Jurnal Keluarga Berencana
P-ISSN: 2527-3132 E-ISSN: 2503-3379
Vol. 10 No. 2, 2025
https://ejurnal.kemendukbangga.go.id/kkb

Kementerian Kependudukan dan Pembangunan Keluarga/BKKBN

EVALUATING THE IMPLEMENTATION OF ACCELERATED CONVERGENCE STRATEGIES FOR STUNTING REDUCTION

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ABSTRACT
Stunting is a condition of prolonged inadequate nutrition in children that results in growth disorders. The purpose of the study was to analyse and describe the implementation of the convergence action policy to accelerate stunting reduction at Buyat Health Centre. This study used a qualitative, descriptive approach, with data collected through observation, interviews, and documentation. Determination of informants using non-probability techniques, while determining the sample for children under five, using Simple random sampling. Statistical analysis to see the differences in growth in body length and height using the paired samples test. The results of the study indicate that the Stunting Convergence Action (1-8) as a whole has not been effectively implemented. The results of this study show the serious impact of stunting on children's growth and development, as well as its implications for their future quality of life. Therefore, the Stunting Convergence Action program (1-8), aimed at preventing and overcoming stunting, should be a top priority, with a focus on targeted nutritional interventions, multi-sector collaboration, and increased public awareness.

Keywords: convergence; nutritional intake; stunting; toddler.

INTRODUCTION

Stunting is a disorder of brain growth and development in children caused by long-term malnutrition, recurrent infections, and insufficient psychosocial stimulation. (National Team for the Acceleration of Poverty Reduction, 2017). According to the World Health Organization (WHO), stunting is based on the Body Length compared to Age (PB/U) or Body Height compared to Age (TB/U) index, with a limit (z-score) of less than -2 SD based on WHO (1995) in Selina and Pamela (2017).

The impacts of stunting include increased risk of morbidity, mortality, delays in motor and mental development, and decreased work capacity. Stunting, which is a marker of chronic malnutrition/low maternal health, can have long-term and irreversible impacts if it occurs after the child is 2 years old. (Purwanti & Nurfita, 2019). The incidence of stunting is considered serious and is associated with high morbidity and mortality rates, decreased immunity, making it easy to get sick, the risk of diabetes, obesity, heart and blood vessel disease, cancer, stroke, in old age, and poor cognitive development and productivity levels. Low income. Therefore, prevention and control must be addressed immediately. (Rahmadhita, 2020).

The government has issued Presidential Regulation of the Republic of Indonesia Number 42 of 2013 concerning the National Movement for the Acceleration of Nutrition Improvement. This presidential regulation aims to accelerate priority improvements in community nutrition in the first thousand days of life.

The incidence of stunting in Bolaang Mongondow Regency, using height-for-age indicators based on the Indonesia Nutrition Status Survey (SSGI) data for 2019 (23.9%), 2020 (24.4%), and 2022, has increased to 30.0%. Meanwhile, based on Electronic Community-Based Nutrition

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Article History
Received: 2-6-2025 Accepted: 30-12-2025

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Recording and Reporting System (E-PPGBM) data from the East Bolaang Mongondow Regency Health Service in August 2023, the number of children under five was 3079 (51%), of whom 279 (9.1%) were stunted. The highest stunting community health center working area was the Tutuyan Community Health Center, with 63 children out of 43% measured; the second-highest was the Buyat Community Health Center, with 43 children out of 85% measured.

The government's target is to reduce stunting prevalence to 14% by 2024. Efforts to prevent stunting include focusing on families at risk. The number of families at risk of stunting based on family data collection (FDC 21) is still high, reaching 21.9 million families. Families at risk of stunting are families that have one or more risk factors for stunting, consisting of families that have teenage daughters/bride-to-be/pregnant women/children aged 0–23 months/children aged 24–59 months from poor families, low parental education, poor environmental sanitation, and inadequate drinking water.

