## **RELATIONSHIP BETWEEN PARENTING PATTERN AND STUNTING**

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#### ABSTRAK HUBUNGAN POLA ASUH ORANG TUA DENGAN STUNTING

Latar belakang: Stunting merupakan kondisi gagal tumbuh anak berusia di bawah lima tahun (balita) akibat kekurangan gizi kronis yang ditandai dengan nilai *z*-score tinggi badan menurut umur (TB/U) kurang dari -2SD / standar deviasi (*stunted*) dan kurang dari -3SD (*severely stunted*) (Kemenkes RI, 2021). Kasus stunting dunia mencapai 22% dengan jumlah mencapai 149,2 juta anak (Unicef, 2020). Indonesia menduduki peringkat kelima dunia untuk jumlah anak dengan stunting (Permenkes Nomor 2, 2020). Berdasarkan Profil Kementerian Kesehatan RI, 2021 Indonesia persentasi balita stunting usia 0-59 bulan sebesar 2,5% balita sangat pendek dan sebesar 7% balita pendek. Lampung menunjukkan prevalensi balita stunting sebanyak 15,2% sedangkan Kabupaten Lampung Utara (24,7%) (SSGI Provinsi Lampung). Data Profil UPTD Puskesmas Ogan Lima jumlah anak stunting 92 anak, dimana stunting usia 0-23 bulan berjumlah 38 anak dan yang berusia 24-59 bulan lebih banyak yaitu 54 anak.

Tujuan: diketahui hubungan pola asuh orang tua dengan stunting di UPTD Puskesmas Ogan Lima tahun 2023.

Metode: Jenis penelitian ini kuantitatif dengan rancangan penelitian *cross sectional*. Teknik Pengumpulan data menggunakan kuesioner. Populasi dan sample dalam penelitian ini adalah 54 balita stunting usia 24-59 bulan di wilayah kerja UPTD Puskesmas Ogan Lima tahun 2023. Dengan menggunakan Teknik *Total Sampling*. Analisa data secara univariat dan bivariat dengan menggunakan *chi-square*.

Hasil: menunjukan bahwa distribusi frekuensi balita stunting kategori pendek berjumlah 43 (79,6%) dan balita stunting kategori sangat pendek berjumlah 11 (20,4%). Distribusi frekuensi pola asuh orang tua positif berjumlah 25 (46,3%) dan pola asuh orang tua negatif berjumlah 29 (53,7%). Uji hipotesis menunjukkan ada hubungan pola asuh orang tua dengan stunting di UPTD Puskesmas Ogan Lima (p=0.021, OR=0,132, CI 95% = 0,25-0,687)

Kesimpulan: Ada hubungan pola asuh orang tua dengan stunting di UPTD Puskesmas Ogan Lima.

Saran: Tenaga kesehatan melakukan advokasi dengan pemegang kebijakan,bekerjasama dengan lintas program dan lintas sektor untuk melakukan penyuluhan kesehatan tentang cara mencuci tangan dengan sabun, imunisasi dasar lengkap dan sanitasi lingkungan yang bersih melalui leaflet atau brosur dengan mengikutsertakan tokoh masyarakat (TOMA), tokoh agama (TOGA) dan perangkat desa dan melakukan penyuluhan tentang praktek pemberian makanan di posyandu dengan cara pengolahan bahan makan bergizi yang murah dan mudah didapat di lingkungan sekitar.

Kata Kunci: Pola Asuh Orang Tua, Stunting.

### ABSTRACT

Background: Stunting is a condition of failure to thrive in children under five years old (toddlers) due to chronic malnutrition which is characterized by a z-score for height for age (TB/U) less than -2SD / standard deviation (stunted) and less than -3SD (severely stunted) (RI Ministry of Health, 2021). World stunting cases have reached 22% with a total of 149.2 million children (Unicef, 2020). Indonesia is ranked fifth in the world for the number of children with stunting (Permenkes Number 2, 2020). Based on the profile of the Indonesian Ministry of Health, in 2021 Indonesia the percentage of stunted toddlers aged 0-59 months is 2.5% very short toddlers and 7% stunted toddlers. Lampung shows the prevalence of stunting under five is 15.2%, while North Lampung Regency (24.7%) (SSGI Lampung Province). UPTD Profile Data of the Puskesmas Ogan Lima, the number of stunted children is 92, of which 38 children are stunted aged 0-23 months and those aged 24-59 months are more, namely 54 children.

