

Parenting pattern of feeding in stunting toddlers at the working area of Tegallalang I Primary Health Centre

Luh Gede Pradnyawati,* Komang Triyani Kartinawati, Dewa Ayu Putu Ratna Juwita

Department of Public Health, Faculty of Medicine and Health Sciences, Warmadewa University, Denpasar, Indonesia

Submitted: 25 June 2019 Revised: 18 November 2019 Accepted: 29 November 2019

ABSTRACT Stunting is a growth disorder that affects the measurements of length-for-age or height-for-age, which is characterized by a body condition that tends to be short. Children under five are categorized as short-bodied if the z-score is less than -2 standard deviation. In Indonesia, approximately 29% of children under five are included in the short-bodied category. A good nutritional intake at this time is a depiction of proper growth and development in the future. The health status of infants is related to parenting patterns of feeding. This study aimed to find out the description of parenting patterns of feeding in stunting toddlers in the working area of Tegallalang I Primary Health Centre. The study belongs to qualitative research with a phenomenological approach. The sample of this study was 5 mothers who had stunting toddlers. Data were collected by applying a purposive sampling technique. Data that had been collected consists of two types, i.e., primary data and secondary data. Data were analyzed using thematic analysis techniques. Some respondents had fed their toddlers with exclusive breastfeeding until they were 6 months old, but the frequency of feeding was ruled out. In addition, most respondents had only started to feed their babies with complementary food for breastfeeding at the time they were 6 months old. Still, they had not paid attention to their nutritional needs, the precise frequency of feeding, the kinds of better food for toddlers, and appropriate food variations. These results indicate that the wrong parenting pattern of feeding in children under five has the potential to cause stunting. Therefore, more attention to this matter is necessarily needed to reduce the severe incidence of stunting.

KEYWORDS children under five years; parenting pattern of feeding, stunting

1. Introduction

Indonesia is included in 17 of 117 countries that have three nutritional problems in children under five, namely stunting, wasting, and overweight.¹ The problem concerning growth disorders such as short (stunting) in toddlers in Indonesia is still alarming. Stunting is a growth disorder characterized by a body condition that is short to beyond the deficit -2 standard deviation (SD) below the median height with the measurement of height-for-age.²

Based on a 2006 World Bank report on the Nadiyah's study (2014) regarding the big problem

of stunting, a region is considered to have a mild stunting problem if the prevalence is between 20% to 29%, moderate if 30% to 39% and severe if more than or equal to 40%.³ In terms of gender, most male toddlers experience stunting (35.7%) compared to female toddlers (31.6%). Judging by region/territory, children who experience stunting are more commonly found in rural areas (36.9%) than in urban areas (30.9%).³

Based on the results of the Basic Health Research of Bali Province in 2013, the prevalence

*Corresponding author: **Luh Gede Pradnyawati**

Department of Public Health, Faculty of Medicine and Health Sciences, Warmadewa University, Jl. Terompong 24 Tanjung Bungkak, Denpasar, Bali, Indonesia
E-mail: pradnyawati86@gmail.com

of stunting in Bali in 2013 was 32.6%, with the most cases occurring in Gianyar Regency with a prevalence of 41%.⁴

Based on data that was obtained from Tegallalang I Primary Health Centre in January 2018, it was stated that in the Tegallalang I area, there were 28 cases of stunting in children under five, especially in the working area of the Tegallalang I Primary Health Centre. Meanwhile, data from the Tegallalang I Primary Health Centre in April 2019 revealed that there were 46 cases of stunting in the working area of the Tegallalang I Primary Health Centre.

Uncreative and unvaried parenting feeding to toddlers is an important thing that needs to be considered by every mother so that their children's nutritional needs are met.⁵ Based on the above description, this study examines the parenting feeding in stunting toddlers in the working area of the Primary Health Centre of Tegallalang I.

2. Methods

This study used a qualitative design with a phenomenological approach. The sample in this study were mothers who had stunting toddlers in the working area of Tegallalang Primary Health Centre I. The inclusion criteria to choose the sample of this study were: (1) the mothers who have stunting indicated toddlers (parameters having a z-score limit of less than -2 SD), (2) lived at the place of research conducted, and (3) willing to sign the informed consent. Meanwhile, the exclusion criteria were the mothers who had toddlers who did not indicate stunting, were not in the place at the time the study was conducted and were not

willing to sign the informed consent. The sample of this study amounted to five mothers who had children with stunting who were selected by using a purposive sampling technique.

