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THE EFFECTIVENESS OF THE ONE-HOUSE-ONE-ALKURTING INTERVENTION IN IMPROVING MATERNAL BEHAVIOR TO DETECT THE RISK OF STUNTING IN DISADVANTAGED, REMOTE, AND OUTERMOST AREAS

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ABSTRACT
The problem of stunting in Indonesia is still high, with a prevalence between 17.6% and 42.6%, especially in 3T (Disadvantaged, Remote, and Outermost) areas such as Bengkulu and East Nusa Tenggara (NTT). One of the main obstacles is the limited tools to detect stunting risk and the lack of maternal role in prevention. For this reason, the One House One Stunting Risk Detection Measuring Tool (ALKURTING) intervention was developed. The study used a quasi-experimental design involving 120 clown mothers from Kupang Regency, NTT, and Kepahyang Regency, Bengkulu. Samples were selected using purposive sampling. Inclusion criteria include mothers aged 20-40 years, who live in the local area and can read and write, and children who do not have comorbidities. The instruments used were questionnaires, feasibility test forms, and forms for filling out anthropometric survey results. Data analysis through feasibility tests and intervention effectiveness tests. The feasibility test showed that ALKURTING was very good, with a percentage of media feasibility of 86.8% and material feasibility of 83.3%, meaning that almost all mothers recommended ALKURTING users. The 1 house 1 ALKURTING intervention effectively increased the score of knowledge, attitudes, and skills of clown mothers in Kepahyang and Kupang Regency (p-value<0.05). ALKURTING is a tool suitable for detecting stunting risk in 3T areas. The One House One ALKURTING intervention is effective in improving maternal behavior in detecting stunting risk. It is necessary to expand the intervention to other 3T areas in Indonesia.

Keywords: ALKURTING; behavior; disadvantaged areas, feasibility test; stunting detection

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INTRODUCTION

Stunting is a highly trending global problem and requires serious attention around the world. The problem of stunting is an intergenerational problem that requires recovery over a longer period of time compared to other forms of malnutrition (Banhae *et al.*, 2023). Stunting increases the risk of illness and death, delayed development (Mbabazi *et al.*, 2024) and mental growth disorders (UNICEF, WHO and WORLD BANK, 2021), susceptible to infectious diseases (Badan Penelitian dan Pengembangan Kesehatan, 2018), decreased academic achievement, low quality of human resources, decreased intellectual ability, low productivity, increased risk of overweight and obesity, and risk of non-communicable diseases (Laily and Indarjo, 2023; Maulina *et al.*, 2023; Akbar, Kartika and Khairunnisa, 2023). Stunting causes the death of one million children every year in the world (WHO, UNICEF & Group, 2018).

The prevalence of stunting is an indicator of the assessment of the welfare of a country's people (Ghosh *et al.*, 2020).

The prevalence of stunting in the world is 22% (151 million), almost entirely (91%) contributed by Southeast Asian and Sub-Saharan African countries (WHO and Unicef, 2023). In Indonesia, stunting is still a major health problem, with a very high prevalence, especially in areas with limited access to health services. Data from the *2022 Indonesian Nutrition Status Survey* (SSGI) shows that the prevalence of stunting in Indonesia reaches 21.6%. The prevalence of stunting in Indonesia is still between 17.6%-42.6%, which indicates a serious problem, including in Bengkulu Province and a serious problem in NTT Province with the highest ranking nationally and has not reached the WHO threshold limit (<20%) (Kemenkes, 2023).

