FATHER ENGAGEMENT PROGRAM FOR STUNTING PREVENTION: A COMMUNITY SERVICE ACTIVITY IN TALANG BANJAR PRIMARY HEALTH CENTER, JAMBI CITY

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ABSTRACT

Background: Stunting remains a significant health problem in Jambi City, with Talang Banjar Primary Health Center recording the highest number of cases (113 children) in 2024. Fathers' involvement in stunting prevention is often overlooked despite their strategic role in family decision-making. **Objective:** This community service activity aimed to implement a father engagement program to increase fathers' awareness and participation in stunting prevention in the working area of Talang Banjar Primary Health Center. **Methods:** The activity was conducted through a one-day workshop attended by 40 fathers of children aged 0-59 months. The program included an interactive lecture on stunting prevention, a nutritional label reading practice session, and a group discussion on fathers' roles in family nutrition. **Results:** The workshop was attended by 40 fathers from for villages in the working area of Talang Banjar Primary Health Center. Participants showed high enthusiasm during the interactive lecture and practical sessions. Based on observations and discussions, fathers expressed increased awareness of the importance of their involvement in stunting prevention. Several challenges were identified, including time constraints and economic factors, which need to be addressed in future programs. **Conclusions:** The father engagement program through a one-day workshop successfully engaged fathers and increased their awareness of stunting prevention. This community service activity demonstrates he potential of rather-focused interventions to support stunting reduction efforts in Jambi City. Recommendations for future programs include integrating father engagement into routine primary health center activities and conducting follow-up evaluations.

Keywords: father engagement; stunting prevention; community service; workshop

ABSTRAK

Latar Belakang: *Stunting masih menjadi masalah kesehatan yang signifikan di Kota Jambi, dengan Puskesmas Talang Banjar mencatat jumlah kasus tertinggi (113 anak) pada tahun 2024. Keterlibatan ayah dalam pencegahan stunting sering diabaikan meskipun peran strategis mereka dalam pengambilan keputusan keluarga.* ***Tujuan:*** *Kegiatan pengabdian masyarakat ini bertujuan untuk mengimplementasikan program keterlibatan ayah guna meningkatkan kesadaran dan partisipasi ayah dalam pencegahan stunting di wilayah kerja Puskesmas Talang Banjar, Kota Jambi.* ***Metode:*** *Kegiatan dilaksanakan melalui lokakarya satu hari yang diikuti oleh 40 ayah dari anak usia 0-59 bulan. Program ini mencakup ceramah interaktif tentang pencegahan stunting, sesi praktik membaca label gizi, dan diskusi kelompok tentang peran ayah dalam gizi keluarga.* ***Hasil:*** *Lokakarya dihadiri oleh 40 ayah dari empat desa di wilayah kerja Puskesmas Talang Banjar. Peserta menunjukkan antusiasme yang tinggi selama sesi ceramah interaktif dan praktik. Berdasarkan observasi dan diskusi, para ayah menyatakan peningkatan kesadaran tentang pentingnya keterlibatan mereka dalam pencegahan. Stunting. Beberapa kendala diidentifikasi, termasuk keterbatasan waktu dan faktor ekonomi, yang perlu diatasi dalam program mendatang.* ***Kesimpulan:*** *Program keterlibatan ayah melalui lokakarya satu hari berhasil melibatkan para ayah dan meningkatkan kesadaran mereka tentang pencegahan stunting. Kegiatan pengabdian masyarakat ini menunjukkan potensi intervensi yang berfokus pada ayah untuk mendukung upaya penurunan stunting di Kota Jambi. Rekomendasi untuk program ke depan termasuk mengintegrasikan keterlibatan ayah ke dalam kegiatan rutin puskesmas dan melakukan evaluasi lanjutan.*

Kata kunci: *keterlibatan ayah; pencegahan stunting; pengabdian masyarakat; lokakarya*

INTRODUCTION

Stunting is a form of chronic malnutrition that affects children's physical and cognitive growth, becoming a significant global health problem.[1,2] This condition is defined as height more than two standard deviations below the median of the WHO child growth standards, resulting from chronic malnutrition and recurrent infections during the first 1,000 days of life.[1,3,4] Stunted children also show developmental deviations, with 44.4% experiencing delays in speech, language, and motor skills.[5] Stunting also significantly affects children's

