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Gender Leadership in Accelerating Stunting Reduction: Women's Participatory Governance in Serang Regency, Banten Province

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Abstract

Background: Stunting remains a critical public health challenge in Indonesia, particularly in regions with pronounced gender inequalities in household decision-making. Serang Regency recorded one of the highest stunting prevalence rates nationally, at 39.43% in 2019, making it a priority area for accelerated intervention.
Objective: This study examines gender leadership in handling stunting in Serang Regency, Banten Province, and constructs an evidence-based model for gender-responsive stunting management.
Methods: A qualitative descriptive design was employed. Data were collected through in-depth interviews with 15 key informants selected via purposive sampling, six months of field observations, and document analysis of regulatory instruments, including Regent Regulation No. 40/2021 and nutrition monitoring data from SSGI and e-PPGBM. Data validity was ensured through source triangulation, method triangulation, and member checking.
Results: The findings indicate that gender leadership is a determining factor in stunting prevention. Female leadership strengthens multi-stakeholder coordination through participatory and empathetic approaches, improves family health literacy, and addresses structural gender blindness in policymaking. Barriers include limited women's representation in decision-making, gender-biased household norms, and constrained frontline resources.
Conclusion: The gender leadership model rests on four pillars: women's strategic leadership, community-based women's leadership, gender-responsive policies, and community education for shared family roles—each reinforced by psychological dimensions. These findings provide practical guidance for local governments in designing sustainable stunting reduction strategies.

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INTRODUCTION

The fundamental purpose of the state is to create a social order that guarantees the welfare of its people. The 1945 Constitution mandates the state to protect the entire Indonesian nation and its territory, advance public welfare, educate the national life, and participate in establishing a world order based on independence, lasting peace, and social justice. This obligation requires the state to ensure that every citizen receives protection for survival, including protection against malnutrition and premature death. Children under five, pregnant women, and low-income families are the most vulnerable groups and are therefore at the center of state

protection priorities (Budiardjo, 2008). Interventions such as immunization, maternal and child health services, supplementary nutrition, and assistance for families at risk of stunting represent tangible forms of this constitutional responsibility.

Furthermore, the goal of realizing social justice for all Indonesian people is closely intertwined with the agenda of accelerating stunting reduction. Stunting is more prevalent among low-income groups, rural communities, disadvantaged regions, and families experiencing gender inequality in household decision-making. In other words, stunting reflects structural social injustice. If the state succeeds in reducing stunting prevalence evenly, it indicates that social disparities are narrowing and that development outcomes are being distributed more equitably across all levels of society.

Stunting poses a serious threat to the development of a high-quality generation with strong human resources (healthy, intelligent, and productive) which significantly influences national development. The success of human resource development is commonly measured using the Human Development Index (HDI). The UNDP Human Development Report 2023/2024 ranked Indonesia 112th out of 193 countries with an HDI of 0.713, reaffirming the urgent need to improve nutrition and child health outcomes (UNDP, 2025). One contributing factor to Indonesia's relatively low HDI is persistent malnutrition and inadequate public health conditions (Laksono et al., 2022).

The low level of nutrition and public health in Indonesia is reflected in the still high infant mortality rate (IMR) of 24 per 1,000 live births and the maternal mortality rate (MMR) of 305 per 100,000 live births (Ministry of Health, 2021). Nutritional status is a key target in the 2020–2024 National Medium-Term Development Plan (RPJMN), particularly in efforts to reduce stunting and wasting (Bappenas, 2020).

