

THE INFLUENCE OF SPECIFIC APPROACH, SENSITIVE APPROACH, AND COMMUNITY HEALTH BEHAVIORS ON THE IMPLEMENTATION OF STUNTING MANAGEMENT POLICY IN BOALEMO GORONTALO PROVINCE

ROBERT PAUWENI¹, RAUF A. HATU², ROSMAN ILATO³, ZUCHRI ABDUSSAMAD⁴, YANTI ANETA⁵

^{1,2,3,4,5}Postgraduate Program, Universitas Negeri Gorontalo

Corresponding Email: Yantianeta@ung.ac.id

Abstract--This research aims to analyze (1) the influence of specific approach on the implementation of stunting management policy in Boalemo, (2) the influence of sensitive approach on the implementation of stunting management policy in Boalemo, and (3) the influence of community health behaviors on the implementation of stunting policy in Boalemo. The method was a survey using a quantitative approach with path analysis. Data were collected through questionnaire distribution. The research conclusions were (1) Specific approach influenced stunting policy implementation in Boalemo by 82.7%, (2) Sensitive approach influenced stunting policy implementation in Boalemo by 82.3%, and (3) Community health behaviors influenced stunting policy implementation in Boalemo by 71.9%. That was, the higher the specific approach, sensitive approach, and community health behaviors, the higher the public policy implementation.

Keywords- Specific Approach, Sensitive Approach, Community Health Behaviors, Public Policy Implementation.

Table of Contents

1. INTRODUCTION
2. METHODS
3. RESULTS AND DISCUSSION
4. CONCLUSION

1. INTRODUCTION

Stunting is the most common nutritional deficiency affecting babies before birth and early after birth. It is related to mother size, nutrition during pregnancy, and fetal growth. Stunting is considered a serious issue as it is connected to increased risks of illness, death, low body resistance, poor intelligence, low productiveness, and sub-optimum brain development, generating delayed motor development and hampering mental growth [1].

Stunting in children under five in developing countries can be given off by genetic and environmental factors, considered inadequately supportive of optimum child growth and development. Additionally, stunting is induced by multidimensional factors, e.g., house environment, low food quality, insufficient dietary intake, food and beverage safety, milk breast administration (if in the breastfeeding phase), infection, economy, politics, health, health services, educational, social, cultural, agricultural and food system, water, sanitation, and environmental [2].

Stunting in Indonesia has become a priority program related to human development. From data collected by the Ministry of Women Empowerment and Child Protection (November 4th, 2020), the prevalence of stunting in Indonesia was ranked 108th among 132 countries. Besides, the country is ranked second-highest after Cambodia at the Southeast Asian level. [3] In their descriptive analysis of stunting prevalence percentages in provinces in 2007, 2010, 2013, and 2018, reported a significant gap in the percentages. Accordingly, according to [4], early interventions have to be administered to prevent stunting, considering that after two-year birth, stunting is untreatable.

Gorontalo province was reportedly ranked fourth of ten provinces with the highest stunting level in Indonesia in 2019. The prevalence of stunting in Gorontalo Province is estimated at 34.89%, which is the mean percentage of the prevalence of stunting at district/city levels. From the estimation, Bone Bolango is ranked the lowest by the prevalence of stunting of 25.34%, followed by Pohuwato (33.28%), Gorontalo Utara (35.34%), Boalemo (37.15%), Gorontalo District (37.25%), and Gorontalo City (37.80%).

Data on stunting in Boalemo in 2016, 2017, 2018, 2019, and 2020 demonstrated the prevalence of stunting of 32.8%, 32.5%, 30.1%, 28.5%, and 25.4%, respectively. Three sub-districts with the higher percentage of stunted children under five are Paguyaman Pantai at 27.04%, Paguyaman at 23.47%, and Mananggu at 21.43%. Other sub-districts come with stunted children under five at 3%-9%.

Annual decreases in stunting exhibit no program successfully implemented by the Boalemo government. It was indicated by a high prevalence of stunting (above 25%) in Boalemo in 2020. Poor program optimization is due to the absence of a legal umbrella underlying community health services and improvement to de-escalate stunting. Accordingly, in 2021, the central government issued Presidential Regulation Number 72/2021 concerning Accelerated Stunting Reduction, implying improvements in community health behaviors through specific and sensitive interventions conducted in a convergent, holistic, integrative, and quality fashion through multisectoral cooperation between central, local, and village governments. Boalemo Regent Regulation Number 48/2021 also states that the government can perform stunting reduction acceleration by augmenting community health behaviors through specific and sensitive interventions. The specific intervention targets the first 1,000 days of children. The Health Office affords this intervention. The other intervention is conferred through a range of development activities outside health sectors and targets the general community.