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intelligence, with stunted children having 4.6 times higher risk of lower IQ, and poorer academic achievement, especially if stunting persists beyond 2 years of age.[6–8] In 2024, the global prevalence of stunting in children under five years reached 23.2%, affecting approximately 150.2 million children worldwide.[3] At the national level, the 2024 Indonesian Nutritional Status Survey (SSGI) showed that the national stunting prevalence had decreased to 19.8%, exceeding Bappenas's projection target.[9] Nevertheless, regional disparities remain a challenge, with various regions still recording above-average rates.

In Jambi City, stunting prevalence in 2023 reached 13.5%, but 2024 data showed variations across primary health center working areas.[10] Talang Banjar primary Health Center recorded the highest number of stunting cases in the city, with 113 children based on a direct survey from the Jambi City Health Office. Stunting remains prevalent among children in Jambi city, including of school age.[11,12] Socioeconomic factors such as low income[13] and working mothers are the main obstacles, while inequality in access to nutritional interventions emphasizes the need for a family-based approach including father involvement.[14,15]

The focus on fathers' roles in stunting prevention is based on the recognition that child care is not solely the mother's responsibility.[16] Systematic research shows that father involvement in child can increase family awareness of balanced nutrition and fulfillment of nutritional needs, thereby significantly reducing the risk of stunting.[17,18] Toddlers who do not receive complementary feeding have a 7.4-fold higher risk of stunting.[19,20] Through father engagement, families are encouraged to adopt holistic healthy living behaviors, making stunting prevention interventions more effective and sustainable.[21,22] Data from the working area of Talang Banjar Primary Health Center indicate that approximately 55.4% of stunting cases are still related to relatively young maternal age and lack of partner support.[14,23] However, a cross-sectional study by Rahma et al.[24] found no significant association between father's involvement and stunting incidence, suggesting the need for interventional studies to evaluate the direct impact of father engagement.

The high number of stunting cases in the working area of Talang Banjar primary Health Center, combined with the limited involvement of fathers in stunting prevention programs, highlights the urgent need for community service activities that specifically target fathers. The existing programs, such as Posyandu (integrated health posts) and prenatal classes, predominantly involve mothers, leaving fathers with limited knowledge and skills to contribute to stunting prevention. This community service activity aims to implement a father engagement program through a one-day workshop to increase fathers' awareness and participations in stunting prevention in the working area of Talang Banjar Primary Health Center, Jambi City. The programs focused on providing fathers with practical knowledge about stunting, it causes, and preventions strategies, as well as hands-on skills such as reading nutrition labels and preparing complementary feeding.

METHODS

Location and Time

This community service activity was conducted in the working area of Talang Banjar Primary Health Center, Jambi City, which covers four villages: Tanjung Sari, Talang Banjar, Budiman, and Sulanjana. The activity took place from December 2025 to May 2026, with the workshop implementation on April 29, May 1, 2, and 8, 2026.

Participants

The activity involved 40 fathers who had children aged 0-59 months in the working area of Talang Banjar Primary Health Center. Participants were recruited using consecutive sampling technique. Inclusion criteria were: biological fathers of children aged 0-59 months, living in the same house hold as the child, willing tom participate in the workshop, and able to read and write Indonesian. Exclusion criteria were: fathers with severe cognitive or communication disorders, not residing in the study area during the intervention period, or having children with chronic disease affecting growth.

Activity Design and Procedure

The father engagement program was designed as a one-day workshop with a total duration of 2 hours 40 minutes. This workshop consisted of several sessions, each designed to achieve specific objectives:

1. Registration and Opening (15 minutes): Participants registered and received workshop materials. The opening session included an introduction to the program objectives and an overview of the day's activities.
2. Pretest (20 minutes): A brief questionnaire was administered to assess participants' baseline knowledge and perceptions about stunting prevention. This was conducted to tailor the subsequent sessions to the participants' needs.
3. Interactives Lecture (30 minutes): A lecture was delivered on the following topics: definition and causes of stunting, consequences of stunting of child development, the role of fathers in stunting prevention, and practical strategies for preventing stunting at the household level. The lecture used simple language and visual aids to enhance understanding.
4. Nutrition Label Reading Practice Workshop (45 minutes): Participants were divided into small groups to discuss challenges and solutions related to father involvement in child nutrition. A facilitator guided the discussion, and each group presented their conclusions to the larger group.

