

## Protecting Children's Rights In Preventing Stunting

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### ABSTRACT

*Stunting is a major nutritional problem faced by Indonesia. Based on data from the Nutrition Status Monitoring (PSG) for the last three years, stunting cases in Bima City have fluctuated. Data as of December 4, 2023 recorded 1,376 cases or 11.63 per cent in the local city from the target of 11,964. The high number of stunting cases is an indicator of the high number of malnutrition cases in Indonesia and proof that Indonesian children have not fully received legal protection. Some of the factors that cause stunting are low energy intake, infectious diseases, male gender, low maternal education, children not getting exclusive breastfeeding, low protein intake, low father's education and working mothers, maternal gestational age to reveal and analyze the process of human rights law enforcement against children with stunting. This research aims to find out what views and efforts are made by the Bima City government towards children with stunting associated with primary legal materials and secondary legal materials. Primary legal materials are binding legal materials, and consist of basic rules, namely the Preamble of the 1945 Constitution of the Republic of Indonesia, Basic Regulations, namely the Body of the 1945 Constitution, Legislation relating to the protection of children's rights. The causes of stunting are very multidimensional, in addition to factors that are in direct contact with mothers and children, stunting is also caused by facilities. However, the most dominant factor resulting in stunting is low nutritional intake for mothers and children. The state must be responsible for the welfare of the community, especially families who are not well-off as mandated in the constitution Article 34 of the 1945 Constitution which states that the poor and abandoned children are cared for by the state and parents must take an important role by paying attention to the care and diet of children.*

#### **Keywords:**

*Protecting, Stunting, and Child*

### INTRODUCTION

Indonesia is a country that is known for its rich natural resources, but it is not free from the problem of malnutrition that has been going on for a long time. Non-serious handling of malnutrition leads to various chronic diseases, one of which is stunting. Stunting is a chronic nutritional problem in toddlers characterized by shorter height for their age (Haryanti, T., & Hayati, N. 2019). Children who suffer from stunting are sensitive to disease and even as adults are at risk for degenerative diseases. The impact of stunting is not only in terms of health but also affects the level of children's intelligence. In addition, stunting can result in losses to the state with a potential loss of Rp 260-390 Trillion/year. One of the main factors for the high stunting problem in Indonesia is poor nutritional intake from the womb to birth to two years of age (YA Widanti 2016). Malnutrition in the first two years can cause permanent brain damage in children. Thus, malnutrition not only threatens children's development and physical health, but can also lead to poverty because brain damage can affect intelligence, making it difficult for stunted children to find work. Stunted children have an Intelligence Quotient (IQ) score eleven points lower than the average IQ score of normal children. Growth and development disorders in children due to malnutrition if they do not get early intervention will continue into adulthood (Erik, E. 2020).

Malnutrition is one of the causes of death and morbidity in children under five. Malnutrition can be caused by a lack of nutrient intake or the body's inability to metabolize nutrients. Undernutrition in children under five is a disorder caused by primary and secondary factors (Waladow, G., Warouw, S. M., & Rottie, J. V. (2013). Indonesia has the third highest prevalence of stunted children in the world, and the fifth highest number of stunted children under five in the South-East Asia Region (SEAR). The average prevalence of stunting in Indonesia from 2005-2017 was 36.4%.<sup>7</sup> The stunting rate decreased from 37.2% in Riskesdas 2013 to 30.8% in Riskesdas 2018. The decrease did not occur significantly in each year. The Head of the Research and Development Agency, stated that although the stunting trend has decreased, it is still below the World Health Organization (WHO) recommendations. The percentage of stunting in Indonesia as a whole is still relatively high. The problem of malnutrition (stunting) is not new because the government has long taken policies through programs to overcome the problem of stunting in Indonesia. In addition, the government has protected children's rights such as the right to life, the right to health, the right to grow and develop like humans in general as stipulated in the constitution Article 28 B paragraph (2) of the 1945 Constitution of the Republic of Indonesia (UUD NRI) stipulates that: "*Every child has the right to survival, growth and development and the right to protection from violence and discrimination*", in addition, in various laws and regulations governing the right to life of children such as Law Number 4 of 1979 concerning Child Welfare, Law Number 23 of 2002 concerning Child Protection, Law Number 36 of 2009 concerning Health, and even regulated in Law Number 39 of 1999 concerning Human Rights. The fact that stunting is relatively high or still below the WHO standard of 20%. Stunting should be the government's concern, considering the serious impact on children and the implications for the future of the nation. From this phenomenon, the focus of study in this research is the protection and enforcement of human rights for children with stunting.