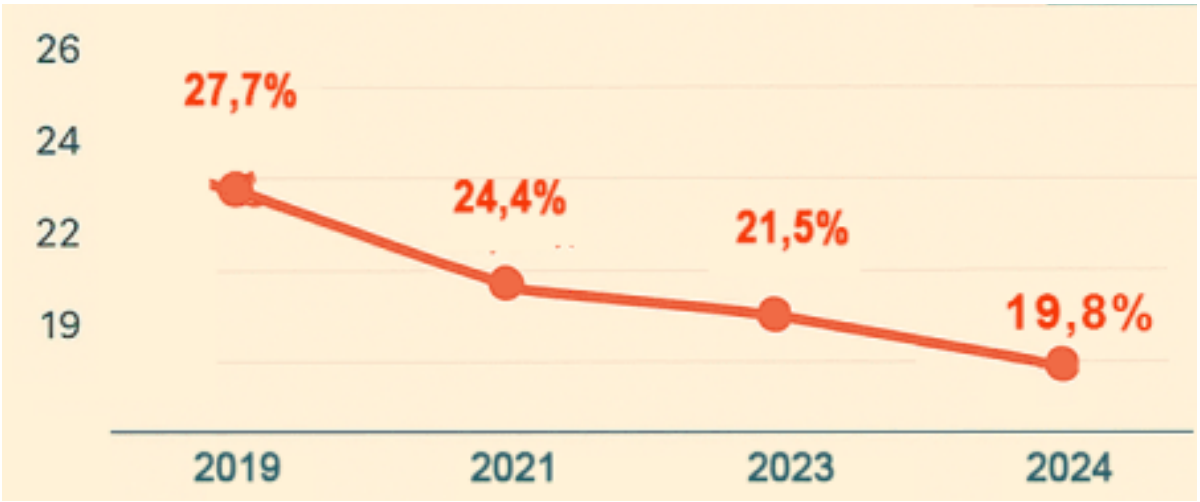

Figure 1. Stunting Prevalence in Indonesia 2019 – 2024
Source: Indonesian Nutrition Status Survey (SSGI, 2024)

The reduction in stunting rates in Indonesia shows significant progress. Based on the results of the Indonesian Nutrition Status Survey (SSGI, 2024), the national prevalence has been successfully reduced to 19.8%. This achievement is the result of various interventions that have been consistently implemented over the past five years, during which the stunting rate has gradually declined from 27.7% in 2019. This reflects that efforts to improve children's health and the quality of human resources in Indonesia are aligned with the targets and directions of planned development policies.

The achievement of a stunting prevalence of 19.8% even slightly exceeded the government's target for 2024, which was set at 20.1%. This downward trend provides positive evidence that efforts to accelerate stunting reduction in Indonesia are moving in the right direction. In the 2020–2024 National Medium-Term Development Plan (RPJMN), the government targeted a significant reduction in stunting to 14% by 2024. Although this target was ambitious, political commitment at the national level remains strong, with stunting positioned as one of the top development priorities across sectors. In fact, Vice President K.H. Ma'ruf Amin emphasized a

long-term target of eliminating stunting by 2030 (0%) as part of efforts to achieve the Sustainable Development Goals (SDGs). Therefore, more intensive and integrated measures are required to realize these goals.

Addressing stunting is not only a technical health issue but is also closely related to leadership and gender dimensions. Serang Regency was selected as the study site because it represents a strategically significant case: it recorded the highest stunting prevalence in Banten Province (39.43% in 2019) yet demonstrated a meaningful decline through intensive multisectoral interventions driven by proactive women's leadership and grassroots women's mobilization (Dinas Kesehatan Kabupaten Serang, 2023). This combination makes Serang Regency an analytically rich case for examining gender leadership in stunting reduction.

Previous studies have examined gender and stunting from nutritional perspectives (WHO, (2022) and UNICEF Indonesia (2023) and governance perspectives and Gulo (2023), but few have explicitly linked gendered leadership practices to stunting outcomes at the local government level. Saputri (2020) reviewed women's roles in stunting management but did not analyze leadership dimensions or construct an operational model. This study addresses that gap by integrating Murniati's (2004) four-dimensional framework with empirical field data, generating a locally grounded and replicable gender leadership model for stunting reduction.

