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Behavior of Program Keluarga Harapan Beneficiaries Regarding Stunting Management in Pantoloan Boya Urban Village, Tawaeli District

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ABSTRACT

Stunting remains a prominent health problem in Pantoloan Boya Subdistrict, even though this area has one of the highest numbers of Program Keluarga Harapan (PKH) recipients. This study aims to analyze the behavior of PKH assistance recipients in handling stunting using Lawrence Green's theory perspective, which includes predisposing factors, enabling factors, and reinforcing factors. The study employed a qualitative method with a case study approach. This study employs a purposive sampling technique. Informants consisted of PKH recipient mothers as primary informants, PKH companions and health cadres as key informants, and subdistrict officials as additional informants. Data collection was carried out through in-depth interviews, observation, and documentation. Data analysis used content analysis techniques with narrative presentation.Research results indicate that the behavior of PKH recipients in handling stunting has moved in a better direction, reflected in increased visits to posyandu, breastfeeding and complementary feeding practices, as well as the use of assistance for children's needs. However, predisposing factors remain the main obstacle, as mothers' knowledge about the causes, impacts, and prevention of stunting is still limited and often influenced by misconceptions such as hereditary factors. Enabling factors, such as access to health services, the presence of posyandu, pustu, and PKH support, are actually adequate, but their utilization for child nutrition has not been optimal, as some funds are prioritized for other needs. Reinforcing factors, such as family and community support, are quite visible, but there is no structured reward or incentive system to motivate families to sustainably change behavior. In conclusion, improvements in the behavior of PKH recipients in handling stunting have shown progress, but are not yet optimal due to obstacles in mothers' understanding, the utilization of assistance, and weak structured social support.

Keywords *: : Enabling Factor; Predisposing Factors; Reinforcing factors; Program keluarga harapan; Stunting*

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INTRODUCTION

Stunting is a chronic malnutrition problem caused by insufficient nutritional intake over a prolonged period due to inadequate feeding. Stunting can occur while the fetus is still in the womb and only becomes apparent when the child is two years old (1). The 2023 Indonesian Health Status (SKI) survey showed that Central Sulawesi Province was one of 18 provinces that experienced a 1% decline in stunting prevalence, falling from 28.3% to 27.2%. Furthermore, Palu City, among the 13 regencies/cities in Central Sulawesi Province, also experienced a 2.6% decline in stunting prevalence, from 24.7% in 2022 to 22.1% in 2023 (2).

From a social science perspective, stunting is closely related to lower-middle-class. stunting is influenced by socioeconomic vulnerability, access to food, health education, and support services.. Not only is the Ministry of Health taking the issue of stunting seriously, but the Ministry of Social Affairs is also addressing it. This is evidenced by the Ministry's interventions in addressing stunting through the Family Hope Program (3).

To improve the quality of life for poor and vulnerable families by expanding access to health services, education, social welfare, and social protection programs through the Family Hope Program (PKH), the government issued Minister of Social Affairs Regulation Number 1 of 2018 concerning the Family Hope Program. This regulation includes provisions regarding the goals and targets of PKH beneficiaries, the rights and obligations of recipients, and the procedures for implementing the program (Minister of Social Affairs of the Republic of Indonesia, 2018). The Family Hope Program (PKH), also known as the Conditional Cash Transfer (CCT), is a conditional social assistance program that provides access to health and education services for poor families, especially pregnant women and children (4).

The number of KPM (Beneficiary Families) recipients for Central Sulawesi Province in 2022 was 1,321,210 people, for Palu City as many as 105,945 people, in 2023 Central

Sulawesi Province as many as 1,188,537 people, for Palu City as many as 99,451 people, and in 2024 Central Sulawesi Province as many as 835,730 people, and for Palu City as many as 73,983 people (5). PKH assistance recipients in Pantoloan Boya sub-district, Tawaeli district, in 2022, 3,368 people were registered in the DTKS (Integrated Social Welfare Data) and 376 people received PKH, in 2023, 6,914 people were registered in the DTKS and 514 people received PKH, and in 2024, 3,489 people were registered in the DTKS and 589 people received PKH (6).

