



Social approach to stunting prevention in Blora, Central Java, Indonesia

Muhtar¹, Bambang Pudjianto², Habibullah^{3*}

^{1,2,3} Research Center for Social Welfare, Village and Connectivity National Research and Innovation Agency (BRIN) Gedung Sasana Widya Sarwono Lantai 6 Jl. Jenderal Gatot Subroto NO. 10 DKI Jakarta 12710, Indonesia

* Corresponding author

E-mail address: habi003@brin.go.id

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ARTICLE INFO	ABSTRACT
<p><i>Keywords:</i> stunting prevention social assistance structural functional basic food program family hope program</p>	<p>Stunting is a major problem in many developing countries, including Indonesia. The stunting rate in Indonesia is the fifth highest in the world. For this reason, the government is committed to handling it in an integrated manner. The social approach through the assistance of the Family Hope Program (PKH) and the Sembako Program is one of the efforts to reduce stunting. The structural-functional theory in sociology focused on the social order is used as an analytical tool. This research approach is qualitative, and the researchers are the main instrument. Data collection techniques used: interviews, documentation, and observation. The results showed a social approach through the basic food and PKH programs accompanied by continuous assistance to beneficiaries in the form of coaching aspects of health, education, childcare patterns, and the use of social assistance and integrated with other programs contributed to stunting prevention in Blora Regency, Central Java Province. This social reality is in line with the structural-functional theory that society as a system is interrelated or related to other parts of the system.</p>

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Introduction

Stunting today is still a chore for many countries in the world, especially for developing countries (Black et al., 2013). This can be seen from data showing that in 2017, as many as 22.2 percent (150.8 million) children under five in the world experienced stunting (Forouzanfar et al., 2016; Ministry of Health RI, 2018). Based on data from the United Nations (UN), during the Covid-19 pandemic, there were almost 7 million children in the world are vulnerable to stunting (Anindyawati, 2021; Osendarp et al., 2021).

In the context of Indonesia, based on the 2018 Global Nutrition report, Indonesia's stunting rate is the highest in Southeast Asia after Cambodia (Makatita & Djuwita, 2020). Stunting or stunted is a condition where toddlers have a length or height that is less than their age. This condition is measured by a length or height that is more than minus two standard deviations of the WHO child growth standard median (World Health Organization, 2009). Stunting is caused by many factors (Mosites et al., 2017; Ni'mah & Nadhiroh, 2015) however, in general it is caused by low nutritional intake, especially in the first 1000 days of life, namely from the fetus to the baby is two years old. Apart from poverty, the education factor is also related to nutrition problems. The lack of knowledge makes the provision of nutritional intake not in accordance with the needs.

Stunting has an implication of negative effects (Leroy & Frongillo, 2019) In the short term, stunting causes an increase in the incidence of morbidity and mortality, children's cognitive, motor, and verbal development is not optimal, and then increases health costs. Whereas in the long term, stunting causes a posture that is not optimal as an adult (shorter than usual), the risk of obesity and other diseases increases, reproductive health declines, learning

capacity and performance are not optimal during school years, and productivity and work capacity are not optimal (Dewey & Begum, 2011). In line, the brain development process is disrupted, in which the short term affects cognitive abilities, and in the long term reduces the capacity for better education and lost opportunities. job opportunities with better income (Goudet et al., 2019). Realizing that stunting is a threat to Indonesia's progress in the future to compete globally, the government takes strategic policies as stated in the third development agenda of the 2020-2024 National Medium Term Development Plan, and at the same time as an alignment of Sustainable Development Goals (SDG's), namely that stunting is one of the national priority program in the major project to reduce maternal mortality and stunting (Pradana PH et al., 2022).

In line that framework, the Blora Regency Government, after being designated as one of the national priority areas for stunting management, in the framework of contributing to the achievement of national and global goals (SDG's), takes policies and takes concrete actions to handle and prevent stunting in a comprehensive manner convergence and integration. Convergence is an effort to ensure that all stunting reduction interventions, both specific interventions and sensitive interventions in Blora Regency reach the target both in urban and rural areas. While integration is a form of activity to unite interventions (specific, sensitive) to reduce stunting in Blora Regency.