Based on the regulations, specific and sensitive approaches impact accelerated stunting reduction in children under five through community health behavior promotion. It is commensurate with Cobham (2013:76) that to detract from stunting, the government must undertake a specific approach to nutrition improvement and a sensitive approach to elevate health facilities and infrastructures through community health behavior promotion, especially in pregnant women.

Responding to the issues, I endeavor to examine the influence of specific approach, sensitive approach, and community health behaviors on the implementation of stunting management policy in Boalemo Gorontalo Province. This research aims to investigate the influence of specific approach, sensitive approach, and community health behaviors on the implementation of stunting management policy.

2. METHODS

This quantitative research used a survey method. There were three independent variables: specific approach (X_1), sensitive approach (X_2), and community health behaviors (X_3), and one independent variable: the implementation of stunting management health policy (Y). The population was made up of pregnant women, SKPD officers, and health workers in Boalemo. The number of samples was determined using the Slovin formula, resulting in 190 respondents. Sampling was carried out using proportional random sampling. Data were collected by distributing questionnaires. Data were analyzed using path analysis.

3. RESULTS AND DISCUSSION

A. Data Analysis Requirement Test

1. Normality Test

Normality test aimed to identify if a sample from a certain population was normally distributed. The normality test in this research was conducted using the One-Sample Kolmogorov-Smirnov Test at a significance level (α) of 5% or 0.05. The criteria were that if the significance value of Asymp. Sig. (2-tailed) was higher than 0.05, data were normally distributed, and if it was lower than 0.05, data were not normally distributed. The normality test results on residual data using the One-Sample Kolmogorov-Smirnov Test are listed in Table 1.

Table 1. Results of Data Normality Test

No.	Variable	Asymp.Sig.	α	Description
1	Sensitive approach (X_1)	0.200	0.05	Normality
2	Specific approach (X_2)	0.200	0.05	Normality
3	Community health behavior (X_3)	0.200	0.05	Normality
4	Implementation of stunting management policy (Y)	0.200	0.05	Normality

From Table 1, the significances (Asymp. Sig.) of the implementation of stunting management policy (Y), specific approach (X_1), sensitive approach (X_2), and community health behavior (X_3) were 0.200, 0.200, 0.200, and 0.200, respectively. As the four variables had a significance of > 0.05 , H_a was accepted, pointing out that the data were normally distributed. As such, the data could be processed using statistics.

Normality test could also be performed using a Normal Probability Plot chart. The test criteria were that if data were distributed around the diagonal line and followed the line diagonally, H_0 was accepted, showing that data were normally distributed, and if data were distributed away from the diagonal line, H_0 was rejected, showing that data were not normally distributed. Figure 1 presents the normality test plot output. In Figure 1, data were distributed around the diagonal line and following the line diagonally. In so doing, data were normally distributed, and the regression model met normality assumptions.