Purpose: The aim of the study was to find out the relationship between parenting and stunting at the UPTD Puskesmas Ogan Lima in 2023.

Methods: This type of research is quantitative with a cross sectional research design. Data collection techniques using a questionnaire. The population and sample in this study were 54 stunted toddlers aged 24-59

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months in the working area of the Ogan Lima Health Center UPTD in 2023. Using the Total Sampling technique. Univariate and bivariate data analysis using chi-square.

Result: The results showed that the distribution of the frequency of stunting toddlers in the short category was 43 (79.6%) and the toddlers in the very short category were 11 (20.4%). The frequency distribution of positive parenting styles is 25 (46.3%) and negative parenting styles is 29 (53.7%). The hypothesis test showed that there was a relationship between parenting style and stunting at UPTD Puskesmas Ogan Lima (p=0.021, OR=0.132, 95% CI = 0.25-0.687)

Conclusion: There is a relationship between parenting style and stunting at the UPTD Puskesmas Ogan Lima

Suggestion: to reduce the stunting rate for health workers, carry out advocacy with policy makers, collaborate with cross-programs and cross-sectors to conduct health education on how to wash hands with soap, complete basic immunization and clean environmental sanitation through leaflets or brochures involving community leaders (TOMA), religious leaders (TOGA) and village officials and conduct counseling on the practice of providing food at posyandu by processing nutritious food ingredients that are cheap and easily available in the surrounding environment.

### Keywords: Parenting Pattern, Stunting

## INTRODUCTION

Indonesia as a developing country still faces various nutritional problems. The incidence of stunting under five is a major nutritional problem faced by Indonesia. Based on Nutrition Status Monitoring (PSG) data for the last three years, stunting nutritional status has the highest prevalence compared to other nutritional problems such as malnutrition, wasting, and obesity. Stunting is a condition of failure to thrive in children under five years old (toddlers) due to chronic malnutrition which is characterized by a z-score for height for age (TB/U) less than -2SD / standard deviation (stunted) and less than -3SD ( severely stunted) (RI Ministry of Health, 2021).

According to data from Unicef 2020, world stunting cases have reached 22% with a total of 149.2 million children. Countries with a very high prevalence of stunting are West Africa and Central Africa 32.5 percent, East Africa and South Africa 32.3 percent, and South Asia 31.8 percent. WHO requires 20% as a non-public health problem limit for stunting problems. Europe, Central Asia and North America, have a low prevalence of stunting, where Asia and Central Europe is 5.7%. Furthermore, North American countries as much as 3.2%, and finally Western European countries with a presentation of 2.8%.

Based on the Minister of Health Regulation Number 2 of 2020, Indonesia is ranked fifth in the world for the number of children with stunting. The prevalence of stunting in Indonesia is higher than other countries in Southeast Asia, such as Vietnam (23%) and Thailand (16%). The trend of stunting prevalence in Indonesia shows a decrease (Simanjuntak, 2022) Based on the profile of the Indonesian Ministry of Health, in 2021 Indonesia the percentage of stunted toddlers aged 0-59 months is 2.5% very short toddlers and 7% stunted toddlers. The province with the highest percentage of very short toddlers, 6.3% and 18.7%, was West Sulawesi. Whereas for the province of Lampung, toddlers are very short at 1.4% and short at 4% (Directorate General of Public Health, Ministry of Health RI, 2021)

Based on data from SSGI Lampung Province, the prevalence of stunting under five is 15.2%. Where the districts with a high prevalence are in Pesawaran Regency (25.1%), North Lampung Regency (24.7%), and Mesuji Regency 22.5% (Lampung Provincial Health Office, 2022).

Based on data from the Regional Government of North Lampung Regency in 2022 in determining integrated stunting focus locations (locus) it was found that there were 244 very short toddlers, 1,059 short toddlers to 1,303 stunted toddlers. Of the 27 sub-districts, the highest was in the UPTD Puskesmas Semuli Raya work area, totaling 217 stunted toddlers and the lowest was in the UPTD Puskesmas Kotabumi udik work area, with 3 stunted toddlers (North Lampung District Health Office, 2022).

