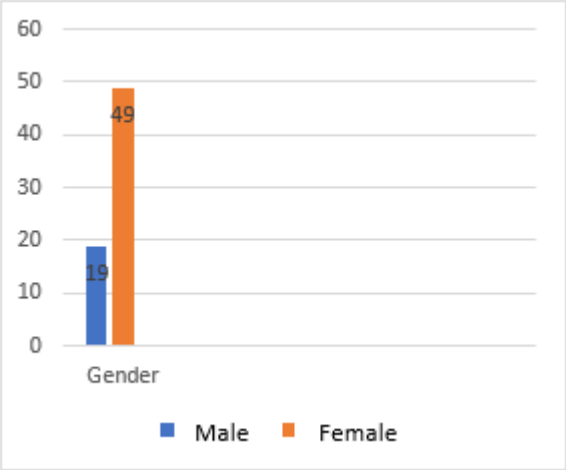

Figure 1. Diagram of Respondents' Characteristics by Gender

Based on diagram one it is almost 72%, while men are 28%. The dominant respondents are women.

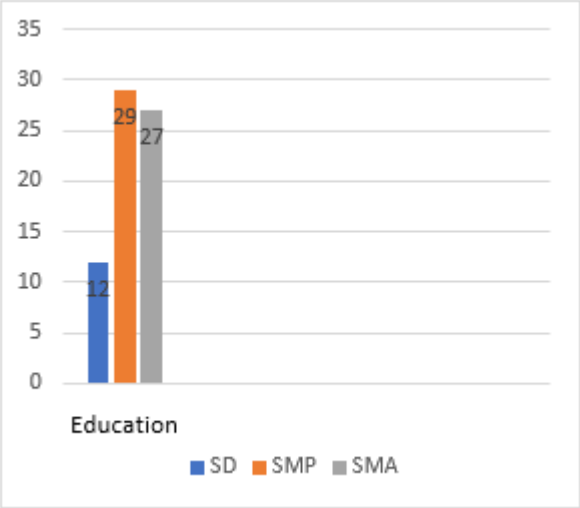

Figure 2. Diagram of Respondents' Characteristics Based on Education

Characteristics based on education, illustrates that the education of respondents is dominated by the junior high school education level of around 43.00%, almost the same as the high school education level of 39.30%. The smallest number is the level of elementary school education, namely 17.70%.

The characteristics of the respondents can also be seen from the age of the respondents, in the following diagram.

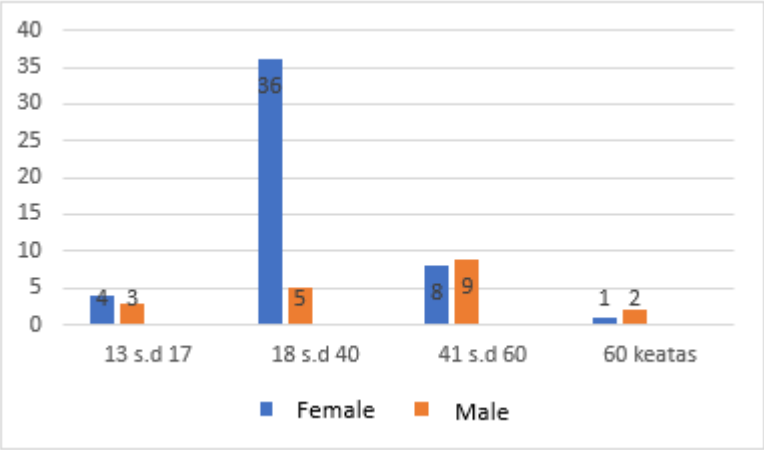

Figure 3. Diagram of Respondents' Characteristics by Age

Age characteristics were divided into four groups. The characteristics of the largest respondents are at the age of 18 to 40, which is 53% female and the smallest is aged 60 and over by 2%.

Descriptive Test Results for Community Participation and Stunting Prevention

A descriptive description of the research results can be seen from the results of calculating the frequency and percentage of Community Participation and Stunting Prevention. More details can be seen in the following table.