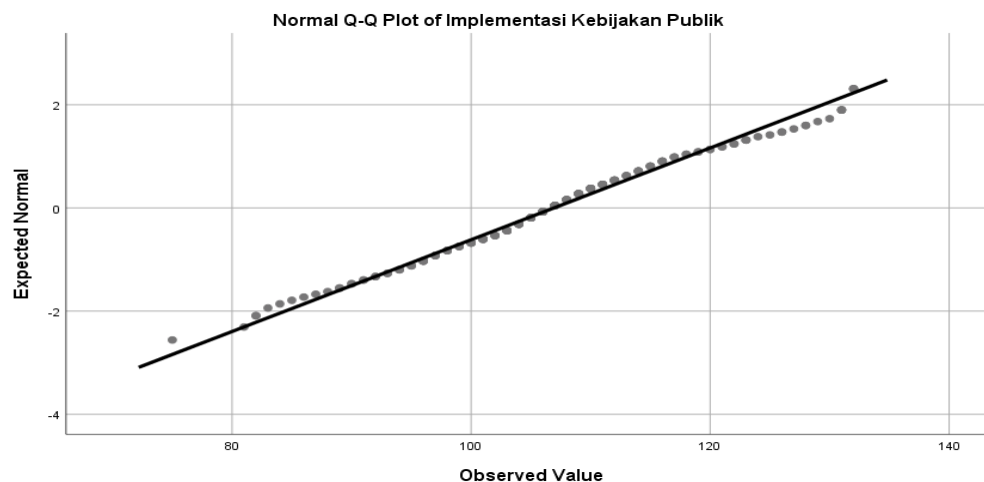


Figure 1. Normal Probability Plot

2. Data Linearity Test

Linearity test aimed to observe whether two variables treated with correlational statistical analysis procedures suggested linearity. The test demonstrated a linear influence. Decision-making methods for the linearity test were by studying the significance value. If the significance value < 0.05 , the relationship between the two variables was linear. And yet, if the significance value > 0.05 , the relationship was not linear. Table 2 exhibits the data linearity test results.

Table2. Results of Data Linearity Test

Sum of Squares	Sum of Squares	df	Mean Square	F	Sig.
Implementation of stunting management policy * specific approach	23805.512	1	23805.512	104437.085	.000
Implementation of stunting management policy * sensitive approach	23759.417	1	23759.417	101672.515	.000
Implementation of stunting management policy * community health behavior	23821.082	1	23821.082	140634.292	.000

Here is the explanation of Table 2.

- Specific approach toward the implementation of stunting management policy had a significance value of $0.000 < 0.005$. Hence, specific approach was assumed to have a linear relationship with the implementation of stunting management policy.
- Sensitive approach toward the implementation of stunting management policy had a significance value of $0.000 < 0.05$. Hence, sensitive approach was assumed to have a linear relationship with the implementation of stunting management policy.
- Community health behavior toward the implementation of stunting management policy had a significance value of $0.000 < 0.05$. Hence, community health behavior was assumed to have a linear relationship with the implementation of stunting management policy.

B. Hypothesis Test

1. Structure Equation Test for Structure Model 2 $Y = 0.422X_1 + 0.394X_2 + 0.212X_3 + \epsilon$

a. Determination Quantification

Table 3 demonstrates the quantification result of the coefficient of determination. The model summary in Table 3 exhibits the coefficient of determination between 0 and 1. A high coefficient of determination indicated that variables X_1 , X_2 , and X_3 , in explicating variable Y , delivered all information called for. The R^2 was 0.948. That was, variables specific approach (X_1), sensitive approach (X_2), and community health behavior (X_3) could illuminate the variable of the implementation of stunting management policy (Y) by 94.8%. In contrast, the rest (errors) was laid out by other variables, which were factors not existing in this research.

Table 3. Results of X_1 , X_2 , and X_3 Influence Measurement on Y

Variable	R	R ²	F _{Count}	B Coefficient	Beta Coefficient	Description
Sensitive approach	.948 ^a	.899	549,704	0.422	0.410	Significant
Specific approach				0.397	0.387	Significant
Community health behavior				0.212	0.206	Significant

b. ANOVA Test

Results listed in Table 4 were used to test if there was a linear influence of independent variables on the dependent one. H_0 was rejected if the p-value < 0.05 . From Table 3, $F_0 = 549,704$, $df_1 = 3$, $df_2 = 186$, and p-value = $0.000 < 0.05$, or H_0 was rejected. In so doing, variables specific approach (X_1), sensitive approach (X_2), and community health behavior (X_3) influenced the implementation of stunting management policy (Y).

Table 4. Results of ANOVA Test

ANOVA ^a						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	21464.325	3	7154.775	549.704	.000 ^b
	Residual	2420.917	186	13.016		
	Total	23885.242	189			
a. Dependent Variable: Public Policy Implementation						
b. Predictors: (Constant), Community Health Behavior, Specific Approach, Sensitive Approach						

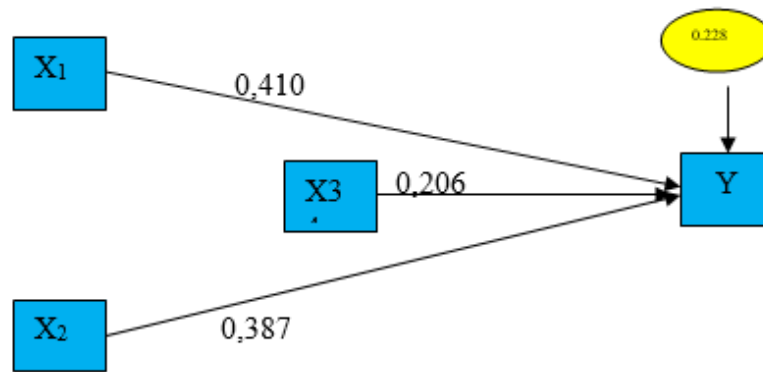


Figure 2. Structure Model 2 $Y = 0.422X_1 + 0.394X_2 + 0.212X_3 + \varepsilon$

2. Hypothesis 1 Test

Hypothesis 1 was that **specific approach influenced stunting management implementation**. Table 5 presents the hypothesis 1 test results. Based on Table 5, the following regression equation was acquired.