In the convergence and integration of stunting handling and prevention in Blora Regency, the Family Hope Program (Program Keluarga Harapan) accompanied by accompaniment, and the provision of basic food assistance (Sembako Program), together with other programs (sectors) outside the health sector as sensitive interventions, have a strategic and important role. Social assistance according to the Asian

Development Bank (ADB) is a program designed to help the most vulnerable individuals, households and communities to meet and improve their standard of living (Bappenas RI, 2015; Habibullah, 2017). In line, according to Suharto (Suharto, 2004) social assistance is a public scheme provided by the state, especially to its citizens who are very vulnerable and do not include the labor force (children, the elderly, people with disabilities, who cannot work). In this context, social assistance is the provision of assistance, material and non-material, organized by the state to its citizens, who are categorized as poor and vulnerable, in an effort to provide protection and improve their quality of life.

PKH is a conditional cash transfer to the poor family and vulnerabilities, registered in the integrated data for social welfare (Data Terpadu Kesejahteraan Sosial/DTKS). In implementation, PKH is provided by Facilitator PKH (Habibullah, 2011). Each facilitator intensively assists about 250-300 beneficiaries. The roles of PKH Facilitator officers include: conducting initial meetings with beneficiaries, validating beneficiaries data, updating beneficiaries data, verifying attendance commitments to beneficiaries education and health services, supervising and reporting on social assistance received by beneficiaries, holding family capacity building meetings (family development session/FDS) (Suradi et al., 2020) with beneficiaries, carry out the handling of beneficiaries complaints, and make reports on the resolution of problems that arise in the implementation of PKH in the field (Ministry of Social Affairs R.I., 2018). In implementing FDS, there are three main things that PKH facilitators must understand well and serve as guidelines in carrying out their duties, namely: (i) the importance of nutrition and maternal health services; (ii) the importance of nutrition for breastfeeding mothers and toddlers; and (iii) child morbidity and

environmental health. The tasks of PKH assistants in this regard are: (i) informing health and nutrition knowledge contained in FDS; (ii) motivate and facilitate mothers and children to obtain the necessary health services; (iii) informing of Central Integrated Services cadres or midwives if there are mothers or children who need counseling or special visits (Ministry of Social Affairs R.I. Ministry of Health R.I., 2018).

Then, the Sembako Program is a development of the Non-Cash Food Assistance Program which will be implemented by the Government in 2020 (Suryahadi et al., 2021). The types of food that can be purchased by beneficiaries: sources of carbohydrates, animal protein, vegetable protein as well as vitamins and minerals. The expansion of the types of food commodities that can be purchased by beneficiaries at “*e-warong*” is an effort from the Government to provide beneficiaries access to basic ingredients with diverse nutritional content and as an effort to prevent stunting (Coordinating Ministry for Human Development and Culture, 2020). Based on such thoughts, the results of the study in the framework of this journal aimed to understand the prevention of stunting in an integrated manner, through the implementation of PKH accompanied by assistance, provision of assistance for the Basic Food Program, and at the same time holding other sector programs such as latrines, clean water supply and so on related, which is a sensitive intervention, in the handling and prevention of stunting in Blora Regency.

Structural functional sociology theory is used as an analytical tool, in which A. Comte, H. Spencer, and E. Durkheim as the three main characters, who view society as a system consisting of interrelated parts, where the one cannot function without a connection with the other parts. The basic assumption of this theory is that all elements or elements of community life must function

(functional), so that society as a whole can carry out its functions properly (Raho, 2021; Ritzer & Goodman, 2008). Practically speaking, the benefits of the results of the study for the Blora Regency Government are as information on the implementation of stunting handling and prevention, as a real action and regional commitment which in fact is to support national committees and global achievements in stunting handling and prevention, and at the same time as an evaluation of implementation future improvements. Theoretically, it could trust the treasures of knowledge in the handling and prevention of stunting.