The implementation of stunting prevention policy convergence actions in East Bolaang Mongondow Regency has not aligned with the objectives of policy convergence. This is because the implementation of the stunting acceleration programme in East Bolaang Mongondow Regency has not yet issued a Regent Regulation on Accelerating Stunting Reduction. This shows that the handling of stunting cases is still not optimal and needs intensive handling by implementers. In addition, the cause of stunting cases is due to a lack of public awareness about the importance of maintaining children's health and nutrition. The purpose of the study was to analyse and describe the implementation of the convergence action policy to accelerate stunting reduction at Buyat Health Centre.

The novelty of the research is to address the shortcomings that are the limitations of previous research, where the context of the research conducted in reducing stunting rates is through convergence actions ordered in Presidential Regulation of the Republic of Indonesia Number 72 of 2021 concerning Efforts to Accelerate Stunting Reduction Article 1 paragraph (4) by identifying causal factors associated with the incidence of stunting.

METHOD

This research uses a mixed-methods approach, combining descriptive qualitative and quantitative methods. This research was conducted from September to November 2023. Located in the working area of Buyat Health Centre, East Bolaang Mongondow Regency. Researchers have selected informants in this study, namely the person in charge of the stunting programme holder at the Health, Family Planning, Family Welfare and Population Control Office of the Family Planning Population Control and Women and Child Protection Office (PPKB and PPA) and the Buyat Health Centre of East Bolaang Mongondow Regency, conducting direct and in-depth interviews with informants related to the eight convergence actions to reduce stunting rates guided by interview guidelines that have been prepared and will develop according to the situation and conditions that occur.

The population of stunting cases was 43 children, and the sample for this study consisted of 20 stunting toddlers, selected using the Slovin Formula and meeting the inclusion criteria. The sample was selected using a simple random sampling method. Data collected through questionnaires include: family characteristics; birth weight and length; at the time of the study, daily food recall, nutritional knowledge, and environmental health of mothers; exclusive breastfeeding; complementary foods and deworming; and access to health services. Nutrient intake was compared with the Recommended Dietary Allowance (RDA), and Body Weight (BW) and Total Body (TB) measurements were compared with the Anthropometry 2022 standards. Statistical tests to see changes in Body Weight (BW) and Total Body (TB) at birth, with the results of measurements in August, using the Paired Samples Test. Knowledge level is categorized into two: "less" if the value is less than 60%, and "good" if the value is above 60% (Khomsan et al., 2004).

RESULTS

Characteristics of Research Informants

Data collection was carried out using interview guidelines for informants and questionnaires, which were used as research sources. The number of informants in this research consisted of three stunting program managers in Bolaang Mongondow Regency and 20 mothers who had stunted children. The informants were the head of the nutrition section (stunt reduction program holder) of the Bolaang Mongondow Regency Health Service, and the head of the family planning division of the Population Control Service, Family Planning and Women and Child Protection (PPKB and PPA) of Bolaang Mongondow Regency. Nutritionist (stunt reduction program holder) at Buyat Community Health Center.

Characteristics of Parent Respondents

Table 1: Frequency Distribution of Characteristics of Parent Respondents.

Num	Respondent Characteristics	Category	n	%
1	Mother			
	Age	19 – 24	1	5
		25 – 30	5	25
		31 - 36	5	25
		37 - 41	5	25
		42 - 46	4	20
	Education Final	Elementary school	2	10
		Junior High School	13	65
		Senior High School	5	25
	Work	Housewife	20	100
2	Father			
	Age	21 - 28	1	5
		29 – 35	6	30
		36 - 42	11	55
		43 – 50	2	10
	Education Final	Elementary school	3	15
		Junior High School	17	85
		Senior High School	0	0
	Work	Farmer	16	80
		Miner	2	10
		Driver	1	5
		Craftsman	1	5
3	Family Income	MSE > 3,485,000	3	15
		MSE < 3,485,000	17	85

Source: Primary Research Data, 2023.