$$Y = 4.847 + 0.934X_1$$

Table 5. Hypothesis 1 Test

Model		Unstandardized Coefficients		R	R ²	F _{Count}	T _{Count}	Sig.
		B	Std. Error					
1	(Constant)	4.847	3.419	.910 ^a	.827	900.440	1.418	.158
	Specific approach	.934	.031				30.007	.000

A constant of 4.847 pointed out that without specific approach, the implementation of stunting management policy was 4.887. The coefficient of regression of 0.934 showed that one score addition in specific approach would augment the implementation of stunting management policy by 0.934.

Building on Table 5, $R = 0.910$ at a significance of 0.00. As the significance value was lower than $\alpha = 0.05$, H_0 was rejected. Therefore, there was an influence of specific approach on the implementation of stunting management policy. Grounded on Table 5, R_{Square} was 0.827, suggesting that 0.827 or 82.7% of the regression model of function Y (the implementation of stunting management policy) could be elucidated by specific approach (X_1) factor.

The significance test of the influence of specific approach (X_1) on the implementation of stunting management (Y) resulted in $F = 900,440$ at a significance value of 0.00. As the significance value was smaller than α ($0.00 < 0.05$), H_0 was rejected. Thus, there was an influence of specific approach on the implementation of stunting management policy.

From the significance test of the coefficient of the specific approach (b) variable in the linear model, the acquired $t = 30.007$ at a 0.00 significance value. As the significance value was smaller than α ($0.00 < 0.05$), H_0 was rejected. Accordingly, H_0 was statistically rejected, demonstrating that hypothesis 1, i.e., specific approach (X_1) influenced stunting management implementation (Y), was accepted for its truth.

3. Hypothesis 2 Test

Hypothesis 2 was that **sensitive approach influenced stunting management implementation**. Table 6 exhibits the hypothesis 2 test results. Grounded on Table 6, the following regression equation was acquired.

$$Y = 15.394 + 0.886X_2$$

Table6. Hypothesis 2 Test

Model		Unstandardized Coefficients		R	R ²	F _{Count}	T _{Count}	Sig.
		B	Std. Error					
1	(Constant)	15.394	3.221	.907 ^a	.823	873.840	4.779	.000
	Sensitive approach	.886	.030				29.561	.000

A constant of 15.394 indicated that devoid of sensitive approach, the implementation of stunting management policy was 15.394. The coefficient of regression of regresi 0.886 pointed out that one score addition in sensitive approach would elevate the implementation of stunting management policy by 0.886.

On the grounds of Table 6, R = 0.907 at a significance of 0.00. Because the significance value was lower than $\alpha = 0.05$, H_0 was rejected. Accordingly, there was an influence of sensitive approach on the implementation of stunting management policy. Predicated on Table 6, R_{Square} was 0.823, showing that 0.823 or 82.3% of the regression model of function Y (the implementation of stunting management policy) could be shed light on by sensitive approach (X_2) factors.

The significance test of the influence of sensitive approach (X_2) on the implementation of stunting management (Y) yielded an F = 873.840 at a significance value of 0.00. Considering that the significance value was smaller than α ($0.00 < 0.05$), H_0 was rejected. As such, there was an influence of sensitive approach on the implementation of stunting management policy.

From the significance test of the coefficient of the sensitive approach (b) variable in the linear model, the acquired t = 29.561 at a 0.00 significance value. In that the significance value was smaller than α ($0.00 < 0.05$), H_0 was rejected. Accordingly, H_0 was statistically rejected, suggesting that hypothesis 2: sensitive approach (X_2) influenced stunting management implementation (Y), was accepted for its truth.

