Contents lists available at IOCS

Science Midwifery

journal homepage: www.midwifery.iocspublisher.org

Factors influencing the incident of stunting in toddler in Tanjung Pasir Village, Tanah Java District, Simalungun District

Nurmiah Dongoran[1], Wahyudi[2], Reni Agustina Harahap[3]
[1,2,3]Fakultas Kesehatan Masyarakat, Universitas Islam Negeri Sumatera Utara, Indonesia

ARTICLE INFO

Article history:

Received Jul 1, 2024
Revised Jul 15, 2024
Accepted Jul 30, 2024

Keywords:

Nutritional Status
Stunting
Toddler

ABSTRACT

Stunting in toddlers is an indication of malnutrition that is chronic in nature as a result of poor conditions that last long from birth. Stunting that occurs in the first 1000 days of life (HPK) can increase mortality and impairment of body functions. This research is to determine the factors that influence the incidence of stunting among toddlers in Tanjung Pasir Village, Tanah Jawa District, Simalungun Regency. This study used a descriptive analytic design with a cross-sectional approach. The number of respondents was 97 mothers with toddlers (24-59 months) in Tanjung Pasir village, Tanah Jawa sub-district, Simalungun Regency using simple random sampling technique. The dependent variable of this study was the incidence of stunting. Independent variables consisted of technological factors, family and social support, economics and maternal education. Data were collected using data from Tanah Jawa Health Centre and questionnaires and analysed using chi-square statistical test. There is an association between technological factors (p = 0.045), family and social support factors (p = 0.048), economic factors (p = 0.034), and educational history factors (p = 0.023) with the incidence of stunting in toddlers. There is a relationship between the variable factors and the incidence of stunting, this is evidenced by the results of the chi-square test which shows that there is a relationship between the variables tested.

Corresponding Author:

Nurmiah Dongoran,
Fakultas Kesehatan Masyarakat,
Universitas Islam Negeri Sumatera Utara,
Jl. William Iskandar Ps. V, Medan Estate, Kec. Percut Sei Tuan, Kabupaten Deli Serdang, Sumatera Utara 20371, Indonesia
Email: nurmiahdongoran@gmail.com

INTRODUCTION

One of the health indicators that is assessed for success in achieving the Sustainable Development Goals (SDG's) is finding sustainable solutions to end hunger and all forms of malnutrition and to achieve food security by 2030(Manalor et al., 2022)(TANTYO NANDI, 2023). Stunting is a condition when a toddler's body does not reach the length or height according to his age(Noorhasanah et al., 2020)(Pujiati et al., 2021)(Hermawan et al., 2023). According to WHO, in 2022 the prevalence of stunting will be 21.6%. In Indonesia, the prevalence of stunting has

decreased by 2.8% points compared to 2021 from 24.4% to 21.6%. Even though it experienced a decline, the decline was 2.8% points less than the target set, namely 3.4% every year (Ministry of Health, 2022). The decline in the incidence of stunting does not mean that Indonesia is free from stunting, but the next target is to reduce the rate of stunting by 7.6% in the next 2 years (Mariana et al., 2021).

Based on data from the North Sumatra Health Service in 2022, it has decreased by 4.7%, to 21.1%, from the previous 25.8% in 2021 (North Sumatra Health Service, 2022). However, the North Sumatra provincial government will continue to strive to reduce the prevalence of stunting until it reaches the target of stunting prevalence of up to 14% by 2024 (Illahi & Zki, 2019). The prevalence of stunting in Simalungun Regency in 2022 is 1.57%. According to UNICEF, Stunting is defined as the percentage of children aged 0-59 months, whose height is below minus (moderate and severe stunting) and minus three (chronic stunting) as measured by WHO child growth standards (de Onis et al., 2019). Stunting is a condition where height is low based on age, or a condition where a child's body is shorter compared to other children his age (Dharma, 2022). Stunting is not only a problem of physical growth disorders, but also causes children to become sick easily, apart from that, it also causes problems with brain and intelligence development, so that stunting is a big threat to the quality of human resources in Indonesia (Agnes Kurniati Senona Lebuan et al., 2023).

