

THE RELATIONSHIP OF THE LEVEL OF MOTHER'S KNOWLEDGE ABOUT NUTRITION AND THE INCIDENT OF STUNTING RISK IN TODDLER AT THE UPT PUSKESMAS PADANG RATU CENTRAL LAMPUNG

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ABSTRAK : HUBUNGAN TINGKAT PENGETAHUAN IBU TENTANG GIZI DENGAN KEJADIAN RISIKO STUNTING PADA BALITA DI UPT PUSKESMAS PADANG RATU LAMPUNG TENGAH TAHUN 2024

Latar Belakang : Prevalensi stunting di dunia pada anak usia dibawah 5 tahun sebesar 21,3%. Hal ini menunjukkan bahwa secara global pada tahun 2019 sekitar 144 juta anak usia dibawah 5 tahun menderita stunting dengan kisaran dua pertiga di antaranya tinggal di Afrika dan wilayah Asia Tenggara (WHO, 2020). Data terbaru menunjukkan bahwa wilayah Asia mengalami beban gizi buruk pada anak-anak di bawah usia 5 tahun dengan prevalensi stunting sebesar 21,8%, lebih tinggi dari rata-rata global sebesar 21,3%. Kawasan Asia Tenggara memiliki prevalensi stunting sebesar 24,7%, menjadikan kawasan di Asia dengan prevalensi stunting tertinggi kedua setelah Asia Selatan (Global Nutrition Report, 2020). Periode 1.000 hari pertama sering disebut window of opportunities atau dikenal dengan periode emas (golden period) didasarkan pada kenyataan bahwa pada masa janin sampai anak usia dua tahun terjadi proses tumbuh kembang yang sangat cepat dan tidak terjadi pada kelompok usia lain. Pemenuhan asupan gizi pada 1.000 HPK anak sangat penting. Jika pada rentang usia tersebut anak mendapatkan asupan gizi yang optimal maka penurunan status gizi anak bisa dicegah sejak awal (Rahayu, Rahman, et al., 2018). Dua tahun awal kehidupan merupakan periode tercepat dalam perkembangan saraf dan fungsi kognitif. Pada masa ini ditandai dengan percepatan pertumbuhan dan proses pematangan semua sistem organ serta pembentukan pola metabolisme (Helmyati et al., 2020). Agar 1.000 HPK dapat dilalui dengan baik, maka asupan nutrisi dan gizi harus tepat, dan pola pengasuhan yang baik. Tidak terpenuhinya asupan nutrisi dan gizi, serta kesalahan dalam pengasuhan pada masa janin sampai anak usia dua tahun akan berdampak sangat buruk dan permanen terhadap pertumbuhan dan perkembangan anak di kemudian hari, sehingga dapat mengganggu kesejahteraan anak di masa depan (BkkbN, 2017). Secara garis besar dalam UNICEF Framework menunjukkan 3 pengelompokan tingkatan stunting yaitu tingkat masyarakat, rumah tangga, dan individu. Faktor penyebab yang terjadi pada tingkat masyarakat berupa sistem ekonomi, pendidikan, kesehatan serta sanitasi dan air bersih. Pada tingkat rumah tangga, faktor penyebab stunting dimana kualitas maupun kuantitas makanan yang tidak terpenuhi, tingkat pendapatan, jumlah dan struktur anggota keluarga, pelayanan kesehatan dasar yang tidak memadai, serta sanitasi dan air bersih yang tidak memadai. Faktor-faktor penyebab stunting pada tingkat rumah tangga akan mempengaruhi keadaan individu, yaitu anak dibawah usia 5 tahun terkait asupan makanan menjadi tidak seimbang, berat badan lahir rendah (BBLR), dan status kesehatan yang buruk (Trihono et al., 2015)

Tujuan: Mengetahui Hubungan Tingkat Pengetahuan Ibu tentang Nutrisi dengan Kejadian Risiko Stunting pada Balita di UPT Puskesmas Padangratu Lampung Tengah