Concern for children began in 1920 after the World War. Because children and women were considered weak at that time. Eglantyne Jebb was one of the activists who developed a statement on children's rights which in 1923 was adopted by Save the Children Fund International Union (Muhammad Joni and Zulchina Z. Tanamas, 1996: 8). Human Rights experienced a fairly rapid development, namely on December 10, 1948 the issuance of the Universal Declaration of Human Rights (UDHR). Children's Rights in the UDHR are contained in Article 25 paragraph (2) of the UDHR which states that "*Mothers and children are entitled to special attention and assistance. All children, whether born within or outside marriage, shall enjoy equal social protection*".

Based on the description above, the problem formulations that can be drawn, namely (1) How is the implementation of the Bima City government related to the child protection law for children with stunting?; (2) To what extent does food security in Bima City affect the reduction in stunting rates? Because Bima City is one of the areas with a fairly high stunting growth rate of **1,376 cases** or **11.63 percent**. Stunting cases in Bima City fluctuate. Data as of December 4, 2023 recorded 1,376 cases or 11.63 percent in the local city from the target of 11,964.

Our goal in researching this case is to (1) find out the view of human rights towards children with stunting and (2) find out what factors are obstacles and what efforts are made by the Office of Women's Empowerment, Child Protection, Population Control, Family Planning and the Food Security Office in suppressing the stunting rate so that the stunting rate in Bima City does not increase.

This study can help raise public awareness about the importance of nutrition and health care in the early years of a child's life, which are important factors in preventing stunting, and develop more effective implementation of intervention programs in stunting prevention including nutrition education, access to health services and social support for families who range.

The results of this study are expected to contribute ideas in enriching the knowledge insights of Social Work practice, especially in the fields of human resources and social welfare institutions related to the Implementation of Social Protection through Stunting Prevention in Bima City. And hopefully this research can help fulfill children's rights in getting nutritional intake in accordance with the needs of a mother and child in order to reduce the stunting rate in Bima City and hopefully parents must also play an important role in fulfilling the rights and nutritional needs of a child so that the stunting rate does not increase in Indonesia, especially in Bima City.

Research on stunting is not new to scholarly studies, such as that conducted by Romi Bhakti Hartanto and Muhammad Rizkan. This study seeks to explain how conditional cash transfers (CCTs), namely the Family Hope Program (FHP), can help reduce stunting rates in Bima City, West Nusa Tenggara, Indonesia.

In Bima City, the stunting rate has more than halved in the last five years from 36.5% in 2017 to 14.81% in 2022. Using thematic analysis, this study identifies possible mechanisms of how FHP can influence child nutrition based on semi-structured in-depth interviews with 15 FHP recipient households in five sub-districts in Bima City. The study found that several FHP pathways contributed to stunting reduction in Bima City, such as through cash transfers to women, micronutrient interventions, health and nutrition education from program facilitators, and health visits as program requirements. The external environment also plays an important role in supporting stunting reduction in Bima City, such as the existence of a stunting reporting application, field visits from health workers, and the role of universities.

By raising this case, we as researchers want to bring renewal related to the problem of stunting in Bima City by examining how the government handles stunting cases by protecting children's rights in preventing stunting in order to reduce the stunting rate in Bima City, in accordance with the law that regulates children's rights and health as explained in Law Number 23 of 2002 concerning Child Protection "The State, The State, Government, and Regional Governments guarantee the protection, maintenance, and welfare of children by taking into account the rights and obligations of parents, guardians, or other people who are legally responsible for children" so every child has the right to be able to live, grow, develop, and participate reasonably in accordance with the dignity of humanity, and receive protection from violence and discrimination. And Law Number 36 of 2009 concerning Health "Everyone is obliged to participate in realizing, maintaining, and improving the highest degree of public health" its implementation includes individual health efforts, public health efforts, and health-oriented development.