Based on the Nutrition report of the EPPGBM UPTD Puskesmas Ogan Lima, 2022, even though the UPTD Puskesmas Ogan Lima is not the highest area for stunting toddlers. However, a problem was found, namely a drastic increase in the incidence of stunting under five from 2021 totaling 19 stunted children, an increase in 2022 totaling 92 stunted children where stunting aged 0-23 months totaled 38 children and those aged 24-59 months more, namely 54 children. Toddlers aged 24-59 months are included in the nutritionally vulnerable group of people (a group of people who are the easiest to suffer from nutritional disorders), whereas at that time they were experiencing a relatively rapid growth process (Azriful, 2018).

In the National Strategy (Stranas) 2018-2024 prevention of stunting problems focuses on addressing the causes of nutritional problems, namely four factors that indirectly cause stunting, namely factors related to food security, especially access to nutritious food (food), social environment related to feeding practices infants and children (parental parenting), access to health services for prevention and treatment (health) and environmental health which includes the availability of clean water and sanitation facilities (environment).

Parenting patterns and nutritional status are strongly influenced by parents' understanding of managing the health and nutrition of their families (RI Ministry of Health, 2021). According to Dharma I, 2022 parenting style is very important in the process of child development and growth, both physically and psychologically. Parenting also plays an important role in the occurrence of growth disorders in toddlers because food intake, care and health in toddlers are fully regulated by parents. Parents with good parenting tend to have toddlers with better nutritional status than parents with poor parenting (Dharma I, 2022).

According to Buddhathoki, in 2020 parents will still be a determining factor for stunting in Nepal, because parents are the main caregivers who will influence parents' awareness of the importance of parenting a varied diet and good infant and child feeding practices. Meanwhile, according to research by Budjana, 2022 with the title "Analysis of Stunting Risk Factors in Menggala District, Tulang Bawang Regency in 2022". The mother's factor is known as the percentage of poor knowledge and poor parenting patterns. Where negative parenting factors are known to be around 63.6% of stunting toddlers.

Based on research conducted by Rahmawati, 2020 shows that there is a significant relationship between stunting and parenting with a p value = 0.004. Research conducted by Noorhasanah, 2021, found a correlation between the occurrence of stunting and maternal parenting with a p value = 0.01. This fact provides evidence that the category of poor parenting, especially when providing nutrition, can provide care regarding how to feed, so that it will affect the child's stunting condition.

Based on the data above, the authors are interested in conducting research entitled "The Relationship between Parenting Parents and Stunting at UPTD Puskesmas Ogan Lima in 2023".

## **RESEARCH METHODS**

This type of research is quantitative research to determine the relationship between parenting parents and the incidence of stunting at UPTD Puskesmas Ogan Lima in 2023, which was carried out in May-June 2023, this study used a cross sectional approach. The research population, namely parents or caregivers of stunted toddlers aged 24-59 months in the working area of the UPTD Puskesmas Ogan Lima in 2023 totaling 54 respondents, the researchers took a sample of 54 respondents using total sampling, parenting style independent variable. The dependent variable in this study is stunting. Researchers used a measuring tool in the form of a questionnaire. Data processing includes editing, coding, tabulating, processing, and cleaning. Data analysis used univariate and bivariate methods using Chi-square

#### RESEARCH RESULT Univariate analysis

# Table 1Stunting Frequency Distribution at UPTDPuskesmas Ogan Lima

Stunting	Ν	%
Short (TB/U -3SD to -2SD)	43	79,6
Very short (TB/U <-3SD)	11	20,4

Based on table 1 it is known that 43 (79.6%) respondents were in the short category and 11 (20.4%) respondents were in the very short category.

# Table 2Parenting Frequency Distribution of Parents atUPTD Puskesmas Ogan Lima

Parenting Style	N	%
Positive Parenting	25	46,3
Negative Parenting	29	53,7

Based on table 2 it is known that 25 (46.3%) respondents were in the positive parenting category and 29 (53.7%) respondents were in the negative parenting category.