The impacts of stunting that can be caused in the short term include disrupting physical growth, namely having less than optimal body posture as an adult, disrupting the body's metabolism and disrupting brain development (Masan, 2021). Stunting in early childhood is also often associated with low cognitive abilities in late adolescence (Komalasari et al., 2020). The neurological performance of Stunting children often decreases, which has implications for children's low intelligence (Zurhayati & Hidayah, 2022). One of the types of malnutrition in early childhood is Stunting, having low cognitive abilities and IQ scores with characteristics of low learning abilities and school achievement (Ernawati, 2020). Bad consequences that will occur in the long term include a decrease in the body's immunity resulting in easy illness and a high risk of developing diabetes, obesity, heart and blood vessel disease, cancer, stroke and disability in old age (Dwihestie & Hidayati, 2021). If this situation is not addressed, it could affect Indonesia's development performance both in terms of economic growth, increasing poverty and widening inequality (Bella et al., 2020). In the end, stunting will broadly result in long-term losses for Indonesia (Nashihin et al., 2022).

Based on the basic theory developed by Lawrence Green (1991), a person's or community's health is influenced by two main factors, namely behavioral factors and non-behavioral causes (Jamaluddin et al., 2022). Meanwhile behavioral factors (behavior causes) are influenced by three factors, namely: predisposing factors (Predisposing Factors) which include age, work, education, knowledge and attitudes, enabling factors (Enabling Factors) which are manifested in the physical environment and distance to health facilities, and factors reinforcement (Reinforcing Factors) which are manifested in the support provided by family and community leaders (Agnes Kurniati Senona Lebuan et al., 2023). Transcultural Nursing is a theoretical model described by Leininger (2002) that can be used to identify determinants of stunting (Kresnawati et al., 2022). The Transcultural Nursing theory has seven factors that influence culture related to health behavior which consists of technological factors, namely access to technology, information and health services which can support health behavior so it needs to be assessed; Religiosity and philosophy factors, religious habits that have an impact on health; Social factors and family support; Cultural values and lifestyle, people's behavior; Political and legal factors, regulations and policies related to health; Economic factors are closely related to the household's ability to fulfill daily needs; Educational factors, there are still many low education levels among women (Nasution & Susilawati, 2022).

Many factors cause stunting, namely education, parental age, employment and income (Basri & Sididi, 2021). Stunting in toddlers is influenced by low levels of parental income and

education (Rusliani et al., 2022). Children's nutritional status will be better if the parents' income and education are good, so they can get access to good education and health (Aurima et al., 2021). Another risk factor for the incidence of stunting is low birth weight (Najahah et al., 2019). Apart from birth weight, birth length is also another risk factor for stunting (Hapsari & Ichsan, 2021).

Based on data from the Tanah Jawa Community Health Center in 2023, Tanjung Pasir Village is one of several villages that has a high prevalence of stunted toddlers in Simalungun Regency, namely 12.04%. Therefore, this research aims to determine the factors that cause stunting in toddlers in Tanjung Pasir Village, Tanah Jawa District, Simalungun Regency.

RESEARCH METHOD

This research design uses a descriptive analytical study design with a cross-sectional approach. This research emphasizes observing data on independent variables and dependent variables only once at a time and with no follow-up. This research identifies technological factors, social support, cultural values and lifestyle, political and legal factors, economic factors, and educational factors on the incidence of stunting in children under five based on the Transcultural Nursing theory in Tanjung Pasir Village, Tanah Jawa District, Simalungun Regency at one time without any follow-up after measuring data.

The population in this study was all children under five in Tanjung Pasir Village, Tanah Jawa District, Simalungun Regency in April 2024, a total of 130 children. Based on the lemeshow 2 proportion test formula, 97 samples were obtained. Research sampling used the Accidental sampling method. The independent variables in this research are technological factors, social factors, cultural values & lifestyle, economic factors, educational factors. The dependent variable in this research is the incidence of stunting.