Although there is a significant decrease in the prevalence of stunting in Indonesia, this figure is still far from the desired target in efforts to improve national nutrition. The target of the 2024 RPJMN is to reduce stunting to 14%, so intervention is needed to implement Appropriate Technology in all regions of Indonesia, especially disadvantaged areas based on Presidential Regulation No. 63 of 2020 (Hossain *et al.*, 2017). The 3T areas (disadvantaged, remote, and outermost) in Bengkulu and East Nusa Tenggara (NTT) Provinces still record a very high prevalence of stunting, even more than 30% in some districts. Both regions face serious challenges related to limited access to health services, low levels of education, and limited facilities and resources to support stunting prevention. At the maternal and family level, knowledge and skills in detecting and preventing stunting risks are often limited. This hinders more proactive and early detection-based prevention efforts. In this context, the role of mothers is very important, as they are the ones who interact most directly with children and can play a key role in ensuring nutritional adequacy and monitoring children's growth. Lack of understanding of growth monitoring affects the low number of visits and participation of mothers to posyandu and health facilities, so that the risk of stunting is not monitored (Lesli, 2018; Langata, Picauly and Boeky, 2022). The low number of visits to posyandu shows that there is a problem with access to health services, especially in disadvantaged areas (Mentari, 2020).

The 2007-2013 Riskesdas report shows that the percentage of toddlers who have never been weighed in posyandu for growth monitoring in the last six months tends to increase from 25.5% (2007) to 34.3% (2013) (Badan Penelitian dan Pengembangan Kesehatan, 2013). The level of participation of families and the community in posyandu is very low. The 2018 Riskesdas report shows that 40% of toddlers in the last 12 months weighed in to the posyandu less than 8 times. Only 53.2% in NTT Province and only 33.1% in Bengkulu Province toddlers in the last 12 months have taken length or height measurements. The reason why mothers do not weigh toddlers to the posyandu is because they feel that the child is older, the child has completed immunization, the child does not want to be weighed, the mother forgets/does not know the schedule of the posyandu, the mother is busy/troublesome, and there is no length/height measuring device (Kemenkes RI, 2018) The limitations of the length/height measuring device at the posyandu result in children not being monitored for their growth and not detecting the possibility of stunting risk (Rosmiati *et al.*, 2024). The available body length measuring device is made of hard, heavy and difficult to carry, so that this tool only exists in the posyandu during posyandu activities every month, and during the children's posyandu activities are only measured and weighed without getting an explanation of the child's nutritional status, so that the mother and family do not know how the child's length or height grows (Simbolon *et al.*, 2023).

Existing tools, such as body length measurements, are often inadequate for early detection, especially in 3T areas where health facilities are lacking. As a result, prevention is carried out late when stunting has developed. This shows the importance of developing measuring tools and educational media that can educate mothers about early detection and prevention of stunting. This study conducts community and household-based interventions, in the form of the One House One ALKURTING intervention which is expected to be effective in improving community knowledge and behavior. ALKURTING uses appropriate technology in the form of stunting risk detection meters that can be used in households and posyandu without a body length measuring device. This research is important considering the high prevalence of stunting in the 3T area, the limitation of detection tools, and the role of mothers in stunting prevention. The purpose of the study was to determine the effectiveness of the One House One ALKURTING intervention in improving maternal behavior in detecting and preventing the risk of stunting in Kepahyang Regency (Bengkulu) and Kupang Regency (NTT). The results of this study are expected to contribute to the development of more effective community-based health policies for remote areas in Indonesia, as well as enrich the literature on household-based intervention strategies and provide recommendations for improving the stunting risk detection system at the local level.