The novelty of this study lies in three dimensions: (1) it is among the first to empirically validate Murniati's (2004) framework in the context of regency-level stunting management in Indonesia; (2) it constructs an original transformational–social gender leadership model that integrates psychological change dimensions with structural governance pillars; and (3) it provides evidence that participatory and empathetic leadership yields different program outcomes compared to technocratic approaches.

This study aims to (1) analyze and describe gender leadership practices in addressing stunting in Serang Regency; and (2) construct an ideal model of gender leadership for stunting management. Scientifically, this study contributes to the intersecting fields of public administration, public health, and gender studies. Practically, it offers local governments an operational framework for mainstreaming gender perspectives in stunting reduction programs.

In the theoretical framework, gender leadership is grounded in Murniati (2004), who articulates women's leadership through four dimensions: (1) encouraging participation, (2) sharing power and information, (3) cultivating others' capacity for growth and self-improvement, and (4) enabling others to feel pride in their work. Murniati's framework was selected because, unlike predominantly Western theories, it is rooted in Indonesian women's sociocultural experiences and has been validated in Indonesian public sector contexts. These dimensions are operationalized as research indicators and guide the interview framework.

However, to enrich the discussion, Murniati's concept should be read in dialogue with other leadership theories. Eagly (2007) explain that women tend to develop more participatory and democratic leadership styles. Rosener (2011) describes this as interactive leadership, which emphasizes participation, empowerment, and information sharing. Forester (1991), through the concept of transformational leadership, highlights the importance of a leader's ability to drive changes in values and collective commitment. Meanwhile, Northouse (2025) views effective leadership as the process of influencing groups to achieve shared goals. Thus, gender leadership in the context of stunting should be understood not merely as the presence of women in formal positions, but as leadership practices that mobilize communities, build trust, and generate policies sensitive to the lived experiences of women and children.

METHOD

This study employed a descriptive qualitative approach Creswell (2003), chosen because it enabled an in-depth understanding of the meaning, processes, and interaction dynamics in gender leadership practices in stunting management. A qualitative approach was considered appropriate for capturing empirical realities in a contextual manner, particularly the relationships between leadership, community, policy, and family within the research locus.

The research was conducted in Serang Regency, Banten Province. This location was selected purposively because Serang Regency had the highest stunting prevalence in Banten Province (39.43% in 2019), had a dedicated stunting regulation (Peraturan Bupati No. 40/2021),

and was characterized by visible women's leadership at both government and community levels. The study was conducted over six months, from January to June 2025. The research questions consisted of two main inquiries: how gender leadership functioned in handling stunting in Serang Regency, and what the ideal model looked like.

Research data were obtained through in-depth semi-structured interviews with 15 key informants selected through purposive sampling, including the Regional Head (Bupati), Head of the Health Office, Head of the Women's Empowerment Office, TPPS coordinator, PKK administrators at regency and sub-district levels, Posyandu cadres, village midwives, Puskesmas heads, and beneficiary mothers; as well as field observations and document analysis of policy documents, including regional regulations and stunting-related data. The conceptual framework used Murniati's (2004) four-dimensional women's leadership theory as operational indicators for the interview instruments.

Data analysis was conducted using qualitative techniques involving data reduction, data display, interpretation, and conclusion drawing (Miles et al., 2014). To ensure validity, several verification strategies were applied: (1) source triangulation, by comparing information from government officials, community leaders, health workers, and beneficiary families; (2) method triangulation, by cross-checking interview data with observations and document analysis; (3) member checking, by returning interpreted findings to key informants; and (4) peer debriefing with academic colleagues (Creswell, 2003).

RESULTS AND DISCUSSION

Results

Gender Leadership in Handling Stunting in Serang Regency

The discussion of gender leadership in handling stunting in Serang Regency can be understood through the four dimensions of women's leadership according to Murniati (2004), which also serve as the operational basis of this research. This focus is important because the study does not merely seek to determine whether women are present in leadership positions, but also to explain how gender perspectives color the leadership process, drive programs, build participation, facilitate communication, and influence the effectiveness of stunting interventions.