Table 2. Development of Community Participation

Community Participation		
Category	**F**	**%**
High	55	80.88
Moderate	13	19.12
Low	0	0.00
Amount	68	100.00

Based on table 4.3, it describes the development of community participation in the high category, namely as much as 80.88%. There is no community participation in the low category.

Table 3. Stunting Prevention

Stunting Prevention		
Category	**F**	**%**
High	37	54.41
Moderate	31	45.59
Low	0	0.00
Amount	68	100.00

Table 3 illustrates that stunting prevention is in the high category, namely 54.41%. There is no stunting prevention in the low category.

1. Validity Test

Researchers before processing the data first tested the validity and reliability of the questionnaire. The results of the validity test showed that the validity test on the stunting participation variable indicator produced a significance value of r pearson with the minimum requirement that met the requirements was r = o.3. Calculations using SPSS 25 tools.

The results of validity calculations are written in tabular form.

Table 4. Validity Test

Participation				Stunting	
Question	**Validity**	**Question**	**Validity**	**Question**	**Validity**
1	0. 509	**17**	0.557	**4**	0.394
2	0.520	**18**	0.710	**6**	0.640
3	0.592	**21**	0.425	**7**	0.729
4	0.494	**23**	0.323	**8**	0.766
5	0.621	**24**	0.462	**9**	0.690
6	0.590	**25**	0.455	**10**	0.810
7	0.476	**26**	0.354	**11**	0.678
8	0.421	**27**	0.445	**12**	0.758
9	0.558	**28**	0.332	**15**	0.399
10	0.711	**29**	0.634		
11	0.439	**30**	0.325		
12	0.529	**31**	0.586		
13	0.568	**32**	0.631		
14	0.463	**33**	0.487		
15	0.529	**34**	0.485		
16	0.631				

Based on the results of calculating the validity of the participation variable, there are 31 valid questions out of 35 questions and the validity of the stunting variable, there are 9 valid questions out of 15 questions.

2. Reliability test is the determination or constancy of the instrument regarding the consistency of scores resulting from the use of the instrument. Reliability uses internal consistency, namely by testing the instrument only once. The results obtained are also used to estimate the reliability of the instrument. For the correlation using the Pearson product moment, with the Product Moment correlation formula using SPSS 25. The results of the reliability calculation are written in tabular form.

Table 5. Reliability

Cronbach's Alpha	N Item
X=0.899	31
Y=0.742	9

Based on table 3.4, the Cronbach's Alpha value for variable X is 0.899 and variable Y = 0.742, all variables indicate very strong reliability.

3. Normality Test Results

The normality test was carried out using the Kolmogorov-Smirnov test with SPSS 25.0. The normality test results can be seen in the following table.

Table 6. Normality Kolmogorov-Smirnov Test (N=68)

		Unstandardized Residual
Normal Parameters	Mean	0.000
	Standart Deviasi	3.607
Most Extreme Differences	Absolut	0.073
	Positive	0.069
	Negative	-0.073
Test statistik		0.073
Asymp. Sig. (2-tailed)		0.200*

The Kolmogorov-Smirnov test results with a significance number of 0.200 describe normality because the asymp sign is 0.200 > 0.05. Based on the Asymp.Sig (2-tailed) significance test it can be concluded that the data is normally distributed.

4. Heteroscedasticity Test Results

The following results of the coefficient calculation can be seen in table 7.

Table 7. Heteroscedasticity

	Unstandardized Coefficients		**Standardized Coefficients**		
Model	B	Std Error	Beta	t	Sig
Constant	-4.962	3.562		-1.393	0.168
Partisipasi	0.046	0.028	0.200	1.654*	0.103*

Calculation results in table 7, t count 1.654 and t table with df 67 at t α 0.05 = 1.670. Based on the provisions if t count > t table then H0 is rejected and H1 is accepted. t count 1.654 < t table 1.670 means that there is a significant influence between community participation on stunting prevention. The result of the classic assumption test is known to be the sign value. 0.103 greater than 0.05 (0.103> 0.05) means that there is a close influence between community participation on stunting prevention.

5. Multicolonearity Test Results

The following is the result of the multicollinearity calculation of the tolerance value in the following table.