METHOD

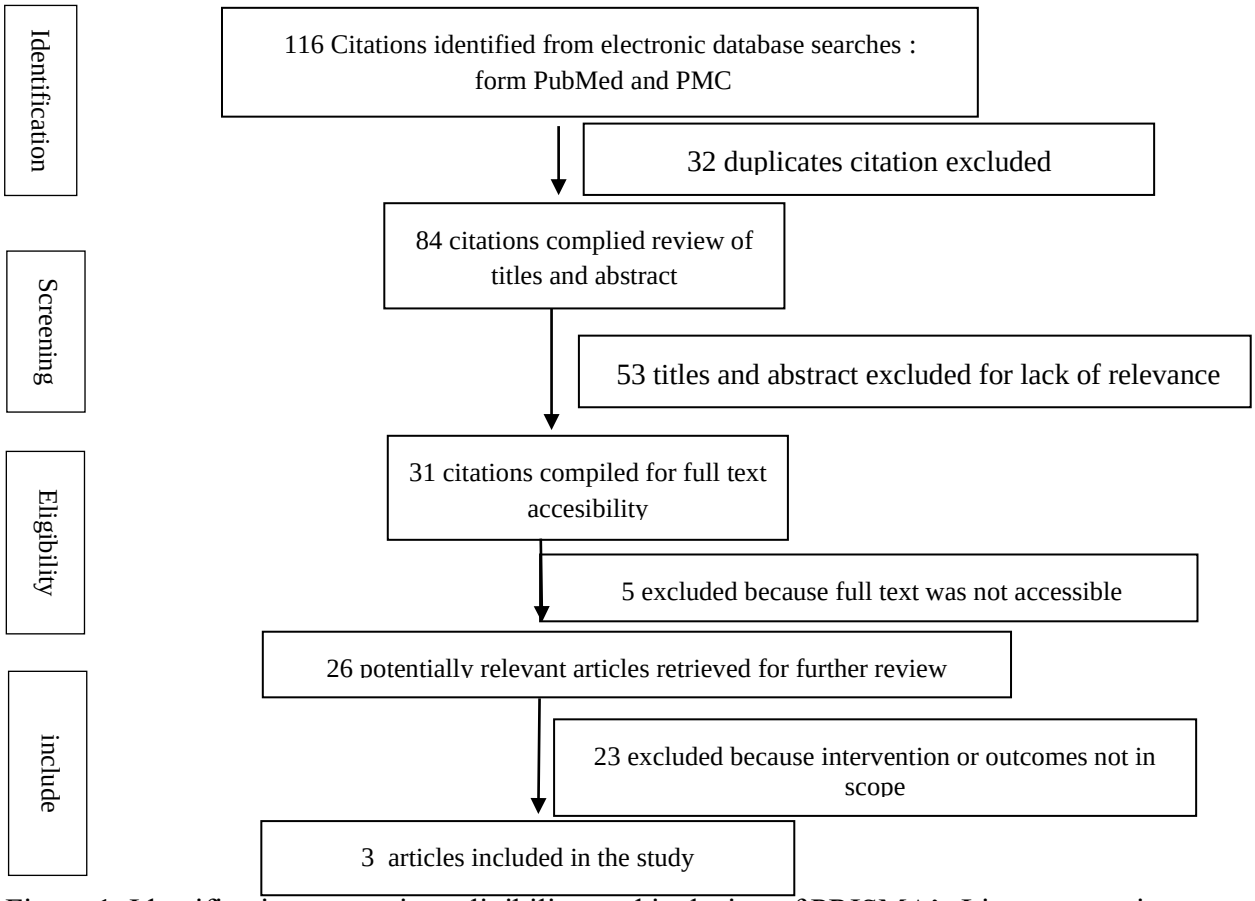

Figure 1. Identification, screening, eligibility, and inclusion of PRISMA's Literature review

Search strategy

This study uses a literature review method as a basis for obtaining answers to the Implementation of the Clinical Pathway for Covid-19 patients that is effective and efficient from various supporting factors so that optimal results are obtained based on evidence. All articles obtained related to the analysis of the implementation of the clinical pathway for

Covid-19 patients were then subjected to a PRISMA Protocol Search to select articles based on title, abstract, pandemic period, and finally based on the full article for the suitability of the research object.