4. Hypothesis 3 Test

Hypothesis 3 was community health behaviors influenced stunting management implementation. Table 7 demonstrates the hypothesis 3 test results. From Table 7, the following regression equation was acquired.

$$Y = 15.907 + 0.824X_3$$

Table7. Hypothesis 3 Test

Model		Unstandardized Coefficients		R	R ²	F _{Hitung}	T _{Hitung}	Sig.
		B	Std. Error					
1	(Constant)	15.907	4.043	.848 ^a	.719	479.851	3.935	.000
	Community health behavior	.824	.038				21.906	.000

A constant of 15.907 exhibited that without community health behaviors, the implementation of stunting management policy was 15.907. The coefficient of regression of regresi 0.824 indicated that one score addition in sensitive approach would enhance the implementation of stunting management policy by 0.824.

Based on Table 7, R = 0.848 at a significance of 0.00. On the grounds that the significance value was lower than $\alpha = 0.05$, H_0 was rejected. In so doing, there was an influence of community health behaviors on the implementation of stunting management policy. Building on Table 7, R_{Square} was 0.719, pointing out that 0.719 or 71.9% of the regression model of function Y (the implementation of stunting management policy) could be spelled out by community health behavior (X_3) factors.

The significance test of the influence of community health behaviors (X_3) on the implementation of stunting management (Y) brought about an $F = 479.851$ at a significance value of 0.00. Since the significance value was smaller than α ($0.00 < 0.05$), H_0 was rejected. That being so, there was an influence of community health behaviors on the implementation of stunting management policy.

Grounded on the significance test of the coefficient of the community health behavior (b) variable in the linear model, the acquired $t = 21.906$ at a 0.00 significance value. As the significance value was smaller than α ($0.00 < 0.05$), H_0 was rejected. Therefore, H_0 was statistically rejected, exhibiting that hypothesis 3: community health behaviors (X_3) influenced stunting management implementation (Y), were accepted for its truth.

A. The Influence of Specific Approach on the Implementation of Stunting Management Policy

The acquired regression equation of $Y = 4.847 + 0.934X_1$ indicated that one score addition in specific approach would escalate the score of stunting management policy implementation. In other words, the higher the specific approach, the higher the stunting management policy implementation. Analyzed from the coefficient of determination (r^2) = 0.827, 82.7% of the variation of stunting management policy implementation could be elucidated by specific approach, whereas 18.3% were explained by other factors.

Lancet (2013) reported that specific nutrition interventions adequate by 90% contributed to stunting reduction by 20%. Stunting management was the responsibility of the government and a range of stakeholders, especially at a regional level. Community health centers (Puskesmas) played a critical role in stunting eradication, particularly related to promotive and preventive efforts. Collaboration between Puskesmas, Health Offices, local governments, local figures, and other stakeholders was crucial to lessen the prevalence of stunting. Specific nutrition intervention targeted stunting-causing factors, i.e., a lack of dietary and nutritional intake and infectious diseases. This intervention was usually furnished to by health sectors.

There were three groups of specific nutrition intervention, i.e., priority intervention: the intervention identified as having a direct effect on stunting prevention and targeted to all priority targets; supporting priority: the intervention with an indirect impact on stunting prevention through the mechanisms of nutritional and health improvements carried out after priority intervention fulfillment; and priority intervention under a certain circumstance: the intervention given to a specific target group under a certain circumstance, including during disaster emergency (emergency nutrition programs). Unachieved targets of pregnant women breastfeeding with exclusive breast milk and girl adolescents consuming iron supplements were two indicators deterring accelerated stunting management. Another unachieved target, as indicated by the FGD results with breastfeeding mothers and girl adolescents, was that these priority targets' lack of knowledge and education related to the imperativeness of exclusive breastmilk and regular iron supplement consumption.

Thus, planning and budgeting from subdistrict to urban village levels should be integrated, making their implementation contributive to improving the quality of stunting integrative specific nutrition intervention service coverage in the working area of Puskesmas Boalemo. Cross-sectoral partnership aspects had been established at subdistrict-village levels. The main challenges laid in stunting integrative specific nutrition intervention service activities, which were not the main priority, and a lack of understanding and perception commonalities between sectors engaged in and related to stunting integrative services that had been delivered. In the implementation of stunting prevention acceleration, heightening the roles of private companies, development partners, and civil society were undertaken to gain support from many different parties.