Method

The type of this study was descriptive with a qualitative approach. The qualitative data needed were certainly related to the handling and prevention of stunting in Blora Regency. This area was chosen as the study location because it was considered good in handling and preventing stunting, which through its policies and actions succeeded in reducing the prevalence of stunting significantly. This positive thing can be an inspiration for other regional stakeholders in Indonesia in handling and preventing stunting in their respective regions.

Primary data collection was carried out from 19-25 April 2021, using the following techniques: interviews, observation, and documentation. Interviews were conducted with: Coordination Team and Technical Team for Preventing Stunting in Blora Regency, including officials: Development Planning Agency Regency, Health Service, Agriculture and Food Security Service, Population Control and Family Planning Service, and Social Service. In addition, interviews were also conducted with the PKH district coordinator, PKH facilitators, regional coordinators for the Basic Food Program, and beneficiary families (KPM). To enrich

the results of the interview, observations were made by visiting KPM's house to see closely the condition of their residence and environment. No less important, documentation of materials related to the handling and prevention of stunting by the Coordination Team and Technical Team of the Blora Regency Government is also carried out.

Qualitative data obtained from the field is analyzed qualitatively, namely systematically compiling the results of interviews and others according to the problems and objectives of the study that have been determined. Qualitative analysis consists of three streams of activities that occur simultaneously, namely: data reduction, data presentation, and conclusion drawing/verification (Miles et al., 2018)

Results and Discussion

Overview and stunting in Blora Regency

Blora Regency, with an area of 182,085,797 hectares or 195,582,074 square kilometers (5.59 percent) of the total area of Central Java Province, is located at the eastern end of Central Java and is directly adjacent to East Java. Administratively, Blora Regency is divided into 16 sub-districts, 295 villages (Setiani & Herawati, 2022). Demographically, the population of Blora Regency is 886,147 people. The total population, there are 107,05 (12.39 percent) categories of poor people in 2021, previously (2020) there were 103,730 (11.96 percent) poor people (Dinas Komunikasi dan Informasi Kabupaten Blora, 2021), the meaning is an increase in the number of poor people in Blora from the previous year, which is possible as a result of Covid-19. The population poverty factor contributes to the number of stunting under-fives, although poverty is not the only variable that causes stunting.

Based on data from the Basic Health Research of the Ministry of Health of The Republic of Indonesia conducted five years, the stunting prevalence rate in Blora Regency was 8.2 percent in 2019 from 32 percent in 2018 from 55.1 percent in 2013 (Makatita & Djuwita, 2020). Several studies (Aini et al., 2018; Astuti et al., 2020; Handika, 2020) have shown that the determinants of stunting in Blora Regency are: (i) limited coverage of stunting prevention services, (ii) the need to improve coordination and synergy between stakeholders, (iii) limited infrastructure and budget, (iv) the need to increase data management support, (v) early marriage rates (children) high, (vi) pregnant women with anemia, (vii) the need for parenting: early initiation of breastfeeding, exclusive breastfeeding, and Feeding Infants and Children with Moringa Supplementation; (viii) not all integrated Services Centre; (ix) need to increase the presence of pregnant and lactating women at Posyandu and Health Facilities, (x) not all parents of toddlers understand monitoring and stimulation of toddler growth and development

The role of PKH in stunting prevention

The main task of PKH accompaniment is to ensure that the beneficiaries can reach services in the fields of education, health, and social welfare. In terms of access to health, the task of the PKH facilitator for the beneficiaries, accompany to hold regular monthly meetings, which was known later as FDS (Aizawa, 2020) FDS aims to increase positive practices, encourage positive behavioral changes in beneficiaries health, especially mothers, in aspects of health, nutrition, and child care as a prerequisite for the realization of family welfare. This, as stated by one of the District Coordinators of Blora Regency PKH as follows:

PKH facilitators are the spearhead of the implementation of the Family Hope Program in the field. In accordance with the mutual agreement (MoU) as a PKH companion with the Ministry of Social Affairs, its duties and functions are to ensure beneficiaries access to the health sector, education sector, and social welfare sector. The important thing in accessing these areas is regular monthly meetings with beneficiaries ranging from 20-25 person, in order to increase knowledge and understanding of the importance of these three aspects (EW, 2021).