RESULT

Characteristics of Mothers and Children Under Two Years of Age

Table 1.
Characteristics of mothers and children aged 0-23 months

Characteristics	Kepahyang Regency, Bengkulu		Kupang Regency, NTT		p-value[a]
	n	%	n	%	
Child Gender					
Male	43	71.67	34	56.67	0.256
Female	17	28.33	26	43.33	
Birth Weight					
Low Birth Weight	8	13.33	16	26.67	0.132
Nomal	52	86.67	44	73.33	
Maternal Education					
Primary Education	23	38.33	48	80.00	0.002
Secondary and Higher Education	37	61.67	12	20.00	
Father's Education					
Primary Education	13	21.67	32	53.33	0.221
Secondary and Higher Education	47	78.33	28	46.67	
Mother's Work					
Work	9	15.00	7	11.67	0.643
Housewives	41	68.33	53	88.33	
Parity					
Primipara	27	45.00	14	23.33	0.112
Multipara	27	45.00	43	71.67	
Grandemultipara	6	10.00	3	5.00	
Mother's age at the time of marriage					
Child Age (<21 year)	23	38.33	13	21.67	0.216
Age Enough (≥21 year)	37	61.67	47	78.33	

[a]*Chi Square test*

Table 1 shows that there is no difference in the proportion of child sex in Bengkulu Regency and Kupang Regency (p-value 0.259), birth weight (p-vaue 0.132), father's education (p-value 0.221), mother's occupation (p-value 0.643), parity (p-value 0.112) and mother's age at marriage (p-value 0.216), but there is a difference in child characteristics based on mother's education (p-value 0.002).

Table 2.
Feasibility Test of ALKURTING Materials in the 3T Area in Kupang Regency

No	Assessment indicators	Bad (1)	Not good (2)	Pretty good (3)	Good (4)	Excellent (5)
1	ALKURTING has included material on the Results of Body Length Measurement by Age	0	1.7	3.3	13.3	81.7
2	The information presented in ALKURTING is in accordance with the level of understanding of parents (mothers)	1.7	0	13.3	50.0	35.0
3	The information presented in ALKURTING is in accordance with the level of understanding of parents (mothers)	0	0	8.3	26.7	65.0
4	The material can be read clearly. the shape and size of the letters are easy to understand and clear	3.3	0	1.7	56.7	38.3
5	Message (ALKURTING material is presented in an interesting language. easy to use. does not cause multiple interpretations	0	0	6.7	60.0	33.3
6	The sentence/word used does not give rise to double	0	3.3	13.3	53.3	30.0

No	Assessment indicators	Bad (1)	Not good (2)	Pretty good (3)	Good (4)	Excellent (5)
	meanings and/or the use of figurative words					
7	ALKURTING material can help stimulate mothers' thinking skills in feeding babies and children	0	5.0	5.0	26.7	63.3
8	The overall design of ALKURTING is attractive	0	0	15.0	55.0	30.0
9	The text and images of the Stunting Risk Detection Measuring Instrument (ALKURTING) are clear	0	0	11.7	53.3	35.0
10	Color composition suitability of the Stunting Risk Detection Measuring Tool (ALKURTING)	0	0	6.7	40.0	53.3
11	Systematics of material presentation in ALKURTING in order	0	0	6.7	58.3	35.0
12	ALKURTING can help people's interest in reading	0	1.7	5.0	60.0	33.3
13	The use of clear and good quality images	0	0	5.0	56.7	38.3
14	Ease of use of the Stunting Risk Detection Measuring Tool (ALKURTING)	0	0	3.3	35.0	61.7
15	ALKURTING has been able to encourage in enriching information about stunting risk detection	1.7	0	13.3	46.7	38.3
	Total Score			3906		
	Maximum Score			4500		
	Eligibility Percentage			86.8%		

**Percentage score > 80%= Very worthy (Arikunto. 2009)*

The results in table 2 show that the ALKURTING material is very feasible with a percentage of 86.8%>80% for education on stunting risk detection in communities in Disadvantaged. Remote. and Outermost (3T) areas in Kupang Regency. Appropriate and effective educational materials are very important for health programs in Disadvantaged, Remote, and Outermost (3T) areas.

Table 3.
Recommendations for the assessment of ALKURTING material in Kupang Regency

Worth testing	88.3%
Worth testing with revisions as suggested	2.7%
Not eligible for testing	0

Table 3 shows that almost all mothers (88.3%) recommend ALKURTING material suitable for use as an educational medium in Disadvantaged, Remote, and Outermost (3T) areas in Kupang Regency.