### Literature Review

Stunting is a condition of growth failure in children under five due to chronic malnutrition, especially in the first 1,000 days of life (HPK), which causes disruption of growth in the child. Growth failure in children under five is caused by repeated lack of nutritional intake, repeated infections, and inadequate parenting, especially in the first 1,000 days of life. Children are classified as stunted if they are shorter than the age standard of their peers. Standards for child length or height can be seen in the Maternal and Child Health book (Darteh E.K., Acquah E. and Kyereme A.K. 2014).

The high prevalence of *stunting* is evidence of the government's failure to enforce the law against malnutrition. Ignoring children's rights is a form of human rights violation committed by the state. It is necessary to regulate laws related to stunting as a manifestation of the state's responsibility in upholding children's human rights. Prevention and handling of *stunting* is carried out holistically in various sectors with commitment and synergy between central / regional governments, parents, families and communities (Ariany, F., & Fitriatun, E. 2022).

It is important to prevent stunting as early as possible to avoid long-term adverse effects. Stunting affects brain development so that children's intelligence levels are not maximized. This risks reducing children's productivity in the future. Stunting also makes children more vulnerable to disease. Stunted children have a higher risk of suffering from chronic diseases in their adult life. In fact, stunting and malnutrition are estimated to contribute to a 2-3% reduction in Gross Domestic Product (GDP) each year. (Fikadu T., Assegid S., and Dube L. 2014) The direct causes of child nutrition problems including stunting are low nutrient intake and health status. Prevention of stunting focuses on addressing the causes of nutrition problems, namely factors related to food security, especially access to: (1) nutritious food (food); (2) social environment related to infant and young child feeding practices (care); (3) access to health services for prevention and treatment (health), and; (4) environmental health which includes the availability of clean water and sanitation facilities (environment). These four factors directly affect the nutritional intake and health status of mothers and children. Interventions to these four factors are expected to prevent malnutrition, both under and overnutrition. (Kumparan.Com.2021). Indirect causes of stunting are influenced by various factors, including income and economic inequality, trade, urbanization, globalization, food systems, social security, health systems, agricultural development, and women's empowerment. Addressing the causes of stunting requires supporting preconditions that include: (a) political and policy commitment for implementation; (b) government and cross-sector involvement; and (c) capacity to implement. (Sutarto, 2016).

Children's growth and development are influenced by environmental factors (74-87%) and family income factors (4-7%). This proves that favorable environmental conditions can help children's growth and development, and the condition of children's height is not a genetic/hereditary problem. Malnutrition at an

early age will affect the quality of human resources. Prolonged malnutrition in early childhood causes organs to not grow and develop optimally.

## **METHOD**

The research design used in this research is to use Empirical research and a case study approach and data collection techniques through field studies (Observation, interviews, and documentation). Primary data will be obtained from observations and interviews obtained from several parties such as the Child Protection Agency (LPA), the Population Control and Family Planning Office (DPPKB) and the Food Security Office while secondary data will be obtained through news, journal literature, books, articles and several other sources.

The stages in this study are research will first carry out research planning, namely offline. Then the researcher prepares the research by compiling instruments and location surveys and obtaining research permits. Then, the researcher will begin the research by conducting observations to fill in the previously prepared format. After that, researchers will conduct interview sessions with employees and offices working at LPA, DPPKB and the Food Security Office followed by documentation studies. The output that has been obtained will be used as a comparison material for the suitability of the information that has been collected so that researchers can draw conclusions from the research that has been carried out.

Data Analysis Techniques Data Validity Test To be able to determine the validity of the data, the data source triangulation technique is used by checking the information or data that has been obtained in order to gain confidence in the truth of the data in the research conducted. Some of these techniques include: (1) Comparing observation data with interview results, (2) Comparing primary data with secondary data that researchers have obtained, and (3) Comparing what people say in public with what they say in private.