A program Puskesmas could perform related to stunting prevention, according to the Ministry of National Development Planning, was disseminating information through various media related to stunting prevention. The dissemination could be undertaken by providing behavioral change-related counseling, parenting counseling, access to early childhood education programs (PAUD), promoting early childhood stimulation, and monitoring child growth and development. Additionally, access to

nutritional food could be improved by providing access to main food ingredient fortification and strengthening regulations concerning food labeling and advertising. In addition, health institutions could provide socialization related to community nutrition status promotion, community nutrition knowledge promotion, stunting prevention, nutritional supplement intervention strengthening on pregnant women and children under five, supplementary food for pregnant women lacking chronic energy, supplementary food for children under five lacking nutrition, micronutrient supplementation, and childbirth strengthening in health service facilities (Bappenas, 2018).

Specific approach influenced the implementation of stunting management policy in Boalemo by 82.7%. The figure demonstrated that the effort to community nutrition promotion was well made. And yet, the success was not accompanied by well-established communication between the government and the community. The cause was that informants as the samples perceived that stunting reduction in Boalemo exhibited successful stunting management.

My interview with health workers in Boalemo indicated that stunting reduction was well implemented, as pointed out by data from the Health Office in Boalemo. However, according to the community, patients with stunting in Boalemo were still many. The reason was no accurate information received by the community as regards stunting, bringing on the condition where the community had no information associated with the number of patients with stunting in its region. Additionally, communication established by the government to minimize stunting was poor. Communication should be mutual between the government and the community.

Specific approach successfully mitigated stunting by building effective communication with all community members, especially adolescents, pregnant women, and breastfeeding mothers related to the nutritional promotion. Effective communication could elevate relationship quality within a social situation by bolstering a bond with others. It also reinforced teamwork and decision-making and problem-solving skills. It allowed us to communicative negative or difficult messages devoid of raising conflicts or breaking trust.

B. The Influence of Sensitive Approach on the Implementation of Stunting Management Policy

The acquired regression equation of $Y = 15.394 + 0.886X_2$ indicated that one score addition in sensitive approach would elevate the score of stunting management policy implementation. In other words, the higher the sensitive approach, the higher the stunting management policy implementation. From the coefficient of determination (r^2) = 0.823, 82.3% of the variation of stunting management policy implementation could be explicated by sensitive approach, whereas 17.7% were illuminated by other factors. It corroborated the argument that the implementation of stunting management policy was determined by sensitive approach factors. Even though the approach had a relatively strong influence of 82.3% on the implementation, the influence was statistically significant and, accordingly, could not be abandoned.

Several examples of sensitive interventions for stunting reduction, according to the National Development Planning Agency, were STBM implementation socialization, filariasis and intestinal worms control service development, and drinking water and sanitation provision promotion by providing access to adequate and safe drinking water and sanitation (Bappenas, 2018). As such, mother good behaviors related to stunting prevention were expected to improve, mitigating the prevalence of stunting.

Rosha (2016), carrying out qualitative research in Bogor, pointed out that specific nutrition interventions were provided by monitoring children under five in Posyandu, rendering immunization, vitamin A, and supplementary food for pregnant women, iron supplements, and sensitive interventions could be in the form of environmental health interventions. It was better to integrate specific and sensitive interventions related to children under five promotion, allowing sustainable nutrition issue management.

A health worker in Puskesmas argued that, as yet, the intervention to prevent stunting was by providing routine socialization related to eight pillars of STBM-Stunting in Posyandu by Posyandu cadres,

Puskesmas workers, or village midwives. Besides, free biscuits were given as supplementary food for babies six months-two years old. However, some unimplemented activities were providing behavioral change counseling, parenting counseling, access to early childhood education programs (PAUD), and promoting early childhood stimulation.

The Behavior to Stop Open Defecation (SBABS) was one of the pillars designed by the Ministry of Health for stunting prevention. This SBABS constituted a condition in which individuals within a community no longer defecated openly, which might lead to disease spreading. Several avenues to manifest SBABS were developing sustainable healthy defecation behaviors, which could cut human feces contamination flow as a disease source, and providing and maintaining defecation facilities meeting health standards and requirements (Ministry of Health of the Republic of Indonesia, 2017).

