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Toddlers Family Assistance Model: As An Effort To Stunting Prevention Education In Kuantan Singingi District, Indonesia

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Abstract: This research aims to find out what the toddlers family assistance model is as an effort to stunting prevention education in Kuantan Singingi Regency. The method used is descriptive qualitative. The results showed that family assistance starts with careful planning and coordination with various related parties, implementing and preparing target data for toddlers, collecting data on families of toddlers at risk of stunting, sorting data on babies at risk of stunting until the evaluation carries out recording and reporting to the top level. Family assistance model starts from the Stunting Reduction Acceleration Team (TPPS) at the central level, namely the BKKBN, down to the provincial level, namely representatives of the provincial BKKBN, then at the Regency/City level, namely the Regional Apparatus Organization (OPD) in the field of Regency or City Population Control, at the sub-district level, namely the Family Planning Counseling Center (KB), village or sub-district level and the Family Assistance Team (TPK) as field agents directly provide assistance to toddlers and toddlers at risk of stunting, in addition to facilitating referrals and social assistance. Based on data, the stunting rate is decreasing from 2019-2023 in Kuantan Singingi Regency.

Keywords: Education; Family Assistance; Models; Stunting Prevention; Toddlers

Introduction

Until now, stunting has been the main nutritional problem faced by the world, including Indonesia as a developing country. The World Health Organization (WHO) has designated stunting as one of the focuses of the 2030 Sustainable Development Goals (SDGs) program (WHO, 2019)(Sulistyaningsih et al., 2021). According to UNICEF, stunting in children is associated with a higher risk of death, poor motor development, poor language skills, and functional imbalances. In 2020, 149.2 million, or around 22.0% of toddlers experienced stunting (World Health Organization (WHO)). That shown a decrease compared to 2000 which reached 33.1%. 3 However, the reduction in stunting cases in children under five is still far from the World Health Assembly (WHA) target of 40% in 2025. 4 If we look at each region, it is more than half of the toddlers who experienced stunting in 2020 lived in Asia, or around 53% of toddlers. Southeast Asia accounted for more than 11% of Asia's 135.9 stunted toddlers. 3 Moreover, Indonesia also faces the same problem (Bela et al., 2023)

Global Nutrition Report data in 2018 shows that 150.8 million (22.2%) children experience stunting worldwide. WHO has determined that in 2025 the stunting rate will be 40%. Indonesia has a stunting prevalence of 36.4% from 2005 to 2017, placing Indonesia in third position. Stunting is influenced by several determinant factors. The WHO (World Health Organization) states that regarding the concept of stunting, social culture is one of the contextual factors that causes stunting. A number of research results state

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the culture of nutritional practices for pregnant women. In Ethiopia, pregnant women are prohibited from consuming animal foods such as milk (including cheese, milk/buttermilk, yogurt, and whey), liver, meat, fish, and plant foods such as bananas, avocados, kale, and sweet potatoes (Erisno, 2018)(Andayani, Sri Astutik. Lestari, 2024)

In Indonesia, the prevalence of stunting remains high when compared to other middle-income countries. Based on the 2021 SSGI results, the national stunting rate has decreased by 1.6 percent per year from 27.7 percent in 2019 to 24.4 percent in 2021. The majority of the 34 provinces showed a decrease compared to 2019 and only 5 provinces showed an increase. Even though it has decreased, stunting is still a public health problem that needs to be addressed because its prevalence exceeds 20% (Yuliawati, Widia. Widianingsih, 2024)

Addressing stunting has become a priority target both globally and in Indonesia. In the National Medium Term Development Plan (RPJMN) 2020-2024, reducing the prevalence of stunting in children under five has become one of the major projects with a target of 14.00 percent in 2024. Achieving this target will require significant effort from the government and various parties (Directorate of Welfare Statistics People, 2022). The SSGI stunting rate decreased from 24.4% in 2021 to 21.6% in 2022, but hard work is still required to meet the target of 14% (SSGI, 2023) (Luthfiyani et al., 2023)

One of the strategic updates to accelerate stunting reduction is a family approach by assisting families at risk of stunting to achieve the targets, namely prospective brides/prospective couples of childbearing age (PUS), pregnant and breastfeeding mothers up to postpartum, and children 0-59 months (Pibriyanti, Suryono and Luthfi, 2019). Working together at the field level, midwives, family empowerment and welfare team cadres, as well as family planning cadres are necessary to provide assistance to families who are at risk of stunting. The family assistance team will lead the charge to reduce stunting as quickly as possible. They will be in charge of managing the upstream acceleration of the stunting reduction process, particularly in prevention, which begins with the incubation phase and continues with other preventive actions taken from the direct factors that cause stunting (Jiang et al, 2015)(Rahmawati & Khusnul, 2023).