The purpose of FDS is to encourage changes in positive health behavior, especially in aspects of health, nutrition and child care in Blora Regency so that with these changes in behavior, it can encourage a decrease in stunting rates. This is in accordance with the results of research in Probolinggo City which illustrates that the effectiveness and performance of FDS performance is very effective in accordance with the expectations of PKH beneficiaries (Jibril & Nawangsih, 2022)

As for the technical implementation of FDS, one of the PKH social facilitators with a nursing education background, and accompanying 296 PKH KPMs divided into 12 groups, said:

Before the outbreak of Covid-19, we held group meetings (FDS) with 20 people from beneficiaries regularly every month at beneficiaries' house in turns. Then, during the Covid-19 pandemic, we also held the meeting in person, but by limiting participants (beneficiaries) below 10 people, and by implementing health protocols (maintaining distance, washing hands, and wearing masks) (DP, 2021).

Regarding FDS materials, to motivate beneficiaries, one of the PKH facilitators said as follows:

...FDS materials include: (i) health, regarding: nutrition, pregnant and maternity services, postpartum and breastfeeding mothers, infant and adolescent services, and clean and healthy living behavior; (ii) in education, including: how to be great parents, how to understand early childhood behavior and learning, how to improve children's good behavior, understand play as a way for children to learn, how to improve children's language skills, and how to help children succeed in school; (iii) economics, including: family financial management, savings and credit, micro, small and medium enterprises, entrepreneurship, and marketing; (iv) in the child protection, regarding: how to protect children, what are the rights of children including children with special needs, how to prevent domestic violence, and how to protect mothers (WF, 2021).

FDS material in the health sector is very relevant to stunting prevention. The results of research conducted in Jeneponto Regency concluded that there was an increase in knowledge about stunting prevention caused by the acceptance of the material provided was very good and easy to understand by PKH beneficiaries (Haris & Nur, 2022). The implication of carrying out the duties of PKH assistants, that PKH facilitators need to be provided with the FDS materials first. Regarding this, the PKH District Coordinator said:

... based on our data, all PKH facilitators here have attended briefing or technical guidance on FDS, sir. Before the Covid-19 pandemic, they followed it offline at the Yogya Social Welfare Training Center, and since Covid-19 in 2020 (the emergence and outbreak of Covid-19), PKH assistants have followed online FDS technical guidance. Then, in the new module, namely 2018, the health aspects were further sharpened, namely: (i) the importance of nutrition and maternal health services; (ii) the importance of nutrition for breastfeeding mothers and toddlers; and (iii) child morbidity and environmental health. The tasks of PKH assistants in this regard: (i) informing health and nutrition

knowledge contained in FDS; (ii) motivate and facilitate mothers and children to obtain the necessary health services; (iii) informing Central of Integrated Services cadres or midwives if there are mothers or children who need counseling or special visits (Health and Nutrition Modules FDS PKH, Technical Guideline for FDS Implementation (EW, 2021).

The results of the FDS training showed that participants already had sufficient competence to accompany very poor families. The results of cognitive, affective and psychomotor aspects showed improvement and in the criteria of excellent values (Triwahyuni, 2021).

The role of Sembako Program in stunting prevention

The Sembako Program started in 2020 is a transformation of the Non-Cash Food Assistance (BPNT) program (Hermawati et al., 2019). Previously, this program was transformed repeatedly, from the Special Market Operation Program (OPK) in 1998, Rice for the Poor (Raskin) in 2002 (Bulog, 2022), Rice for Prosperous Families (Rastra) in 2015 (Banerjee et al., 2021; Samsudin, 2020; Sumarto, 2020; Tim Koordinasi Rastra Pusat, 2017) and in 2017 changed to Non-Cash Food Assistance (BPNT), with a change in the mechanism for distributing aid that is no longer in the form of rice but becomes aid funds that are distributed directly to KPM accounts. These funds must then be exchanged for eggs and rice at a predetermined agency. In 2020, the BPNT program changed to the Sembako Program (Dewi & Etal, 2020). This development is followed by the provision of food, which meets balanced nutrition, in the form of: carbohydrates, proteins, minerals, and fruits, which are intended as direct support for the national priority program for stunting prevention (Arifin et al., 2021) . This was as

stated by the Regional Coordinator of Blora Regency Basic Food Assistance as follows:

... according to the implementation guidelines, the basic food assistance program consisting of carbohydrates, protein, vegetables, and fruits, to beneficiaries, is to directly support the national stunting prevention program. Implementation in the field, we collaborate with the sub-district food social assistant, the District Social Welfare Personnel, and/or the appointed. In addition, we also always coordinate with the Village Head, and with distributors (Bank Agents, e-warong). In this way, the implementation of the Sembako Program can run smoothly (LA, 2021).

PKH and Sembako programs, as support for specific interventions, are carried out in the field by the Social Service, Empowerment Women and Child Protection of Blora Regency, also PKH District Coordinator, PKH Facilitator, Sembako Program Assistance Coordinator, Sembako program Assistance Facilitator, sub-district social welfare workers, and others. This was stated by the Blora Stunting Coordination Team as follows:

... stunting is a big problem. As a big problem, it needs to be handled jointly (collaboration-synergy) by various parties. Almost all Organization in Blora Regency are involved, even down to the Village Government with all its authorities. PKH as conditional assistance, including pregnant women, breastfeeding, and having toddlers, and basic food assistance programs, in the form of carbohydrates, proteins, minerals, vegetables and fruits, are very important. The implementation of PKH and Sembako program Program in the regions is in the sector or the Social Service, Empowerment Women, and Child Protection (YA, 2021).

PKH and Sembako Program as indirect supports for stunting reduction (sensitive interventions), are very important for beneficiaries, which incidentally is

vulnerable to balanced nutritional for families and especially their children. This can be seen from the statement of one of the beneficiaries as follows:

...me very happy and helped, sir, our family got PKH and basic necessities. I do not work and only a housewife who has small children (toddlers) and a husband who works odd jobs, and many do not work because no one asks me. Yes, sir, it's hard... (interviewer: mother's eyes filled with tears). Anyway, from PKH I get money to buy the needs of my child who goes to school and to buy milk for this little one, and from basic food program I get rice, eggs, and fruit, very helpful to my family (YN, 2021).

PKH and Sembako programs are one of the complementary programs of social welfare programs so that the reduction of poverty is quickly achieved (Muhtar, 2018).

Convergence and integration of stunting reduction in Blora Regency

Starting from the experience of the MDG's which were considered less successful in their achievements, especially in terms of poverty reduction and stunting prevention, which was made possible due to the lack of involvement of the Regional Government, the Blora Regency Government, in terms of handling and preventing stunting in the SDG's era, took an active role (The third pillar of the National Strategy for Stunting Reduction Convergence of central, regional and village programs). This can be seen from the convergence and integration policies that were taken and then formalized through the Decree of the Regent of Blora Number: 440/322/2019 concerning the Coordination Team and the Technical Team for Handling Stunting in Blora Regency (Pemerintah Kabupaten Blora, 2019). In the Coordination Team and Technical Team, almost the entire Blora Regency Government is involved, as shown in Figure 1 below

Figure 1. *The Coordination Team and the Technical Team for the prevention of stunting*