Substantively, the findings indicate that gender leadership in handling stunting in Serang Regency is not only a symbol of women's representation but also a leadership practice that emphasizes participatory, empathetic, collaborative, and responsive approaches. The findings further indicate that gender leadership strengthens cross-sectoral coordination, increases community participation, encourages family nutrition literacy, and helps address gender bias in policy implementation. The study also identifies several obstacles: limited women's representation in strategic decision-making, gender role inequality at the household level, and issues related to cadre capacity and funding.

Encourage Participation

In Murniati's (2004) perspective, women's leadership first focuses on the ability to encourage participation. Leaders do not work unilaterally but open spaces for input, involve subordinates and the community before decisions are made, and test decisions prior to implementation. In stunting management in Serang Regency, this dimension is critical because stunting cannot be addressed by a single institution. It requires coordinated efforts among local governments, technical offices, TPPS, PKK, Posyandu, village officials, health workers, and target families.

The results of the study show that gender leadership in Serang Regency is strong in building social participation. Women, both in formal leadership positions and as community mobilizers, can bring stunting programs closer to the community through more communicative and persuasive relationships. In this context, leadership is not simply interpreted as the exercise of bureaucratic authority but as the ability to build collective involvement. This finding aligns with Rosener's (2011) view, which states that women tend to practice interactive leadership (emphasizing participation, interaction, and involvement of organizational members in achieving goals). In Rosener's approach, the effectiveness of women's leadership lies in their ability to create a sense of shared ownership of the organizational agenda.

Rosener's opinion supports the results of research in Serang Regency because stunting management requires collective ownership. Stunting programs become weak if the community is positioned merely as an object of intervention. However, when the community (especially mothers, cadres, and at-risk families) is involved in communication and decision-making processes, the likelihood of success increases. In this case, gender leadership demonstrates advantages in building social closeness and public trust.

Nonetheless, Schein (2001), through research on leadership stereotypes, shows that organizations often still view leadership through a masculine lens, so women's participatory styles are sometimes considered less assertive or overly soft. Applying this perspective to Serang Regency, it becomes clear why research still identifies limitations in space and legitimacy for women in leadership structures. What is often labeled as "soft" within a masculine paradigm is, in fact, a source of effectiveness in stunting management.

Sharing Power and Information

The second dimension of Murniati (2004) emphasizes that women's leadership is reflected in the willingness to share power and information. Leaders do not monopolize knowledge or control but provide clear explanations, build trust with subordinates and society, and ensure fair treatment for all stakeholders. In the context of stunting, this dimension is highly relevant because one of the root causes of stunting lies in information gaps: families do not always have adequate knowledge regarding nutrition, parenting, the First 1,000 Days of Life (HPK), sanitation, and maternal and child health services. Therefore, effective leadership uses information as an empowerment tool rather than one-way instruction. These dimensions and indicators are explicitly stated in the research interview guidelines.

The findings show that gender leadership in Serang Regency strengthens the coordination of nutrition and health programs through a collaborative approach while improving family nutrition literacy. Women leaders and grassroots female actors not only perform administrative roles but also act as information bridges and trust builders.

A Posyandu cadre in Kramatwatu stated: "When the PKK chairwoman explains the first 1,000 days in family language, not medical terms, mothers are willing to listen and change their habits" (Interview, February 2025).

This view is supported by Eagly (1990), who found that women are more likely to adopt democratic and participatory leadership styles, whereas men in many contexts tend to use more directive approaches. In stunting issues, a democratic style does not imply slower decision-making but rather the opening of communication channels that make health messages more acceptable to families. At-risk families generally require not only instructions but also explanations, mentoring, and assurance that government programs are supportive rather than judgmental.

However, Kanter (2008) provides a critical perspective, arguing that differences in leadership style between men and women are not solely determined by gender but are shaped by structural position, access to resources, and organizational opportunity. From Kanter's perspective, the success of gender leadership in Serang Regency should not be interpreted essentialistically as women being inherently more communicative or effective. Rather, effectiveness may arise because women in this context occupy roles that place them closer to family, health, and community issues. This view prevents the analysis from falling into biological essentialism and instead situates gender leadership within social structures and institutional contexts.