This research data uses primary data, namely data obtained directly, and secondary data originating from the Tanah Jawa Community Health Center. To obtain data collection using a questionnaire/questionnaire research instrument. The form of the questionnaire is closed, that is, respondents are given alternative answer choices for each question. All variables will be measured using a Likert scale, with research data obtained through filling out a Google form which was filled in independently by the respondent which had previously been explained by the researcher. Data analysis was carried out using univariate analysis, bivariate analysis. Bivariate analysis was carried out to see the relationship between two variables. Bivariate analysis in this study was analyzed using the chi-square test.

RESULTS AND DISCUSSIONS

Based on the results of research conducted, the distribution of respondents' characteristics will be presented in table form below:

Table 1. Characteristics of respondents

Variable	Frequency	Percentage (%)
Mother's Age (Years)		
< 20 Years	3	3
20 – 32 Years	68	70
> 35 Years	26	27
Total	97	100
Child's Age (Months)		
24 – 35 Months	43	44
36 – 47 Months	28	29
48 – 59 Months	26	27
Total	97	100
Mother's Job		
Housewife	44	45.4
Farmer	27	27.8

Variable	Frequency	Percentage (%)
Trader	26	26.8
Total	97	100

Based on the table above regarding the characteristics of respondents in terms of mother's age, there are 68 respondents aged 20-32 years (70%), there are 26 respondents who have babies aged >35 years old, as many as 26 people (27%), as many as young <20 years old. 3 people (3%). The people in this study had an age range that fell into the healthy reproductive category. In terms of children's age, most respondents had children aged 24-35 months, 43 respondents (44%), 28 respondents aged 36-47 months (29%) and 26 respondents aged 48-59 months (27%). In terms of maternal occupation, the majority of respondents were housewives, 44 respondents (45.4%), while 27 respondents were farmers (27.8%), and 26 respondents (26.8%) were traders.

Univariate Analysis

Based on the results of the univariate tests carried out, the distribution of the univariate analysis test results will be presented in the form of a table below:

Table 2. Distribution of univariate analysis test results

Variable	Frequency	Percentage (%)
Technological Factors		
Good	33	34
Enough	29	30
Not enough	35	36
Total	97	100
Social Factors & Family Support		
Good	62	64
Enough	22	23
Not enough	13	13
Total	97	100
Economic Factors		
Good	5	5
Enough	9	9
Not enough	83	86
Total	97	100
Educational History Factors		
elementary school	39	40
Junior High School	30	31
Senior High School	28	29
Total	100	100
Stunting events		
Stunting	23	24
Non Stunting	74	76
Total	97	100

Based on the table of univariate test analysis results, it can be seen that the majority of respondents have insufficient exposure to and use of technology regarding technological factors regarding children's health, especially Stunting nutrition, 35 respondents (36%). Most respondents did not use technology and did not get information because they were busy working, embarrassed, difficult, and did not have time to get information. Most respondents received good family and social support in caring for and meeting their children's nutritional needs, 62 respondents (64%). The support the mother receives is from family and health workers in caring for and meeting the child's nutritional needs.

Family economic factors in caring for and meeting children's nutritional needs, most respondents fall into the economically disadvantaged category, 83 respondents (86%). In this study, most of the respondents did not have a steady income every month, did not have a side business and had sufficient cash savings. This data was obtained from questionnaire questions. The

educational factor shows that the majority of respondents have a basic education level of 39 respondents (40%). This distribution shows that on average respondents had received formal education. 23 respondents (24%) experienced stunting. Most have achieved normal growth which is influenced by many factors, both internal and external factors. In this research, Stunting status will be linked to factors from Transcultural Nursing.

Bivariate Analysis

Based on the results of research conducted from March 4 to April 25 2024 in Tanjung Pasir Village, Tanah Jawa District, Simalungun Regency, it shows that the incidence of stunting in the Tanjung Pasir community includes 24% stunting and 76% non-stunting from a total of 97 respondents.