Table 8. Multicollinearity Test

	Unstandardized Coefficients		**Standardized Coefficients**			**Collinearity Statistics**	
Model	B	Std Error	Beta	t	Sig	Toleransi	VIF
Constant	22.824	4.341		5.258	0.000		
Partisipasi	0.082	0.034	0.283	2.397	0.019	1.000	1.000

VIF calculation results from the independent variable (development of participation) there is no independent variable that is less than 0.10. So it can be concluded that there is no multicollinearity between the independent variables (participation development) in the regression model.

6. Linear Regression of Participation R Square Test Results for Stunting Prevention

The following are the results of the determination test (R Square).

Table 9. Summary Model Test Results

Model	**R**	**R Square**	**Adjusted R Square**	**Std.Error of the Estimate**
1	.283	0.080	0.066	3.63475

The R value was obtained 0.283 which means that the correlation between the participation development variable and stunting prevention is 0.283. R square is a coefficient of determination of 0.08, meaning that the influence of the participation variable on stunting prevention is 8.00%, the rest is influenced by other variables, for example personal factors which include biological factors and psychological factors (Wright KO et al, 2018). This correlation value indicates the strength of the relationship between variables with less interpretation, because many factors can affect stunting prevention that were not examined in this study..

7. Linear Regression of Participation on Stunting Prevention

Hasil pengujian linearitas terangkum dalam tabel berikut.

Tabel 10. Liniearitas (N=68)

			Sum of Squares	**df**	**Mean Square**	**F**	**Sig**
Stunting * Partisipasi	Between Groups	(Combined)	436.701	36	12.131	0.736	0.813
		Linearity	75.929	1	75.929	4.605	0.040
		Deviation from Linearity	360.773	35	10.308	0.625	0.911*
	Within Groups		511.181	31	16.490		
	Total		947.882	67			

Based on table 10, the value of Sig* (0.911) > 0.05 means that the independent variable and the dependent variable are linear, with a significant level of 5%. This applies to the independent variable to the dependent variable, so that it can be concluded that the independent variable (participation development) has a linear relationship with the dependent variable (stunting prevention), so that the regression analysis can be continued to parameterized statistics.

8. Results of Participation Anova Test on Stunting Prevention

The Anova test explains whether there is an effect of variable X on variable Y. More details can be seen in table 11 below.

Table 11. Anova Test Results

Model	**Sum of Squares**	**df**	**Mean Square**	**F**	**Sig.**
1 Regression	75.929	1	75.929	5.747*	.019*
Residual	871.954	66	13.211		
Total	947.882	67			

The ANOVA table explains the real (significant) effect of the Participatory Development variable (X) on the Stunting Prevention variable (Y). Based on the output above, it can be seen that F count is 5,747 with a probability significance level of 0.019 <0.05, so the regression model can be used to predict stunting prevention variables.

9. Hypothesis Test Results (t test)

The output of the results of the simple linear regression equation coefficient can be seen in table 4.8 below.

Table 12. Simple Linear Regression Equation Results

	Unstandardized Coefficients		**Standardized Coefficients**		
Model	B	Stand.Error	Beta	t	Sig.
Constant	22.824	4.341		5.258	0.000
Partisipasi	0.082	0.034	0.283	2.397	0.019

It is known that the coefficient value of the regression equation in this study, using the following simple regression equation:

Y = a + bX

Note: X = Participatory development Y = Stunting prevention

Based on table 12, the output of the simple linear regression equation results is the coefficient obtained by the following regression equation: Y = 22,824 + 0,082 X. The changes above are an increase if b is positive and a decrease if b is negative. The coefficients of the simple linear regression equation above are known to be constant at 22,824 indicating that if the participation development variable is zero or fixed, it will increase stunting prevention by 22,824%. The participation development variable 0.082 indicates that if the participation development variable increases by 1 unit, stunting prevention will increase by 0.082 units or by 8.20%..

The output regression equation displays a significance test t test, which is to find out whether there is a real (significant) effect on variable X (development of participation) on variable Y (prevention of stunting).

The hypothesis in this study is as follows:

H0: There is no significant (significant) effect of the participation development variable (X) on the stunting prevention variable (Y)

H1: There is a significant (significant) effect on the variable of participation development (X) on the stunting prevention variable (Y)

Requirements:

1. If t count > t table then H0 is rejected, statistically there is a significant effect.

2. If t count <t table then H0 is accepted, meaning that statistically there is no significant effect between participation development and stunting prevention.