Research in Banggai and Sigi showed that mean body height in SBABS village groups was higher than in non-SBABS village groups. This mechanism could refer to the so-called prevention of tropical enteropathy, diarrhea, and other infectious diseases hampering nutritional substances absorption in the digestion of babies under two (*Baduta*). Nevertheless, there was a multitude of factors affecting the prevalence of child stunting (Hafid, 2017). The research of Spears (2013) in India suggested that poor environmental sanitation behaviors, in terms of open defecation habits (BABS), were the determinant factors of the prevalence of stunting. Nonetheless, stunting-causing factors were not only SBABS-related conditions but also direct and indirect factors, with SBABS as one of the indirect ones. That being so, a community, albeit having demonstrated good behaviors related to SBABS, might still have a high prevalence of stunted children. It conformed to Djauhari (2017) that causing factors of the prevalence of stunted children were direct and indirect or specific and sensitive interventions. Direct factors were exclusive breastmilk administration practices, breastmilk supplementary food (MP-ASI), Antenatal Care (ANC) services, and Postnatal Care, while the indirect ones were related to sanitation. Efforts related to the SBABS behaviors of mothers which could be conducted by health workers, particularly Puskesmas nurses, were providing community socialization on a monthly basis and advising them to maintain healthy life behaviors, specifically related to SBABS, which could both prevent stunting and other infectious disease spreading.

Washing hands using soap and running clean water was the second pillar in stunting prevention. The pillar could be realized by getting accustomed to the behavior of washing hands using running clean water and soap sustainably, providing and maintaining handwashing facilities equipped with running water, soap, and waste disposal channel facilities to remove dirt and dust mechanically from the skin surface and reducing the number of temporary microorganisms (Umrah, 2013).

The third pillar measured in this research was Drinking Water and Household Food Management (PAMM-RT). PAMM-RT was the activities of cultivating the behavior of drinkable water and safe and clean food processing sustainably and providing a healthy site of drinking water and healthy household food processing (Ministry of Health of the Republic of Indonesia, 2007). Selecting food ingredients related to stunting prevention should be based on food quality and requirements, i.e., the packaged food ingredients should be fresh, not rotten, not damaged/moldy, contain no harmful chemical substances, not toxic, and come from official or clear sources. Packaged or manufactured food ingredients should have both labels and brands, have clear composition, be registered, and not be expired (Ministry of Health of the Republic of Indonesia, 2017).

The fourth pillar was securing household waste. It was performed by cultivating the behavior of sorting household waste by type, throwing it outside the house routinely, reducing, reusing, recycling, and providing and maintaining outdoor household waste disposal facilities. The results demonstrated that attributed to mother behaviors related to securing household waste for stunting prevention in *Baduta*, some respondents exhibited good behaviors, while others indicated otherwise.

Stunting management should be concertedly undertaken by coordinating with the parties responsible for implementing stunting management policy. Notwithstanding this, grounded on my in-depth observation and interview, OPDs carried out their roles and functions individually. That was, there was no coordination between them in implementing stunting management activities. It caused

overlapping and recurrent activity implementation. Sectoral or cross-sectoral coordination implementation was not specific on stunting prevention. It was limited by needs and not continuously carried out within the long term.

C. The Influence of Community Health Behaviors on the Implementation of Stunting Management Policy

The acquired regression equation of $Y = 15.907 + 0.824X_3$ indicated that one score addition in community health behaviors would increase the score of stunting management policy implementation. In other words, the higher the community health behaviors, the higher the stunting management policy implementation. Investigated from the coefficient of determination (r^2) = 0.719, 71.9% of the variation of stunting management policy implementation could be laid out by community health behaviors, whereas 28.1% were explained by other factors.

The implementation of stunting prevention programs should involve all community levels. Regrettably, the term stunting was yet broadly known, not to mention its risk factors and effects. A formative study engaging more than 330 mothers of children under five in a number of provinces found that only 32.9% of respondents listened/read/knew the term “stunted” (MCA-I, 2015), and even 67.1% admitted to having no information about the term. It reflected their ignorance of the height of children under five. Most respondents claimed hereditary as the causing factor of stunted children under five. The perception was a risk factor causing stunting, which had to be understood by families with children under five. Perceptions reflected how individuals interpreted experiences by being contingent on senses, i.e., sight, sound, smell, taste, and touch.

Health cadres had important roles in augmenting the self-help skills of the community to achieve an optimum health degree and guiding it in health fields. Technically, bearing on stunting, cadres were responsible for carrying out registration for children under five, conducting weighing and recording the results on the Growth Chart (KMS), administering supplementary food, distributing vitamin A, performing nutrition socialization and visits to breastfeeding mothers and mothers with children under five.