Table 3. Relationship between technological factors and the incidence of stunting

Technological Factors	Stunting events				Total		P-Value
	Non Stunting		*Stunting*				
	n	%	n	%	n	%	
Good	19	20%	10	10%	29	30%	
Enough	30	31%	3	3%	33	34%	0.045
Not enough	25	26%	10	10%	35	36%	
Total	74	77%	23	23%	97	100%	

Based on the table above, it shows that 19 respondents (20%) of respondents who received and utilized technological factors well had toddlers with non-stunting status, but there were 10 respondents (10%) who experienced stunting. Respondents who obtained and utilized technology in the sufficient category, mostly had non-Stunting toddlers, 30 respondents (31%), but there were 3 respondents (3%) who experienced Stunting. Respondents who obtained and utilized technology in the less category mostly had non-Stunting toddlers, 25 respondents (26%), but there were 10 respondents (10%) who experienced Stunting. The results of the chi square statistical test obtained $p = 0.045$ ($\alpha \leq 0.05$), so H1 was accepted, which means there is a relationship between technological factors and the incidence of stunting.

The results of research data analysis show that the majority of respondents received and utilized technology exposure in the poor category. The highest difference between non-Stunting respondents and Stunting respondents was in exposure to technology in the sufficient category, namely 30 respondents (31%) non-Stunting and 3 respondents (3%) Stunting. Respondents with good technology are less likely to experience stunting. The results of statistical tests show that there is a relationship between technological factors and the incidence of stunting.

According to the Transcultural Nursing theory by Leininger (2002), technological factors are one of the factors that influence individual behavior based on culture. Health technology is an infrastructure that allows individuals to choose or obtain offers that solve problems in health services. The use of health technology is influenced by the attitudes of health workers, the needs and interests of the community. Technological factors can include the use of technology to obtain information, exposure to print or electronic media, infrastructure, and access to health services.

Based on the description above, researchers are of the opinion that good exposure to and use of technology in the form of information, infrastructure and health services will tend to result in better health status. Mothers who use technology well and sufficiently to obtain information and health services tend to have non-stunting toddlers. This happens because all the information and health services received by the mother create a good understanding of the mother so that positive behavior is created, namely awareness of the importance of the growth and development period of toddlers. The use of technology that is lacking in this research is the lack of use of print/electronic media in accessing health information about Stunting, and there is rarely a refrigerator at home as a place to store food, so mothers sometimes go to work without providing food at home. Thus,

there is a need for socialization regarding the use of appropriate technology to prevent and overcome stunting.

Table 4. Relationship between family and social support factors and the incidence of stunting

Family and Social Support Factors	Stunting events				Total		P-Value
	Non Stunting		*Stunting*				
	n	%	n	%	n	%	
Good	43	44%	19	20%	62	64%	
Enough	18	19%	4	4%	22	23%	0.048
Not enough	13	13%	0	0%	13	13%	
Total	74	76%	23	24%	97	100%	

Based on the table above, it shows that the majority of respondents who received social support from family and community in the good category did not experience stunting, 43 respondents (44%), but 19 respondents (20%) experienced stunting. Most of the respondents who received social support from family and community in the sufficient category did not experience stunting, 18 respondents (19%), but 4 respondents (4%) experienced stunting. Overall, 13 respondents (13%) of respondents who received social support in the less category did not experience stunting. The results of the chi square statistical test obtained $p = 0.048$ ($\alpha \leq 0.05$), so H1 was accepted, which means there is a relationship between social factors and the incidence of stunting.

Social factors are support which is principally emotional or psychological, cognitive or informational, and material or facilities provided to mothers in caring for toddlers to achieve optimal growth and development. Most of the respondents who had good social factors did not have toddlers who were stunted, however there were 19 respondents who had toddlers who were stunted. The research results show that statistically there is a relationship between family and social support factors and the incidence of stunting.