Based on the research results in Table 1, it shows that the majority of mothers aged 26 - 32 were seven respondents (35%) with 13 respondents (65%) completing junior high school and working as housewives, while for fathers aged 36 - 42 years there were 11 respondents (55%) with 17 respondents completing junior high school education, 85% and the largest occupation as a farmer is 16 respondents (80%). Family income refers to the Decree of the Governor of North Sulawesi Number 400 of 2022, concerning the Determination of the Minimum Wage of North Sulawesi Province in 2023 for East Bolaang Mongondow Regency, at IDR. According to the study's results, 17 families (85%) remain below the minimum wage.

Characteristics of Toddler Respondents

Based on the research results in Table 2, the majority of toddlers aged 21 - 30 months were seven respondents (35%), with the largest gender being female, 12 toddlers (60%). The birth weight of 2.6 – 3.0 kg was 2.6 – 3.0 kg for 12 toddlers (60%) and the current weight was 7.0

– 9.5 kg for nine toddlers (45%), while the body length at birth was more than 48 cm for 14 toddlers (70%) and current body length is 73.1 – 89.0 cm for 13 children under five (65%).

Table 2: Frequency Distribution of Characteristics of Toddler Respondents.

Num	Respondent Characteristics	Category	n	%
1	Age (months)	12 – 20	4	20
		21 – 30	7	35
		31 – 40	4	20
		41 – 50	5	25
2	Gender	Man	8	40
		Woman	12	60
4	Birth Weight (cm)	2.1 – 2.5	5	25
		2.6 – 3.0	12	60
		3.1 – 3.5	3	15
5	Current Weight (Kg)	7.0 – 9.0	9	45
		9.1 – 12.00	8	40
		12.1 – 13.5	3	15
6	Birth Length/Height	< 48	6	30
		> 48	14	70
7	Current Length/Height	67.0 – 73.0	2	10
		73.1 – 89.0	13	65
		89.1 – 95.0	5	25

Source: Primary Research Data, 2023.

Stunting Convergence Program in East Bolaang Mongondow Regency

Based on the interview results, the convergence activities in 2023 yielded 8 actions, as shown in Table 3. The intervention activities were carried out in accordance with the Bolaang Mongondow Regent Regulation Number 28 of 2019 concerning Acceleration of Stunting Reduction.

Table 3: Convergence actions in 2023 in East Bolaang Mongondow Regency.

Num	Action	Realization
1	Situation Analysis	Data collection has been carried out on the number of families, the number of families at risk of stunting, the number of toddlers, and the number of stunted and very stunted toddlers in February and August 2023
2	Activity plan	Deliberate on stunting and TPPS reconciliation.
4	Issuance of related Regency Regulations	East Bolaang Mongondow Regent's Decree No. 116 of 2022 has determined 26 stunting village loci.
5	Cadre development development man	KPM Development by the PMD Service, Accompanied by a TA. Bina Bangda
6	Data Management System	Data collection on specific interventions combined by Bappeda and OPD is still being planned.
7	Measurement and Publication of Stunting Data	Publication of Measurement Results for August 2022 and Giving Awards to Villages that Successfully Reduce Stunting Rates (plan)
8	Annual Performance Review	Input of the Plan and Realization Matrix in early 2024

Source: Primary Research Data, 2023.

Providing exclusive breast milk, Breast milk substitutes, and deworming

Based on the research results in Table 4, giving and not giving exclusive breast milk are comparable at 50% each. The reason for not giving exclusive breast milk is that there is not enough breast milk for five mothers (25%). The same thing is that the provision of Breast milk substitutes before and after 6 months is 50% each, with the type of Breast milk substitutes being

given being strained porridge and bananas at 50%, and for administering medicine. Fourteen children (70%) had worms.

Table 4: Frequency Distribution of Children given Exclusive Breast Milk, Breast Milk Substitutes and Deworming Medicine.