Coordination Team	Technical Tim
<ul style="list-style-type: none"> • Regent (Constructor) • Vice Regent (Responsible) • Regency Secretary (Chairman) • Head of Development Planning Agency Regency (Secr. I) • Head of Health Office Regency (Secr. II) • Members: <ol style="list-style-type: none"> 1. Head of Community & Village Empowerment 2. Head of Education and Culture Office 3. Head of Agriculture & Food Security 4. Head of Social Affairs & Women's Empowerment and child Protection 5. Head of Communication & Informatics 6. Head of Population Control & Family Planning 7. Head of Housing, Settlement & Transportation 8. Head of Industry & Labor 9. Head of Trade, Cooperatives & Micro, Small and Medium 10. Head of Ministry of Religion Regency 11. Head of Bureau of Statistic Regency 12. Head of Environment 13. Head of Population and Civil Registry 14. Head of Division Regional Secretariat Welfare 15. Head of Government Secretariat Regency 16. Head of Economy & Natural Resources 17. Head of Sub Distric in Blora Regency 18. Head of Promoter of Family Welfare for Blora District. 	<ol style="list-style-type: none"> 1. Head Div. of Social and Cultural Affairs Head Div. of Development Planning Agency 2. Head Div. of Public Health Office of the Health Office 3. Head Div. of Village Development & Cutomory Comunity and socio-Cultural Inst. Institutions Village Community Empowerment Office. 4. Head Div. of Early Childhood Education & Public Education of Education and Culture Office 5. Head Div. of Food Securiry of Agriculture & food Security Office 6. Head Div. of Social Service Office & Womens Empowerment and child Protection 7. Head Div. of Public Communication Information Division of Communication & Informatics 8. Head Div. of Population Control & Family Health Resilience of Population Control & Family Planning 9. Head Div. of Housing, Settlement & Transportation 10. Head Div. of Population Registration of Population and Civil Registry Office 11. Head Div. of Industry Department of Industry & Manpower 12. Head Div. of Trade of Trade, Cooperatives Micro, Small and Medium. 13. Head Div. of Cleaning, Waste Management & Environment Office. 14. Head Div. Bureau of Statistic Regency 15. Subhead Social Regional Secretariat Welfare 16. Division for Regional Adm. Secretariat Government 17. Head of Section for the Economy Section. Economy & Natural Resources Secretariat 18. Head of Islamic Community Guidance at the Office of the Ministry of Religion Blora Regency.

Source: Decree of the Regent of Blora Number: 440/322/2019 concerning the Coordination Team and the Technical Team for Handling Stunting in Blora Regency

In addition, a series of other policies related to stunting prevention were also issued, namely:

- 1) Blera Regent Regulation Number 27/2019 Regarding Stunting Reduction;
- 2) Circular Letter of the Regent of Blera Number 440/3379/2018 concerning the Implementation of Communication on Changes in Community Behavior to Prevent Stunting;
- 3) Decree of the Head of the Health Service of Blera Number 800/118/2019 concerning the Determination of the Stunting Locus Village in 2019;
- 4) Decree of the Head of the Health Service of Blera Number 800/124/2020 concerning the Determination of Stunting Locus Villages in 2020.

As collaboration and integration work with various parties and levels, the role of the Coordinating Team at the district level is to: (i) set a target for reducing stunting in the district; (ii) develop policies that support the National Strategy; (iii) determine programs and activities according to the local context; (iv) hold an annual coordination meeting; (v) integrating Stranas into Regional Action Plan-Stunting Prevention; (vi) increasing the capacity to implement the 8 convergence actions; (vii) provide guidance at the district, sub-district, village/kelurahan levels; (viii) increasing the effectiveness of using village funds for stunting reduction; (ix) formulating public campaign policies and behavior change communications; (x) carry out monitoring and evaluation; and (xi) involving non-governmental institutions.

Then, the role of the Coordination Team at the District Level is: (i) coordinating at the sub-district level and holding regular meetings with village officials and the community; (ii) providing support in monitoring and verifying data at the

village level; (iii) providing implementation assistance at the village level. Meanwhile, the roles of the Coordination Team at the Village Level are: (i) synchronizing planning and budgeting; (ii) optimizing the use of village funds; (iii) ensure priority targets receive intervention; (iv) coordinate routine target data collection; (v) increasing the capacity of village officials, cadres and the community; and (vi) strengthening monitoring and evaluation.