Based on Riau Provincial Government data for 2023, stunting data for Kuantan Singingi Regency in 2019 was 29.55%, while in 2021 it was 22.40% and in 2022 it was 17.80%. The Kuantan Singingi Regency Government has made various efforts to reduce the stunting rate through various activities, one of which is the toddler's family assistance model. So, this research aims to find out how the toddlers family assistance model is implemented, especially in Kuantan Singingi Regency in an effort to reduce stunting.

Method

The method used in this study is a qualitative method with a descriptive approach. This method was chosen in order to describe more clearly and deeply how the model of mentoring toddler families in stunting prevention education in Kuantan Singingi Regency. The location of the study was in Kuantan Singingi Regency, Riau. Informants in this study were selected using a purposive sample, namely sampling with certain considerations by determining the sample considered to be the person who knows the most about the research problem being studied. Selection of informants The informants determined in this study were 5 people, namely 1 person from the Population Control, Family Planning, Women's Empowerment and Child Protection Service (DP2KBP3A), 1 person from the Health Service, 1 Village Midwife, 1 PKK cadre and 1 KB cadre. The data collection tools used in this study were participatory observation with direct involvement of researchers in mentoring activities while observing activities, in-depth interviews to obtain clear and in-depth descriptive results, and documentation studies by looking at related documents to support the research. The research was carried out starting from May-July 2024.

The data analysis technique in this research uses data analysis according to Miles Huberman (1984) which includes the following stages.(MD Rahmawati et al., 2024):

1. Data reduction, to select, separate, simplify from the data obtained in the field. In this data reduction stage, the researcher summarizes and focuses on the important things from the interview results obtained from the research sample.
2. Data presentation, in this case the data obtained is displayed in the form of a narrative or data description and charts to make the interview results easy to understand.
3. Conclusion drawing and verification. In this case, the researcher analyzes and concludes, and verifies from the field results described about how the toddler family assistance model is carried out.

The validity of the data in this study uses data triangulation. This activity is carried out by comparing the data from the informant's interview with other informants and comparing the data by analyzing the three analysis techniques carried out, so that the final conclusion results are obtained.

Result and Discussion

Family assistance plays a very important role in efforts to prevent stunting in children. The family is the first environment where children's eating and care patterns are formed, so the involvement of parents and other family members is very crucial (Fajriah et al., 2021; Nordianiwati et al., 2024; Rahman et al., 2021)(Hafid et al., 2024). Based on the results of interviews, observations, and documentation carried out, family assistance for toddlers plays an important role in reducing stunting rates. Family assistance is carried out starting from planning, and implementation to evaluation.

Management of Family Assistance

1. Planning

In order to support toddler families, careful coordination are carried out with the involvement of various related parties, namely the Stunting Reduction Acceleration Team (TPPS), at the central level, such as the BKKBN, at the provincial level, namely representatives of the provincial BKKBN, at the district/city level, namely the Regional Apparatus Organization (OPD) in the field of Regency or City Population Control, The sub-district level is the Family Planning Counseling Center (KB) to the village or sub-district level. The Family Assistance Team coordinates with the Stunting Reduction Acceleration Team (TPPS) regarding work plans, resources, and solving obstacles to implementing family assistance in the field.

> *'A family assistance team is formed with a minimum of three people per village involving 3 related elements, namely midwives, PKK cadres, and family planning cadres. Before carrying out their duties, the Family Assistance Team received orientation training to provide them with an understanding of the duties and roles of the family assistance team.'* (Mrs. Endah, DP2KBP3A).

Before forming the Family Assistance Team, a minimum of three people from each village are registered, including midwives, PKK cadres, and family planning cadres. The Family Assistance Team is registered using the Family Assistance Team registration card. After that, training was carried out for the family companion team to better understand their respective functions and roles.