Concluding the research results, for data analysis, the researcher analyzes according to what is described by Miles and Huberman. The analysis process according to them consists of three processes, namely: (a) Data reduction, (b) Data presentation, and (c) Conclusion drawing. Then the data that has been obtained will be explained and interpreted in depth so that researchers can draw conclusions from the research that has been done.

## **RESULTS AND DISCUSSION**

### **A. Bima City Government's Implementation Of Child Protection Laws For Children With Stunting**

Stunting is not only caused by feeding that is not in accordance with the nutritional needs of children, stunting is also closely related to the rise of early marriage. This is based on a study conducted by the World Health Organization (WHO) in Indonesia which states that the high rate of stunting is due to the large number of early marriages that occur.

One of the main factors for stunting is caused by early marriage (underage) where a mother does not have enough nutrients to meet the needs of the fetus or child in her womb, so that a child is born who is sometimes abnormal, premature birth and low birth weight, because of the lack of readiness of a mother to give birth due to the internal condition of a mother, where she is not mentally and physically ready to care for and educate a child (Syahrudin, 2024).

The culture of early marriage has become something that is often found in Indonesia, especially in Bima City. There are many factors that cause this phenomenon to occur, some of which include low education, pregnancy outside of marriage, economic factors, avoiding adultery, and the mindset of people who still lack information and education on child problems. Stunting cases occur not only because of the lack of nutrition of a mother and child, but also stunting occurs due to early marriage which causes pregnancy at a child's age. Because a child is not ready to conceive and become a mother, both physically and mentally, which results in a lack of attention to the child and is likely to give birth to a baby who is malnourished or called stunting.

In addition (Nesa, Y. P., 2024) also stated "In his research that the percentage of short children increased in mothers who married at an early age. The younger the mother's marriage age, the proportion of toddlers with poor nutrition status increases". One of the factors for stunting is also caused by human resources and food security which if access to nutritious food, the availability of sufficient and affordable food is very important to meet the nutritional needs of children and pregnant women, adequate and good nutrition and proper nutrition education ensure that children receive adequate nutrition for optimal growth, poor and unbalanced nutrition is the main cause of stunting. Food security also affects maternal health

before and during pregnancy; well-nourished mothers tend to give birth to healthy and optimally growing babies. Malnourished children are more susceptible to disease and infection, with good food security, the risk of infectious diseases that can worsen nutritional conditions can be minimized (Martony, O. 2023). Quality human resources and good food security are essential in the prevention of stunting, food security ensures that have sufficient and diverse access to nutritious food, which is the main foundation for healthy growth and development of children. If there is a food crisis in an area, human resources will decrease and also have an impact on the growth of mothers and children.

In addition to early marriage and food security, the fulfillment of education also plays an important role in preventing stunting, which if education is not fulfilled, it will potentially lead to marriage at an early age, if there is marriage at an early age, a mother has the potential to give birth to a child who is less normal physically or mentally and has the potential to suffer from stunting, all of which seem to be a circular rope that will continue to be interrelated with one another.

Some of the government's implementations, especially in the Office of Women's and Children's Empowerment in the city of bima, in an effort to minimize stunting cases are collaborating with various other agencies, including the Ministry of Health, Ministry of Social Affairs, Population and Family Planning Agency, Local Government and collaboration with village heads, socialization with the community, so that there are several villages and village heads in the city of bima that are free from stunting cases, one of which is lewirato village. in addition, the Posyandu Program is tried regularly every month or adjusts to the frequency in the area. Behind the government's success in trying to minimize stunting cases, war and public awareness are very important in minimizing stunting cases because in preventing stunting it is not only the government that is focused on solving these cases, but public awareness is important in this case, because the community is the main subject of this problem, it is also important for the government to conduct socialization and go to the field to explain directly to the community that the problem of stunting is one of the urgent things that is faced now in order to give birth to a generation that grows physically and mentally normal.