### Bivariate analysis

Table 3 shows that of the 25 respondents whose parenting style was positive, 16 (64%) were in the short category and 9 (36%) were in the very short category. Meanwhile, out of 29 respondents whose parenting style was negative, 27 (93.1%) were in the short category and 2 (6.9%) were in the very short category. The statistical test results obtained p = 0.021 < 0.05, meaning that there is a relationship

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between parenting parents and stunting at the UPTD Puskesmas Ogan Lima in 2023. OR = 0.132 (0.25-0.687) which indicates that respondents who have negative parenting styles has a 0.1 times chance of causing stunting in toddlers compared to respondents who have positive parenting styles.

Table 3
The Relationship between Parenting Style and Stunting at UPTD Puskesmas Ogan Lima

	Stunting				– Total			
Parenting Style	Short		Very short				P value	OR 95% CI
	Ν	%	Ν	%	Ν	%	_	
Positive	16	64	9	36	25	100	0,021	0,132
Negative	27	93,1	2	6,9	29	100		(0,25-0,687)

## DISCUSSION

The results of the univariate analysis showed that 43 (79.6%) of toddlers were stunted in the UPTD Puskesmas Ogan Lima in the short category and 11 (20.4%) of them were in the very short category. This finding is in line with Budjana's research (2022) which shows a picture of the still high incidence of stunting in the Menggala District, Tulang Bawang Regency, with 88 toddlers. Likewise in Noorhasanah's research (2021) at the Cempaka Banjarbaru Health Center, South Kalimantan, which showed that there were 88 stunting toddlers with 41 (46.6%) short and 47 (53.4%) very short.

Theoretically according to the Indonesian Ministry of Health (2021) stunting is a condition of failure to thrive in children under five years old (toddlers) due to chronic malnutrition which is characterized by a z-score for height for age (TB/U) less than -2SD/standard deviation (stunted) and less than -3SD (severely stunted).

The author is of the opinion that the incidence of stunting at UPTD Puskesmas Ogan Lima has not vet reached the target. There were still around 54 stunted toddlers aged 24-59 months with 43 (79.6%) short categories and 11 (20.4%) stunted toddlers with very short categories. The majority of stunting toddlers aged 42-59 months 31 (57.4%) while from the sex characteristics of stunting toddlers at UPTD Puskesmas Ogan Lima the majority were male 35 (64.8%). While the description of the characteristics of parents/caregivers of stunting toddlers at UPTD Puskesmas Ogan Lima the majority were mothers 48 (88.9%), with an age range of 25-34 years 26 (48.1%), most educational history in SMA 21 (38.9 %), the majority work as housewives 44 (81.5%). The high incidence of stunting under five aged 24-59 months at UPTD Puskesmas Ogan Lima, totaling 54 under five, is the number of stunting risk factors with anthropometric measurement results obtained from -2SD to. <-3 SD. To be declared a stunted toddler, validation is needed from the central Indonesian Ministry of Health team. From a total of 54 toddlers,

these stunting risk factors need to be monitored intensively and become a joint task so that they are not validated as stunting toddlers.

The description of parenting parents is also distributed in that parents or caregivers who have positive parenting patterns are 25 (46.3%) and negative parenting patterns are 29 (53.7%). This finding is in line with the results of Budjana's research, 2022 which shows that the distribution of the frequency of parenting styles for stunting toddlers in Menggala District, Tulang Bawang Regency shows that 56 (63.6%) negative parenting styles and 32 (36.4%) are in the positive parenting category. Comparable with Rahmayana's research (2014) showing a significant relationship between feeding practices (p=0.007), psychosocial stimulation (p=0.000), hygiene/hygiene practices (p=0.000), environmental sanitation (p=0.000) and service utilization health (p=0.016) with the incidence of stunting in children aged 24-59 months at Posyandu Asoka II in the Coastal area of Barombang Village.

Theoretically parenting is a pattern or system that is applied in educating, looking after and caring for a child that is relatively consistent from time to time (Munawaroh, 2015). Factors that influence parenting patterns: feeding practices (ASI and MP-ASI), utilization of health services, environmental hygiene and sanitation practices (Pakpahan, 2021).

The author argues that the results of the positive parenting questionnaire for 54 stunted toddlers in the working area of the Ogan Lima Health Center UPTD consisted of 42 questions, divided into 4 factors, namely good feeding practices 55%, utilization of health services 69%, maintaining cleanliness 53% and healthy environmental sanitation 60%. The parenting style at UPTD Puskesmas Ogan Lima for toddlers was mostly cared for by 48 mothers (88.9%).

