

Analysis Of Behavior Determinant Factors In Stunting Incidence In Bandung City – Retrospective 2022

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ABSTRACT

The number of toddlers suffering from stunting in the city of Bandung increased in percentage in 2020 because the number of toddlers measured has decreased due to limited mobility during the COVID-19 pandemic. In 2020, the city of Bandung experienced an increase in stunting rates of 2.40% compared to 2019 with 9,567 toddlers identified as experiencing stunting, in 2021 this fell to 7,568 toddlers. The study aimed to analyze the behavioral determinants of stunting. The research method used is an observational analytic study with a case-control design to see behavioral determinants' influence on stunting. The determinants of this behavior were studied using a retrospective approach, and this research was conducted in the city of Bandung, West Java province. The population in this study was divided into two namely, Case Population and Control Population. The results showed several variables related to the incidence of stunting in the city of Bandung, such as education level (p-value = 0.003; OR = 0.951), local food processing (p-value = 0.014; OR = 0.943), parental knowledge (p-value = 0.006; OR = 0.977), the role of health workers (p-value = 0.005; OR = 0.980), husband's support, (p-value = 0.013; OR = 0.642) and the most dominant variable in this study was husband's support with a p-value of 0.007 and OR 1.929. Conclusion: The risk factors for stunting in toddlers are education level, local food processing, parental knowledge, the role of health workers, and the husband's support. The factor most related to the incidence of stunting is the husband's support.

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1. INTRODUCTION

Improving the nutritional status of the community is the second indicator of the second SDGs (Sustainable Development Goals), which are realized by seeking to end hunger, achieve food security and good nutrition, and promote sustainable agriculture. By 2030 it is hoped that these efforts will have achieved success in resolving various kinds of nutritional problems related to food availability by eliminating all forms of hunger or malnutrition and ensuring access for all people, especially the poor and people who are in vulnerable conditions to food that is safe, nutritious and sufficient [1].

It is stated in the 2015-2019 RPJMN that the main goal is to improve the health and nutritional status of mothers and children, one of which is to reduce the prevalence of stunting under five to 32% in 2014. Conditions of growth failure in infants (infants under five years) result from chronic malnutrition, which makes a child too short for his age is called stunting. Malnutrition occurs when the baby is in the womb and the early days after birth. However, stunting only appears after the baby is two years old. Until now, stunting is still a public nutrition problem at the national and international levels. Indonesia is the third country with the highest prevalence in the Southeast Asia / Southeast Asia (SEAR) region [2].

The average prevalence of stunting under five in Indonesia from 2005-2017 was 36.4%. More than a third (37%) of children under five in Indonesia experienced stunting in 2013, and the prevalence exceeded 40% in 15 of 33 provinces. The WHO aims to reduce the stunting rate in children under five years of age by 40% in 2025. In 2018, East Nusa Tenggara is 42.6%, West Sulawesi is 42% and Aceh is 35%. The prevalence of stunting in West Java is 29.2% or 2.7 million toddlers. The incidence of stunting in Indonesia is quite high compared to middle-income countries.

The incidence of stunting, according to Basic Health Research (Riskesdas) in 2018, was 10.2%, while the prevalence of stunting in children under five was 30.8% (Ministry of Health 2018) [3]. The number of toddlers suffering from stunting (failure to thrive) in Bandung City increased in 2020. To data from the Bandung City Health Service, the number of stunted toddlers reached 9,567 or 8.93 percent of the 107,189 toddlers that had been measured. In 2018, the stunting rate was still at 7.56 percent. Then it dropped in 2019 to 6.53 percent. The increase in percentage in 2020 is said to be because the number of toddlers measured has decreased due to limited mobility during the COVID-19 pandemic [4]. in 2020, the city of Bandung experienced an increase in the stunting rate by 2.40% compared to 2019 with 9,567 toddlers identified as experiencing stunting in 2021 this decreased to 7,568 toddlers[5].

Stunting is a condition of failure to thrive in children due to chronic malnutrition over a long period. This study aims to examine the relationship between the determinants of behavior and the incidence of stunting in toddlers in Bandung city by looking at the predisposing factors, enabling factors, and reinforcing factors and knowing the risk factors for stunting events.

2. METHOD

The type of research used is an observational analytic study with a case-control design, an analytical study to see the influence of behavioral determinants on stunting. The determinants of this behavior were studied using a retrospective approach, and this research was conducted in the city of Bandung, West Java province. The population in this study was divided into two namely, Case Population and Control Population. The case population in this study were all mothers who had stunted toddlers aged 6-24 months. In comparison, the control population in this study were all mothers who had toddlers (not stunted) aged 6-24 months. The sample size was calculated using the sample size formula to test the hypothesis of the difference in 2 proportions. The sampling technique used is purposive sampling.