## **B. To What Extent Does Food Security In Bima City Affect Stunting Reduction?**

Malnutrition in children can start at a very early stage in life. When a child receives poor nutrition while still in the womb, their body is "programmed" to survive in a malnourished state. As a result of this "programming", if they later live in an environment where nutrition is readily available, their bodies will be highly susceptible to obesity, making them prone to non-communicable diseases such as diabetes and heart disease. Stunting is a sign of chronic malnutrition, and the most detrimental impact is on brain development: Stunting reduces IQ by 5-11 points, Children's school grades are lower, Children born underweight are 2.6 times less likely to go on to higher education, Income of stunted children is 10 percent lower. When children are stunted, their productivity is reduced at a young age - lower educational attainment results in jobs with less income (Djauhari, T. (2017).

The government in Indonesia has made several efforts to prevent stunting, especially in the city of Bima, one of which is by the Food Security Office chaired by Mr. Ichwanul Muslimin, he said he had collaborated with several other agencies to prevent the growth rate of stunting cases, where they tried to collaborate with other agencies such as the Health Office, PLKB Ritus, PLKB Jatibaru and collaborate and cooperate with the head of each village. In addition to collaborating and cooperating with agencies and village heads, Mr. Icwanul Muslimin also tried to run several programs to prevent stunting.

There are 10 work programs that have been implemented by the Food Security Service in controlling inflation starting from interventions to provide aspects of Price Affordability (K1) such as:

The Subsidized Cheap Food Movement activity fulfills the Supply Availability aspect (K2) through the implementation of the Plaque Garden activity, the implementation of the distribution of Government Food Reserve Rice (CPP), Community Empowerment in Diversifying and Diversifying Local Food-Based Food Consumption through the B2SA (Diverse, Nutritious, Balanced and Safe) Menu Creation Competition, including aspects of Smooth Distribution (K3) and covering aspects of Effective Communication (K4) implemented through the work program for the preparation of Food Balance Sheet (NBM), Prognosis of Strategic Food Balance Sheet, Strategic Basic Food Price Panel, Local Food Availability Data, Preparation of Food Security and Vulnerability Map of Bima City, Preparation of Early Warning System of Food Insecurity and Nutrition of Bima City and other work programs.



The intervention program for handling stunting through the provision of Supplementary Food Assistance (BMT) for stunting toddlers, Distribution of Government Food Reserves (CPP) Rice for stunting families, Plakat Gardens and Food House Activities. Plakat garden products in the form of vegetable plants, oyster mushrooms, quail eggs and catfish are distributed to fulfill nutrition in stunting families while Rumah Pangan is a new program from Bapanas in the form of providing local food-based B2SA meals for stunting toddlers in Jatibaru Village.

With the existence of these government programs, it has slightly helped reduce stunting cases in Bima City, but it has not been maximized due to the lack of public awareness regarding the urgent problem of stunting which causes many generations to be malnourished and can threaten the development and physical health of a child, and can also cause poverty due to brain damage which affects intelligence, resulting in children with stunting having difficulty in managing the future and difficulty getting a job.

Food security is a situation where all households have both physical and economic access to food for all family members. Poverty and lack of income will lead to a lack of family's ability to provide adequate and nutritious food for all family members, known as food insecurity. This will have an impact on the nutritional status of children. Good knowledge can be one of the important keys to behavior change.

In this regard, good knowledge of household food security is expected to be an important key to changes in community behavior related to food and nutrition. The intended behavior change here is that each individual is increasingly concerned about maintaining household food security by making various efforts such as utilizing the yard to grow local food ingredients and diversifying their food consumption (BKP Kementan, 2018).

Food security does not only include the availability of foodstuffs in an area, but how the foodstuffs are easily accessible to the community and their utilization by each individual (BKP Kementan, 2018). This condition shows the importance of educating the community about household food security. So that people will know more about how to provide their own food ingredients through the utilization of their yards, to good food consumption patterns for the prevention of chronic nutritional problems because they are getting better (Sanggalorang, Y., & Rahman, A. 2019).

Household food security means that the food intake of each member (especially toddlers) is getting better Chronic malnutrition not only has an impact on physical growth failure or low birth weight, small, short and thin, but also vulnerable to brain and motoric growth disorders (Djauhari, T. 2017). There was a significant association between the level of energy intake, history of duration of infectious diseases, birth weight, mother's education level and family income level with the incidence of stunting.