The interview was the instrument used to collect the data. The interview activities were stopped at the time the information needed was considered to have been completely met or until the results obtained are saturated and have reached data saturation through an in-depth interview. Data were analyzed thematically with a model of qualitative-verification analysis. After the data were collected, then they were classified to be able to draw a conclusion that refers to the theory and source of the literature based on the theme discovered.

3. Results

The subjects of this study came from different family backgrounds. Most of them already have jobs, some work as restaurant staff, administrative staff, and Village Credit Institutions (*LPD*) employees and as laborers. That was only one out of the five research subjects who are unemployed. In terms of education level, three study participants had the latest education in junior high school (*SMP*) and below, and two other participants had the last education of senior high school/vocational school (*SMA/SMK*) and above (Table 1).

Based on the results of in-depth interviews regarding exclusive breastfeeding, it was found that most respondents only gave exclusive breast milk to their babies before the age of 6 months. Some gave exclusive breast milk to their babies until the babies aged one year, two years old, even

Table 1. Subject characteristics

| Subject | Age | Education | Occupation |
|---------|--------------|--------------------|-------------------------------------|
| KSD | 28 years old | Junior high school | Restaurant staff |
| DMIJ | 26 years old | Elementary | Unemployed |
| GASA | 24 years old | Bachelor | Administrative staff |
| NWK | 29 years old | Junior high school | Laborer |
| WW | 28 years old | High school | Village Credit Institution employee |

today. The mothers did not know the benefits of giving exclusive breast milk. They only followed the prescription given by the doctor or the health center concerned. The following is an excerpt from the statement of one of the respondents:

"ASI manten nike kanti usia duang tiban. Keto orine dumun sareng dokter, yen sampun ngeling ye jangkutin tiang pun sareng bang nyonyo pang suud ngeling."

"I just breastfed my child until she was two months old. As suggested by the doctor. Whenever she cries I hug and I breastfeed her until she stops crying."

(DMIJ)

Besides, there were some respondents who gave exclusive breast milk to their toddlers only until the toddlers were three months old. It was done because of the activities at their workplaces. The following is a quote from the statement of one of the respondents on this matter:

"Campur nike, dia dibantu susu formula juga. Awal-awalnya nike sekitar 1 minggu pertama tiang berikan susu formula karena ASI tidak keluar 4 sampai 5 hari, mungkin karena efek sakit setelah SC nike. Setelah pulang dari Ari Canthi wau pulih ASI eksklusif sampai sekitar 3 bulan karena tiang harus kerja juga."

"It was mixed. It was also assisted with formula milk. Initially, around the first week, I gave formula milk because breast milk did not come out in 4 to 5 days. It may be the effect of being sick after childbirth. After returning home from Ari Canthi, the breast milk works about 3 months. I also have to work."

(KSD)

In addition, there were respondents who did not give exclusive breast milk to their children from birth. This is because the production of breast milk of the informant in question is hampered. The following is a quote from a statement of one of the respondents on this case:

"Gak dapet ASI ini, gak mau keluar ASI nya,

keluarnya ga lancar, sedikit-sedikit mungkin karena tiang habis operasi masih sakit berpengaruh juga sama stamina tubuh."

"There is no breast milk because it does not come out. Even if it's out, it's not as streamlined. Maybe it is because I have just been dissected and it still hurt, as a result it affected my stamina."

(GASA)

Regarding the frequency of breastfeeding, almost all respondents gave their toddlers exclusive breast milk for five to six times a day. The following is a statement from one of the respondents:

"Jek ten tentu, nyen sampun ngeling ye jangkutin tiang pun sareng bang nyonyo pang suud ngeling. Mungkin polih pang lima pang nem nike awai."

"That's uncertain. Whenever my little baby cries I hug and I breastfeed him until he stops crying. I may breastfeed him five to six times a day."

(DMIJ)

Based on the results of in-depth interviews regarding the provision of complementary food for breast milk (MP-ASI), it was found that most of the respondents began to give complementary food for breast milk when their toddlers were 6 months old. The complementary food for breast milk given begins with formula milk, porridge, or foods that are softened and until now the staple food in the form of rice has been given with one type of side dish and vegetable for each meal, such as eggs mixed with soy sauce, tofu, tempeh, fish or chicken. The following is a statement of one of the respondents:

"Mulai 6 bulan tiang bang bubuh sun, bubuh baas nike kabaang, mangkin sampun nasi nike sareng sayur, wortel sareng pindang demeninne nike."