Good social factors in this research include: the mother getting support from the family to check the status of the child's growth and development at health services, the family being able to explain when the mother asks about the dos and don'ts in caring for children under five, the family accompanying them when they come to health facilities, health centers , or posyandu to monitor the health status, growth and development of children under five and the family plays an active role in every care for children under five.

Social support is the ability of families and communities to provide time, attention and support to meet physical, mental and social needs. Social support includes family attention/support for the mother in providing food, psychosocial stimulation and health practices for the baby.

Table 5. Relationship between economic factors and stunting incidents

Economic Factors	Stunting Events				Total		P-Value
	Non Stunting		*Stunting*				
	n	%	n	%	n	%	
Good	5	5%	0	0%	5	5%	
Enough	4	4%	5	5%	9	9%	0.034
Not enough	65	67%	28	19%	83	86%	
Total	74	76%	23	24%	97	100%	

Based on the table above, it shows that the respondents who did not experience stunting were at a high economic level, numbering 5 respondents (5%), and the middle respondents who were not stunting were 4 respondents (4%), but respondents who experienced stunting at a moderate economic level were 5. respondents (5%), while 65 respondents (67%) did not experience stunting, but 28 respondents (19%) had stunting at a low economic level. The results of the chi

square statistical test obtained p = 0.034 (α ≤ 0.05), so H1 was accepted, which means there is a relationship between economic factors and the incidence of stunting.

The results of the respondent distribution data in this study show that the majority of respondents have low economic status. Respondents with a medium economic level had almost the same number of non-Stunting and Stunting children under five. In this study, respondents with a high economic level overall did not experience stunting. Statistically, it shows that there is a significant relationship between economic factors and the incidence of stunting. These results are in line with research by Ni'mah & Nadhiroh (2019), in North Maluku which states that low income is a risk factor for stunting in toddlers.

Researchers are of the opinion that respondents with large families or a large number of family members will get income from other family members, for example husbands or relatives so that they can meet their daily needs. Based on the description above, researchers believe that the better economic factors will improve health status, so that it will be able to reduce the incidence of stunting.

Table 6. Relationship between educational history factors and the incidence of stunting

Educational History Factors	Stunting Events				Total		P-Value
	Non Stunting		*Stunting*				
	n	%	n	%	n	%	
Elementary School	25	26%	14	15%	39	5%	0.023
Junior High School	24	24%	6	6%	30	9%	
Senior High School	25	26%	3	3%	28	86%	
Total	74	76%	23	24%	97	100%	

Based on the table above, it shows that 25 respondents (26%) did not experience stunting, but 14 respondents (15%) had an elementary school education history. Respondents who did not experience stunting in their junior high school education history were 24 respondents (26%), however, the number of respondents who experienced stunting in their junior high school education history was 6 respondents (6%). Meanwhile, there were 25 respondents (26%) who did not experience stunting, but 3 respondents (3%) experienced stunting. The chi square statistical test results obtained p = 0.023 (α ≤ 0.05), so H1 is accepted, which means there is a relationship between educational history factors and the incidence of stunting.

The research results show that the majority of respondents have a basic education level. Respondents who received junior high school and high school education mostly did not experience stunting, but stunting in toddlers was also more common among mothers with primary education. Based on statistical tests, it shows that there is a relationship between maternal education and the incidence of stunting.

According to the Transcultural Nursing theory by Leininger (2002), the higher a person's education, the more a person's beliefs are usually supported by rational scientific evidence and the individual can learn to adapt to a culture that suits his or her health condition. A good level of education will produce good knowledge and good knowledge will influence good behavior.

CONCLUSION

There is a relationship between technological factors (p= 0.045), family and social support factors (p= 0.048), economic factors (p= 0.034), and educational history factors (p= 0.023) with the incidence of stunting in toddlers. This is proven by the results of the chi-square test which shows that there is a relationship between the variables tested.