## **CONCLUSION**

Indonesia, despite being rich in natural resources, faces a serious problem in the form of malnutrition that leads to stunting, especially in children under five. Stunting is a condition that indicates failure to thrive due to chronic malnutrition, and it has far-reaching impacts on the health, intelligence and economic potential of the country. Indonesia has one of the highest prevalence of stunting in the world and Southeast Asia. Although there has been a decrease in the stunting rate from 37.2% in 2013 to 30.8% in 2018, it is still below the standard recommended by the WHO. The government has taken various steps, including policies and programs such as the Family Hope Program (PKH), which has been proven to help reduce stunting rates in some areas such as Bima City. However, the implementation has not been maximized and there are still many challenges to overcome. Factors contributing to stunting include lack of nutritional intake, poor sanitation conditions, low access to health services, and inadequate nutrition education. This research highlights the importance of legal protection of children's rights, including the right to adequate nutrition. Various laws in Indonesia have regulated this, but their implementation needs to be improved. Stunting prevention must be done holistically and involve various sectors, from the central government to the community, with a focus on food security, nutrition education, access to health services, and a healthy environment. This study aims to assess the extent to which food security and government policies affect stunting rates in Bima City, as well as identify barriers and efforts made by relevant agencies. The results are expected to contribute to increasing public awareness and the effectiveness of stunting prevention intervention programs, as well as enriching scientific insights in the fields of social work and child welfare.

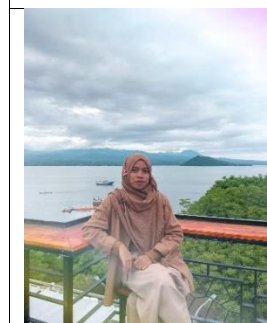
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**Adi Tiya**, the third of four children, was born in Bima City on June 10, 2006. He started his primary education at the age of six at SDN 71 Kota Bima. After completing elementary school, Adi Tiya continued his Junior High Education at SMPN 8 Kota Bima and his Senior High Education at SMKN 3 Kota Bima. When he was taking his Senior High Education Adi Tiya was quite active in several extracurricular activities at his school. Currently, Adi Tiya is pursuing her undergraduate education at Muhammadiyah Bima University.



**Uli marsinah is the** second daughter, the only one of three siblings. Born on January 12, 2006 in Tanjung Baru, Tangga Baru village, Monta sub-district, Bima district. She started her basic education at the age of approximately six years at SDN Impres Tanjung Baru and continued her education at SMPN 6 MONTA SATAP. Then continued his education at SMKN 1 KOTA BIMA. And now he is pursuing his undergraduate education at the University of Muhammadiyah Bima, He is also quite active in the Muhammadiyah organization namely IPM and IMM.



**Nabila Dwita Meifianti Saputri** is the second daughter of four children. Born on May 6, 2004 in Surabaya. She started her primary education at the age of seven at SDN 02 Kota Bima and continued her junior high school education at SMPN 02 Kota Bima. Then continued his upper secondary education at MA. Matholi'ul Anwar, a pesantren-based school in Lamongan Regency. And currently, he is pursuing his undergraduate education at Muhammadiyah Bima University.



**Abdul Karim Amarullah is an** only son, born on June 11, 2003 in Parado Rato. He started his primary education at the age of seven at SDN INPRES LERE and continued his junior high education at MTS Ashiddiqiyah, a pesantren-based school in Penatoi, Bima City. Then continued his upper secondary education at MAN 2 Bima City. And currently he is pursuing his undergraduate education at the University of Muhammadiyah Bima.



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**Agus Muliawan is the** second of two children. Born on April 16, 2005 in Bekasi, grinding Baru Bekasi city, West Java. He started his elementary education at the age of approximately five years at SDN 15 bima city, SMPN 8 bima city and then continued at SMKN 3 BIMA CITY, he is quite active and likes volly ball sports. And now he is pursuing his undergraduate education at the Muhammadiyah Bima university, he is also quite active in the Muhammadiyah organization, POUM.