Furthermore, the general aim of assistance is to prevent stunting in toddlers and toddlers through family assistance to be able to detect risk factors early and invite families who have toddlers/toddlers to come to the nearest *Posyandu*. The specific objectives of assisting families of toddlers are:

1) Assisting families at risk of stunting/stunting conditions with babies aged 0-23 months by improving their knowledge and skills for exclusive breastfeeding, providing immunizations and supporting children's growth and development with the Healthy Way Card (KMS) and Child Development Card (KKA), assistance with providing breastmilk complementary foods (MPASI), assistance in monitoring the nutritional needs of breastfeeding mothers, obtaining social assistance for breastfeeding mothers with nutritional problems and Assistance in accessing health for disadvantaged families.
2) Increasing the knowledge and skills of companions for families at risk of stunting who have babies aged 0-59 months, namely assistance in providing immunizations, assistance in monitoring the nutritional needs of children at risk of stunting, assistance with access to health for families with toddlers at risk of stunting.

As explained in (Nugroho et al., 2023), increasing mothers' knowledge and attitudes in choosing healthy food for toddlers can be carried out by providing health education in the form of health counseling (Listyarini et al., 2020). Nutrition education can improve maternal knowledge because maternal knowledge will greatly influence the level of ability to manage family resources in order to obtain sufficient food (Listyarini et al., 2020; Mardiana & Yunafri, 2017).

> *'The main task of the family assistance team is to provide assistance, facilitate referral services and social assistance facilities, as well as recording and reporting'* (Mrs. Risna, Village Midwife)

In addition, the Family Assistance Team is a group consisting of midwives, PKK cadres and family planning cadres who provide assistance with various activities including coordination, implementation of assistance including facilitation of referral services and social assistance facilities, as well as recording and reporting as an effort to detect early risk factors for stunting. The main tasks of assistance carried out are counseling (Communication, information and education (KIE), monitoring and stimulation), facilitation of referral services, and facilitation of social assistance, namely coordination with officers from related agencies (social services, health services, health centers, growth and development clinics, and so on). In line(Sulistyowati, Alfisah, Ridha et al., 2023)with the importance of educational efforts about nutrition, the health of pregnant women, and also good parenting patterns recognized by health service providers in that location (Isni & Dinni, 2020).

The Family Assistance Team is divided into roles and tasks, with midwives serving as coordinators of family assistance and health service providers, cadres or management of the Family Empowerment and Welfare Team (TP-PKK) at the village or subdistrict level as

drivers and facilitators (mediators) of family services, and family planning cadres serving as recorders and reporters of data and developments in the implementation of assistance to families and/or target groups. In line with (Hasanah et al., 2023), the efforts made to prevent stunting are family assistance, namely activities that include counseling activities, facilitating referral services, and facilitating the provision of social assistance with the aim of increasing access to information in health services for families who are at risk of stunting with priority targets, namely pregnant women and postpartum mothers. Moreover, children aged 0-59 months and all prospective brides/couples of childbearing age receive 3 (three) months of pre-wedding assistance as part of marriage services for early detection of stunting risk factors and making efforts to minimize or prevent the influence of stunting risk factors (Humphrey et al ., 2019).

2. *Implementation*

In implementing the assistance, there are several steps for Assistance in Handling Stunting Post-Birth 0-59 months, namely preparing data on target toddlers (*name and address*), collecting data on families of toddlers at risk of stunting through the Community-Based Nutrition Recording and Reporting Application (EPPGBM) and Child Development Cards (KKA) online, sorting data on babies at risk of stunting into 3 groups, namely babies under 6 months (0-6 months), babies up to 2 years (7-32 months) and babies up to 5 years (33-59 months).