Marini (2018), in her research, argued that Posyandu was little used by mothers with children under five. It contributed to a high mortality level of children under five. Accordingly, mothers with children under five needed motivation to visit Posyandu. The effort called for the active roles of Posyandu cadres. The research focused on the meaningfulness of the relationship between cadre roles and motivations for mothers with children under five to visit Posyandu.

That community health behaviors influenced the implementation of stunting management policy in Boalemo by 71.9% demonstrated that the community had good behaviors in helping the government to elevate health degrees, especially related to stunting management. The community had an active participation in implementing government programs through activities arranged by OPDs related to enhancing family nutrition or other health-related activities.

The interview and observation results exhibited that stunting management activities were not continuously implemented by the government and community. The activities were only performed during activities held by OPD. As a result, when the second was not held, the first was not held as well. It indicated no commitment between the government, OPDs, and the community related to stunting management.

The community and government should be committed to stunting prevention. A commitment would be established if the community was anxious to take part in the effort made by the government related to stunting prevention because of the emotional bond. The community acknowledged its similarity with the government and, as such, showed concern and built an impressive commitment. A commitment had to be sustainably manifested to optimize previously made efforts. Individuals with a high commitment would persist to jointly succeed in stunting reduction programs due to awareness of the significant loss, which might be experienced when disregarding the previous activities, instead of emotional reasons. Individual reasons to persist, particularly related to stunting-reducing factors,

made individuals consistently show good participation. In other words, a more sustainable commitment would reduce stunting more effectively.

4. CONCLUSION

Statistically, specific approach had a positive influence of 0.827, which was significant at $\alpha=0.05$, on the implementation of stunting management policy in Boalemo. It pointed out that 82.7% of the variation of stunting management policy implementation could be shed light on by specific approach. Sensitive approach had a positive influence of 0.823, which was significant at $\alpha=0.05$, on the implementation of stunting management policy in Boalemo. It showed that 82.3% of the variation of stunting management policy implementation could be spelled out by sensitive approach. Community health behaviors had a positive influence of 0.719, which was significant at $\alpha=0.05$, on the implementation of stunting management policy in Boalemo, suggesting that 71.9% of the variation of stunting management policy implementation could be elucidated by community health behaviors.

REFERENCES

- [1] Mutiasari, M., Yamin, M. N., & Alam, S. 2016. "Implementasi Kebijakan Perizinan dan Pemberitahuan Kegiatan Masyarakat pada Kepolisian Resort (Polres) Kota Kendari". *Publica:Jurnal Administrasi Pembangunan dan Kebijakan Publik*, 7(1), pp. 1-10.
- [2] UNICEF. 2020. "COVID-19 dan Anak-anak di Indonesia Agenda Tindakan untuk Mengatasi Tantangan Sosial Ekonomi". *Journal of Education, Psychology, and Counseling*, 2(April), pp. 1-12. www.unicef.org.
- [3] Ahmadi, F. &Triwinarto, A. 2019. "Analysis Descriptive Stunting in Indonesia". *Health Research Basic"Annals of Tropical Medicine and Public Health*. 22(11). doi: 10.36295/ASRO.2019.221159.
- [4] Nshimiyiryo, A. M.& Hadi, A. 2019. "Kajian Stunting pada Anak Balita Ditinjau dari Pemberian ASI Eksklusif, MP-ASI, Status Imunisasi, dan Karakteristik Keluarga di Kota Banda Aceh".*J Kesehatan Ilmiah Nasuwakes*, 6(2), pp. 169-184.
- [5] Cobham, A., Garde, M., &Crosby, L. 2013.*Global Stunting Reduction Target: Focus on the Poorest or Leave Millions Behind*. Retrieved www.savethechildren.org.uk on December 26th, 2013.
- [6] Mutiasari, M., Yamin, M. N., & Alam, S. 2016. "Implementasi Kebijakan Perizinan dan Pemberitahuan Kegiatan Masyarakat pada Kepolisian Resort (Polres) Kota Kendari". *Publica:Jurnal Administrasi Pembangunan dan Kebijakan Publik*, 7(1), pp. 1-10.
- [7] Statistics Indonesia. 2019. *Survei Sosial Ekonomi Nasional (Susenas) Tahun 2018: Jakarta: Badan Penelitian dan Pengembangan Kesehatan*.
- [8] UNICEF. 2020. "COVID-19 dan Anak-anak di Indonesia Agenda Tindakan untuk Mengatasi Tantangan Sosial Ekonomi". *Journal of Education, Psychology, and Counseling*, 2(April), pp. 1-12. www.unicef.org.