Num	Category	n	%
1	Exclusive breastfeeding		
	Yes	10	50
	No	10	50
2	Reasons for not giving exclusive breast milk		
	Lack of breast milk	5	25
	Putting Doesn't Come Out	2	10
	Baby Looks Hungry	3	15
	No problem	10	50
3	Age of Giving Breast milk substitutes		
	< 6 months	10	50
	> 6 Months	10	50
4	Type of Breast milk substitutes I have given		
	Formula milk	5	25
	Strain and Banana Porridge	10	50
	Instant Porridge	5	25
5	Giving Deworming Medicine		
	Yes	14	70
	No	6	30

Source: Primary Research Data, 2023.

Maternal Nutrition Knowledge

Table 5 provides an overview of the level of good nutritional knowledge of 18 mothers (90%). A person negatively impacts maternal nutritional knowledge. These factors include educational factors and an attitude of indifference or reluctance.

Table 5: Frequency Distribution of Maternal Nutrition Knowledge.

Num.		Maternal Nutrition Knowledge	n	%
1		Good (> 60%)	18	90
2		Less (< 60%)	2	10

Source: Primary Research Data, 2023.

Mother's Knowledge About Environmental Health

Table 6: Frequency Distribution of Environmental Health Knowledge.

Num.	Environmental Health Knowledge	n	%
1	Good (> 60%)	20	100
2	Less (< 60%)	0	0
	Amount	20	100

Source: Primary Research Data, 2023.

Based on Table 6, the level of knowledge about environmental health should be in the good category. Sanitation is everything done to ensure healthy environmental conditions for individuals, groups, and communities to achieve the highest level of health.

Environmental Health Observation

In this case study, researchers made environmental health observations of respondents, with the results as shown in Table 7. The shape of the respondents' houses is mostly permanent; 75% are still made of plywood and thatch, and the majority of respondents use water that does not meet the requirements (70%). The physical quality of clean water that does not meet the

requirements is 60%. All respondents had a toilet that met the requirements, which was 100%. The majority of respondents did not have a sewerage system (95%), and the floor of the toilet that met the requirements was tiled (75%) and tiled (25%). Meanwhile, the ventilation of the house has met the requirements as much as 100%.%.

Table 7: Frequency distribution of environmental health variables.

Num	Variable	n	Percentage
1	House Shape		
	Semi-Permanent	3	15
	Permanent	15	75
	Non-Permanent	2	10
1	Clean Water Source		
	Fulfil	14	70
	Does not meet the	6	30
2	Physically clean water quality		
	Fulfil	8	40
	Does not meet the	6	60
3	Toilet Ownership		
	Own	20	100
	Do not have	0	0
4	Ownership of Waste Disposal		
	Own	1	5
	Do not have	19	95
5	House floor		
	Mesel	19	95
	Land	1	5
6	Toilet floor		
	Tegel	15	75
	Mesel	5	25
7	Home Ventilation		
	Fulfil	19	95
	Does not meet the	1	5

Source: Primary Research Data, 2023.

Growth Difference between Birth Weight and Current Weight

Based on Table 8, it is known that the average weight of toddlers at birth is 2.82 kg, the median is 2.9 kg, with a standard deviation of 0.072. The lowest body weight is 2.10 kg, and the highest body weight is 3.50 kg. The average weight gain of toddlers from birth, compared with the weight measured as quoted from E-PPGBM data for August 2023, showed that the mean was 10.03 kg. The lowest body weight is 7.0 kg, and the highest body weight is 13 kg. From the interval estimation results, it can be concluded that it is 95% believed that the average weight gain for babies from birth to August 2023 is between 9.20 kg and 10.86 kg. Meanwhile, standard anthropometric data means toddler weight is 12.90 kg, the median is 12.60 kg, the lowest weight is 9.20 kg, and the highest is 16.10 kg. From the interval estimation results, it can be concluded that the 95% CI for the average weight gain in babies from birth to August 2023 is between 11,899 kg and 13,910 kg. The results of the Paired Samples Test statistical test obtained a p-value = 0.000 ($p < 0.05$), which means that there is a difference in body weight at birth and at present.