3. It is known that the distribution of table values is tα0.05 = 67 = 1.670 and t count = 2.397.

Based on the calculation, it is obtained t count (2.397) > t table (1.670). Because t count > t table, H0 is rejected and H1 is accepted. This means that there is a significant influence between the development of participation on stunting prevention, and from the results of the t test it is known that the value is sig. <0.05 or 0.019 <0.05, meaning that there is a close influence between the development of community participation on stunting prevention.

DISCUSSION

68 respondents stated that the participation development carried out by the community was high in efforts to prevent stunting 88.80%. Based on the ANOVA test, the value of Sig. 0.019 < 0.05, the development of community participation has an effect on stunting prevention. It can be concluded that there is an influence on the development of community participation in stunting prevention.

Based on the calculation Y = 22,824 + 0,082X or Stunting = 22,824 + 0,082 participation. This equation has a constant of 22,824, this number is a constant number which has meaning, if the participation variable (X) has a value of 0 then the stunting variable (Y) has a value of 22,824. Participation variable regression coefficient (X) has a positive value of 0.082. This figure means that each additional value of 1 unit in the participation variable (X) will increase the value of the stunting variable (Y) by 0.082 units. So the better the participation of the community, the better the efforts to prevent stunting.

Efforts to prevent stunting that have been carried out are more focused on fulfilling balanced nutrition during the growth and development of children (Trihono, 2015) and communication carried out (Maulida, Suriani, 2021).

This is in accordance with the results of research findings that communication in efforts to prevent stunting is in the high category (76.47%). Communication in the form of providing information related to stunting was carried out by the Posyandu 90%, socialization of stunting was carried out by the

Puskesmas 88.82%, and government officials (for example the village) provided information on stunting prevention to the community 88.82%.

Communication in the form of counseling provided by cadres and health workers has an impact on increasing stunting prevention and disease healing, as well as health recovery. The community is assisted in overcoming health problems including stunting prevention through communication-oriented service efforts (Sugianto, 2010). However, based on the research findings, there is still a lack of communication aspects (62.94%) in the form of understanding the community in terms of knowledge about stunting. According to Kusumastuti, Amar, 2020 requires the effectiveness of communication (counseling) in efforts to prevent stunting.

Prevention of stunting here is not only communication provided by officers but also needs to be done together with community involvement. According to the results of the study, overall community involvement is in the high category (85.29%), thus the direct involvement of the community in efforts to prevent stunting is higher than the other two sub-aspects, namely communication and empowerment. This is according to Syamsia et al. 2021, in an effort to prevent stunting it is necessary to increase socialization and education on healthy lifestyles.

Prevention of stunting apart from socializing and educating healthy lifestyles, is also related to empowering the community (Haryani, Astuti, Asri. 2021). According to the results of community empowerment research on stunting prevention, it is in the high category (77.94%). This has been proven that stunting prevention is not just a wish but a necessity for the community and the community is involved in every process of the stunting program, from implementation, evaluation to taking the benefits. The way this is done is through information communication and education to the public (Haryani, Astuti, Sari, 2021).

There are various factors that influence participation in stunting prevention, namely mother's age, mother's education, and the role of Posyandu distance cadres. Mother's age and education as well as the role of cadres are things that can have a big influence on participation efforts in stunting prevention. Another thing is distance and accessibility to social welfare services. While there are other factors that affect participation, namely that the condition that encourages participation is that people will participate if the activity is felt to be important because the activities carried out can bring significant changes. Participation activities received recognition and appreciation because the participation carried out received support from both the government and the community itself. In its structure and process, it raises the dignity of all those involved in participation (Ife, 2008)

According to Bamberger M., Shams K (1989:18) that community participation is a joint process of groups that exist in an area. According to (Hermawan Y., Suryono Y., 2016, what influences the development of community participation is communication, involvement and empowerment, especially in the community. However, many other factors also influence stunting prevention behavior, for example the effectiveness of communication from community groups in society. Communication (counseling) provided aims to change people's behavior, because communication-oriented services really help the community in overcoming health problems including efforts to prevent stunting.