Metode: Penelitian dilakukan dengan dua cara yaitu untuk variabel pengetahuan dengan menyebarkan kuesioner dan untuk variabel kejadian stunting. Dalam pengambilan sampel menggunakan metode total sampel yaitu 43 anak. Variabel pengetahuan dikelompokkan menjadi dua, yaitu pengetahuan baik dan kurang dikatakan pengetahuan baik. Pada penelitian ini kedua kelompok data berdistribusi normal (uji *Shapiro-Wilk* p -value > 0,05) maka analisis data dilakukan dengan menggunakan uji statistik parametrik dua kelompok berpasangan yaitu uji *paired t-test*. Namun, jika data tidak berdistribusi normal maka analisis data dilakukan dengan menggunakan uji non parametrik yaitu uji *Wilcoxon*. Analisis ini dilakukan dengan menggunakan program komputer, keputusan uji statistik menggunakan derajat kemaknaan 95% dan tingkat kesalahan (α) = 5%, dengan kriteria hasil: jika p value \leq nilai α (0,05), maka H_0 ditolak (ada pengaruh). Jika p value > nilai α (0,05), H_0 gagal ditolak (tidak ada pengaruh).

Hasil: Hasil Penelitian ini menunjukkan ditemukan sebagian besar balita di wilayah kerja Puskesmas Padangratu Kabupaten Lampung Tengah mengalami stunting yaitu 5 balita (11,6%). Berdasarkan hasil penelitian ini, didapatkan bahwa ibu dengan pengetahuan tentang stunting yang kurang sebanyak 4 ibu (80%), sedangkan ibu dengan pengetahuan tentang stunting baik sebanyak 1 ibu (20%).

Kesimpulan: Terdapat hubungan positif antara pengetahuan pasien tentang Nutrisi dengan kejadian Stunting

Kata Kunci : Pengetahuan, Nutrisi, Stunting

ABSTRACT

Background: The prevalence of stunting in the world in children under 5 years of age is 21.3%. This shows that globally in 2019 around 144 million children aged under 5 years suffered from stunting, with around two thirds of them living in Africa and the Southeast Asia region (WHO, 2020). The latest data shows that the Asian region experiences a burden of malnutrition in children under 5 years of age with a stunting prevalence of 21.8%, higher than the global average of 21.3%. The Southeast Asia region has a stunting prevalence of 24.7%, making it the region in Asia with the second highest stunting prevalence after South Asia (Global Nutrition Report, 2020). The period of the first 1,000 days is often called the window of opportunities or known as the golden period, based on the fact that during the fetal period up to two year old children there is a very rapid growth and development process that does not occur in other age groups. Fulfilling nutritional intake for 1,000 HPK children is very important. If in this age range children receive optimal nutritional intake, the decline in children's nutritional status can be prevented from the start (Rahayu, Rahman, et al., 2018). The first two years of life are the fastest period in neurological development and cognitive function. This period is characterized by accelerated growth and maturation processes of all organ systems as well as the formation of metabolic patterns (Helmyati et al., 2020). In order for the 1,000 HPK to be passed well, nutrition and nutritional intake must be appropriate, and parenting patterns must be good. Inadequate nutrition and nutritional intake, as well as mistakes in parenting from the fetus to two years of age will have a very bad and permanent impact on the child's growth and development in the future, so that it can disrupt the child's welfare in the future (BkkbN, 2017). In general, the UNICEF Framework shows 3 groupings of levels of stunting, namely community, household and individual levels. The causal factors that occur at the community level are the economic system, education, health and sanitation and clean water. At the household level, factors causing stunting include inadequate quality and quantity of food, income level, number and structure of family members, inadequate basic health services, and inadequate sanitation and clean water. The factors that cause stunting at the household level will affect individual conditions, namely children under 5 years of age related to unbalanced food intake, low birth weight (LBW), and poor health status (Trihono et al., 2015)

Objective: find out the relationship between the level of maternal knowledge about nutrition and the incidence of risk of stunting in toddlers at the UPT Puskesmas Padangratu, Central Lampung

Method: Research was carried out in two ways, namely for the knowledge variable by distributing questionnaires and for the stunting incidence variable. In sampling, the total sample was 43 children. The knowledge variable is grouped into two, namely good knowledge and less good knowledge. In this study both groups of data were normally distributed (Shapiro-Wilk test p-value >0.05) then data analysis was carried out using a parametric statistical test for two paired groups, namely the paired t-test. However, if the data is not normally distributed then data analysis is carried out using a non-parametric test, namely the Wilcoxon test. This analysis was carried out using a computer program, statistical test decisions using a significance level of 95% and an error rate (α) = 5%, with the result criterion: if the p value $\leq \alpha$ value (0.05), then H_0 is rejected (there is an influence). If the p value > α value (0.05), H_0 fails to be rejected (no effect).