> *'In implementing the assistance, namely preparing data on toddlers, collecting data on toddlers at risk of stunting, grouping babies based on three groups.'* (Mrs. Tinah, PKK cadre)

Accompanying babies under 6 months (0-6 months), namely by looking at the development card to see whether the baby is in accordance with growth and development, looking at the baby's immunization data to see whether it is in accordance with the schedule, monitoring exclusive breastfeeding, monitoring the history of infectious diseases/ARI/Diarrhea/c. worms. Assistance for babies up to 2 years (7-23 months), namely monitoring growth and development through the Community Based Nutrition Recording and Reporting Application (EPPGBM) and online Child Development Card (KKA), monitoring breastmilk complementary foods (MP ASI), monitoring 5 mandatory immunizations up to 9 months and monitor history of infectious diseases/ARI/diarrhea/worms. Assistance for babies up to 5 years (23-59 months), namely monitoring the history of infectious diseases/ARI/diarrhea/worms and monitoring nutrition and monitoring growth and development. In line with (Isyti'aroh et al., 2024) that Assistance for families with stunted children is important for various reasons. Research by Rahmadiyah, Sahar, & Widyatuti, (2022) proves that community empowerment (including families) can reduce stunting rates. The empowerment carried out is education, counseling, collaboration with cross-sectoral and community organizing in the form of providing community support to stunted families such as in integrated health post activities. In integrated health post activities, cadres and health workers can monitor the growth and development of children so that stunting prevention and stunting treatment can be carried out as early as possible.

> *'Each element in the family assistance team has different duties and roles. Midwives play a role in caregiving, early baby screening, assistance, and referrals. PKK cadres play a role in providing assistance with parenting patterns, complementary feeding, exclusive breastfeeding, immunization, and coordination. Family planning cadres play a role in assisting exclusive breastfeeding, breastmilk complementary foods, immunization, mentoring, stimulation and coordination.'* (Mrs Maya, KB cadre)

The duties of each toddler family assistance Team (TPK), namely as Midwives, are to provide midwifery care for newborns, carry out initial screening for risk factors for stunting in babies, assist the growth and development of newborns at least 3 times (at birth, age 6 months and 5 years) for verification, validation and facilitating referrals if necessary. The duties of PKK cadres are to provide assistance with parenting patterns for children's growth and development, ensuring that babies receive exclusive breast milk for 6 months, ensuring that babies over 6 months of age get breastmilk complementary foods with adequate nutrition (balanced and varied nutrition), ensuring that babies receive complete basic immunization according to schedule, assisting in the distribution of social assistance. stunting for newborns 0-59 months, coordinating with Posyandu Cadres and BKB (Family Development for Toddlers) Cadres. The duties of family planning cadres are to ensure that babies receive exclusive breast milk for 6 months, ensure that babies over 6 months get breastmilk complementary foods with adequate nutrition (balanced and varied nutrition), ensure that babies receive complete basic immunization according to schedule, help distribute stunting social assistance to pregnant women at risk of stunting, provide assistance. to families of toddlers to carry out care according to the child's age, ensuring that children receive age-appropriate stimulation so that their growth and development is optimal, coordinating with Posyandu Cadres and BKB (Family Development for Toddlers) Cadres.

Moreover, providing health education and counseling is a method implemented to convey information to the community, groups or individuals

Assistance to Families with Children at Risk of Stunting in Muktiharjo Kidul District Semarang 286 with the aim of the group or individual gaining knowledge about better health care (Hapitria & Padmawati, 2017; Hidayati, 2015). This is confirmed by research which states that information will influence a person's knowledge (Ngatu & Rochmawati, 2018)(Sari et al., 2021).

3. *Evaluation*

In the evaluation, the Family Assistance Team (TPK) records and reports and carries out regular team evaluations. With outreach activities, it is possible to increase public knowledge about stunting (Arimaswati et al., 2022)(Maryani & Mundarti, 2024).

> *The family assistance team records and reports and then reports it to the top-level Stunting Reduction Acceleration Team (TPPS) through online reporting. The family assistance team records and reports every activity and mentoring activity periodically (Mrs. Sinah, PKK cadre).*