The results of the bivariate analysis showed that of the 25 respondents whose parents had positive parenting styles, 16 (64%) were in the short stunting category and 9 (36%) were in the very short

stunting category. Meanwhile, of the 29 respondents whose parenting style was negative, 27 (93.1%) were in the short category and 2 (6.9%) were in the very short stunting category. The results of the statistical test obtained p = 0.021 < 0.05, meaning that there is a relationship between parenting parents and stunting at the UPTD Puskesmas Ogan Lima in 2023. OR = 0.132 (0.25-0.687) which indicates that respondents who have negative parenting styles has a 0.1 times chance of causing stunting in toddlers compared to respondents who have positive parenting styles.

The results of this study are in line with the research conducted by Rachmawati et al, 2020 with the type of cross-sectional study obtained a significant correlation between parenting styles and stunting with a p-value = 0.004, the research conducted (Noorhasanah, 2021) found a correlation between stunting and maternal parenting with a pvalue of 0.01. According to Budhathoki. 2020 this research method used datasets from the 2001, 2006, 2011 and 2016 Nepal Demographic Health Survey to describe trends in stunting in children under 5 years. Multiple logistic regression analysis was performed to assess risk factors for stunting at the time of the four surveys. Results The nutritional status of children under 5 years of age improved between 2001 and 2016. Babies born to poor families have a higher risk of stunting than babies born to rich families (AOR 1.51, 95% CI 1.23-1.87). Families living in hilly districts have a lower risk of stunting than families in the Terai plains (AOR 0.75, 95% CI 0.61-0.94). Babies born to mothers who are not educated have a higher risk of stunting than babies born to mothers who are educated (AOR 1.57, 95% CI 1.28–1.92). Parents remain a determining factor for stunting in Nepal, because parents are the main caregivers and influence parents' awareness of the importance of a varied parenting style and good infant and child feeding practices.

According to the National Strategy (Stranas) 2018-2024 adopted a framework that causes nutritional problems, namely "The Conceptual Framework of Child Undernutrition", "The Underlying Drivers of Malnutrition" and "Factors Causing Nutrition Problems in the Indonesian Context". Prevention of the problem of stunting focuses on addressing the causes of nutritional problems, namely factors related to food security, especially access to nutritious food (food), the social environment related to the practice of feeding infants and children (parental parenting), access to health services for prevention and treatment (health) as well as environmental health which includes the availability of clean water and sanitation

(environmental) facilities. These four factors indirectly affect nutritional intake and the health status of mothers and children.

The author is of the opinion that parenting style in the working area of UPTD Puskesmas Ogan Lima has a significant relationship with stunting. Even though the educational characteristics of mothers or caregivers of toddlers on average have high school education with a productive age range (24-34 years) it turns out that there are still children with very short stunting risk factors, this is because there are still parents or caregivers who have little knowledge about parenting. good practices in food delivery, hygiene, utilization of health services and environmental sanitation.

The work of a mother or caregiver as a housewife should have a lot of time with her children, but due to low economic factors in the community, the dominant income of the head of the family is a farmer. In practice, most caregivers provide simple food, as long as the children are full, without regard to nutritional intake and nutritional needs. child. In the utilization of health services, parents still do not utilize health services optimally, so that the treatment of diseases is not detected early. This is also indicated by the presence of children who are not fully immunized to get self-protection from various infectious diseases.

The incidence of infectious diseases (morbidity) is also closely related to environmental hygiene and sanitation. Parents who practice personal hygiene and healthy home and environmental conditions, for example washing hands with soap before eating and after defecating, disposing of trash in its place, providing healthy latrines, SPAL and available sources of clean water can prevent infectious and digestive diseases such as diarrhea and worms. Infectious diseases will affect nutrition in children, food absorption is not maximally absorbed so that they are susceptible to diseases that will affect children's growth and development.

Health intervention steps that can be carried out are advocating with policy holders so that it is hoped that the results of validation to declare stunting under-fives do not take long so that the reduction in the number of stunting incidents can be handled quickly. Collaborating with cross-programs and cross-sectors, especially midwives, nutrition officers, sanitarians, posyandu cadres to conduct health education on how to wash hands with soap, complete basic immunization and clean environmental sanitation through leaflets or brochures involving community leaders (TOMA), religious leaders ( TOGA) and village officials. Conduct counseling on feeding practices at posyandu by processing nutritious food ingredients that are cheap and easily available in the surrounding environment.