3. RESULTS AND DISCUSSION

Table 1. Risk Factors for Stunting in Toddlers Age 6-24 Months

Risk factor	Stunting Incident				P Value	OR (95% CI)
	Case		Control			
	n	%	n	%		
Environment						
Cleanliness	98	83,1	88	75,2	0,096	1,615
Unhygienic	20	16,9	29	24,8		(0,853 – 3,057)
Level Of Education						
Low	43	36,4	44	37	0,003	0,951
High	75	63,6	73	62,4		(0,560 – 1,615)
Family Income						
≤ UMR	98	83,1	86	73,5	0,116	1,766
> UMR	20	16,9	31	26,5		(0,939 – 3,324)
Local Food Processing						
Do Processing	72	61	73	62,4	0,014	0,943
Not Processing	46	39	44	37,6		(0,557 – 1,597)
Parental Knowledge						
Good	74	62,7	74	63,2	0,006	0,997
Bad	44	37,3	43	36,8		(0,575 – 1,660)
Parental Attitude						
Positive	70	59,3	73	62,4	0,031	0,879
Negative	48	40,7	44	37,6		(0,520 – 1,485)
The Role Of Health Workers						
Role	67	56,8	67	57,3	0,005	0,980
No Role	51	43,2	50	42,7		(0,585 – 1,643)

Husband's Support

Supporting	66	55,9	67	57,3	0,013	0,642
Not Supporting	52	44,1	50	42,7		(0,342 – 1,203)

Source: Primary data, 2022

It can be seen in table 1 that of the eight variables examined, six of them have a significant effect on the incidence of stunting, and two variables do not affect the incidence of stunting.

Environmental Relations with Stunting Incidents

The results showed no relationship between the environment and the incidence of stunting, with a p-value of 0.096 (>0.05). The case group of respondents with a hygienic environment of 83.1% and the control group, 75.2%, shows that most of the respondents have a hygienic environment. This research is in line with research conducted by [6]. This research is not in line with [7], which states a significant relationship between environmental sanitation and stunting. Hygiene practice is known to be an important aspect of maintaining the health of toddlers. Four articles measure aspects of hygiene practice, namely hand washing with soap and running water.

Relationship between Education Level and Stunting Incidence

The low level of parents' education in the stunting toddler group was 36.4%, and the high education level in the non-stunting toddler group or the control group was 62.4%. The difference between the two groups, the stunting, and the non-stunting groups, was 26%. From the results of the Chi-square test that was carried out, there was a p-value for this variable of 0.003 (<0.05), so H_0 was rejected, which meant that there was a significant relationship between the education level of parents and the incidence of stunting in toddlers in the city of Bandung in 2022. Results of the calculation OR 95% CI = 0.951 (0.560 – 1.615), meaning that parents with low education have a 0.9 times chance that toddlers will experience stunting compared to the control group. This study's results indicate a significant relationship between education and the incidence of stunting in the city of Bandung. In this study, 63.6% were in the highly educated case group and 62.4% in the control group. The above shows that most of the parents are highly educated. This research is in line with the research conducted by [8]. The education level, especially the mother's education level, affects the degree of health. This relates to the mother's role in forming children's eating habits because the mother prepares food, starts setting the menu, shopping, cooking, prepares, and distributes food [8]. Soekatri, Sandjaja, and Syaquy, 2020 explain that one of the important factors influencing the incidence of stunting in Indonesia is the parents' education level. Suppose the education level of the father and mother is higher. In that case, the child's risk of stunting will decrease by 3-5 & the education level of the parents is one of the influential factors in the nutritional status of the family [9]. Setiawan, Machmud, and Masrul, 2018 explained that parents who are more educated could understand a healthy lifestyle and know how to keep their bodies fit [10]. This can be reflected in parents' attitudes toward adopting a healthy lifestyle, including eating nutritious foods. [10] The level of education of parents can affect the work parents, which in turn will affect family income. Parents with higher education tend to have better-paying jobs. So that the family income to be allocated to purchasing food ingredients is also higher. This indicates that the level of parental education contributes to the growth of children's height, where it is depicted that the average parental education is high school [10].