Body weight is an indicator of a baby's growth and development, especially in the first 6 months of life. The average baby's weight increases by 687.7 grams per month, with the average weight at 5 months (6,686.5 grams) and the average weight at 6 months (7,228.8 grams), resulting in an average weight gain at 5-6 months of 2 times the average body weight. At birth (3,102.7 grams). In addition, the average weight gain was 780.2 grams in the first 3 months of life and 595.2 grams in the following 3 months. The results of this study are in accordance with the theory that

a baby's weight increases by 682 g per month during the first 6 months of life, and this weight doubles when the baby is >4 months old.

Table 8: Distribution of respondents with differences in weight gain from birth to the present day.

Num	Toddler Weight	n	Mean	Median	SD	95 % CI		Sig. 2-(tailed)
1	Birth Weight	20	2.82	2.90	0.072	2,670 – 2,970		
2	BB E-PPGBM August	20	10.03	10.15	0.396	9,201 - 10,859		0.000
3	BB Anthropometric Standards	20	12.90	12.60	2,159	11,899 – 13,910		

Source: Primary Research Data, 2023.

Differences in Length/Height Growth

Based on Table 9, it is known that the average body length of toddlers at birth is 48.40 cm. The lowest body length/height is 47.9 cm, and the highest is 49.12 cm. The average increase in length/height of toddlers from birth compared with the length/height measurement results quoted from E-PPGBM data for August 2023 showed that the mean was 82.82 cm. The lowest body length/height is 67.0 cm, and the highest is 94 cm. From the interval estimation results, it can be concluded that it is 95% believed that the average increase in length/height in babies from birth to August 2023 is between 79,345 cm and 86,285 cm. Meanwhile, standard anthropometric data for the average length/height of toddlers is 90.55 cm, the lowest length/height is 75.20 cm, and the highest is 102.70 cm. From the interval estimation results, it can be concluded that the 95% CI for the average weight gain in babies from birth to August 2023 is between 86,346 cm and 94,764 cm, with a standard deviation of 8.99, with the difference between the average in August 2023 being 82.82 and the anthropometric standard of 90.55 cm. 7.73cm. Paired Samples Test statistical test results obtained p value = 0.000 ($p<0.05$), which means there is a difference in height/length at birth and now.

Table 9: Difference in Growth in Length/Height of Body Weight from birth to the Present Day.

Num	Toddler Body Length/Height	N	Mean	Median	SD	95 % CI	Sig. 2-(tailed)
1	Body Length at Birth	20	48.40	49.00	1,536	47,681 - 49,119	0.000
2	PB August	20	82.82	81.75	54.96	79,345 - 86,285	
3	PB/TB Anthropometric Standards	20	90.55	89.90	8.99	86,346 – 94,764	86,346 – 94,764

Source: Primary Research Data, 2023.

Changes in Toddler Birth Weight Gain and Current Times

Based on univariate analysis, it is known that the average weight of toddlers at birth is 2.82 kg, and the median is 2.9 kg. The lowest body weight is 2.10 kg, and the highest is 3.50 kg. Meanwhile, the average weight gain was 10.03 kg (95% 79,345 - 86,285), median 10.15 kg. The lowest body weight is 7.0 kg, and the highest body weight is 13 kg. When these results are compared with anthropometric standards, the mean weight of toddlers is 12.90 kg, the median is 12.60 kg, the lowest weight is 9.20 kg, and the highest is 16.10 kg. From the interval estimation results, it can be concluded that the 95% CI for the average weight gain in babies from birth to August 2023 is between 11,899 kg and 13,910 kg with a standard deviation of 2,159.

These results can provide an illustration that the average weight gain from birth was 2.82 kg until the measurement in August 2023 was 10.03, or an increase of 7.27 kg, and when compared with anthropometric standards, it was 12.90 kg, with a difference in body weight value of 2.6 kg. Of the 20 respondents, children under five. Based on Table 9, there were five children

born with a low body weight below 2.5 kg and 15 children born with a body weight above 2.6 kg. When compared with anthropometric standards, only three toddlers are at 12.90 kg.