Activities or mentoring activities for family targets are recorded in the family assistance registration according to the target being accompanied, namely prospective brides, pregnant women, breastfeeding mothers, postpartum mothers, and toddlers. Mentoring activities recorded include data on family identity and characteristics (families at risk of stunting), data on the target being accompanied, and data on target identity (bride-to-be/pregnant mother/breastfeeding mother/postpartum mother/toddler) accompanied by anthropometric data or body measurements. , health examination results data, and nutritional status data. The data on mentoring activities reported is mentoring time, mentoring methods (counseling /KIE/ counseling/others), Facilitation of service referrals, and Facilitation of providing social assistance. The Family Assistance Team reports assistance activities in the application/manual. Each mentoring activity is recorded according to the mentoring date in the application or manual. As in(Kamsiah, et al., 2023)Evaluation based on weighing results still shows less than optimal results. Only 5 out of 7 toddlers whose nutritional status can change for the better. Based on the evaluation results, in terms of knowledge and willingness to change have been shown by caregivers for the better. It's just that improvements in nutritional status are also influenced by other more dominant factors, poverty (Nabigh Abdul Jabbar, Agung Dwi Laksono, 2015). In addition, family assistance is one of the Stunting prevention interventions that is considered effective. This program aims to provide education and guidance to families who have children at risk of stunting. Family assistance also aims to strengthen the capacity and independence of families in managing children's health and nutrition. This is important to create sustainable change (Hasanah et al., 2023).(Permatananda et al., 2024).

Toddlers Family Assistance Model as an Effort to Stunting Prevention Education in Kuantan Singingi Regency

The family assistance model has a very important role in reducing the number of cases of stunting children in Kuantan Singingi Regency. This is because based on data from the Central Statistics Agency for 2019 and 2021, The number of cases of stunted children in Kuantan Singingi Regency is still high, namely in 2019 the percentage of stunted children was 29.55% and the percentage of stunted children in 2021 was 22.40% (BPS, 2021). Below is figure 1 stunting data for Kuantan Singingi Regency for 2022-2023, namely as follows:

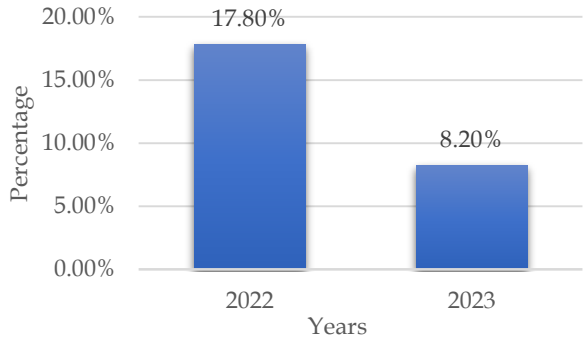

Figure 1. Stunting data for Kuantan Singingi Regency 2022-2023

Figure 1 shows stunting data for Kuantan Singingi Regency in 2022-2023. Stunting has decreased, from 17.80% in 2022 to 8.20% in 2023. When compared to 2019 and 2021, Kuantan Singingi Regency has a high stunting rate, with 29.55% in 2019 and 22.40% in 2021. However, based on existing data, the stunting rate in Kuantan Singingi Regency continues to decline from 2019 to 2023. This cannot be separated from the results of the performance of various related parties in assisting families as an effort to stunting prevention education, namelyCentral, Provincial, Regency, Subdistrict and Village Accelerated Stunting Reduction Teams (TPPS) and the focused and consistent performance of the Family Assistance Team (TPK) in handling the reduction of stunting rates in Kuantan Singingi Regency, as well as related institutions that collaborate in reducing stunting. In line, health education is created with the aim of changing unhealthy to healthy behavior. This is carried out by disseminating health messages to instill and convince the target so that the target can understand, and for indirect purposes, it can influence the target's attitudes and behavior (Wicaksono & Alfianto, 2019, 2020)(Septiasari et al., 2023). The data on stunted

children in Kuantan Singingi Regency based on existing sub-districts can be seen in the table 1 as follows:

Table 1. Data on Stunting Children per District in 2023 in Kuantan Singingi Regency