Results: The results of this research show that it was found that the majority of toddlers in the working area of the Padangratu Community Health Center, Central Lampung Regency experienced stunting, namely 5 toddlers (11.6%). Based on the results of this research, it was found that there were 4 mothers with poor knowledge about stunting (80%), while there were 1 mother (20%) with good knowledge about stunting.

Conclusion: There is a positive relationship between patient knowledge about nutrition and the incidence of Stunting

Key words: Knowledge, Nutrition, Stunting

INTRODUCTION

The prevalence of stunting in the world in children under 5 years of age is 21.3%. This shows

that globally in 2019 around 144 million children aged under 5 years suffered from stunting, with around two thirds of them living in Africa and the

Southeast Asia region (WHO, 2020). The latest data shows that the Asian region experiences a burden of malnutrition in children under 5 years of age with a stunting prevalence of 21.8%, higher than the global average of 21.3%. The Southeast Asia region has a stunting prevalence of 24.7%, making it the region in Asia with the second highest stunting prevalence after South Asia (Global Nutrition Report, 2020).

The Global Nutrition Report (2020) reports that the prevalence of stunting in children under 5 years of age in Indonesia is still higher than the average for the Southeast Asia region despite progress in achieving stunting reduction targets. Indonesia is in fourth place with the highest prevalence of stunting in children under 5 years of age in the Southeast Asia region after Timor Leste (51.7%), Laos (33.1%), and Cambodia (32.4%). According to Basic Health Research data, the prevalence of stunting from year to year in a row from 2007, 2010, 2013 and 2018 was 36.8%; 34.6%; 37.2%; and 30.8% (Ministry of Health of the Republic of Indonesia, 2018). Based on data from integration results between SSGBI 2019 The high prevalence of stunting among toddlers in Indonesia requires efforts to address and prevent stunting from an early age. In preparing the 2020-2024 RPJMN activities related to public health programs, the government focuses on priority programs such as reducing maternal mortality rates, infant mortality rates, reducing the prevalence of stunting and wasting in children under five, which are then followed by supporting indicators (Ministry of Health of the Republic of Indonesia, 2020). Handling stunting is a challenge in itself for Indonesia which is expected to face a demographic bonus in 2030 (Head of the Public Relations and Administrative Bureau of the Ministry of National Development Planning/Bappenas, 2017). This statement shows that stunting concerns the productivity of a nation, so that success in reducing the threat of stunting will involve investing in human resource development in the long term.

The period of the first 1,000 days is often called the window of opportunities or known as the golden period, based on the fact that during the fetal period up to two year old children there is a very rapid growth and development process that does not occur in other age groups. Fulfilling nutritional intake for 1,000 HPK children is very important. If in this age range children receive optimal nutritional intake, the decline in children's nutritional status can be prevented from the start (Rahayu, Rahman, et al., 2018). The first two years of life are the fastest period in neurological development and cognitive

function. This period is characterized by accelerated growth and maturation processes of all organ systems as well as the formation of metabolic patterns (Helmyati et al., 2020). In order for the 1,000 HPK to be passed well, nutrition and nutritional intake must be appropriate, and parenting patterns must be good. Inadequate nutrition and nutritional intake, as well as mistakes in parenting from the fetus to two years of age will have a very bad and permanent impact on the child's growth and development in the future, so that it can disrupt the child's welfare in the future (BkkbN, 2017). The World Health Organization (WHO) ranked Indonesia as the third country with the highest stunting prevalence rate in Asia in 2017. The figure reached 36.4 percent. However, in 2018, according to Basic Health Research (Rikesdas) data, the figure continued to decline to 23.6 percent. In 2018 the incidence of stunting was 30.8%, in 2019 it was 27.67% and in 2020 it was 26.92%. Indonesia is ranked fifth in the world for the number of children with stunting. More than a third of children under five years old in Indonesia are below average height. According to the Indonesian Ministry of Health, as many as 9.8% of toddlers have very short nutritional status and 19.8% of toddlers have short nutritional status. The percentage of stunting/short (very short/shorter) in the toddler group (29.6%) is higher than in the toddler group (20.1%) (Indonesian Ministry of Health, 2019). In general, the UNICEF Framework shows 3 groupings of levels of stunting, namely community, household and individual levels. The causal factors that occur at the community level are the economic system, education, health and sanitation and clean water. At the household level, factors causing stunting include inadequate quality and quantity of food, income level, number and structure of family members, inadequate basic health services, and inadequate sanitation and clean water. The factors that cause stunting at the household level will affect individual conditions, namely children under 5 years of age related to unbalanced food intake, low birth weight (LBW), and poor health status (Trihono et al., 2015).