A normal baby will experience a weight gain of at least 1 kg per month in the first two months, then an increase of 0.5 kg per month until the age of 6 months, then decrease to 0.2-0.3 kg each month until the child is 12 months old. Month. The normal birth weight of a baby is 2.5-4 kg. At the age of 5 months, the baby's weight reaches 2 times the birth weight. It is estimated that the baby's weight is between 5-8 kg, and at the age of 12 months, the baby's weight reaches 3 times the birth weight, which is around 7.5-12 kg. Normal body weight in toddlers according to the standard weight according to the age table by the Ministry of Health shows a range of 7.2-18.3 kg with an average of 12.2 kg, while in preschool, it shows a range of 10.9-23.9 kg with an average of 16.8 kg.

Nutritional Adequacy Level

Quoting the results of the Field Practice Report for Students of the Nutrition Department in connection with the Nutrition Program Planning Course which was held in Kotabunan District on 25 - 30 September 2023, where the results of food recall for 27 children under five in Buyat Induk village obtained an average nutritional consumption: energy of 622.6 kcal, protein 23 g, fat 19.9 g and Carbohydrates 82.6 g. These results are compared with the recommended nutritional adequacy figures obtained for energy, 62.26%, protein 92%, fat, 44.2% and carbohydrates 38.4%, The complete details can be seen in Table 10.

Table 10: Distribution of children's nutritional adequacy levels in Buyat Main Village.

Num	Consumption of Macro Nutrients	Deficit (<70% RDA)		Less (70-80% RDA)		Enough (80-100% RDA)		Good (100-110% RDA)	
		n	%	n	%	n	%	n	%
1	Energy (Kcal)	22	81.5	5	18.5	-	-	-	-
2	Protein (g)	18	66.7	2	7.4	5	18.5	2	7.4
3	Fat (gr)	23	85.2	1	3.7	2	7.4	1	3.7
4	Carbohydrates (g)	23	85.2	2	7.4	2	7.4	-	-

Source: Primary Research Data, 2023.

Based on Table 10, the majority of macronutrient consumption experiences a deficit of 81.5% energy, 66.7% protein, 85.2% fat, and carbohydrates, respectively. For good, only at 7.4% protein and 3.7% fat.

DISCUSSION

Based on the results obtained, the Stunting Convergence Program in East Bolaang Mongondow Regency does not include all activities in accordance with Presidential Regulation of the Republic of Indonesia Number 72 of 2021 concerning Efforts to Accelerate Stunting Reduction Article 1 paragraph (4). The implementation of the convergence action policy to accelerate stunting reduction in Bolaang Mongondow Regency has not yet had a positive impact, as this research describes policy implementation, explains the specific strategies and programmes implemented to reduce stunting rates, and evaluates their implementation in the field. The researcher found an important finding, namely, the absence of a Regent's regulation on the Acceleration of Stunting Reduction. The impact of the absence of guidelines for the implementation of the stunting acceleration programme in East Bolaang Mongondow Regency is that the Regional Apparatus Organisation (OPD) conducts programme initiatives based on their main tasks and functions. Inter-sectoral cooperation, the role of local government, and community participation are very good.