As a strengthening of the stunting prevention program carried out by the Central Government, the Blera Regency Government made an innovation (Arif, 2020; Rohman, 2021) as follows:

- 1) Giving “Moringa Flour for Breastfeeding Mothers” to mothers who are breastfeeding. The goal is to reduce stunting in the first 1000 days of birth. Giving Moringa Flour for Breastfeeding Mothers is an early detection of stunting risk babies in an effort to reduce stunting. The impact of giving Maxi Eggs was that the average body length increased by 0.6 cm, and the average body weight increased by 0.043 kilograms.
- 2) Infant and Child Feeding with Moringa Supplementation. The practice of Infant and Child Feeding with Moringa Supplementation with the addition of supplements from Moringa, in the form of training on food processing and feeding to the target as well as PMBA education. Impact of Infant and Child Feeding with Moringa Supplementation with Moringa supplementation in 10 village locations: (1) Age 0-23 months (80 in 2019 to 24 in 2020); (2) Ages 24–59 months (214 in 2019 to 140 in 2020); (3) No new stunting cases were found in the 0-5 months age group.
- 3) New Therapy for Nutritional Improvement with Kelorina. It is an innovation development of Infant and

Child Feeding in collaboration with CV. Morina Organic Indonesia (MOI). The impact of the Pezona Texbar includes an improvement in the nutritional status of Toddlers with indicators of Body Length/ Height according to age.

- 4) Stretching to Overcome Stunting, are threats/movements to increase the size of a child's height using Orthopedic theory with abduction/away movements. The impact of Gelurantiing includes the increase in body length and/or height of stunted children (will be replicated in other villages/districts).
- 5) Give Oxytocin Massage with Lavender Essential Oil. It is a threat to give oxytocin massage to postpartum mothers by the closest family with Lavender essential oil. The goal of Action is to prevent bleeding, to facilitate the release of breast milk in normal and post-partum mothers, so that exclusive breastfeeding can be successful.
- 6) Cadres Caring for at Risk Babies and Toddlers, are health monitoring and supervision carried out by the community on infants and toddlers who have health risks. The aim is to reduce the number of infant and toddler morbidity and mortality.

In the action of convergence and integration, it can be seen that PKH and Sembako Program, with other sector programs in Blera Regency collaborate and synergize in stunting prevention. The collaboration and synergy of stakeholders in Blera Regency include: Provision of additional food and milk for students, especially kindergarten children, elementary school children by the Education Office; Movement to eat fish and sow fish seeds by the Department of Animal Husbandry and Fisheries; Happy Family Development, Youth Integrated Service Center-Youth

Information and Counseling Center by the Department of Population Control and Family Planning; Community Based Sanitation Program by the Department of Housing, Settlements and Transportation; Sustainable Food House, Farmers Group by the Department of Agriculture and Food Security. The convergence and integration of stunting reduction programs in Blera Regency is not only a mere formality but can be implemented properly. This is different from in Pandeglang Regency that collaborated governance activities in reducing stunting are only a formality (Candarmaweni & Yayuk Sri Rahayu, 2020).

In terms of PKH, the role of PKH facilitators (Sofianto, 2020) is to provide counseling (guidance) which must be followed by all PKH beneficiaries in FDS, which consists of several modules, including the health and nutrition module, which includes: (i) the health of pregnant and lactating mothers, consists of: explaining nutrition issues to pregnant women, causes and consequences/ problems, checking pregnancy, informing cadres if there is an intervention program; (ii) the health of infants and toddlers, by always reminding mothers to check their babies with health workers if the baby's weight does not increase in three consecutive months; (iii) adolescent health: always reminding the consumption of balanced nutritious foods, motivating young women who are prospective brides to take blood supplements, and reminding teenagers to do health counseling; (iv) healthy behavior: always reminding about the importance of clean and healthy lifestyle, being the initiator and developing clean and healthy lifestyle, seeking latrines and clean water for households. The basic food assistance program is the provision of nutritious food ingredients, including: rice, eggs, animal/vegetable protein since 2020 at *e-warong* and or other designated places (Hartarto et al., 2021).

This is in line with the results of Handika's research on Stunting Concerned Families as a Family Empowerment Strategy in Reducing Stunting Cases in Blora Regency, namely the importance of increasing public understanding of the negative impacts caused by stunting (Handika, 2020). However, the results of the research by Probohastuti and Rengga (Probohastuti & Rengga, 2019), show that the implementation of sensitive nutrition intervention policies to reduce stunting in Blora Regency has not run optimally. This can be seen from the programs: increasing drinking water supply and sanitation; increasing access and the quality of nutrition and health services; increasing awareness, commitment, parenting practices, as well as maternal and child nutrition; increasing access to nutritional food, has not run optimally.