References

Agnes Kurniati Senona Lebuan, Muhammad Syafar, & Nur Hartati. (2023). Hubungan Pola Pemberian Makan Pada Balita Stunting di Puskesmas di Flores Timur. *Inhealth : Indonesian Health Journal*, 2(2), 94–110.

https://doi.org/10.56314/inhealth.v2i2.151
Aurima, J., Susaldi, S., Agustina, N., Masturoh, A., Rahmawati, R., & Tresiana Monika Madhe, M. (2021). Faktor-Faktor yang Berhubungan dengan Kejadian Stunting pada Balita di Indonesia. *Open Access Jakarta Journal of Health Sciences*, *1*(2), 43–48. https://doi.org/10.53801/oajjhs.v1i3.23
Basri, N., & Sididi, M. (2021). FAKTOR YANG BERHUBUNGAN DENGAN KEJADIAN STUNTING Article history : Received : 20 Agustus 2020 Prevalensi status gizi balita stunting di Provinsi Sulawesi Barat berdasarkan TB / U (Tinggi Badan. *Window of Public Health Journal*, *01*(05), 417–426.
Bella, F. D., Fajar, N. A., & Misnaniarti, M. (2020). Hubungan pola asuh dengan kejadian stunting balita dari keluarga miskin di Kota Palembang. *Jurnal Gizi Indonesia*, *8*(1), 31. https://doi.org/10.14710/jgi.8.1.31-39
de Onis, M., Borghi, E., Arimond, M., Webb, P., Croft, T., Saha, K., De-Regil, L. M., Thuita, F., Heidkamp, R., Krasevec, J., Hayashi, C., & Flores-Ayala, R. (2019). Prevalence thresholds for wasting, overweight and stunting in children under 5 years. *Public Health Nutrition*, *22*(1), 175–179. https://doi.org/10.1017/S1368980018002434
Dharma, I. gede G. G. (2022). *Gambaran Pola Asuh Orang Tua tentang Pencegahan Stunting pada Balita di Banjar Manut Negara Kecamatan Denpasar Barat Kota Denpasar*.
Dwihestie, L. K., & Hidayati, R. W. (2021). Pemberdayaan Kader Dalam Upaya Deteksi Dini Stunting di Kutu Kembangan Sidomulyo Bambanglipuro Bantul. *Jurnal Inovasi Abdimas Kebidanan (Jiak)*, *1*(2), 55–59. https://doi.org/10.32536/jiak.v1i2.174
Ernawati, A. (2020). Gambaran Penyebab Balita Stunting di Desa Lokus Stunting Kabupaten Pati. *Jurnal Litbang: Media Informasi Penelitian, Pengembangan Dan IPTEK*, *16*(2), 77–94. https://doi.org/10.33658/jl.v16i2.194
Hapsari, W., & Ichsan, B. (2021). *Orang Tua , Dan Tingkat Pendidikan Ayah Dengan Kejadian Stunting Pada Anak Umur 12-*. 119–127.
Hermawan, D., Kurniasari, D., Sandayanti, V., Sari, N., & Listyaningsih, E. (2023). Relationships of deworming drug consumption and animal protein intake with stunting. *Parasite Epidemiology and Control*, *23*(March), e00326. https://doi.org/10.1016/j.parepi.2023.e00326
Illahi, K. R., & Zki. (2019). Hubungan_Pendapatan_Keluarga_Berat_Lahir_Dan_Panja. *Manajemen Kesehatan*, *3*(1), 1–14.
Jamaluddin, Madina, J. I., Saida, N., Andari, E. A., Mujahida, N., Fahmi, N., Nur, R., & Pitriani. (2022). Pemberian Makanan Tambahan Pada Balita Berisiko Stunting Di Desa Rerang Kecamatan Dampelas. *Jurnal Pengabdian Dan Pengembangan Masyarakat Indonesia*, *1*(2), 76–80. https://doi.org/10.56303/jppmi.v1i2.51