Thus, the findings can be interpreted in a more balanced way. Gender leadership appears effective in sharing power and information; however, this effectiveness is not solely attributable to gender identity. It is closely linked to the nature of stunting issues, which require communicative, trust-based, and family-oriented leadership. In this context, leadership traits often associated with women demonstrate their practical relevance.

Cultivating Others' Capacity for Growth and Self-Improvement

The third dimension of Murniati (2004) highlights the leader's ability to cultivate others' capacity for growth and self-improvement by building relationships, listening to challenges, and

organizing training. In the context of stunting, gender leadership is not only about mobilizing subordinates but also about developing human capacity—especially among cadres, mothers, families, and implementing personnel.

Field data confirm that gender leadership in stunting management is not limited to governance but extends to education, accompaniment, and empowerment. The Head of the Women's Empowerment Office stated: "We don't just train cadres on monitoring forms. We teach them to understand why stunting happens and how to talk with families in denial" (Interview, April 2025).

The findings confirm that gender leadership in Serang Regency contributes to increasing nutritional literacy, changing parenting behavior, and strengthening the capacity of field actors. This aligns with Forester (1991) transformational leadership theory, which emphasizes raising followers' moral awareness, and Bass's (1990) focus on institutional support. Gender leadership becomes transformational when it changes how families understand nutrition, how cadres perceive their roles, and how bureaucracies prioritize maternal and child health issues. However, Bass also emphasizes that behavioral transformation requires institutional support, which remains constrained by limited funding and cadre capacity.

Giving Others the Opportunity to Feel Proud of Their Work

The fourth dimension of Murniati (2004) is providing opportunities for others to feel proud of their work. This includes recognition, praise for good performance, and motivational support. This aspect is strategically important because stunting management depends heavily on frontline actors (Posyandu cadres, PKK members, health workers, and village officials) whose commitment may decline without recognition and motivation.

The results show that gender leadership in Serang Regency strengthens women's community roles and encourages their involvement in changing family behavior. This indicates that community mobilizers are not only viewed as technical implementers but also as key actors in program success. A senior Posyandu cadre stated: "When the Bupati herself visited our Posyandu and said our work made a real difference, I felt seen. That motivation lasted for months" (Interview, March 2025).

This view is supported by Northouse (2025), who defines leadership as a process of influencing groups to achieve shared goals. In Northouse's framework, an effective leader is not merely a decision-maker but also a facilitator who enables members to find meaning in their work. Recognition increases commitment, social pride, and resilience in public service delivery.

However, Acker (1990) offers a critical lens, arguing that organizations often appear neutral but are structured by gendered inequalities. From this perspective, recognition alone is insufficient if structural inequalities persist, where women bear greater social responsibilities but have limited resources, authority, and incentives. Acker's view is relevant to Serang Regency, where gender role inequality and limited institutional support still exist. Therefore, symbolic appreciation must be followed by structural strengthening; otherwise, recognition risks romanticizing women's unpaid or under-supported labor in social services.

Thus, gender leadership is effective in building motivation, recognition, and pride among female actors. However, this must be accompanied by equitable distribution of resources, authority, and institutional support.

When the four dimensions of Murniati (2004) are integrated, Gender Leadership can be understood as leadership that emphasizes social relations, communication, empowerment, and behavioral change. The findings confirm that strong gender leadership increases community participation and family compliance, while also addressing structural biases in public policy.

On one hand, these findings are supported by modern leadership theories. Eagly (2007) highlight collaborative and inclusive leadership patterns in women. Rosener (2011) emphasizes interactivity and empowerment. Forester (1991) and Bass (1990) underline transformational leadership in building commitment and value change. These perspectives reinforce the argument that stunting (a multidimensional issue involving health, family, parenting, and welfare) requires dialogical and empathetic leadership approaches.