## CONCLUSION

The frequency distribution of toddler stunting in the short category was 43 (79.6%) and the toddler stunting in the very short category was 11 (20.4%). The frequency distribution of positive parenting styles is 25 (46.3%) and negative parenting styles is 29 (53.7%). There is a relationship between parenting style and stunting at UPTD Puskesmas Ogan Lima (p=0.021, OR=0.132, 95% CI = 0.25-0.687).

## SUGGESTION

At UPTD Puskesmas Ogan Lima they can advocate with policy holders to work together so that it is hoped that the validation results to declare stunting toddlers do not take long so that the reduction in the incidence of stunting can be handled quickly. Collaborating with cross-programs and cross-sectors, especially midwives, nutrition officers, sanitarians, posyandu cadres to conduct health education on how to wash hands with soap, complete basic immunization and clean environmental sanitation through leaflets or brochures involving community leaders (TOMA), religious leaders ( TOGA) and village officials. Conduct counseling on feeding practices at posyandu by processing nutritious food ingredients that are cheap and easily available in the surrounding environment. For respondents it is hoped that parents, especially mothers or caregivers, will be more intensive in providing care, compassion and care by improving feeding practices, utilization of health services, hygiene practices and paying attention to environmental sanitation. For further researchers, it is hoped that the results of this study can be used as a reference or comparative study in further student research by adding other stunting risk variables such as parental knowledge, level of education and family income.

## REFERENCES

- Arikunto, S. (2013). *Prosedur penelitian suatu pendekatan praktik*. Jakarta : Rineka Cipta
- Azriful, A., Bujawati, E., Habibi, H., Aeni, S., &Yusdarif, Y. (2018). Determinan Kejadian Stunting Pada BalitaUsia 24-59 Bulan di Kelurahan Rangas Kecamatan Banggae Kabupaten Majene. Al-Sihah: The Public Health Science Journal.
- Budhathoki, S. S., Bhandari, A., Gurung, R., Gurung, A., & Kc, A. (2020). *Stunting Among Under 5-Year-Olds In Nepal: Trends And Risk Factors*. Maternal and child health journal, 24, 39-47.

- Budjana, Diajeng Wulandari. (2022). Analisis Faktor Resiko Stunting di Kecamatan Menggala Kabupaten Tulang Bawang Tahun 2022. Universitas Malahayati. Bandar Lampung.
- Dary, D., &Mangalik, G. (2021). *Pola Asuh Orang Tua dan Tumbuh Kembang Balita*. Jurnal Keperawatan, 13(2), 273-286.
- Dharma, I. (2022). Gambaran Pola Asuh Orang Tua Tentang Pencegahan Stunting Pada Balita Di Banjar Manut Negara Kecamatan Denpasar Barat Kota Denpasar (Doctoral dissertation, Politeknik Kemenkes Denpasar Jurusan Keperawatan 2022).
- Dinas Kesehatan Provinsi Lampung. (2022). *Profil Kesehatan Provinsi Lampung*. Bandar Lampung.
- Dinas Kesehatan Kabupaten Lampung Utara. (2022). *Laporan Gizi dan KIA*. Lampung Utara.
- Kawulusan, M., Walalangi, R. G., Sineke, J., &Mokodompit, R. C. (2019). Pola Asuh Dan Pendapatan Keluarga Dengan Kejadian Stunting Pada Anak Usia 2-5 Tahun Di Wilayah Kerja Puskesmas Bohabak. Jurnal GIZIDO, 11(2), 80-95.
- Kementerian Desa Tertinggal. (2017). Buku Saku Desa Dalam Penanganan Stunting. Jakarta
- Kementerian Kesehatan RI. (2021). Profil Kesehatan Indonesia. Jakarta.
- Kementerian/Lembaga Pelaksana Program/Kegiatan Pencegahan Anak Kerdil (Stunting. (2018). *Strategi Nasional Percepatan Pencegahan Anak Kerdil Stunting Periode 2018-2024*. Jakarta
- Maternity, Dainty. (2020). *Buku Ajar Evidance 1 Kebidanan*. Bandar Lampung :UPPM Universitas Malahayati.
- Mentari, T. S. (2019). Pola AsuhBalita Stunting Usia 24-59 Bulan. HIGEIA (Journal of Public Health Research and Development), 4(4), 610-620.
- Millati, Nisrina Anis, dkk. (2021). Cegah Stunting Sebelum Genting : Peran Remaja dalam Pencegahan Stunting. Jakarta:KPG.
- Munawaroh, Šiti (2015). *Pola Asuh Mempengaruhi Stunting Gizi Balita*. Jurnal Keperawatan. Volum 6 No. 1. Halaman 44-50.
- Murtini M, Jamaluddin. (2018). Faktor-Faktor yang Berhubungan dengan Kejadian Stunting pada Anak Usia 0-36 Bulan di Wilayah Kerja Puskesmas Lawawoi Kabupaten Sidrap. Jurnal Ilmu Kesehatan Pencerah. Halaman 59-68