Based on data from the Palu City Health Office, of the 14 community health centers in Palu City, Pantoloan Community Health Center did not experience a significant decrease in the percentage of stunting prevalence from 2022 to 2024. The stunting data for Pantoloan Community Health Center in 2022 was 10.67%, in 2023 it was 17.50% and in 2024 it was 16.14%. Pantoloan Community Health Center has 3 working areas, namely Baiya Village, Pantoloan Village and Pantoloan Boya Village. Of the three work areas, Pantoloan Boya sub-district had the highest stunting cases, with a prevalence of 17.77% in 2022, 18.36% in 2023, and 17.22% in 2024 (7). Given the issues described above, including the persistent high prevalence of stunting in Pantoloan Boya sub-district, and the large number of Family Hope Program (PKH) recipients in the area, the author felt the need to conduct research in this area to determine exploring the experiences, understandings, and behaviors of PKH recipients in stunting prevention/management efforts

The author also felt that Lawrence Green's theory aligns with the title of the research plan, as this theory is considered to provide information for understanding the factors that regulate and influence the behavior of PKH beneficiaries in preventing stunting in Pantoloan Boya sub-district, Tawaeli District. The explanation of how this theory can be applied in the author's research plan is in accordance with the three main factors that can influence health behavior according to Lawrence Green, namely predisposing factors, supporting factors, reinforcing factors. By using these three factors, the author can examine

the behavior of PKH beneficiaries comprehensively, as well as see how education and assistance provided can influence their behavioral changes in preventing stunting. The purpose of this study is to determine the behavior of Family Hope Program Assistance Recipients in Handling Stunting in Pantoloan Boya Village, Tawaeli District.

METHODS

This research is a qualitative study, a scientific inquiry aimed at understanding a phenomenon in its natural social context by prioritizing in-depth communication interactions between the researcher and the phenomenon under study. This study employed a case study approach. The study was conducted in Pantoloan Boya Village. Purposive sampling was employed, a sampling method based on specific criteria established by the researcher. Respondents were selected intentionally because they were deemed to possess relevant information and experience relevant to the research focus. Eleven informants participated in this study: four key informants, four primary informants, and three additional informants. The primary informants were housewives receiving the Family Hope Program (PKH); the key informants were PKH facilitators in Pantoloan Boya Village; and supporting informants were parties not directly involved in the program's technical implementation: the Tawaeli sub-district head, the Pantoloan Boya village head, and Pantoloan Boya village staff.

Primary data were obtained from interviews conducted during the study. Researchers conducted in-depth interviews with informants through question and answer sessions and face-to-face meetings to obtain information relevant to the research problem, as well as direct observation. In this study, data processing was carried out using a content analysis approach using a matrix technique, where information was arranged in a table that included numbers, informant codes, emics, etics, and conclusions. Data or information obtained from

interviews and processed documentation will be interpreted and presented in narrative or story form, followed by drawing conclusions.

RESULTS

Predisposing Factor Analysis

Predisposing factors, consisting of the knowledge, attitudes, and beliefs of mothers receiving the Family Hope Program (PKH), indicate a suboptimal baseline for stunting management, despite some positive behaviors being implemented.

Knowledge

PKH mothers' knowledge of stunting and balanced nutrition remains limited, partial, and lacking in depth. Stunting Identification: Mothers generally recognize stunting from physical characteristics (a child's weight and height that are not appropriate for their age), but do not clearly understand its causes and impacts ("There's no single cause of stunting, Mom, hehehe"; "I don't know what causes stunting"). Regarding Balanced Nutrition, most mothers have never heard or rarely heard the term "balanced nutrition" and only understand general feeding practices. Although conceptual knowledge is weak, mothers demonstrate a good understanding of specific practices such as the importance of exclusive breastfeeding and breastfeeding for two years and beyond, as well as regularly taking their children to Posyandu (Integrated Health Post). This knowledge is obtained from pieces of information received from cadres or PKH meetings.