However, the findings also show that gender leadership does not operate in a vacuum. Structural barriers remain, including limited space for women in leadership positions, weak

gender mainstreaming in regional policies, unequal household roles, and inconsistent program sustainability.

At this point, Kanter (2008) and Acker (1990) provide important critiques, emphasizing that the key issue is not only who leads but also the structural conditions that enable or constrain leadership. Thus, the Serang Regency findings should not be interpreted simplistically as "women lead better in stunting reduction," but rather as evidence that a gender-responsive leadership model is more effective for addressing stunting than a bureaucratic, sectoral, and ostensibly neutral approach.

Gender Leadership Model in Handling Stunting

The ideal gender leadership model is expected to sustain these positive trends at the local level. Conceptually, it places gender equality, women's participation, and the family approach as core pillars. This model is grounded in gender equality and women's empowerment within family health contexts. Gender justice implies that all family members have equal rights and opportunities to participate in decision-making related to child nutrition and health. Thus, mothers are not solely responsible for stunting prevention; fathers, extended families, and communities are also actively involved. A family-based approach emphasizes social, economic, and psychological resilience as key supports for child nutrition.

The study findings indicate that this model is built on four core pillars strengthened by psychological dimensions: (1) women's leadership at the strategic governmental level, (2) strengthening women's community leadership, (3) integrating gender perspectives into policies and budgets, and (4) community education promoting equality in family roles.

Figure 2. Gender Leadership Model in Handling *Stunting* in Serang Regency
Source: Research results processed, 2025

Table 1. Summary of Gender Leadership Model Pillars and Field-Based Indicators Pillar 1 | Women's Strategic Leadership | Decision-making authority; policy direction | Bupati's direct engagement in stunting forum | Eagly (2007) Pillar 2 | Community Leadership by Women | Cadre empowerment; PKK/Posyandu mobilization | Cadres as family-level behavior change agents | Rosener (2011) Pillar 3 | Gender-Responsive Policy & Budgeting | Gender-blind policy correction | Peraturan Bupati No. 40/2021 | Acker (1990) Pillar 4 | Community Education for Family Role Equality | Fathers' engagement; shared parenting norms | Family Nutrition School | Forester

(1991) Source: Research results, compiled by author (2025).

Discussion

Handling stunting is not only a matter of nutrition and health but also a matter of leadership, community mobilization, and changes in family behavior. In the context of Serang Regency, where the role of women is very prominent both in the bureaucracy and the community, the gender leadership approach is a relevant strategy. The model is based on four key interconnected pillars: strategic leadership, community leadership, gender-sensitive policies, and family education. Each pillar is strengthened by the integration of psychological perspectives, since the required changes are not only structural but also cognitive, emotional, and behavioral.

1) Women's Leadership at the Strategic Level of Government: The first pillar positions women in strategic decision-making roles. In the context of Serang Regency, the presence of women leaders at the regional level influences policy direction, program priorities, and the intensity of addressing stunting issues. This confirms that women's representation in strategic positions is not only symbolically important but also substantively meaningful. This view is supported by Eagly (2007), who emphasizes that women in leadership positions often bring a stronger social orientation to issues of welfare, health, and education. In the context of stunting, this orientation is highly relevant because the issue is closely linked to women's biological and social experiences.
2) Community Leadership by Women: The second pillar emphasizes cadres, PKK, Posyandu, and women's organizations as the backbone of implementation. The study confirms that women are present as key actors across the entire stunting management chain, from decision-making to household-level assistance. Theoretically, this can be explained through the concept of grassroots leadership, where community-based leadership becomes the foundation for more sustainable social change. In addressing stunting, female cadres are not only program implementers but also agents of behavioral change and public trust.
3) Integration of Gender Perspectives in Policy and Budgeting: The third pillar underscores the institutionalization of gender perspectives in policy and budgeting. The study found that gender leadership helps correct male-biased tendencies in public policy design, program indicators, financing, and evaluation. In public administration, gender leadership must translate into gender-responsive governance. Policies are not merely formally neutral; they must be sensitive to differences in experiences, burdens, and constraints faced by women, especially mothers, cadres, and families at risk of stunting.
4) Community Education for Family Role Equality: The fourth pillar emphasizes family culture change as an essential component of the model. Community education is needed to promote equality in family roles so that caregiving and nutrition fulfillment are not imposed solely on mothers. This pillar is crucial because stunting is rooted in household practices. As long as parenting is perceived as exclusively a women's responsibility, the burden on mothers will remain high and the effectiveness of interventions will be limited. Therefore, the gender leadership model must also engage men, fathers, community leaders, and cultural norms. This approach aligns with the concept of gender mainstreaming, which emphasizes that women's issues must be transformed into shared societal concerns.