- Hastono, S. P., & Sabri, L. (2017). *Statistikkesehatan*. Jakarta: Raja Grafindo Persada
- Niga, D. M., & Purnomo, W. (2017). Hubungan Antara Praktik Pemberian Makan, Perawatan Kesehatan, Dan Kebersihan Anak Dengan Kejadian Stunting Pada Anak Usia 1-2 Tahun Di Wilayah Kerja Puskesmas Oebobo Kota Kupang. Jurnal Wiyata: Penelitian Sains dan Kesehatan, 3(2), 151-155.
- Noorhasanah, E., &Tauhidah, N. I. (2021). Hubungan Pola Asuh Ibu Dengan Kejadian Stunting Anak Usia 12-59 Bulan. Jurnal Ilmu Keperawatan Anak, 4(1), 37-42.
- Notoatmodjo, Soekidjo. (2018). *Metodologi Penelitian Kesehatan*. Jakarta:Rineka Cipta.
- Pakpahan, Jum Panata. (2021). *Cegah Stunting Dengan Pendekatan Keluarga*. Yogyakarta: Gava Media.
- Permenkes RI No. 02 Tahun 2020 Tentang Antropometri Anak
- Puskesmas Ogan Lima. (2022). *Laporan Program Gizi dengan Aplikasi EPPGBM*. Abung Barat
- Rahmayana, R. (2014). Hubungan Pola Asuh Ibu DenganKejadian Stunting Anak Usia 24-59 Bulan Di Posyandu Asoka Ii Wilayah Pesisir Kelurahan Barombong Kecamatan Tamalate Kota Makassar Tahun 2014 (Doctoral dissertation, Universitas Islam Negeri Alauddin Makassar).

- Rahmawati, L. A., Hardy, F. R., &Anggraeni, A. (2020). Faktor-Faktor Yang Berhubungan Dengan Stunting Sangat Pendek Dan Pendek Pada Anak Usia 24-59 Bulan Di Kecamatan Sawah Besar. JURNAL ILMIAH KESEHATAN MASYARAKAT: Media Komunikasi Komunitas Kesehatan Masyarakat, 12(2), 68-78.
- Simanjuntak, B. Y., Annisa, N. R., Kep, M., Saputra, A. I., & S SIT, M. T. (2022). *Mikrobiota Vs Stunting Pada Anak*. Penerbit Andi.
- Sugiyono. (2019). *MetodePenelitian Kuantitatif dan Kualitatif dan R&D*. Bandung: IKAPI
- Swarjana, I. K., SKM, M., & Bali, S. T. I. K. E. S. (2015). Metodologi Penelitian Kesehatan [Edisi Revisi]: Tuntunan Praktis Pembuatan Proposal Penelitian untuk Mahasiswa Keparawatan, Kebidanan, dan Profesi Bidang Kesehatan Lainnya. Penerbit Andi.
- Unicef, (2020). Proyeksi Jumlah Balita Penderita Stunting di Dunia Menurut Kawasan (2000&2020). (diunduh 1 Februari 2023 di https://databoks.katadata.co.id/datapublish/2 021/09/23/jumlah-balita-stunting-di-duniamenurun-tapi-tak-

merata#:~:text=United%20Nations%20Intern ational%20Children's%20Emergency,yang% 20mencapai%20203%2C6%20juta.)