"Starting from the age of 6 months, I fed my baby with SUN porridge and rice porridge. Now, I'm feeding him with rice and vegetables, carrots and pindang (fish), the vegetables he likes."

(DMIJ)

In addition, there are also respondents who had started to give complementary food for breast milk before their toddlers aged 6 months. This is because of their activities at the workplace and also the production of breast milk that was hampered. The following is a statement of one of the respondents on this matter:

"Karena awalnya nike ASI tiang ten nyak pesu, tiang kasi susu formula dumun selama seminggu, setelah nike karena sampun dados keluar tiang campur ASI sareng susu formula kanti usia 3 bulan, setelah nike karena tiang harus kerja, jadi ASI tiang stop, lanjut susu formula."

"Since my breasts did not bear milk initially, I gave my baby formula for a week. After that, as the breast milk had started to come out, I mixed them with formula milk until he was 3 months old. Because I had to work, I stopped breastfeeding and I replaced the breast milk with formula milk."

(KSD)

Regarding giving meat, all respondents gave meat to their babies. Most of their toddlers consume meat three times a week. Chicken is the most commonly consumed meat. The following is a statement of one of the respondents regarding this:

"Daging paling seminggu tiga kali nike, daging ayam paling sering, yen daging babi kapah, paling yen poling ngidih manten."

"I give meat at most three times a week. The meat I most often give is chicken. I rarely give pork, only when I get a gift."

(GASA)

Moreover, even though all the respondents give meat to their babies, there were also babies who did not like meat. They always refused or did not eat the meat given. The following is a quote of one of the respondents regarding this matter:

"Anak tiang ten demen ngajeng daging, daging napi manten tiang kasi selalu lepehine nike, padahal

sampun tiang coba ganti-ganti bumbu dagingnya nike tapi tetep ten kayun."

"My child doesn't like meat. No matter what meat I'm giving him, he always vomits. Even when I'd tried replacing the spices but still he dislikes it."

(WW)

Regarding vegetables, almost all respondents always provide vegetables in every meal given to their babies and almost all their babies like vegetables. The most often given vegetables are vegetable soup, corn, carrots, kale, and long beans, and sometimes spinach was also given. The following is a statement of one of the respondents about this:

"Sayur demen ye jek sayur, sewai wai ngajeng sayur napi je tiang siapin jek ajenge pun, mangkin karena sampun dados ngomong kadang dia minta mau dibuatin sayur napi."

"My baby really likes vegetables. Any vegetable that I cook every day, he will eat them. Anymore, because now he is able to speak, he sometimes asks for his favorite vegetables."

(GASA)

In addition, even though all the respondents always provide vegetables in each food given to their babies, there are babies who did not like vegetables, sometimes there are certain vegetables that can be eaten or only the soup was consumed. The following is a quote of one of the respondents concerning this:

"Untuk sayur paling tiang buatin sup isi wortel sareng kacang panjang yang sampun dihalusin nike, seminggu pasti tiang sedian cuma untuk dimakan paling satu sampai dua kali kadang yen tiang buat sup kuah-kuah ne manten ajenge."

"For vegetables, I only make soup filled with carrots, plus long beans that I have sliced and ground. Within a week, I only give it once or twice, but often only the sauce is eaten."

(KSD)

In addition to provide meat and vegetables, fruit was also given to toddlers. Regarding the giving of fruit, all respondents rarely give fruit to their children, fruit is usually given to babies only during the religious ceremony moments. The following is a statement of one of the respondents on this:

"Yen buah kapah-kapah yen wenten odalan manten wau ngajeng buah hahaha."

"I rarely give my baby fruit. Only when there is a ceremony does he eat fruit. Huhuh!"

(DMIJ)

However, there were also respondents who provided fruit for their babies every day because they consider the fruit to be rich in vitamins that are useful for keeping their babies healthy. The following is a quote from one of the respondents about this:

"Buah kayun, awai-wai ngajeng buah care buah jeruk tiang beliang di pasar terus tiang taruh dikulkas. Tiang meliang buah apang sehat yee buah kan kaya akan vitamin nike hahaha."

"Every day my child eats fruit, like oranges. I bought it at the market and put it in the refrigerator. I buy fruit for my child health. You know, fruit is rich in vitamins. Huhuh!"