5. Posttest (20 minutes): The same questionnaire was administered to assess changes in participants' knowledge and perceptions following the workshop.
6. Closing (10 minutes): The workshop concluded with a summary of key messages and a group photo.

Materials and Facilities

Workshop materials included presentation slides, sample food packaging for nutrition label reading practice, and evaluation questionnaire. The activity was conducted at four different locations, namely the homes of health cadres in each village: Tanjung Sari, Talang Banjar, Budiman, and Sulanjana. Each location was equipped with basic facilities for the workshop, including projector, sound system, and seating arrangements for interactive discussions.

Implementation Team

The activity was implemented by a team consisting of the community service coordinator and two trained facilitators. the interactive lecture was delivered by the corresponding author (Gina Sonia), while the facilitators assisted in coordinating the sessions, guiding the nutrition label reading practice, and facilitating group discussions.

Ethical Clearance

This community service had received ethical approval from the Research ethics Committee of the Faculty of Medicine and Health Sciences, University of Jambi (certificate number 188/DST/UN21.8/PT.01.04/2026), as well as activity permission from Talang Banjar Primary Health Center (letter number 400.14.5.4/77/DINKES/I/2026). All respondents signed informed consent after being explained the purpose of procedures of the activity.

RESULTS AND DISCUSSION

Characteristics of Participants

This community service activity involved 40 fathers who had toddlers in the working area of Talang Banjar Primary Health Center. The mean age of respondents was 38.20 years (SD = 9.87), ranging from 18 to 65 years. All respondents (100%) had received formal education, with the majority having senior high school education (60%). Based on monthly income, 47.5% of respondents were in the income category of Rp3,234,525 – Rp6,469,070, 45% in the category ≤ Rp3,234,535, and 7.5% in the category ≥ Rp6,469,070. Most respondents had 2 children (40.0%).

Table 1. Characteristics of Respondents

Characteristics	Frequency (f)	Percentage (%)
Education Level		
No School	0	0
Elementary School	7	17.5
Junior High School	4	10.0
Senior High School	24	60.0
Diploma/Bachelor/higher	5	12.5
Monthly Income		
≤ Rp3.234.535	18	45.0
≥ Rp3.234.535 – Rp6.469.070	19	47.5
≥ Rp6.469.070	3	7.5
Number of Children		
1 child	12	30.0
2 children	16	40.0
≥ 3 children	12	30.0
Total	40	100

The characteristics of participants, the majority of whom were in productive adulthood with secondary education higher, provided a good foundation for intervention effectiveness. A study by Sugiyanti et al. (2024) found that fathers with low education had 2.404 times higher risk of having stunted toddlers, highlighting the importance of educational interventions targeting fathers.[25]

Implementation of the Father Engagement Program

The one-day workshop was successfully conducted on April 29, May 1, 2, and 8, 2026, at Talang Banjar Primary Health Center. A total of 40 fathers participated in the program, representing four villages in the working area. The workshop consisted of seven sessions: registration and opening, pretest, interactive lecture, nutrition label reading practice, structured discussion and Q&A, posttest, and closing.

Figure 1. Interactive lecture session on stunting prevention with participating fathers.

During the interactive lecture session, participants showed high enthusiasm and actively asked questions about stunting causes and prevention strategies. The facilitator used simple language and visual aids to explain complex concepts, which helped participants understand the material more easily. The lecture covered key topics including the definition and causes of stunting, consequences on child development, the role of fathers in stunting prevention, and practical strategies for preventing stunting at the household level.

Figure 2. Nutrition label reading practice session with fathers.

The nutrition label reading practice session was one of the most engaging parts of the workshop. Participants were given sample food packaging and guided through the process of interpreting nutritional

information. This hands-on activity aimed to equip fathers with practical skills to choose nutritious foods for the children. Many participants expressed that this was the first time they had paid attention to nutrition labels, indicating a gap in their previous knowledge.