Income Relationship with Stunting Incidence

The stunting toddler group whose income is less than the UMR in Bandung City is 83.1%, and the group of non-stunting toddlers whose income is greater than the UMR in Bandung City is 26.5%. The difference in the proportion of these two groups is 56.6%. The Chi-square test results obtained a p-value of 0.116 (>0.05). It can be concluded that H_0 failed to be rejected, which means that there is no significant relationship between parents' income or income and the incidence of stunting in toddlers in the city of Bandung in 2022. This research is in line with research which was done by Sari, SD, & Zelharsandy, VT [11]. This is because they can manage nutritious food with simple and cheap

ingredients, and the economic income received is not entirely for staple food, but they also meet other needs. In Lolan, Y., & Sutriyawan, A. [12], low-income people usually consume cheaper food and less varied menus. In contrast, high income generally consumes higher priced foods, but high income does not guarantee the achievement of nutrition good [12]. Meanwhile, according to Rahayu's theory, parents with adequate family income can provide for their children's primary and secondary needs. Families with good economic status also have better access to health services. Children in families with low economic status tend to consume less food in terms of quantity, quality, and variety [12]. usually consume cheaper food and less varied menus, whereas high incomes generally consume foods with higher prices, but high income does not guarantee the achievement of good nutrition [12]. Meanwhile, according to Rahayu's theory, parents with adequate family income can provide for their children's primary and secondary needs. Families with good economic status also have better access to health services. Children in families with low economic status tend to consume less food in terms of quantity, quality, and variety [12]. usually consume cheaper food and less varied menus, whereas high incomes generally consume foods with higher prices, but high income does not guarantee the achievement of good nutrition [12]. Meanwhile, according to Rahayu's theory, parents with adequate family income can provide for their children's primary and secondary needs. Families with good economic status also have better access to health services. Children in families with low economic status tend to consume less food in terms of quantity, quality, and variety [12]. but high income does not guarantee good nutrition [12]. Meanwhile, according to Rahayu's theory, parents with adequate family income can provide for all of their children's primary and secondary needs. Families with good economic status also have better access to health services. Children in families with low economic status tend to consume less food in terms of quantity, quality, and variety [12]. but high income does not guarantee good nutrition [12]. Meanwhile, according to Rahayu's theory, parents with adequate family income can provide for their children's primary and secondary needs. Families with good economic status also have better access to health services. Children in families with low economic status tend to consume less food in terms of quantity, quality, and variety [12].

Relationship between Local Food Processing and Stunting

In the group of stunting toddlers who did local food processing, 61%, and the non-stunting group who did not process local food, 37.6%. The difference in the proportion of the two groups is 23.4%. From the results of the Chi-square test, the p-value was 0.014 (<0.05), so it can be stated that H_0 was rejected because there was a significant relationship between local food processing and the incidence of stunting in toddlers in the city of Bandung. The calculation results of OR 95% CI = 0.943 (0.557 – 1.597) mean that toddlers who get local food processing have a 0.9 times chance of experiencing stunting compared to the control group. Processing of local food prepared by parents in complementary foods for breast milk, such as tofu, tempeh, green beans, sweet potatoes, spinach, etc., which have been processed for complementary foods for toddlers. When processing MPASI food, parents do not understand the levels of ingredients in processed local food. From the distribution of respondents in the case group that processed local food as complementary foods, it was 61%, and in the control group, it was 62.4. This proves that many parents still use local food as solids. This research is in line with Sofais, D., Sianipar, B., & Darmawansyah, D. [13] said that these results show that local food can be used as an alternative in reducing the incidence of stunting. This local food has good nutrition, such as corn, in 100 grams of sweet corn contains about 35 kcal of energy, 2.2 grams of protein, 0.1 grams of fat, 7.4 grams of carbohydrates up to 8 mg of vitamins. Research conducted in Gresik shows that intake of green vegetables such as spinach can reduce the risk of stunting because green vegetables contain a lot of iron to prevent stunting [13]. If the amount is excessive, the intake of iron from food will be stored in the muscles and spinal cord. If the adequacy of iron is inadequate, then the iron stored in the spine is used to produce hemoglobin decreases. If this condition persists, it will result in iron anemia and lowered immunity, making it susceptible to infectious diseases, which in the long run will impact the growth of the liners of toddlers. Previous research conducted in Iran showed that toddlers with low milk intake have a greater chance of experiencing stunting because milk contains a lot of calcium to encourage toddlers' height growth [14]. Local food

cultivated by the Rejang community has high macro and micronutrients. This local food contains lots of carbohydrates, proteins, fats, and minerals needed for toddlers' growth and development. One of the local foods of the Rejang tribe, which is rich in protein, is rice field eel, tilapia, glutinous rice, and green vegetables. Rice field eel and tilapia are widely distributed in the North Bengkulu district, but until now, they have not been used optimally by the community.