(KSD)

In terms of frequency and portion, mostly mothers gave basic food to their babies, such as rice, as much as one to two times a day. Regarding portion size, most children did not have a good appetite. The average child, at time being fed, does not eat it wholly. Some eat only half a plate and even just one to two spoons. The following is a quote of one of the respondents regarding this matter:

"Makan pokok paling sehari satu sampai dua kali, untuk porsinya setiap tiang suguhin satu porsi pasti ten telah, paling setengahnya."

"I give one to two staples. Every serving I serve, my baby eats, at most, only half."

(GASA)

In the habit of eating snacks, food that is often consumed by most of the children under five is snacks found in stalls and most are not controlled by parents. Most respondents gave their toddlers snacks from the stalls to keep them calm. The following is a statement of one of the respondents concerning this:

"Yen cemilan sebilang pesu nepuk dagang pasti ngeling dot meblanja yen sampung ngeling, ngambul bang tiang pun. Es krim, coklat, permen nike sai ajeng kanti telah gigi konyangan."

"For snacks, every time I take it out of the house and see the merchandise, he will definitely ask for snacks. When he cried and sulked, I gave him ice cream, chocolate, and candy, until he became toothless."

(DMIJ)

Additionally, there are also respondents who tried to control their children in buying snacks at the stall. They assumed that snacks in stalls do not have good nutrition for toddler growth. The following is a statement of one of the respondents on it:

"Kalau untuk cemilannya baru sekalinya dikasi terus kontinu ga berhenti-henti cuma cemilannya itu yang salah belinya di warung, karena biasanya pagi sampai siang kan tiang kerja nah disana neneknya yang ngerawat itu yang cemilannya beli di warung."

"For snacks, once I give, I give it continuously, it doesn't stop. It's just that, the snacks are bought in a stall, because I used to work from morning to noon. During that time, my baby are taken care of by his grandmother and the snacks are bought at the shop."

(GASA)

In the habit of eating snacks, food that is often consumed by most of the children under five was snacks found in stalls and most are not controlled by parents. Most respondents gave their toddlers

snacks from the stalls to keep them calm. The following is a statement of one of the respondents concerning this:

“Untuk variasi makanan memang jujur agak kurang, karena setiap pagi neneknya yang bikin pasti bubur niki, Cuma waktu niki polih dibuatkan labu tapi sangat jarang.”

“Regarding the variety of foods, frankly, it is indeed lacking. Every morning my baby is made porridge by her grandmother. Pumpkin had been made, but it’s very rare.”

(KSD)

In addition, there are also respondents who changed the type of meal given to their toddlers every three days and there are also those who changed the type of their side dish every day. Toddlers also feel bored if they consume the same type of meal every day. The following is an excerpt of one of the respondents regarding this:

“Untuk lauknya setiap hari tiang ubah-ubah, daging bumbunya tiang ganti-ganti tiap hari, kadang tiang goreng, kadang tiang campur kecap. Sayur juga kadang tiang tumis kadang tiang jadiin sup.”

“Side dishes for my baby change every day. Like meat, I change the marinade. Sometimes I fry and sometimes I mix with soy sauce. I even stir-fry the vegetables, and sometimes I make it into soup.”

(WW)

4. Discussion

As stated in the previous section, the subjects of this study were five mothers who had stunting toddlers. They were selected according to the inclusion criteria. According to the results of the 2008 Semba study in Hanum’s study in 2014, maternal education levels significantly impacted children’s nutritional status.⁶ Mothers who have a high level of education will have a positive impact on parenting feeding to toddlers. The increase in maternal education levels significantly affected the decline in the incidence of stunting in infants. Based on the type of work, four out of five research participants had jobs while one

other participant did not, so that the time spent with her toddler is more. The respondents who had jobs, while working, entrusted their toddlers to their grandparents. According to the results of the 2005 Mamabolo’s study in Hanum’s study in 2014, working mothers are closely related to the provision of parenting patterns.⁶ Stunting incidence increases in working mothers.

Based on the results of this study, it is found that most of the respondents had given exclusive breastfeeding to their toddlers before the age of 6 months. They did this based on the instructions given by the doctor or the health center. However, the incidence of stunting that occurs may be due to the frequency of giving less breast milk. Based on the results of the study, it was found that most respondents only gave exclusive breastfeeding to their toddlers as much as 5 to 6 times a day.