The main challenge in tackling stunting is the lack of coordination at the OPD level throughout the district. Bappeda is supposed to regularly coordinate with various sectors to

monitor the implementation of the Regional Action Plan on Food and Nutrition (RAD-PG), but what Bappeda does is generally limited to budget monitoring (Institute of Social and Economic Research, 2018, Unpublished). The result is that each sector manages its programmes independently without proper integration. (Sugianto, 2021). It cannot be denied that the ability of local governments to overcome stunting is highly dependent on the efforts of local leaders. Peru's experience proves that good leadership can reduce the prevalence of stunting from 28.5% in 2007 to 14.4% in 2015. Similarly, in Brazil, the president's commitment and leadership in prioritising efforts to improve access to nutrition and health through these services has reduced the prevalence of stunting from 37% to 7% in 30 years (Satriawan, 2018). The biggest challenge in combating stunting is the lack of coordination at the state and district levels. While Bappeda should routinely engage various sectors to monitor the implementation of the Regional Food and Nutrition Action Plan (RAD-PG), it is generally limited to budget monitoring (Social Institute of Economic Research, 2018, unpublished). As a result, each sector ends up managing its own programme without proper integration. (Watson et al., 2019).

The factors that cause the incidence of stunting in toddlers are the failure to provide exclusive breastfeeding or the early weaning process, inappropriate provision of complementary foods for breast milk (MP-ASI), and infectious diseases, while according to (Nisa, 2019). Research by Louis et al. (2020) found that toddlers who are not given exclusive breast milk have a 61 times greater risk of stunting than toddlers who are given exclusive breast milk. Exclusive breastfeeding has many benefits, including meeting the nutritional needs of babies and being beneficial for their growth and development. (Louis et al., 2022). In addition, breastfeeding can increase the baby's mental and emotional intelligence and provide protection from allergies and infections. (Novayanti et al., 2021).

Maternal nutritional knowledge is negatively impacted by a person. These factors include educational factors and an attitude of indifference or reluctance. Mother's knowledge of nutrition will have an impact on the growth and development of the toddler through it. Growth disorders, too, and Developmental delays (Jumiarsih et al., 2021). A very important factor in terms of increasing knowledge is improving early childhood nutrition. By increasing knowledge relevant to nutrition, one of which is nutrition education (Salsabila & Mirasari, 2021).

The level of knowledge about environmental health should be in the good category. Sanitation is everything that is done to ensure the creation of healthy environmental conditions for individuals, groups, and communities to achieve the highest level of health. Research conducted by Adriany et al. (2021) shows that aspects of personal hygiene and environmental sanitation conditions play an indirect role in the problem of stunting. Food processing and maternal knowledge are also causes of stunting in children. Regarding environmental health factors, clean water sources are the most important thing for survival. So, for daily living needs, you must use protected water sources such as deep, shallow wells, and springs. (Adriany et al., 2021). The knowledge a person has can actually show a good attitude and do several positive things based on the knowledge they have. However, there are many factors that influence someone who has high knowledge but behaves badly. This is caused by other factors, such as the low economy, among others. (Wiratama & Sumartini, 2023).

It is also interesting that one of the factors causing stunting is the family's economic status. According to Rosha et al. (2020). States that level income and family support are two indirect factors that influence the incidence of developmental delays in young children. Household income levels are related to the household's ability to meet primary, secondary, and tertiary living needs. (Soliman et al., 2021). The influence of family income on the incidence of stunting in children is assessed by the family's ability to provide nutritious food for the family, including for growing children. A lack of family income certainly impacts the family's ability to provide nutritious food for all family members, leading to malnutrition in children, which ultimately leads to stunting. (Rapiudin, 2024).

The presence of a toilet at home plays an important role in preventing the spread of disease, which can cause delays in growth and development in children. (Prasetyo & Asfur, 2021). Research conducted in Mamuju Regency found no correlation between household latrine

ownership and the prevalence of stunting in children under five years of age. (Ilahi et al., 2022). This is very different from research in Padegalang Regency, which showed a significant correlation between the availability of toilets that meet standards and the incidence of delayed growth and development of children under five. (Ramdaniati & Nastiti, 2019). A review of studies regarding the use of hygienic toilet facilities and their relationship with the incidence of stunting concluded that various aspects of healthy latrines, such as the type of latrine, household latrine ownership, septic tank-free toilets, cleanliness of the latrine, and feces disposal practices, such as sanitation and cleanliness, can play a role in preventing delays. Growth and development in children (Olo & Mediani, 2021). Water sources used for drinking play an important role in maintaining health and preventing disease, even though the impact is not direct. (Nofiandri & Ali, 2021). Research conducted at the Pantai Cermin Community Health Center in 2020 showed a relationship between the source of family drinking water and delays in the growth and development of children under five.