Table 4.
Feasibility Test of ALKURTING Media in Kupang Regency

No	Assessment indicators	Bad (1)	Not good (2)	Pretty good (3)	Good (4)	Excellent (5)
1	ALKURTING contains clear and easy-to-understand information	0	17	3	7	3
2	ALKURTING overcomes the limitations of space, time and sensory power	0	0	7	0	0
3	ALKURTING can be used appropriately and variousl	7	7	3	3	0
4	ALKURTING attracts attention	0	0	0	0	0
5	ALKURTING increases reading motivation	0	5	5	7	1.0
6	ALKURTING image quality	0	0	3	0	0.7
7	ALKURTING image display	0	7	7	0	0.7
8	ALKURTING image color	0	0	0.7	0.3	0.0
9	ALKURTING writing size	0	0.3	0.7	5.0	5.0
10	ALKURTING writing form			7	.7	0
11	Terms and sentences in ALKURTING	0.7	0	3	7	0.3
12	Consistent ALKURTING	0	0.7	0.3	0.3	7
13	Number of ALKURTING pages	7	0	7	0.7	0
14	ALKURTING Size Suitability	0	0	0.3	0	0.7

15	Arrangement of Materials Arranged Systematic	0	7	0	0	3
16	ALKURTING clarity and description	0	3	0	0	7
17	ALKURTING has Appeal	7	0	0.3	3	7
18	Easy to use (mother baduta) and easy to carry	7	7	7	7	3
	Total Score				4606	
	Maximum Score				5400	
	Eligibility Percentage				85.3%	

**Percentage score > 80%= Very worthy (Arikunto. 2009)*

Table 4 shows that ALKURTING media is very feasible with a percentage of 85.3%>80% to measure and detect stunting risk in communities in Disadvantaged, Remote, and Outermost (3T) areas in Kupang Regency.

Table 5.
Recommendations for the assessment of ALKURTING media in Kupang Regency

Worth testing	83.3%
Worth testing with revisions as suggested	16.7%
Not eligible for testing	0

able 5 shows that almost all mothers (83.3%) recommend ALKURTING media suitable to be used as a stunting risk detection tool for clowns in Disadvantaged, Remote, and Outermost (3T) areas in Kupang Regency. These findings confirm that ALKURTING media not only meets the eligibility standards but is also well-received by the target community.

Effect of ALKURTING Intervention on Maternal Behavior

Table 6.
Results of the Normality Test of Knowledge. Attitudes. and Skills Data

Variable	Group	*p-value*	Conclusion
Knowledge score before the intervention	Kepahyang Regency	0.0001	Data is not normally distributed
	Kupang Regency	0.0001	Data is not normally distributed
Post-intervention knowledge score	Kepahyang Regency	0.0001	Data is not normally distributed
	Kupang Regency	0.0001	Data is not normally distributed
Attitude score before the intervention	Kepahyang Regency	0.0001	Data is not normally distributed
	Kupang Regency	0.001	Data is not normally distributed
Post-intervention attitude score	Kepahyang Regency	0.0001	Data is not normally distributed
	Kupang Regency	0.001	Data is not normally distributed
Skill score before the intervention	Kepahyang Regency	0.0001	Data is not normally distributed
	Kupang Regency	0.0001	Data is not normally distributed
Skills score after the intervention	Kepahyang Regency	0.0001	Data is not normally distributed
	Kupang Regency	0.0001	Data is not normally distributed

Remarks: p-value (signification) based on *Kolmogorov Smirnov test*

Table 7.
Knowledge Enhancement before and after *One House One ALKURTING Intervention*