This is in accordance with the results of research conducted by Loya and Nuryanto regarding parenting giving to stunting toddlers aged 6 to 12 months in Central Sumba Regency, East Nusa Tenggara. From the study, it was found that respondents had given exclusive breast milk to their toddlers but were still stunting. This happens because it turns out that the frequency of breastfeeding is only between 4 and 10 times a day. Therefore, even breastfeeding had been given as a recommendation, the administration frequency is not stated in the rules that should have caused the incidence of stunting.⁵

However, there are also some respondents who did not give exclusive breast milk to their toddlers. This is caused by their busy work, in addition to unstreamlined breast milk. According to the 2014 Ministry of Health of the Republic of Indonesia, exclusive breastfeeding can reduce infant mortality by 13% and can reduce the prevalence of failed growth in Indonesia.⁷ This is in accordance with Lestari’s study in 2014 regarding risk factors for stunting in children aged 6 to 24 months in Penanggalan District, Subulussalam City, Aceh Province. From the results of the study, it was found that the incidence of stunting was more commonly found in infants who were not given

exclusive breast milk (61.7%) compared to those who were given exclusive breast milk (29.4%).⁸

Based on the results of the research described above, it was found that most of the respondents began to provide complementary food for breast milk when their toddlers were 6 months old. However, the stunting incidence that occurs may be a result of the frequency and inadequate portion of food that is unable to meet all the nutritional needs of a toddler's body. The intake of nutrients that are less likely due to the composition of the quantity of food consumed is wrong or even the quality of food is bad. The principle of feeding toddlers by respondents does not prioritize children's nutritional needs. The habit of respondents in the principle of feeding toddlers, in general, is the toddlers are fed to be full and not fussy. Feeding the infants is also adjusted to what is edible to adults, and most respondents do not provide varied food.

This is consistent with the research conducted by Loya and Nuryanto in 2017 regarding the pattern of parenting feeding to stunting toddlers aged 6 to 12 months in Central Sumba Regency, East Nusa Tenggara. From the results of the study, it was found that the respondents had provided complementary breast milk to their toddlers at the age of 6 months but experienced stunting. It turned out that the frequency of providing complementary breast milk to infants was not in accordance with the recommendations of the Ministry of Health of the Republic of Indonesia. It suggested that the right amount of food for infants aged 6 to 12 months is pulverized or soft food with the frequency of giving 3 times a day with a size of 6 to 12 tablespoons.⁵ In the study, it was found that the provision of complementary food for breast milk ranged between 2 to 3 times with a dose of 2 to 6 tablespoons in one time feeding per day.

In the results of the research conducted, it was found that the staple food consumed was porridge and rice. Toddlers are also more often fed with one type of side dish or vegetable for each meal, such as eggs, tofu, tempeh, soup, fish, or chicken. All respondents always provide vegetables every day. Vegetables given are soup, spinach, corn,

carrot, kale, and long beans. In terms of providing vegetables, most toddlers like vegetables, but some only want to eat the sauce. Meat consumption, such as chicken, is not done every day. Most respondents provide meat only 3 times a week. For fruit consumption, giving fruit to toddlers is not done every day or routinely in a week but is mostly done at certain moments, such as when a religious ceremony is held. If this pattern of feeding long last can cause growth disorders.

Referring to the instruction of the Ministry of Health of the Republic of Indonesia in 2014, the dietary pattern is the most important behavior that can affect the state of nutrition. This is because the quantity and quality of food and beverages consumed will affect the level of health of individuals and society. In Indonesia, this principle is known as balanced nutrition guidelines. The balanced nutrition guideline is the consumption of daily meals must contain nutrients in the type and amount (portion) that fits the needs of each person or age group. Foods that are good to consume must contain carbohydrates, protein, vitamins, minerals and fiber in sufficient quantities, not excessive and carried out regularly.⁹

This is in accordance with the research conducted by Adriani and Kartika in 2013 regarding parenting styles for children under-fives with malnutrition in East Java, Central Java and Central Kalimantan. From the results of the study, it was found that the nutritional intake received by infants is very dependent on parents' parenting feeding. Potential eating habits, namely only by providing rice and vegetables to babies without meeting other nutritional needs, have an effect on the baby's linear growth.^{10,11}

Low birth weight (LBW) has a very strong relationship with the health and survival of newborns. Besides being able to disrupt the growth and development of the baby, this condition can also interfere with cognitive growth and development as well as vulnerability to chronic diseases in the future. Babies born with LBW tend to be difficult to catch up with early growth. The lag of growth will cause children to become stunting.¹²