Attitude

Mothers' attitudes toward stunting management programs tend to be positive but are inconsistent and are influenced by practical and economic barriers. The majority of mothers demonstrated positive attitudes by diligently attending the Integrated Health Post (Posyandu) and trying to follow the recommendations of the Community Health Center (Puskesmas). They also acknowledged that the Family Hope Program (PKH) assistance led

to positive behavioral changes, such as increased attention to children's feeding and Posyandu visits ("There's been a change, poor mother, as long as I get PKH, hehehe"). Negative/Ambivalent Attitudes: Behavioral consistency remains low. Posyandu visits are often interrupted due to busy schedules or fussy children. Furthermore, there were findings of denial or feelings of economic inability to provide highly nutritious foods (meat/chicken) as recommended by staff, even though they cognitively understand them.

Beliefs

Mothers' beliefs are a mix of trust in health workers and inhibiting beliefs. One belief is that short stature is normal and inherited from parents ("if mom is small, dad is small, mom is short, dad is short, hehehe"), which can weaken motivation for prevention. Mothers generally trust information from cadres and health workers and recognize the importance of the Health Card (KMS) as a guide.

Intervention and Evaluation Efforts

PKH Facilitators, Cadres, and Health Workers have attempted to address predisposing factors for low health through adaptive methods. Educational materials and methods covered stunting, nutritious food/clean environments, and the "Isi Piringku" (My Plate) concept (replacing the 4 healthy 5 perfect). Methods used include Family Capacity Building Meetings (P2K2), card games (to understand "Isi Piringku"), films/audiovisuals, and individual counseling (home visits) to adapt the material to the recipient's economic situation. Level of understanding was assessed based on consistent meeting attendance, coherent verbal responses to questions, and children's physical and behavioral development at the Integrated Health Post (Posyandu). Mothers who regularly attended meetings were found to have a better understanding.

Local Government Support

Research from additional informants indicates that sub-district/urban village governments are striving to address stunting by making this issue a shared responsibility

and supporting it with budgetary support. Socialization is carried out by incorporating stunting messages into routine activities such as neighborhood association (RT/RW) meetings, Musrembang (Rembuk Stunting Kelurahan). There is no dedicated budget for education, but prevention and treatment efforts are funded through the Village Indicative Ceiling (PIK) allocated for Supplementary Food (PMT) for infants under 2 years old, which is adjusted based on the number of cases in the area.

Predisposing factors for PKH recipients in addressing stunting remain a major challenge, particularly in terms of conceptual knowledge (about the causes of stunting and balanced nutrition) and the presence of religious/economic barriers. Although interventions have been implemented using adaptive methods (P2K2, counseling, and home visits), their effectiveness is hampered by inconsistent maternal attendance and denial of limited purchasing power. Therefore, a more intensive educational approach is needed, focusing on affordable local nutrition solutions, and specifically addressing limiting beliefs (such as genetic myths).

Analysis of Enabling Factors for PKH Recipient Behavior in Addressing Stunting

Access to Health Services

PKH recipients' access to health services (Posyandu and Community Health Centers) is generally adequate and not a major obstacle, but there are challenges in consistent attendance and service delivery. All informant mothers stated that access to Posyandu or Community Health Centers/Puskesmas is safe and easy to reach, with no significant transportation difficulties. Some mothers use motorcycles or are driven to their homes. Service procedures at Posyandu/Puskesmas are also considered not to be a barrier ("no problem, no problem."). Access barriers are more related to mothers' time constraints and fussy children, which cause mothers to arrive late or leave early, preventing them from fully receiving educational materials.

Efforts to Strengthen Access

PKH Facilitators monitor Posyandu and conduct home visits for reluctant beneficiaries. Attendance at Posyandu is a mandatory commitment, and failure to meet these commitments three consecutive times can result in suspension of assistance or removal from membership. Several cadres have taken the initiative to provide pick-up and drop-off services for children experiencing transportation difficulties (this was their own initiative, not a structured collaboration). The local government supports access through the construction/improvement of Posyandu infrastructure (using Village/PIK funds and third-party collaboration) and the provision of free Village Ambulances for those who are sick or need transportation to health facilities.