The four pillars of gender leadership form a transformational model that operates across interconnected levels. Women's strategic leadership shapes policy direction, community leadership drives social implementation, gender-responsive policies provide structure and resources, and family equality education ensures that change is embedded within households.

From the perspective of change psychology, this model works simultaneously across three levels of consciousness: cognitive (knowledge), affective (emotion), and conative (action). Thus, the success of stunting reduction efforts is not solely measured through numerical indicators but also through shifts in the collective mindset of communities regarding parenting, health, and gender relations.

The gender leadership model in stunting management illustrates that the success of stunting reduction is not only determined by technocratic policies and health interventions but is strongly influenced by how leadership is constructed, who leads, and how gender values and psychological dimensions are integrated into programs.

The four pillars (women's leadership at the strategic level, community leadership by

women, gender integration in policies and budgets, and community education for family role equality) show that women are key actors across the entire stunting management chain, from decision-making to household-level assistance.

The integration of psychology as a binding factor reinforces that behavioral changes related to nutrition, maternal and child health, and parenting practices will not occur without attention to human emotional and mental dimensions. Aspects such as leaders' emotional intelligence, the confidence and psychological security of female cadres, the reduction of cognitive bias in bureaucratic policymaking, and psychosocial support for families are all determinants of program success.

An additional important dimension is the psychological layer. This model operates across three levels of consciousness (cognitive, affective, and conative) and addresses psychological security, cadre confidence, reduction of bureaucratic cognitive bias, and family psychosocial support.

This demonstrates that the ideal gender leadership model is not merely institutional but also a behavior-change model. Many stunting programs fail not because of inadequate regulations, but due to limited behavioral change at the household level. Thus, the gender leadership model can be understood as a transformational social framework that connects the state, community, and family systems.

CONCLUSION

Gender leadership has proven to be a key determinant in the effectiveness of stunting reduction management in Serang Regency. Through an empathetic, collaborative, communicative, and empowerment-based leadership style, women leaders have increased community participation, strengthened cadre performance, optimized Posyandu services, activated women's organizations, changed family behavior more effectively, and ensured that stunting policies are more responsive to mothers' and children's needs (thereby accelerating stunting reduction. The gender leadership model rests on four interconnected pillars: (1) women's strategic leadership, (2) community leadership by women, (3) gender-responsive policy and budgeting, and (4) community education for shared family roles) all integrated with a psychological dimension (cognitive, affective, conative), ensuring that behavioral change is deeply human-centered. These findings contribute to public administration, public health, and gender studies, while offering local governments a practical, replicable framework for mainstreaming gender leadership in stunting reduction programs.

For local governments, three policy recommendations are offered: (1) institutionalize a gender-responsive stunting task force mandating a minimum of 40% women's representation; (2) allocate a dedicated gender-responsive stunting budget line, including incentives for frontline cadres; and (3) integrate a Family Nutrition School model engaging both parents. Future research should: (1) conduct comparative studies across multiple regencies; (2) apply quantitative methods to measure the relationship between women's leadership and stunting prevalence; and (3) examine the sustainability of gender leadership models under leadership transitions and budget constraints.

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