The baby's weight increases on average 0.7-0.75 kg/month in the first 3 months and 0.5-0.6 kg/month in the following 3 months. (Cahyaningsih, 2011). Length/Height (PTB) is the second most important anthropometric measurement. TB is an indicator that describes a growth process that takes place over a relatively long period of time (chronic), and is useful for detecting physical growth disorders in the past. (Yulizawati & Afrah, 2022). Children born with a PB <50 cm have an increased risk of stunting compared to children born with a PB ≥ 50 cm. (Waafiroh et al., 2023). In accordance with the results of studies conducted by Islam et al. (2018) Mothers who give birth to children with a birth weight of less than 50 cm increase the risk of stunting at the age of 12-24 months. Identification of a child's body length at birth and in the first year of life is necessary to intervene in the incidence of stunting at a later age. (Keino et al., 2014).

The results of this case study also agree with Nshimyiryo et al. (2019) Stated that there is a close relationship between birth length and the occurrence of stunting in children under five, according to Partap et al. (2019). This factor is also influenced by the mother's age at birth, the mother's nutritional intake during pregnancy, and comorbidities, so that it will have an impact not only on children under five but also when the child is a teenager. This shows that the weight data for toddlers and preschoolers in this study is lower than the minimum limit and higher than the maximum limit, which indicates that there are toddlers and preschoolers who are undernourished and overnourished based on their body weight. (Indonesian Ministry of Health, 2020).

The majority of macronutrient consumption experiences a deficit of energy, protein, fat, and carbohydrates, respectively. For good, only at 7.4% protein and 3.7% fat. The manifestation of nutritional adequacy in children can be seen from the child's growth. Assessment of children's growth can be done in various ways, one of which is anthropometric measurements. The anthropometric measurement parameters used in assessing physical growth are height, weight, head circumference, skin folds, upper arm circumference, arm length, body proportions, and leg length (IDAI, 2011).

CONCLUSION

The Stunting Convergence Action Program is an effort to reduce stunting, but it has not yet achieved its intended goal, potentially increasing the number of cases. There are no regulations empowering villages to implement convergence measures to reduce delays. Coordination of cross-sectoral convergence measures in villages is a cause of delays, both vertically and horizontally, and between commitment-making officials and implementers in the field, from the highest leadership to the village level. Innovation at the village level needs to be encouraged through active communication and coordination. Involve various elements of the community to develop stunting prevention according to the characteristics of a particular region.

The results of this study show that one of the inputs is the evaluation results of the success of the stunting prevention convergence programme. The government needs to collaborate with academics, professional institutions, and non-governmental organisations, including CSR, based

on a Memorandum of Understanding, to reduce stunting rates in the Eastern Bolaang Mongondow region. Policy resources: Stunting convergence, the need for policy briefs, stunting technical guidelines, SOPs related to the stunting convergence programme in East Bolaang Mongondow Regency. The need for task and function policies to be clear and should be evaluated regularly by OPDs to get input on inhibiting factors and supporting activities for the stunting programme.

This research is recognised to have limitations, where in-depth interviews were not optimal because they only involved the Health Office and BKKBN, while related OPDs were not reached, and the research location was limited to one location. This study also did not reach brides-to-be, pregnant women, and breastfeeding mothers.

This study could be further investigated to analyse the dominant factors. The prioritised intervention programmes are improving identification, data collection, and monitoring of nutritional status, and improving parenting through the stunting prevention intervention programme at 1,000 HPK. A strategic design analysis was conducted based on the prioritised intervention programmes aimed at reducing stunting in rural areas by combining proactive strategies and optimising specific and sensitive nutrition interventions to encourage improved parenting of children under 5 years of age.

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