Resources (Utilization of Assistance and Food Availability)

PKH fund utilization indicates that the assistance is used for children's basic needs, but there are issues regarding budget priorities for nutrition and behavioral barriers. PKH funds received in cash via card are prioritized for children's education (school clothes/shoes, books) and food/nutrition (fish, milk, and other foods). Overall, PKH fund management is geared toward children's interests, but balancing the budget allocation for nutritious food with other needs still requires support.

Availability of Nutritious Food: Mothers stated that there were no significant obstacles in preparing nutritious food if they had cash ("If I had money, I would buy it, hehehe"). The main obstacle is not the availability of goods in the market, but rather limited funds. Some mothers feel that PKH funds are insufficient to purchase expensive protein (meat/chicken) recommended by staff (due to insecurity and economic sensitivity). Children often choose foods (dislike vegetables, eggs, and PMT because they are considered unsalted), thus hampering the implementation of balanced nutrition.

PKH fund distribution is generally smooth and secure. The challenges that arise are more dynamic: assistance can be stopped or delayed if beneficiaries fail to fulfill

commitments (for example, not attending Posyandu). There are data constraints in the field, where recipients who should be in need are not recorded, or vice versa.

Facilities and Infrastructure

Support for facilities and infrastructure demonstrates collaborative efforts and regional budget support, although facilities still need improvement. Sub-district/Village Governments (through the Sub-district Head and Village Head) actively strengthen Posyandu facilities through the Village Indicative Ceiling Fund (PIK) for building repairs, PMT procurement, and facility mobilization (such as sound systems). There are initiatives to involve the private sector (third parties) in the construction of more suitable, permanent Integrated Health Posts (Posyandu), demonstrating a multi-sectoral commitment. Sub-districts are also working to bring health facilities (Poskesdes, Pustu, Posyandu) closer together and improve road infrastructure to facilitate access.

Structural enabling factors (physical access to services and aid distribution procedures) tend to be adequate. PKH funds are a crucial resource for children's nutrition and education. However, challenges remain in enabling factors, such as limited funding (which triggers insecurity in purchasing high-protein foods) and the challenges of difficult child behavior, even when mothers are able to provide food. Commitment-based interventions (threats of withholding aid if they do not attend Posyandu) are a powerful mechanism to encourage service utilization.

Analysis of Behavioral Reinforcing Factors of PKH Recipients in Stunting Management

Social Support (Family and Companions)

Social support is a strong reinforcing factor from the family perspective, but the role of PKH companions is more dominant as reminders of obligations than as providers of direct positive feedback. The majority of mothers stated that their husbands/families fully supported their attendance at the Integrated Health Post (Posyandu). In fact, their

husbands, brothers, or in-laws often accompanied them to the Posyandu. There were specific cases where husbands discouraged healthy behaviors (for example, forbidding immunizations due to a child's previous traumatic experience with seizures), indicating that husbands' reinforcing factors can be negative.

The Role of PK Companions

The companions' primary role was as reminders of obligations (for example, reminding them to use PKH funds for their child's needs and not to pay debts, or reminding them about Isi Piringku (My Plate) and the Posyandu schedule). Interactions with PKH companions tended to focus on monitoring commitments and delivering material, with few mothers reporting companions as sources of emotional support or a place to confide (Mrs. Nd). Interactions between mothers within and outside the Posyandu were positive. They shared experiences and reminded each other of the Posyandu schedule. However, conversation topics often shifted to non-health issues (e.g., when PKH funds would be disbursed), indicating that peer group reinforcement was not fully focused on healthy behaviors.

Environmental Influence and Rewards

Environmental influences (neighbors/community) were supportive, but a formal reward system as a reinforcing factor was either unavailable or ineffective. The social environment was not inhibiting; mothers often attended Posyandu (Integrated Health Post) together and supported/reminded each other of their schedules. This provided good informal reinforcement.