Based on the 2021 SSGI results, the national stunting rate decreased by 1.6 percent per year from 27.7 percent in 2019 to 24.4 percent in 2021. Most of the 34 provinces showed a decrease compared to 2019 and only 5 provinces showed an increase. This shows that the implementation of government policies to accelerate the reduction of stunting in Indonesia has provided quite good results.

The results of the 2021 Indonesian Nutritional Status Study (SSGI) conducted by the

Health Research and Development Agency of the Ministry of Health not only provide an overview of the nutritional status of children under five but can also be used as an instrument for monitoring and evaluating the achievement of specific intervention indicators and sensitive interventions at both the national and district levels/ cities which have been carried out since 2019 and until 2024. Currently, the prevalence of stunting in Indonesia is better than Myanmar (35%), but is still higher than Vietnam (23%), Malaysia (17%), Thailand (16%) and Singapore (4%). (RI Ministry of Health, 2021)

The annual average achievement of reducing stunting is 2.0% (2013-2021) with a stunting prevalence rate in 2021 of 24.4%. Innovation efforts are needed to achieve 2.7% per year in order to achieve the 14% target (RPJMN target) with appropriate intervention accuracy. carried out. (Kemenkes RI, 2021) In order to achieve the national target for Stunting prevalence as intended in Article 4 paragraph (2), an intermediate target that must be achieved is 14% (fourteen percent) in 2024. National Strategy for Accelerating Stunting Reduction as intended in Article 2 is implemented to achieve the target of sustainable development goals in 2030.

Achievement of the target of sustainable development goals as intended in paragraph (1) is implemented through achieving the national target of Stunting prevalence as measured in children under 5 (five) years old. (Perpres RI, 2021)

There are many factors that cause stunting, namely low socio-economic problems, food insecurity, nutritional status of mothers during pregnancy, babies with low birth weight (LBW), parenting patterns, nutritional status, sanitation and water availability (Permatasari & Suprayitno, 2020) The government has actually tried to prevent and overcome the problem of stunting in toddlers through various nutritional programs, both specific and sensitive, such as giving blood supplement tablets to pregnant women, promoting exclusive breastfeeding, providing macro and micro nutritional supplements and providing non-food aid. cash. However, the results have not been able to overcome the problem of stunting. Indirect factors affecting the incidence of stunting include family socio-economic status including family income, parental education, knowledge about maternal nutrition, and family size (Sumarni, 2020).

According to research by Nadiyah (2020), a pregnant mother will give birth to a healthy baby if her health and nutritional levels are in good condition. Previous research shows that maternal height < 150 cm is a risk factor for stunting in

children aged 0-23 months with the prevalence of stunting in toddlers of mothers who have a height <150 cm is 46.7%, while the group of mothers who have a height >150 cm is 34.8% with a p value = 0.004.

According to Ainun's (2019) research, it shows that maternal height is related to the incidence of stunting, characterized by a p value < 0.05 with a prevalence of 30.89% of stunted children having mothers with a height < 150 cm while mothers with a height > 150 cm have a prevalence of 13.61% of children are stunted. According to several studies, it can be assumed that mothers who have a height < 150 cm have a greater chance of having a stunted child than mothers with a height > 150 cm. The prevalence of stunting in the group of mothers who gave birth aged < 19 years was 19.53%, aged 19-24 years was 18.96, aged 25-34 years was 17.74% and aged > 35 years was 21.35%. Based on this research, it can be assumed that the age of 25-34 years for mothers is the best age to reduce the prevalence of stunting in toddlers. This indicates that age at birth and age at birth are related to the occurrence of stunting. Parenting patterns which include aspects of feeding practices, meal preparation and food sanitation also influence the incidence of stunting. This is because feeding without paying attention to the frequency of feeding, nutritional quality, and inappropriate feeding methods will result in growth failure. Based on previous research, it is stated that parenting style is significantly related to the incidence of stunting with a p value of 0.026.