Relationship between Parental Knowledge and Stunting Incidents

Good knowledge of parents about nutritious food in the stunting group was 62.7%, and bad knowledge of parents about nutritious food in the non-stunting group was 36.8%. The difference in the proportion of the two groups is 25.9%. The Chi-square test on parental knowledge obtained a p-value of 0.006 (<0.05). It can be concluded that H_0 was rejected, which means that there is a significant relationship between parental knowledge about nutritious food and the incidence of stunting in the city of Bandung. The results of the OR 95% CI calculation = 0.977 (0.575 – 1.660), meaning that toddlers whose parents have poor knowledge about nutritious food have a 0.9 times chance of experiencing stunting compared to the control group. This study's results align with several previous studies, which stated a significant relationship between parental knowledge and the incidence of stunting. Parents' knowledge can help improve the nutritional status of children to reach growth maturity. Hasnawati[15] emphasized that inadequate knowledge, lack of understanding about good eating habits, and insufficient understanding of stunting determine the attitude and behavior of mothers in providing food for their children, including the right type and amount, so that children can grow and develop optimally. Knowledge of children's nutrition is very influential on the choice of food. Parental knowledge can be obtained both internally and externally [15]. In this case, internal knowledge comes from himself based on personal experience. External knowledge, namely knowledge that comes from other people, in this case, this knowledge can be obtained from health workers in the form of counseling. In health promotion activities, several things can be drawn, namely due to the lack of parents getting health education about the impact of very minimal nutritional intake patterns because they are still affected by busy work [12]. So it can be concluded that the results of this study indicate that the incidence of stunting in children aged 6-24 months in the city of Bandung in 2022, both short and very short, is more likely to occur in parents who have less knowledge.

The Relationship between Attitude and Stunting Incidents

The stunting toddler group had a positive parental attitude of 59.3%, while the non-stunting toddler group had a negative parental attitude of 37.6%. The difference in the proportion of the two groups is 21.7%. From the results of the Chi-square test that was carried out, there were results with a p-value of 0.031 (> 0.05). It can be concluded that H_0 failed to be rejected, which means that there is no significant relationship between parental attitudes and the incidence of stunting. This illustrates that most parents have positive traits in toddlers. The positive attitude of parents towards parenting nutritious food with the incidence of stunting in this study shows that parental behavior towards children is very good. The attitude of parents, especially health behavior such as fulfilling nutrition in children, can cause misperceptions and parenting in toddlers. In this study, attitude is the attitude of parents in the form of an assessment of the nutritional status of children under five, how to provide food for children under five, growth of children under five. Lolan, Y., & Sutriyawan, A. explained that there is a relationship between people's attitudes and the incidence of stunting in toddlers. This proves that there is a link between knowledge and attitudes; positive attitudes are influenced by good knowledge [12]. This research is in line with Harikatang, M. et al. [16] In this study, more than half of the respondents had a positive attitude, namely 34 respondents (57.6%). The positive attitude possessed by the mother is inseparable from the knowledge or information obtained, and the knowledge possessed by the mother is very good or in a high category, so this forms a positive attitude or good evaluation of the mother towards stunting incidents [16]. According to Dewi Rahmayanti, S. et al.[17], Attitude is a reaction or response that is still closed from someone to a stimulus or object. In contrast, attitudes cannot be seen immediately but can only be interpreted in

advance from closed behavior. Attitude is not yet an action or activity but is a predisposition to behavior and is a driving force for a person's behavior to act.

The Relationship between the Role of Health Workers and Stunting Incidents

In the stunting toddler group, who received the role of health workers, it was 56.8; in the non-stunting group, who did not get the role of health workers, it was 42.7. The difference in the proportion of stunting and non-stunting toddlers was 14.1. The Chi-square test on the role of health workers in the stunting incident obtained a p-value of 0.005 (<0.05). It can be concluded that H_0 was rejected, which means that there is a significant relationship between the role of health workers and the incidence of stunting in the city of Bandung. The results of the OR 95% CI calculation = 0.980 (0.585 – 1.643), meaning that toddlers who do not get the role of health workers have a 0.9 times chance of experiencing stunting compared to the control group. The low role and support of health workers greatly influence the incidence of stunting in Deli Serdang. Research related to stunting prevention emphasizes the importance of the support of health workers.