The majority of mothers as key informants stated that they received no rewards or appreciation from the Posyandu/Sub-district when their children achieved good nutritional status or complied with the program. Only one case (Mrs. Nd) mentioned the idea of a certificate, but it was never implemented. The only incentive was found through a self-funded initiative by cadres to raise money to provide simple gifts (food containers/bottles)

to mothers who attended regularly for a year, demonstrating a real need for a reward system at the grassroots level. The policy-level reward is "Independent Graduation" (leaving PKH participation due to becoming established), which provides long-term economic reinforcement, but not a direct reward for children's healthy behavior.

Villages/Sub-districts mobilize cross-sectoral organizations (Community Health Centers, Family Welfare Movement (PKK), Youth Organizations (Karang Taruna), and Neighborhood Associations (RT/RW) to strengthen Clean and Healthy Living Behaviors (PHBS) through meetings, simulations, and community service/gotong royong activities (considered highly effective because they align with community characteristics). Additional informants (Sub-district Heads, Village Heads) acknowledged the importance of a reward system for families who successfully overcome stunting, providing motivation and recognition, and are planning its future implementation. A current concern is the potential for protests from cadres if rewards are given directly to the community.

Reinforcing factors in managing stunting among PKH recipients are characterized by strong support from the immediate family and social environment, which helps maintain consistent behavior. However, formal reward mechanisms and structured positive feedback are still very weak or non-existent. The role of PKH facilitators is more oriented toward supervision and obligations than toward reinforcing behavior through appreciation. The lack of recognition for family success (removing stunting) has the potential to undermine long-term motivation and foster a culture of "being happy to accept but not to esteem oneself" (criticism from additional informants). Therefore, it is necessary to design a fair, structured reinforcement system that involves direct rewards for achieving healthy behaviors at the family and cadre levels.

DISCUSSION

Predisposing Factors (Knowledge, Attitudes, and Beliefs)

Research in Pantoloan Boya Village indicates that predisposing factors, which are the initial assets (Lawrence Green), are key variables explaining the inconsistency in stunting prevention behavior among PKH recipients. PKH recipient mothers' knowledge of stunting and balanced nutrition is partial and shallow. Mothers are generally only able to recognize stunting from physical signs (weight and height not appropriate for age) but fail to understand the chronic causes and long-term impacts. This lack of knowledge leads mothers to attribute short stature to heredity, potentially normalizing stunting. Understanding of balanced nutrition is very limited; the information received tends to be fragmented, making it difficult to repeat and apply consistently. Comprehensive knowledge from key informants (officers/cadres/officials) serves as a predisposing factor for the community and a reinforcing factor for mothers, with the quality of the material delivered crucially determining their motivation (8).

This study found that maternal knowledge about stunting and nutrition was still partial, with attitudes being quite positive but behavior inconsistent, and beliefs still influenced by myths. This research is supported by research that found maternal knowledge and attitudes were significantly associated with stunting incidence. However, some areas with repeated education still exhibited low knowledge and poor nutritional behavior, indicating that education alone is insufficient without structural support (9).

Within Lawrence Green's framework, this condition reflects suboptimal cognitive predisposition factors. Mothers' knowledge about stunting and balanced nutrition remains inadequate, so that despite good intentions and available facilities, stunting prevention behaviors are not fully appropriate and consistent. Lawrence Green emphasized that without sufficient knowledge, individuals struggle to understand why a behavior is

necessary and what its consequences are. Consequently, behavioral change tends to be weak and they easily revert to old habits (9).

Mothers' attitudes toward child health are generally positive, but are not anchored by a strong understanding and are easily swayed. Positive attitudes are reflected in good practices (exclusive breastfeeding, regular attendance at the Integrated Health Post (Posyandu), maintaining cleanliness, administering deworming medication), and the intention to "follow the recommendations of the community health center." Compliance decreases when faced with minor obstacles (fussy children, refusal of certain foods, or negative experiences such as post-immunization seizures). Mothers tend to follow their children's wishes to ensure they eat, disregarding the principles of balanced nutrition. Key informants and additional informants (sub-district heads/village heads) are proactive (preparing materials, home visits, and cross-sector mobilization), despite the challenge that some communities still consider stunting solely a matter for the health department (10)

According to Lawrence Green, attitude is an affective component, reflecting whether an individual feels happy/unhappy, agrees/disagrees, or likes/dislikes a behavior. Predisposing factors bridge knowledge and behavior; a positive attitude facilitates the acceptance and implementation of healthy behaviors. In Pantoloan Boya, mothers' generally supportive attitudes toward child health helped explain the positive behaviors they had already implemented despite their imperfect knowledge. However, because this attitude was not yet anchored by a strong understanding, adherence to recommendations often decreased when faced with minor obstacles, such as fussy children or negative experiences after immunization (11).