Stunting is caused by multi-dimensional factors and is not only caused by malnutrition experienced by pregnant women and children under five. The most decisive intervention to reduce the prevalence of stunting therefore needs to be carried out in the First 1,000 Days of Life (HPK) of children under five. The first causal factor is poor parenting practices, including the mother's lack of knowledge regarding health and nutrition before and during pregnancy, as well as after the mother gives birth. The second cause is that health services are still limited, including ANC-Ante Natal Care services (health services for mothers during pregnancy), Post Natal Care and quality early learning. The third cause is the lack of household/family access to nutritious food. This is because the price of nutritious food in Indonesia is still relatively expensive. Meanwhile, the fourth causal factor is lack of access to clean water and sanitation. Data obtained in the field shows that 1 in 5 households in Indonesia still defecate in the open, and 1 in 3

households do not have access to clean drinking water (Riskasdas, 2018).

The impact of stunting has the potential to slow down brain development, with long-term impacts in the form of mental retardation, low learning ability, and the risk of developing chronic diseases such as diabetes, hypertension, and obesity.

The impact of stunting on health includes failure to thrive (low birth weight, small, short, thin), barriers to cognitive and motor development, metabolic disorders in adulthood, risk of non-communicable diseases (diabetes, obesity, stroke, heart disease). Meanwhile, the economic impact is potential economic loss each year: 2-3% of Gross Domestic Product (GDP) if Indonesia's Gross Domestic Product (GDP) is IDR 13,000 trillion. Potential loss is IDR 260-390 trillion/year. Potential economic benefits from investment in reducing stunting in Indonesia: 48 times (Riskasdas, 2018).

The prevalence of stunting in the world in children under 5 years of age is 21.3%. This shows that globally in 2019 around 144 million children aged under 5 years suffered from stunting, with around two thirds of them living in Africa and the Southeast Asia region (WHO, 2020). The latest data shows that the Asian region experiences a burden of malnutrition in children under 5 years of age with a stunting prevalence of 21.8%, higher than the global average of 21.3%. The Southeast Asia region has a stunting prevalence of 24.7%, making it the region in Asia with the second highest stunting prevalence after South Asia (Global Nutrition Report, 2020). According to the Indonesian Ministry of Health in 2019, the incidence of stunting in Lampung Province was (23%), data from the Lampung Provincial Health Service regarding the incidence of stunting in 2016 in Tulang Bawang Regency was 26.69%, in 2017 it was 35.28% and, in 2018 it was amounting to 27.49% (Lampung Provincial Health Service, 2018).

Meanwhile, based on data in Lampung Province, the highest prevalence of stunting in toddlers (height according to age) is in Pesawaran Regency at 25.1%, second place is North Lampung Regency at 24.7%, third place is Mesuji Regency at 22.5%. % while in Central Lampung it is 8.7% (RI Ministry of Health, 2022).

RESEARCH METHODS

Research was carried out in two ways, namely for the knowledge variable by distributing questionnaires and for the stunting incidence variable. In sampling, the total sample was 43 children. The knowledge variable is grouped into

two, namely good knowledge and less good knowledge. In this study both groups of data were normally distributed (Shapiro-Wilk test p -value > 0.05) then data analysis was carried out using a parametric statistical test for two paired groups, namely the paired t -test. However, if the data is not normally distributed then data analysis is carried out using a non-parametric test, namely the Wilcoxon test. This analysis was carried out using a computer program, statistical test decisions using a significance level of 95% and an error rate (α) = 5%, with the result criteria: if the p value $\leq \alpha$ value (0.05), then H_0 is rejected (there is an influence). If the p value $> \alpha$ value (0.05), H_0 fails to be rejected (no effect).