The results of other studies also show that the support of health workers is very high in efforts to prevent stunting. The study concluded that health workers are communicators. The role of health workers is to give important and useful messages to the community. Health workers also serve as a motivator for the community, namely to encourage residents to care about health. Then the last role of health workers is the facilitator. The facilitator in question is easy to access existing facilities and infrastructure so that people can reach existing health services. The high role of existing health workers will influence the understanding and behavior of health in the community. The role of health workers is to provide input, monitoring, and evaluation of the overall aspects of health. So that it can provide input to the family for monitoring, it does [18]. Monitoring carried out in the form of health problems in the village community provides input to the community on the problems that occur. Monitoring can be carried out through direct visits to residents' homes [19]. The support or role of health workers in this study was in the form of increasing knowledge and fulfilling the information needs of families in counseling activities [19].

Husband's Support Relationship with Stunting Incidents

The husband's support in the stunting group which supported the stunting group, was 55.9%, and in the non-stunting group, which did not receive the husband's support, it was 42.7%. The difference in the proportion of the two groups is 13.2%. From the results of the Chi-square test on the husband's support for stunting in Bandung, a p-value of 0.013 (<0.05) is obtained, which means that H_0 is rejected. It can be concluded that there is a significant relationship between the husband's support for stunting in the city of Bandung in 2022. From the calculation of OR 95% CI = 0.642 (0.342-1.203), no husband's support in parenting toddlers has a 0.6 times chance of experiencing stunting compared to the control group. In this study, husbands or family members supported reducing stunting rates. In addition, the husband is also involved in processing food to be given to toddlers. This research is in line with research conducted by Wulandari. H, Where family and husband support positively affects the mother's motivation [20]. The test results for the parameter coefficient between family support and maternal motivation show a positive effect of 0.564 with a T-Statistic value of 9.719314 and is significant at $\alpha = 5\%$. The T-Statistic value is $> (1.96)$. According to Effendy 2009, family support is an attitude or act of family acceptance of family members in the form of informational, appraisal, instrumental, and emotional support. According to him, family support is very important because the family is the smallest unit in society and is the recipient of nursing care. Therefore the family plays a role in determining the care needed by sick family members. If in the family one of the family members is experiencing health problems, then the system in the family will be affected. So, family support is a form of interpersonal relationship that includes attitudes, actions, and acceptance of family members, so that family members feel that someone is paying attention [21]

Table 2. Results of Multivariate Analysis Using Logistic Regression

No	Variable	B	Value	OR	95% CI
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					Lower	Upper
1	Husband Support	1,049	0,007	1,929	1,328	6,138
2	Knowledge	0,672	0,089	0,538	0,236	1,107
3	Attitude	0,971	0,179	2,333	0,640	10,881

Table 2. Shows the final multivariate results, it was found that the variables significantly related to the incidence of stunting in toddlers in the city of Bandung were husband's support with $p = 0.007$ ($p\text{-value} > 0.05$) and OR 1.929, which means toddlers or toddlers' mothers who do not receive support from Husbands are two times more likely to experience stunting than toddlers or mothers of toddlers who receive support from their father or husband. Meanwhile, the knowledge and attitude variables were the confounding variables in the incidence of stunting in this study. The results of the multivariate analysis found that the most dominant variable in the incidence of stunting was the father's role, where knowledge and attitude variables became the confounding variables. The father's role in the family affects changes in the family's socioeconomic status and is closely related to the father's involvement in parenting. Father's involvement in parenting includes time, interaction, and attention to children. Father's involvement in parenting is not just the quantity of time that is more with the child; the quality of the interaction that is built is also fundamental. The role of a father in toddlers is no less important than a mother in fulfilling nutrition. Fathers work together to manage and control family expenses. Father's involvement in parenting is the father's continuous participation in childcare which contains aspects of frequency, initiative, and personal empowerment in the physical, emotional, social, intellectual, and moral dimensions[22].

4. CONCLUSION

Risk factors for stunting in toddlers are education level, local food processing, parental knowledge, the role of health workers, and the husband's support. The factor most related to the incidence of stunting is the husband's support. Husband or family support is one of the most influential factors in the incidence of stunting because the father's role in the family is not solely to seek or improve the economy. Still, besides that, the father has an important role in parenting. Father's involvement in parenting includes aspects of time, interaction, and attention to children can have a significant positive effect on the cognitive development of children aged 2-3 years in stunting prevalence areas. Research suggestions: The Department of Health must pay attention to nutrition literacy activities in the community. With nutritional literacy, the community and pregnant women can understand every ingredient consumed, be it pregnant women, nursing mothers, and toddlers, as well as holding a posyandu day for fathers so that fathers can monitor the child's nutritional status and can receive the knowledge provided by health workers at the posyandu.

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