

From the expected results obtained from the data, it was stated that the level of a mother's education could reflect the results of the upbringing of children under five. Most of them live in rural areas and only rely on the work of the head of the family as farmers and fishermen, while the work of the mother only works as a housewife and does not generate additional income for the head of the family (father). Researchers assume that the importance of fulfilling nutrition in children is needed for the process of growth and development. This situation can affect the intelligence response of children because of the lack of balanced nutrition in the child's body (Arini, Mayasari & Rustam, 2019).

The problem of stunts in the province of West Sulawesi directly influences the quality of human resources, namely the problem of nutrition in children. Nutritional problems result in body weight under normal conditions (thin) or a short body (stunt) (Beal et al., 2018). The stunt is generally associated with low overall socioeconomic conditions and/or repeated exposures that can be in the form of diseases or events that can harm health. The socioeconomic level of the family can be seen from the family income.

The results of this study don't match up with the research of Hamed, Hegab & Roshdy (2020), which says that age, gender, place of residence, and parents' education and job don't have a big effect on the number of stunted children. It also did not find a relationship between the incidence of stunts and socioeconomic family status. In 2014, the Egypt Demographic and Health Survey showed that stunting might not be a sign of poverty or a lack of food. Instead, it might be a result of poor eating habits and a lack of knowledge about how healthy nutrition is important for children's growth (Hamed, Hegab & Roshdy, 2020).

Table 2: National Health Insurance Program (JKN) Card Ownership for Stunt Toddlers

Ownership JKN	Stunted		Not Stunted		Total
	n	%	N	%	
Have JKN	231	36.2	464	36.7	695
Doesn't have JKN	407	63.8	799	63.3	1206
Total	638	100	1263	100	1901

Source: SSGI 2021 Data for West Sulawesi Province

Based on Table 2, we knew that most stunted toddlers in West Sulawesi Province did not have a JKN card, with a percentage of 63.8% of stunted toddlers who had a JKN card, which was 36.2%. This proves that BPJS Healthcare does not cover most toddlers who experience stunts, so there is limited access to health services. Meanwhile, in the national strategy to accelerate the prevention of stunts, the provision of access to health insurance is one of the interventions that must be met (Secretariat of the Vice President of the Republic of Indonesia, 2019). So, it can be concluded that one of the interventions to accelerate stunt prevention in West Sulawesi Province has not been fulfilled.

Table 3: Usage of National Health Insurance Program (JKN) Card for Stunt Toddlers

Usage JKN	Stunted		No Stunted		Total
	n	%	N	%	
Use	60	26	117	25.2	177
Doesn't use	171	74	347	74.8	518
Total	231	100	464	100	695

Source: SSGI 2021 Data for West Sulawesi Province

Based on Table 3, we knew that most stunted toddlers in West Sulawesi Province did not use their JKN card, with a percentage of 74% of stunted toddlers who used their JKN card, which was 26%. This proves that most toddlers who experience stunts have never been routinely examined to deal with their stunt problems at health service facilities. This is very important to improve the growth and development of stunted toddlers, especially in terms of giving vitamin A, anti-worm medicine every six months, providing additional food (PMT), and giving other vitamins such as vitamin B complex and vitamin C as recommended by a doctor. So, Bhutta *et al.* (2017) say that the community needs to know how important it is for village midwives or nutritionists to check on stunted toddlers on a regular basis so that stunt toddler therapy can be managed in the best way possible.

Conclusion

Stunted toddlers in West Sulawesi Province were mostly in the 24-35 month age group by 24.29%. The male gender was 51.72%. The mother's education level was elementary school by 34.34%. The mother's employment status was not working at 75.04%. The level of education of the head of the family was elementary school at 45.77%. The head of the family was a farmer and fisherman, with 64.73%, and most of them lived in rural areas, with 80.09%. Most stunted toddlers in West Sulawesi Province did not have a JKN card, 63.8%. This showed that stunted toddlers in West Sulawesi Province were mostly not covered by BPJS Healthcare, so access to health services was limited. The use of the JKN card by stunted toddlers in West Sulawesi Province was mostly not used by 74%. This showed that most stunted toddlers have never been routinely checked at health service facilities to deal with their stunt problems.

Conflict of Interest

The authors declare that they have no conflict of interest.

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