Research Location	Behaviour		Pre-test	Post-test	Mean Differences	*p-value*[a]
Kepahyang Regency. Bengkulu	Knowledge	*Min-Max*	37.93-93.10	62.07-96.13		0.0001
		$\bar{X}$±*SD*	78.67±11.69	84.13±9.73	5.46	
	Attitude	*Min-Max*	2.2-3.53	2.73-3.67		0.0001
		$\bar{X}$±*SD*	2.71±0.29	3.03±0.23	0.32	
	Skills	*Min-Max*	59.09-90.91	72.73-95.45		0.0001
		$\bar{X}$±*SD*	80.45±7.16	83.25±7.12	2.8	
Kupang Regency. NTT	Knowledge	*Min-Max*	44.83-96.55	62.07-96.55		0.001
		$\bar{X}$±*SD*	73.91±10.06	77.35±7.09	3.44	

	Attitude	*Min-Max*	2.4-3.33	2.6-3.8		0.0001
		$\bar{X}$±*SD*	2.92±0.22	3.18±0.27	0.26	
	Skills	*Min-Max*	50-86.36	81.82-100		0.0001
		$\bar{X}$±*SD*	84.46±5.63	92.72±4.52	8.25	

[a]*Wilcoxon Signed Rank Test*

Table 6 shows that all the variables of knowledge. attitudes. and skills before and after the intervention are not normally distributed. so for subsequent analysis. a non-parametric test is used. Table 7 shows the changes in the knowledge score. attitude and skills of clown mothers before and after the one-house-one-ALKURTING intervention in Kepahyang Regency and Kupang Regency. The effect of intervention on knowledge shows that the intervention can improve the knowledge of clown mothers. In Kepayang Regency, the average knowledge score before the Intervention was 78.67±11.69 then increased to 84.13±9.73 after the Intervention. an increase of 5.46 points and a significant increase in knowledge change (p-value 0.0001). In Kupang Regency. the same result also occurred. the average knowledge score before intervention was 73.91±10.06 then increased to 77.357.09 after the intervention an increase of 3.44 points and a significant increase in knowledge (p-value 0.001).

The effect of the one-house-one-ALKURTING intervention on attitudes shows that the intervention can improve the attitudes of mothers. In Kepahyang Regency. the average attitude score before the Intervention was 2.71±0.29 then increased to 3.03±0.23 after the Intervention, an increase of 0.32 points and a significant increase in attitude change (p-value 0.0001). In Kupang Regency, the same result also occurred the average attitude score before the Intervention was 2.92±0.22 then increased to 3.18±0.27 after the Intervention increased by 0.26 points and the change in attitude experienced a significant increase (p-value 0.0001). The effect of the one-house-one-ALKURTING intervention on skills shows that the intervention can improve the skills of mothers. In Kepahyang Regency, the average skill score before the Intervention was 80.45±7.16 then increased to 83.25±7.12 after the Intervention. an increase of 2.8 points and a significant increase in skill change (p-value 0.0001). In Kupang Regency, the same results also occurred. the average skill score before the Intervention was 84.46±5.63 then increased to 92.72±4.52 after the intervention an increase of 8.25 points and a significant increase in skill change (p-value 0.0001).

DISCUSSION

Characteristics of mothers and children aged 0-23 months

There was no significant difference in the proportion of child sex between the two districts, which shows that the child sex ratio in Bengkulu and Kupang Regencies is relatively balanced and is not affected by significantly different geographical or socioeconomic factors. The characteristics of the child's birth weight are also not significantly different between the two districts. This could suggest that factors affecting birth weight, such as maternal health during pregnancy and access to prenatal care, may be similar in both locations. The father's education and the mother's work also did not show significant differences. indicating that the educational background and employment status of mothers in the two districts may not contribute to the difference in children's characteristics. Parity (number of children) and age of mothers at marriage did not show significant differences. This indicates that these factors do not differ substantially between the two districts, which may indicate similarities in fertility and marriage patterns in both regions.