CONCLUSION

The research findings prove that the development of community participation has an effect on efforts to prevent stunting. Based on the results of the research and discussion that has been carried out by researchers regarding the development of participation in stunting prevention, the following conclusions can be drawn:

1. ANOVA test with F count 5,747 with a probability significance level of 0.019 <0.05, it can be concluded that the regression model can be used to predict stunting prevention variables

2. The R square test found an R square value of 0.08 (8.00%) indicating that the independent variable (community participation) has an influence on stunting prevention, the rest is influenced by other variables.

3. The results of the t test found that t count > t table (2,397 > 1,670), meaning that Ho is rejected, it is statistically significant. Based on the results of the t test, the significant value is less than 0.05 (0.019

<0.05) meaning that there is a significant influence between the development of community participation on stunting prevention.

Suggestions in the research are based on the results of discussions and conclusions regarding the effect of participation development on stunting prevention in Leuwigoong Village. Researchers suggest that the strategy undertaken for efforts to develop community participation in stunting prevention is through increasing the effectiveness of information communication and education to the community through counseling in the Leuwigoong Village area.

BIBLIOGRAPHY

Bamberger M, Shams K. 1989. Community Participation in Project Management The Asian Experience. Kualalumpur: Asian and Pacific Development Centre.

Casale D, Desmond C. 2015. Recovery from Stunting and Cognitive Outcomes in Young Children: Evidence from The South African Birth to Twenty Cohort Study. Journal Dev Orig Health Dis. 7(2): 163-71.

Chandra B.R., Humaedi, S. 2020. Faktor-Faktor Yang Mempengaruhi Partisipasi Orang Tua Anak Dengan Stunting Dalam Pelayanan Posyandu Di Tengah Pandemi Covid19. Prosiding Penelitian & Pengabdian Kepada Masyarakat. Vol 7 No.2. Hal: 444 – 448. e ISSN: 2581-1126 p ISSN: 2442-448X.

Creswell, J.W. 2016. Reasearch Design Qualitative, Quantitative, and Mixed Methods Approaches. Sage Publication, Inc.

Fahrudin, Adi. 2011. Pemberdayaan Partisipasi dan Penguatan KapasitasMasyarakat. Bandung: Humaniora.

Ghozali, I. (2016). Aplikasi Analisis Multivariete dengan Program IBM SPSS 23 (VIII). Semarang: Badan Penerbit Universitas Diponegoro.

Hanif, Nurcholis. (2011). Pertumbuhan & Penyelenggaraan Pemerintahan Desa. Jakarta: Erlangga.

Haryani S, Astuti PA, Sari K. 2021. Pencegahan Stunting Melalui Pemberdayaan Masyarakat Dengan Komunikasi Informasi Dan Edukasi di Wilayah Desa Candirejo Kecamatan Ungaran Barat Kabupaten Semarang. Jurnal Pengabdian Kesehatan. STIKES Cendekia Utama Kudus. P-ISSN 2614-3593 E-ISSN 2614-3607 Vol. 4, No. 1, Januari 2021 http://jpk.jurnal.stikescendekiautamakudus.ac.id

Ife, Jim dan Tesoriero, Frank. 2008. Community Development: Alternatif Pengembangan Masyarakat di Era Globalisasi. Yogyakarta: Penerbit Pustaka Pelajar.

Iswanto Ahmad Yusuf. 2021. Skripsi. Partisipasi Masyarakat Dalam Penanggulangan Balita Stunting Melalui Program Kegiatan Gizi Puskesmas Kutukan di Desa Kediren Kecamatan Randublatung Blora. UIN Walisongo Semarang.

Kementerian Kesehatan RI. 2018-60. Buku Saku Pemantauan Status Gizi Tahun 2017. Jakarta: Kementerian Kesehatan RI.

Kecamatan LEUWIGOONG Dalam Angka. 2021. Badan Pusat Statistik Kabupaten Garut. ISSN: - No. Publikasi: 32050.2138 Katalog: 1102001.3205250.

Koentjaraningrat. 2009. Pengantar Ilmu Antropologi. Jakarta: RinekaCipta

Mardikanto, T. 2013. Pengembangan masyarakat. Surakarta: UNS Press.