The implementation of integrated stunting management and prevention (convergence, integration) by the Blora Regency government as stated, is in line with the Structural Functional Sociology Theory which views society as a system consisting of interrelated parts, where one

part cannot function without a relationship with the other part. All elements of people's lives must function (functional), from personal activities, society, to the global level in order to create balance. In line with the flow of the Sociological Theory, in the context of handling and preventing stunting in Blora Regency, where the Blora Regency Government has determined policies and taken concrete actions for convergence and integration at the regional level to the village level (even to the individual KPM level), as response to national policies that define stunting as one of the national priorities to be tackled (RPJMN 2020-2024), and at the global level (SDG's), eliminating hunger and all forms of malnutrition and achieving food security, which incidentally is stunting prevention is one of the 17 goals the goal to be achieved.

Based on the discussion of the results of the study as stated, in terms of PKH accompanied by social assistance, assistance from Sembako Program, and others program sectors in preventing stunting in Blora, it can be stated in Figure 2 below:

Figure 2. PKH accompanied by social assistance, and assistance from the Sembako Program in preventing stunting in Blora

Blora Stunting Data (2013-2020)	Role Stunting Handling Effort		Role		Other sector Sensitive Interventions
	Policy	Inovation	Assistance PKH Program	Program Basic Food	
Result Basic Research of the Ministry of Health Republic of Indonesia: • 55.1% (2013) • 32% (2018) • 8.2% (2019)	<ul style="list-style-type: none"> Decree of the Regent of Blora No. 440/322/2019 Regional Regulation No. 27 2019 Concerning Decreasing Stunting Circular Letter Regent No. 440/3379/2018 Decree Head of Health District No. 800/118/2019 Decree Head of Health District No. 800/124/2020 	<ul style="list-style-type: none"> Giving Moringa Flour for Breastfeeding Mothers to mothers who are breastfeeding Feeding Infants and Children with Moringa Supplementation New Therapy of Nutritional Improvement With Kelorina Stretching Overcoming Stunting Give Oxytocin Massage with Lavender Essential Oil Cadres Caring for Babies and Toddlers at Risk 	<ul style="list-style-type: none"> Informing health and nutrition knowledge contained in FDS activities Motivate and facilitate mothers and children to obtain the necessary health services Inform Integrated service Centre cadres or midwives if there are mothers or children who need counseling or special visits 	<ul style="list-style-type: none"> Provide more balanced nutrition to beneficiaries Provide choice and control to beneficiarie in meeting food needs Improving food security at the beneficiarie level 	<ul style="list-style-type: none"> Provision of additional food and milk for students by the Education Office Movement to eat fish and sow fish seeds by the Department of Animal Husbandry and Fisheries Development of Happy Families, Youth Integrated Services Centre of Youth Information and counseling center by the Department of Population Control and Family Planning Community Based Sanitation Program by the Department of Housing, Settlements and Transportation; Sustainable Food House Area Farmers Group by the Department of Agriculture and Food Security, and others

Source: Research results from various sources, 2021

Conclusion

Social approach through basic food, PKH programs, and sustainable assistance can contribute to the integrated stunting prevention in Blora Regency, Central Java Province. This social reality is in line with

the functional structural theory that society as a system is interrelated or related to other parts of the system. This condition can be realized because: of the commitment of regional leaders through appropriate policies and then implementing them well; harmonious cooperation and synergy

between regional apparatus organizations related to the Village Government; financial and infrastructure support. This study recommends that harmonization and placing individuals in the right position will be able to achieve common goals. Therefore, the functional structural theory is still very relevant to analyze the relationship between elements in today's society.

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Declaration of Ownership

This article is our original work.

Conflict of Interest

There is no conflict of interest to declare in this article.

Ethical Clearance

This study was approved by the institution.

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