Significant differences in child characteristics based on maternal education. show that maternal education levels have a significant impact on several aspects of child characteristics

in both districts. Maternal education is often associated with various factors that affect a child's health and development, such as health knowledge, access to resources, and parenting. Maternal education can affect children's health through knowledge and attitudes towards health care. nutrition. and healthy living habits. Mothers with higher levels of education may be better able to access health information and apply it, which can contribute to differences in child characteristics such as nutritional status and general health (Prasetyo, Permatasari and Susanti, 2023). Maternal education levels are also often associated with better access to health services and other resources. Higher education can be associated with better economic ability and greater awareness of the importance of health care for children (Kien Le, 2020; Vikram and Vanneman, 2020). Maternal education can serve as a broader socioeconomic indicator. More educated mothers may have higher-earning jobs. which in turn affects their living conditions and access to a variety of services. including health care and children's education (Vikram and Vanneman, 2020).

ALKURTING Feasibility Test

The feasibility of ALKURTING educational materials which reached 86.8% reflects that the material meets the criteria of high quality and relevance. This is in line with the principles of effective educational material development, which suggests that nutrition education materials should be in accordance with the needs of the target community and easy to understand (Prabu Aji *et al.*, 2024). The evaluation carried out shows that this material is not only adequate in terms of content but also relevant to local conditions. making it very suitable to be applied in 3T areas. The availability of good materials is very important in increasing awareness and understanding of stunting, especially in areas with limited access such as Kupang Regency. Educational materials designed specifically for local contexts can increase the effectiveness of stunting prevention programs. The high quality of the material contributes to a better understanding of the risks of stunting and its prevention practices, which in turn can improve the overall health of the child (Rahmawati, Ramadhani and Dzaqiyatus, 2024).

Strong support from mothers who have children under two years old, as many as 88.3% of mothers recommend ALKURTING material because it can be well received and is suitable for use as an educational medium for mothers who have children under two years old. The recommendation reflects that this material is in accordance with the needs and preferences of the mother. and can be well integrated into their daily lives. The participation of mothers under five and feedback from the community is very important in designing effective and effective educational materials to prevent stunting (Rahmawati, Ramadhani and Dzaqiyatus, 2024). ALKURTING's educational material on stunting risk detection has proven to be very feasible and well received by clown mothers in the 3T area in Kupang Regency. The feasibility percentage of 86.8% and positive recommendations from 88.3% of clowns' mothers indicate that this material meets the quality and relevance standards required for the effectiveness of health education in isolated areas. These findings support the importance of developing educational materials that are in accordance with the local context and the needs of the community.

The feasibility of ALKURTING media is considered very feasible with a percentage of 85.3%, which shows that this media meets high quality criteria for use in stunting risk detection. This feasibility includes aspects of accuracy, ease of use, and relevance in the local context. Evaluation of the feasibility of this media is in line with the principles of effective medical device development, which must be accessible and understood by users (Rinastiti *et al.*, 2022). Health measures designed with local context and community needs in mind have greater potential to be successfully accepted and implemented. Almost all mothers (83.3%)

recommend ALKURTING media as a measure of stunting risk detection. shows a high level of acceptance and trust in this media. This recommendation is important because it reflects that the medium is not only technically effective but also in line with the needs and expectations of the end user. The results of this study show that the involvement and feedback from mothers as the target community in the development of health measuring tools greatly contributes to the successful implementation and adoption of the tools. The involvement of clown mothers in the evaluation and recommendation process of this media shows that they feel that this media is relevant and useful for detecting the risk of stunting in their children. The use of ALKURTING media in 3T areas can help overcome access challenges and resource limitations in stunting detection and prevention. The media is designed to address the specific needs of areas that are isolated and have limited access to comprehensive health services. This study shows the importance of health measuring tools that can be used independently and do not require intensive training. Especially in areas with limited resources. With a decent and well-received media. such as ALKURTING, it is expected to increase early detection of stunting risk and timely intervention in these areas.