Mothers' beliefs were a mix of scientific and traditional perspectives. The belief that short stature is normal due to hereditary factors (normalization of stunting) is a major obstacle that weakens prevention efforts. Mothers have high trust in health workers and believe in the benefits of breastfeeding, complementary feeding, and regular attendance at

Posyandu (Integrated Health Post). Policymakers believe that stunting can be prevented through cross-sectoral synergy (PKK, RT/RW, PMT, and village funds), indicating that confidence has been established at the policy level. According to Lawrence Green's theory, partial knowledge and beliefs mixed with myths lead to suboptimal cognitive and evaluative predispositions. Although attitudes tend to be positive, behavioral inconsistencies remain high. This requires more intensive and personalized educational interventions to change mothers' core beliefs so that stunting prevention behaviors become appropriate and consistent (12).

Enabling Factors (Access, Resources, and Utilization of the PKH Program)

Enabling factors in Pantoloan Boya Village, including access to facilities, resource availability, and utilization of PKH assistance, have been quite supportive in terms of infrastructure and policies. However, the utilization of resources and the utilization of assistance have not fully aligned with the goal of improving child nutrition, in accordance with Lawrence Green's theory.

Access to health services (Posyandu, Puskesmas, Pustu) is considered easy and not a major physical barrier. The distance to the Posyandu/Puskesmas is considered "safe," and transportation barriers are reduced by road improvements and a free Village Ambulance. Access is strengthened non-physically through the PKH Commitment, which links regular attendance at the Posyandu with smooth disbursement of assistance, making it a strong enabling factor. The local government (Camat/Lurah) supports access through strengthening Posyandu facilities (Village Funds/private partnerships) and conducting sweeps/home visits by cadres/facilitators (13).

Food resources and facilities are generally available, but their utilization is hampered by behavioral and administrative factors. Mothers stated there were no major obstacles to purchasing nutritious foods (fish, milk) if they had the money. Optimal utilization is hampered by children's picky eating preferences (refusing vegetables/PMT) and mothers'

tendency to follow their children's preferences. The distribution of non-cash PKH funds is smooth, but issues with data validity and misuse of assistance (e.g., for online gambling) create structural barriers that reduce the effectiveness of nutrition programs (14).

PKH funds are a financial enabler, but their use is not entirely focused on nutrition. The use of PKH funds by recipient mothers indicates that the primary priority is children's educational needs (schooling/clothing), followed by nutrition, so the allocation of nutritious food is not always dominant. PKH facilitators face ethical and sensitive challenges when asking for detailed use of funds, limiting monitoring of whether funds are actually used for children's health and nutrition. There is good synergy, with Village Funds (PIK) being used for Posyandu (Integrated Health Post) and PMT (Food and Nutritional Supplement) improvements, reflecting the policy's role as an enabling factor supporting the stunting program (13).

Enabling factors have been structurally met through easy access to services and financial support (PKH and Kelurahan). However, their effectiveness is limited by inconsistent allocation of PKH funds, which compete with educational needs, behavioral barriers that limit children's implementation of balanced nutrition, and limited monitoring of aid utilization. This supports studies suggesting that social assistance alone is insufficient to reduce stunting without behavioral changes and appropriate allocation focus (15).

Reinforcing Factors (Social Support, Rewards, and Environmental Influence)

Reinforcing factors in Pantoloan Boya Village indicate that social support is strong informally. However, the lack of formal rewards and weak reinforcement structures lead to fluctuating and unstructured stunting prevention behaviors among PKH recipients, consistent with Lawrence Green's theory.