Komalasari, K., Supriati, E., Sanjaya, R., & Ifayanti, H. (2020). Faktor-Faktor Penyebab Kejadian Stunting Pada Balita. *Majalah Kesehatan Indonesia*, *1*(2), 51–56. https://doi.org/10.47679/makein.202010
Kresnawati, W., Ambarika, R., & Saifulah, D. (2022). Pengetahuan dan Sikap Ibu Balita Sadar Gizi terhadap kejadian Stunting. *Journal Of Health Science Community*, *3*(1), 26–33.
Manalor, L. L., Diaz, M. F., & Peni, J. A. (2022). Promosi Gizi Bayi Balita Bagi Orang Tua Anak Penderita Stunting di Puskesmas Alak Kota Kupang Tahun 2022. *Jurnal Health Sains*, *3*(12), 1785–1793. https://doi.org/10.46799/jhs.v3i12.703
Mariana, R., Nuryani, D. D., & ... (2021). Hubungan sanitasi dasar dengan kejadian stunting di wilayah kerja puskesmas Yosomulyo kecamatan Metro pusat kota Metro tahun 2021. *JOURNAL OF Community …*, 1–18.
Masan, L. (2021). Penyuluhan Pencegahan Stunting Pada Balita. *Jurnal Altifani Penelitian Dan Pengabdian Kepada Masyarakat*, *1*(1), 58–62. https://doi.org/10.25008/altifani.v1i1.121
Najahah, I., Adhi, K. T., & Pinatih, G. N. I. (2019). Faktor risiko balita stunting usia 12-36 bulan di Puskesmas Dasan Agung, Mataram, Provinsi Nusa Tenggara Barat. *Public Health and Preventive Medicine Archive*, *1*(2), 103–108. https://doi.org/10.15562/phpma.v1i2.171
Nashihin, H., Yenny Aulia Rachman, Ulya Muyasaroh, Ahmad Aji Pangestu, & Triana Hermawati. (2022). Pencegahan Stunting melalui Kader Bina Keluarga Balita (BKB) di Dusun Ponoradan Desa Tanjungsari Kecamatan Tlogomulyo. *Jurnal Pengabdian Masyarakat Bestari*, *1*(3), 135–146. https://doi.org/10.55927/jpmb.v1i3.611
Nasution, I. S., & Susilawati, S. (2022). Analisis faktor penyebab kejadian stunting pada balita usia 0-59 bulan. *FLORONA : Jurnal Ilmiah Kesehatan*, *1*(2), 82–87. https://doi.org/10.55904/florona.v1i2.313
Noorhasanah, E., Tauhidah, N. I., & Putri, M. C. (2020). Faktor-faktor yang berhubungan dengan kejadian Stunting pada balita di wilayah kerja Puskesmas Tatah Makmur Kabupaten Banjar. *Journal of Midwifery*

and Reproduction, *4*(1), 13–20.

Pujiati, W., Nirnasari, M., & Rozalita, R. (2021). Pola Pemberian Makan Dengan Kejadian Stunting Pada Anak Umur 1–36 Bulan. *Menara Medika*, *4*(1).

Rusliani, N., Hidayani, W. R., & Sulistyoningsih, H. (2022). Literature Review: Faktor-Faktor yang Berhubungan dengan Kejadian Stunting pada Balita. *Buletin Ilmu Kebidanan Dan Keperawatan*, *1*(01), 32–40. https://doi.org/10.56741/bikk.v1i01.39

TANTYO NANDI, P. (2023). *IMPLEMENTASI PROGRAM SUSTAINABLE DEVELOPMENT GOALS (SDGs) DALAM PENANGGULANGAN KEMISKINAN DI KOTA BANDAR LAMPUNG*.

Zurhayati, & Hidayah, N. (2022). Pendahuuan Stunting termasuk gangguan pertumbuhan pada anak usia dua tahun kebawah . terjadi pada periode seribu hari pertama dari dalam kandungan yang akan berdampak bagi kelangsungan hidup anak [1]. Badan tidak tinggi , beresiko memiliki berat badan. *Journal of Midwifery Science*, *6*(1), 1–10.