Effectiveness of One House One ALKURTING Intervention

The One House One ALKURTING *intervention* has proven to be effective in increasing the knowledge of clown mothers about stunting prevention in Kepahyang and Kupang Regencies. After participating in this program, mothers showed a better understanding of the importance of early detection and prevention of stunting. This increase in knowledge shows that household-based education programs can have a positive impact in increasing maternal awareness of the risk of stunting and ways that can be done to prevent it. These results indicate the importance of interventions focused on community education to encourage better behavioral change. This increase reflects the success of the intervention in conveying important information about stunting risk detection and child care. The main mechanism of this knowledge increase is the provision of medical devices accompanied by comprehensive educational materials. Recent studies support these findings, showing that the simultaneous integration of aids and health information is effective in increasing maternal knowledge about childcare (Permatasari *et al.*. 2021; Rahiem. 2021). The one-home-one-ALKURTING intervention provides mothers with direct access to the latest information on stunting detection and prevention. as well as the implementation of appropriate health practices. If mothers are literate, they will have high awareness and sensitivity to the growth and development of children and pay attention to nutritional intake during the child's growth and development. Therefore, literacy is important for mothers as an effort to prevent stunting (De Buhr and Tannen, 2020; Sabila, Anggraeni and Lestari, 2023).

The One House One Akurting *intervention* has proven to be effective in increasing the attitude of clown mothers towards stunting prevention in Kepahyang and Kupang Regencies. This program has succeeded in changing the attitude of mothers. increasing their awareness and concern for the importance of stunting prevention. After participating in the intervention. mothers showed a more positive attitude and were responsive to efforts to maintain children's health and detect the risk of stunting. This increase in attitudes suggests that community-based education and training. such as those applied in these interventions. can influence significant behavioral change in maternal and child health efforts. This increase reflects a positive change in the way mothers view and approach child care, especially in the context of stunting risk detection. This mechanism may involve changing perceptions through education that motivates mothers to be more concerned and proactive about their children's health. The results showed that intervention programs that included intensive health education could increase mothers' positive attitudes toward health (Lestari *et al.*, 2021). With the increase in

positive attitudes. mothers become more involved in efforts to prevent stunting and implement better health practices.

The One House One AKURTING *intervention* has proven to be effective in improving the skills of clown mothers in detecting and managing stunting risks. there is a significant improvement in maternal skills after participating in this program. These results show that the intervention has successfully strengthened the ability of mothers to apply knowledge about stunting prevention in their daily lives. which can contribute to efforts to reduce the prevalence of stunting in both areas. This increase in skills shows the importance of practical training that can be directly applied by health cadres and mothers in caring for the health of their children. This increase shows that mothers not only gain knowledge but are also able to apply it effectively in daily practice. *The One House One* AKURTING intervention is likely to provide practical training and medical tools that support the skills of health cadres and mothers in monitoring children's growth and development and detecting early signs of stunting. Direct skills-based training is very effective in improving the practical ability of health cadres and mothers in early detection of stunting risk (Simbolon *et al.*. 2023; Kamila, 2023). With increased skills. health cadres and mothers are better able to identify and address child growth problems more effectively. which contributes to stunting prevention (Yuliantini, Eliana and Kamsiah, 2022).

CONCLUSION

The One House One ALKURTING intervention has succeeded in improving knowledge. attitude. and skills of mothers in detecting the risk of stunting in 3T areas. This program has proven to be effective in raising maternal awareness about stunting and teaching practical skills to detect and prevent stunting risks. Increasing knowledge through education. changing positive attitudes. and skills gained from assisting in the use of ALKURTING contribute to better stunting risk management. The results of the feasibility study show that ALKURTING can be adapted and applied effectively in 3T areas to support stunting prevention. To strengthen the effectiveness of the One House One Accommodation program. it is necessary to expand to more 3T areas by involving local health cadres. The provision of easy-to-understand training modules. continuous mentoring. and increased monitoring and evaluation will support the sustainability of maternal behavior change. Collaboration between the government. health workers. and the community is essential to reduce the prevalence of stunting and improve maternal and child health. Further research needs to explore other factors that affect the effectiveness of programs. such as social support. access to health services. local culture. and their long-term impact in different regions.

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