The impact of infection on growth, such as decreased bodyweight due to loss of appetite, so that energy and nutrient intake is very lacking for body needs. If this condition occurs for a long time and is not immediately addressed, a disruption in growth will occur.¹³ The effect of exclusive breastfeeding on changes in stunting status is caused by the function of breast milk as immunity and antibodies to prevent infection. Babies who do not get exclusive breastfeeding will be more susceptible to disease, which later can affect their growth and development.¹⁴ The number of children is not a risk factor for the incidence of stunting because the number of families who have children more than two people is not small, in which respectively one of their children has worked and is able to live independently. This means that the burden on parents to support their children is reduced.¹⁵

5. Conclusion

The wrong parenting feeding for toddlers has the potential to cause stunting. Regarding the pattern of exclusive breastfeeding in stunting infants in the working area of the Public Health Centre of Tegallalang I, most respondents have given only exclusive breast milk to children under the age of 6 months but set aside the frequency in delivering it. Besides, most of the respondents began to provide complementary food for breast milk to toddlers when they were 6 months old ignored their nutritional needs, the frequency of proper feeding, the type of food that is good for growth and variety of foods.

Acknowledgement

The author would like to thank all those who have assisted the process of accomplishing the research, and especially to the Tegallalang I Primary Health Centre of Gianyar Regency and all participants who were willing to be involved.

References

1. Global Nutrition Report. 2014. Nutrition Country Profile Indonesia. International Food Policy Research Institute.
2. WHO. 2010. Nutrition Landscape Information System (NLIS) Country Profile Indicators. Geneva.
3. Nadiyah N, Briawan D, Martianto D. 2014. Faktor Risiko Stunting pada Anak Usia 0-23 Bulan Di Provinsi Bali, Jawa Barat, Dan Nusa Tenggara Timur, *Jurnal Gizi dan Pangan*, Juli 2014;9(2): 125-132.
4. Badan Penelitian dan Pengembangan Kesehatan Kementerian Kesehatan Republik Indonesia. Riset Kesehatan Dasar (Riskesdas). 2013. Profil Kesehatan Provinsi Bali Tahun 2013.
5. Loya R and Nuryanto. 2017. Pola Asuh Pemberian Makanan Pada Balita Stunting Usia 6-12 bulan di Kabupaten Sumba Tengah Nusa Tenggara Timur, *Journal of Nutrition College*, 2017;6: 83-95.
6. Hanum F, Khomsan A, Heryanto Y. 2014. Hubungan Asupan Gizi Dan Tinggi Badan Ibu Dengan Status Gizi Anak Balita, *Jurnal Gizi dan Pangan*, Maret 2014;9(1): 1-6.
7. Depkes RI. 2014. Laporan Hasil Riset Kesehatan Dasar Indonesia Tahun 2014. Depkes, Jakarta.
8. Lestari MU, Lubis G, Pertiwi D. 2014. Hubungan Pemberian Makanan Pendamping ASI (MP-ASI) dengan Status Gizi Anak Usia 1-3 Tahun di Kota Padang Tahun 2012, *Jurnal Kesehatan Andalas*, vol. 3, no. 2, pp. 188-190.
9. Kemenkes RI. 2014. Pedoman Gizi Seimbang.
10. Adrian M, Kartika V. Pola Asuh Makan pada Balita dengan Status Gizi Kurang di Jawa Timur, Jawa Tengah dan Kalimantan Tengah. *Buletin Penelitian Sistem Kesehatan*. 2013.
11. Fajrina N. Naskah Publikasi Hubungan Faktor Ibu dengan Kejadian Stunting pada Balita di Puskesmas Piyungan Kabupaten Bantul. 2016. Universitas Aisyiyah Yogyakarta.
12. Putra O. Pengaruh BBLR Terhadap Kejadian Stunting pada Anak Usia 12-60 Bulan di Wilayah Kerja Puskesmas Pauh Tahun 2015. Padang: Fakultas Kesehatan Masyarakat Universitas Andalas. 2016.

13. Welasasih BD, Wirjatmadi B. 2012. Beberapa Faktor yang Berhubungan dengan Status Gizi Balita Stunting. Surabaya: Departemen Gizi Kesehatan Universitas Airlangga. 2015.
14. Rohmatun NY. Hubungan Tingkat Pendidikan Ibu dan Pemberian ASI Eksklusif dengan Kejadian Stunting pada Balita di Desa Sidowarno Kecamatan Wonosari Kabupaten Klaten. Universitas Muhamadiyah Surakarta. 2014.
15. Candra A. Hubungan Underlying Factors dengan Kejadian Stunting pada Anak 1 sampai 2 Tahun. Semarang (Indonesia). Universitas Diponegoro Semarang. 2013.