Mardikanto, T & Soebianto, P. (2013). Pemberdayaan Masyarakat, Dalam Perspektif Kebijakan Publik. Bandung: Alfabeta.

Maulida, Suriani. 2022. Pengaruh Komunikasi Dan Mobilisasi Kader Posyandu Terhadap Upaya Pencegahan Stunting. Jurnal Keperawatan Sriwijaya. Volume 8 Nomor 1, Januari 2021, p-ISSN 2355-5459, e-ISSN 2684-9712

Nurbudiawati, dkk. 2020. Partisipasi Masyarakat Dalam Pencegahan Stunting Di Kabupaten Garut.Dinamika: Jurnal Ilmiah Ilmu Administrasi Negara e-ISSN 2614-2945. Volume 7 Nomor 2.

Persatuan Ahli Gizi Indonesia (PERSAGI). 2018. Stop Stunting dengan Konseling Gizi. Jakarta: Penebar Plus

Piškur B, Ramon Daniëls, Marian J Jongmans, Marjolijn Ketelaar, Rob JEM Smeets, Meghan Norton1 and Anna JHM Beurskens. 2014. Participation and social participation: are they distinct concepts. Clinical Rehabilitation 2014, Vol. 28(3) 211–220 © The Author(s) 2013 Reprints and permissions: sagepub.co.uk/journalsPermissions.nav DOI: 10.1177/0269215513499029 cre.sagepub.com.

Prendergast A.J., Humphrey J.H. 2014. The Stunting Syndrome in Developing Countries. Pediatr Int Child Health. 34(4): 250-6.

Soekanto, Soejono. 2012 Sosiologi Suatu Pengantar. Jakarta : PT Raja Grafindo Persada.

Sugianto, D. (2010). Tanggapan Pasien tentang Komunikasi Antar personal Tenaga Kesehatan melalui Konseling di UPT Puskesmas Caring in Bandung. Skripsi Prodi Ilmu Komunikasi, konsentrasi Humas, FISlP Univ Komputer Indonesia. Bandung.

Sugiyono. 2016. Metode Penelitian Kuantitatif Kualitatif dan R & D. Bandung: Alfabeta.

Syamsia dkk. 2022. Penanggulangan Stunting Melalui Peningkatan Partisipasi Masyarakat dengan Sosialisasi dan Edukasi Pola Hidup Sehat di Kabupaten Lombok Barat. Jurnal Pengabdian Masyarakat Oktober, Vol.4, No.3, hal, 377-385ISSN(P):2622-6332;ISSN(E):2622-6340. http://www.ojs.unanda.ac.id/index.php/tomaega

Trihono, Atmarita, Tjandrarini DH, U Irawati A, Utami NH, dkk. 2015. Pendek (Stunting) di Indonesia, Masalah dan Solusinya. Edisi ke-1. Jakarta: Lembaga Penerbit Balitbangkes.

Uceng A. 2019. Analisis Tingkat Partisipasi Masyarakat Terhadap Pembangunan Sumber Daya Manusia Di Desa Cemba Kecamatan Enrekang Kabupaten Enrekang. Jurnal MODERAT, Volume 5, Nomor 2, Mei 2019, hlm 1-17 Website: https://jurnal.unigal.ac.id/index.php/moderat. ISSN: 2442-3777 (cetak). ISSN: 2622-691X (online).

Unicef, WHO, Word Bank Group. Levels and Trens in Malnutrion. 2018. UNICEF/ WHO/ World Bank Group Joint Child Malnutrition Estimates. Widwifery.

WHO. 2014. Childhood Stunting: Challenges and Opportunities. Report of a Promoting Healthy Growth and Preventing Childhood Stunting Colloquium. Geneva: World Health Organization.

Widiyanto, Joko.2012. SPSS for windows. Surakarta. Badan Penerbit: FKIP Universitas Muhammadiyah Surakarta.

Wright KO, Shogbamimu Y, Akinbami A, Adebisi R, Senbanjo I, Iolade A. Nutritional status ofchildren in a wellchildclinic in Lagos, Nigeria. African J Food, AgricNutrDev. 2018;18(03):13602–16.