RESEARCH RESULTS

Table 1

Frequency distribution of mothers' knowledge at UPT Padangratu Community Health Center, Central Lampung

Knowledge	Amount	Percentage (%)
Not good	23	53.5%
Good	20	46.5%

Based on the above, it can be seen that the frequency of respondents is based on the frequency distribution of mothers' knowledge at the Padangratu Health Center UPT, Central Lampung, with the highest knowledge category, namely poor knowledge, 23 (53.5%).

Table 2

Frequency Distribution of Stunting in UPT Padangratu Community Health Center, Central Lampung

Stunting	Amount	Percentage (%)
Stunting	5	11.6 %
Not Stunting	38	88.4 %

DISCUSSION

Respondents in this research were mothers who had toddlers aged 6-32 months in the Padangratu Community Health Center Working Area, Central Lampung Regency. The number of mothers who were respondents was 43 people. From the results of this research, it was found that the majority of toddlers aged 6-32 years in the working area of the Padangratu Community Health Center, Central Lampung Regency experienced

Editing, namely 5 toddlers (11.6%) and 38 toddlers (88.4%) who had normal nutritional status.

A person's self-knowledge is gained during education, experience and information from the mass media, a person's attitudes and perceptions will be influenced by the knowledge he has. It will be difficult for someone to make a decision if they don't have the knowledge and it will be difficult to complete a decision if they don't have the knowledge and it will be difficult to resolve the problem that is happening. Mothers who have good knowledge will influence their attitudes and behavior in determining the intake for their children so they don't have nutritional problems.

The results of this research are that there is a relationship between stunting and maternal knowledge with a p-value of 0.000 and an OR of 15.3 times. The research results of Rizqita Catur Wulandari and Lailatul Muniroh (2020), are in line with this research where there is a significant relationship between maternal knowledge of the incidence of stunting in toddlers with a p-value of 0.029%. Research by Langi, et al (2019) is also in line with this research where there is a significant relationship between maternal knowledge and the incidence of stunting at the Kawangkoan Community Health Center, Minahasa, $p = 0.01$ ($p < 0.05$).

Olsa, et al.'s (2017) research is in line with this research where there is a significant relationship between knowledge and the incidence of stunting with a p-value of 0.00016. Research by Rosliana, et al (2020) is also in line with research where there is a significant relationship between maternal knowledge of the incidence of stunting, and research by Ningtyas, et al (2020) also states that there is a significant relationship between maternal knowledge of the incidence of stunting at the Karangayu Community Health Center, Semarang and p value = 0.00058. Ni'mah Research. C and Muniroh L (2015) are not in line with this research, stating that there is no significant relationship between the incidence of stunting and maternal knowledge with a p-value of 0.63259. Research by Arnita, et al (2020) is not in line Based on the above, it can be seen that the frequency of respondents based on the frequency distribution of Stunting in the Padangratu Health Center UPT, Central Lampung with poor knowledge is 5 (11.6%) with research where there is no significant relationship between knowledge and efforts to prevent stunting with a p-value of 0.37360. And also this research is not in line with research conducted by Harikatang, et al (2020) which shows that there is no relationship between maternal knowledge and the

incidence of stunting with a value of $p = 1,000$ ($p < 0.05$) in a sub- district in Tangerang.

In this case, knowledge greatly influences the incidence of stunting. Knowledge is obtained from various sources, such as leaflets, posters, counseling, the internet, and so on. With advances in technology today, the internet can be used well to provide education about stunting, for example by widely disseminating communication, information and stunting education through social media, creating blogs, websites, and so on. To increase mothers' knowledge, Community Health Centers can partner with community organizations and local governments to form stunting cadres so they can reach the community to provide stunting IEC easily so that mothers with toddlers can have good knowledge of stunting and can prevent stunting.

CONCLUSION

The results of this research show that it was found that the majority of toddlers in the working area of the Padangratu Community Health Center, Central Lampung Regency experienced stunting, namely 5 toddlers (11.6%). Based on the results of this research, it was found that there were 4 mothers with poor knowledge about stunting (80%), while there were 1 mother (20%) with good knowledge about stunting. So there is a positive relationship between patient knowledge about nutrition and the incidence of stunting.

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