No	Public Health Center	Stunting		
		Number of Toddlers Measured	Number of Stunted Toddlers	Percentage of Stunted
[1]	[2]	[3]	[4]	[5]
1.	Lubuk Jambi	1191	54	4.5
2.	Lubuk Ramo	368	27	7.4
3.	Lubuk Ambacang	578	26	4.5
4.	Guntung Toar	836	25	2.9
5.	Muara Lembu	1041	5	0.5
6.	Sungai Sirih	256	34	13.2
7.	Sungai Keranji	715	61	8.5
8.	Sungai Buluh	1258	44	3.5
9.	Beringin Jaya	691	62	9
10.	Koto Baru	1043	15	1.4
11.	Teluk Kuantan	985	109	11.1
12.	Kari	979	33	3.3
13.	Kopah	393	81	20.6
14.	Sentajo Raya	1047	21	2
15.	Benai	1042	122	11.7
16.	Sentajo	0	0	-
17.	Baserah	867	205	23.6
18.	Pangean	1161	252	21.7
19.	Perhentian Luas	623	21	3.4
20.	Sukaraja	821	28	3.5
21.	Bumi Mulya	480	28	5.8
22.	Koto Rajo	562	41	7.2
23.	Cerenti	1243	251	20.2
24.	Inuman	817	60	7.3
25.	Sentajo	955	84	8.8
26.	Pangkalan	794	12	1.5
Amount		20744	1699	8.2

Source: Kuantan Singingi District Health Service 2024

Table 1 displays data on stunted children by sub-district in Kuantan Singingi Regency at the Community Health Centre in 2023. The table shows the number of toddlers measured, the number of stunted toddlers, and the stunting percentage. There are several sub-districts with the highest and lowest percentages of stunting, including Baserah District (23.6%), Pangean District (21.7%), Kopah District (20.6%), Cerenti District (20.2%), and Sungai Sirih (13.2%). Meanwhile, the sub-districts that have the lowest percentage of stunting rates are Muara Lembu Sub-district with a percentage of 0.5%, Koto Baru Sub-district with a percentage of 1.4%, Sentajo Raya Sub-district with a percentage of 2%. Based on the data, Baserah District is the district that has the highest percentage of stunting and Muara Lembu District is the District that has the lowest percentage of stunting. The model for assisting families of toddlers in efforts to stunting prevention educationin Kuantan Singingi Regency is as follows:

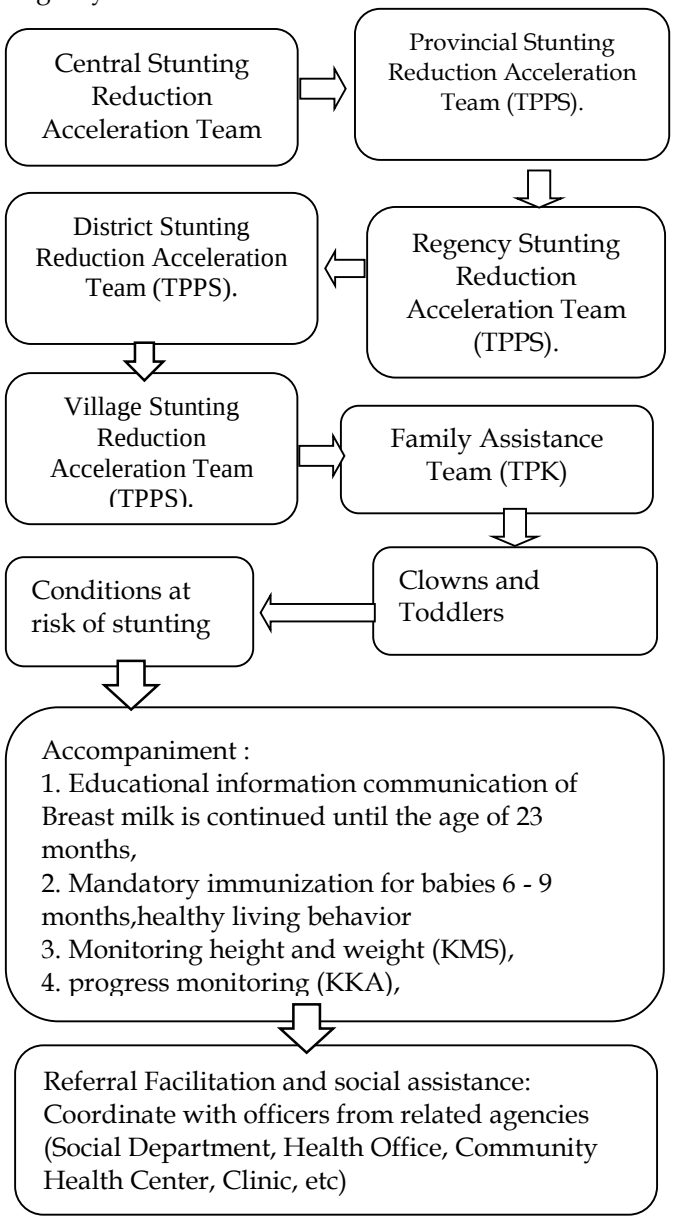

Figure 2. Toddlers Family Assistance Model to Stunting Prevention Education

Figure 2 depicts a model for assisting toddler families in dealing with stunting in Kuantan Singingi Regency. The model starts from the Stunting Reduction Acceleration Team (TPPS) at the central level, namely the BKKBN, down to the provincial level, namely representatives of the provincial BKKBN, then at the Regency/City level, namely the Regional Apparatus Organization (OPD) in the field of Regency or City Population Control, at the sub-district level, namely the Family Planning Counseling Center (KB) to village or sub-district level. Then a field team was formed as an agent to directly provide assistance to the community

whose target was babies under two years old (Baduta) and toddlers, namely the Family Assistance Team (TPK) whose task was to provide assistance, facilitate referral services, and facilitate social assistance.

Providing health education and counseling is a method implemented to convey information to the community, groups, or individuals Assistance to Families with Children at Risk of Stunting with the aim of the group or individual gaining knowledge about better health care (Hapitria & Padmawati, 2017; Hidayati, 2015). This is confirmed by research which states that information will influence a person's knowledge (Ngatu & Rochmawati, 2018).

This assistance is prioritized for children who are at risk of stunting or are already stunted. The assistance provided includes counseling, information communication, and education (KIE ASI) until the age of 23 months, mandatory immunization for babies aged 6 to 9 months, clean and healthy living behavior (PHBS), height and weight monitoring (KMS), monitoring the development of the Child Development Card (KKA), and assistance in providing breastmilk complementary foods. Facilitating Referrals and social assistance, specifically coordinating with officers from related agencies (Social Services, Health Services, Community Health Centers, Growth and Development Clinics, etc.)

Furthermore, the mentoring model is a process in which the mentor assists the target being accompanied in identifying needs and solving problems, as well as fostering motivation for ideas in the decision-making process, allowing the target to become independent. Mentoring is a very effective way to determine the level of success of a community empowerment programme, in accordance with the principles of helping people (Social Services, 2012). A group requires assistance because it is unable to solve its own problems. As a result, assistance is required to facilitate problem-solving efforts, which begin with identifying problems, finding solutions to problems, and taking concrete action to overcome the target being accompanied. The mentoring model's goal is to ensure that real changes occur in the group being accompanied and that the targets being collaborated with have the confidence and ability to deal with problems (Sumodingrat, 2016)(Banhae, et al, 2023).

Conclusion

Toddler's family assistance model has a strategic role and function in reducing stunting rates. Assistance for toddler families begins with coordinated planning involving various related parties, namely the Stunting Reduction Acceleration Team (TPPS) at the central level, provincial level, district/city level, sub-district level village or sub-district level. Implementation includes preparing target data for toddlers, collecting data on families of toddlers at risk of stunting, and sorting data on babies at risk of stunting until the evaluation carries out online recording and reporting to the top level. The family assistance model starts from the Stunting Reduction Acceleration Team (TPPS) at the central level, namely the BKKBN, down to the provincial level, namely representatives of the provincial BKKBN, then at the Regency/City level, namely the Regional Apparatus Organization (OPD) in the field of Regency or City Population Control, at the sub-district level, namely the Family Planning Counseling Center (KB), village or sub-district level and the formation of Family Assistance Team (TPK) field agents as field agents directly providing assistance to toddlers and toddlers at risk of stunting, as well as facilitating referrals and social assistance.

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Author Contributions

Conceptualization, Y.M.A, O.K, A.C, and E.S; validation, O.K, A.C, and E.S.; formal analysis, Y.M.A, O.K, A,S, dan E.S; investigation, Y.M.A,; resources,Y.M.A, and O.K; data curation, O.K, and A.C: writing—original draft preparation, Y.M.A, writing—review and editing, Y.M.A.: visualization Y.M.A, O.K, A.C, and E.S, All authors have read and agreed to the published version of the manuscript

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Conflicts of Interest

There is no conflict of interest in this research article

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