Social support is the strongest reinforcing factor in the field. Mothers receive strong support from their husbands/relatives for visits to the Integrated Health Post (Posyandu) and food provision. However, there are cases where husbands act as obstacles to certain

health services (e.g., immunizations). PKH facilitators and cadres act as regular reminders (reminding them of schedules, "Isi Piringku") and provide reinforcement through sanctions/commitments (threats of withholding assistance if they fail to attend). The intensity of this reinforcement is not optimal because mothers rarely attend PKH meetings. Interactions between mothers are positive (reminding each other of schedules), but are not yet effective as a channel for health education because discussions often center on PKH administrative issues. Sub-district/urban village governments mobilize social support through neighborhood association (RT/RW) meetings, cross-sectoral meetings, and "Healthy Friday" activities, demonstrating collective commitment (16).

Formal reward systems as a reinforcing factor are minimal or non-existent, a major weakness. Family Hope Program (PKH) recipient mothers almost never receive specific rewards (certificates/incentives) for successfully implementing good behavior or improving their children's nutritional status. Only individual cadres take the initiative to provide small prizes (food containers/bottles) to mothers who attend the most regularly. The highest formal reward is "Independent Graduation" (leaving PKH due to financial stability), not a direct reward for successfully eliminating the risk of stunting. Officials acknowledge the importance of rewards for motivation and recognition, but implementation is hampered by the lack of a clear system and concerns about conflict (e.g., protests from cadres if rewards are given directly to the community) (17).

The influence of the social environment is neutral to supportive, driven by PHBS interventions. Neighborhoods do not criticize and mutually support visits to Posyandu (Integrated Health Posts). Local governments emphasize mutual cooperation (gotong royong) and sanitation/drainage improvements (PHBS) as efforts to foster collective habits that support stunting reduction. The persistent public perception that stunting is solely a health sector issue, and a culture of "being happy to accept but not being worthy" weaken collective responsibility as a reinforcing factor (9).

Reinforcing factors are strong in the informal dimension (family and community support). However, the lack of a formal reward and recognition system for stunting success (outside of the Family Hope Program (PKH) sanctions mechanism) creates a significant gap, making it difficult to sustain positive behavior changes and hindering the formation of strong role models in the community. Formal reinforcement is needed to complement existing social support (18).

CONCLUSIONS AND RECOMMENDATIONS

The conclusion of this study identified three main groups of factors that influence stunting management in parents, namely based on the Predisposing Factor variables (Knowledge, Attitude, Belief) Parents have recognized stunting and have a positive attitude towards nutrition and child health (reflected in the practice of exclusive breastfeeding, complementary feeding, and visits to the integrated health post). However, a comprehensive understanding of the causes, long-term impacts, and prevention of stunting is still lacking. The implementation of balanced nutrition has not been consistent (children are picky eaters and lack vegetables) because mothers' understanding of the principles of balanced nutrition is not yet comprehensive. Enabling Factors (Access, Skills, PKH Program) namely Access to health facilities (posyandu, pustu, puskesmas) is generally good and is used for monitoring growth and development. Constraints are more time/conditional, not availability. Maternal skills in nutritional care are quite good. PKH funds are not optimal as a direct nutritional intervention because the majority of funds are allocated for education, and nutritious food spending is only from the remaining funds. Reinforcing Factors (Social Support, Environment) namely Real social support from family (husband) and integrated health post cadres increases the motivation of mothers to utilize health services. There is no formal reward system for successfully eliminating stunting, so the potential of this reinforcing factor is not maximized. Furthermore, cross-sectoral

commitment from sub-district and village governments exists, with funding allocated for PMT (Food and Nutritional Supplements) and facility improvements, making stunting a shared responsibility.

Therefore, the recommendations in this study are to strengthen education on stunting and balanced nutrition for mothers receiving the Family Hope Program (PKH) with simple, repetitive, and contextual materials, so that mothers truly understand the definition, causes, impacts, and prevention methods of stunting. Existing positive attitudes need to be maintained. Health workers and caregivers should actively address misconceptions or myths using easily understood local language and involve community or religious leaders as trusted sources of information.

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