Figure 3. Group photo of participants and facilitators after the workshop.

The structured discussion and Q&A session allowed fathers to share their experiences and challenges related to child nutrition. Common challenges identified included time constrains due to work, economic factors limiting food choices, and cultural norms that place child-rearing responsibilities primary on mothers. The discussion also generated several solutions, such as involving fathers in meal planning, utilizing local nutritious foods, and integrating father engagement into routine Posyandu activities.

Evaluation of the Workshop

Based on observations and post-workshop discussions, the workshop successfully increased participants' awareness of the importance of father involvement in stunting prevention. Many participants expressed a commitment to apply their new knowledge and skills in their daily lives. The increase in awareness was evident from the active participation during the nutrition label reading practice and the quality of questions raised during the discussion session. The pretest and posttest questionnaires, administered to assess initial knowledge and perceptions, showed that participants had a basic understanding of stunting before the workshop, but many were unclear about the specific role fathers could play in prevention. Following the workshop, participants demonstrated improved understanding of practical strategies for preventing stunting. However, it is important to note that the primary purpose of this community service activity was engagement and awareness-raising, rather than measuring statistically significant changes in knowledge[26–28].

Supporting and Hindering Factors

Several factors supported the successful implementation of the workshop. First, the strong support from Talang Banjar Primary Health Center, including the provision of facilities and assistance with participant recruitment, was crucial. Second, the high enthusiasm of participants demonstrated community interest in father-focused interventions. Third, the use of interactive methods, such as hands-on practice and group discussions, facilitated active learning. However, several hindering factors were also identified. First, time constrains due to fathers' work schedules made it difficult for some participants to attend the full workshop. Second, economic factors limited some families' ability to implement the recommended dietary changes. Third, cultural norms that positions mothers as primary caregivers for children presented a barrier to father involvement. These challenges highlight the need for future programs to consider flexible scheduling, economic empowerment components, and community-based approaches to address cultural norms[29–31].

Comparison with Previous Studies

The findings of this community service activity align with previous research suggesting that father engagement can positively influence stunting prevention efforts. Systematic research shows that father involvement in child care can increase family awareness of balanced nutrition and fulfillment if nutritional needs, thereby reducing the risk of stunting.[13,16] However, a cross-sectional study by Rahma et al.[24] found no significant association between father's involvement and stunting incidence, suggesting that the relationship between paternal involvement and stunting outcomes may be complex and influenced by multiple factors.

The present community service activity differs from previous studies in its focus on implementation and engagement rather than statistical analysis. The workshop approach allowed for direct interaction with fathers, providing opportunities to address specific challenges and generate practical solutions. The identifications of

hindering factors, such as time constrains and cultural norms, provides valuable insights for designing future programs.

Implication for Practice

The successful implementation of this father engagement program has several implications for practice. First, it demonstrates that father-focused interventions are feasible and well-received in the community health setting. Second, it highlights the importance of practical, hands-on activities such as nutrition label reading practice in increasing engagement and understanding. Third, it identifies key challenges that need to be addressed in future programs, including scheduling flexibility and economic support.

Based on the outcomes of this community service activity, the following recommendations are proposed:

1. Integrated father engagement into routine primary health center activities, such as Posyandu and prenatal classes, to reach more fathers and reinforce key messages.
2. Schedule workshops at times that accommodate fathers' work commitments, such as weekends or evenings.
3. Include economic empowerment components in the future programs to address financial barriers to healthy nutrition.
4. Conduct follow-up evaluations to assess the long-term impact of father engagement programs in child nutritional outcomes.

CONCLUSION

The one-day father engagement workshop successfully engaged 40 fathers in the working area of Talang Banjar Primary Health Center, Jambi City. Participants showed high enthusiasm and increased awareness of the importance of father involvement in stunting prevention. Several challenges were identified, including time constraints, economic factors, and cultural norms. This community service activity demonstrates the potential of father-focused interventions to support stunting reduction efforts. Future programs should integrate father engagement unto routine primary health center activities, accommodate fathers' schedules, and address economics and cultural norms.

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