Eduvest – Journal of Universal Studies
Volume 4 Number 04, April, 2024
p- ISSN 2775-3735- e-ISSN 2775-3727

DETERMINANTS OF HEIGHT COVERAGE OF CHILDREN JUST ENTERING ELEMENTARY SCHOOL (SD) IN PUSKESMAS WOLOJITA AND PUSKESMAS ONEKORE ENDE DISTRICT

Anggra Widianti[1], Lewi Jutomo[2], Intje Picauly[3], Yendris K Syamruth[4], Christina Olly Lada[5]
[1,2,3,4,5] Universitas Nusa Cendana, Kupang, Indonesia
Email: anggrawidianti5@gmail.com

ABSTRACT

Stunting is a condition of failure to grow in children due to chronic malnutrition in the first 1000 days of life (HPK). The incidence of stunting in children can be caused by several factors, namely family income, history of infectious diseases, history of nutritional status, mother's education, parenting patterns, mother's knowledge, and food consumption patterns. The aim of this research is to determine the factors that determine the height coverage of children entering elementary school in Ende Regency. This type of research is quantitative with cross sectional research. A sample of 61 first grade elementary school students was selected using probability sampling. The research was conducted in August 2023-April 2024. Univariate and bivariate data analysis using the chi-square test. The test results showed the disease history factor (p-value : 0.027; ρ maternal knowledge about nutrition (p-value : 0.009; ρ x,y: 0.212; OR : 1.128; 95%CI : 0.003-3.131); consumption patterns (p-value : 0.002; ρ and nutritional status (p-value : 1 ; ρ of elementary school children in Ende Regency.

KEYWORDS *Stunting, New Children Entering Elementary School, Determinants*

INTRODUCTION

Indicators of the bad consequences of chronic malnutrition in children are closely related to various long-term and short-term conditions, one of which is stunting. A child is said to be stunted if the child's height is below -2 SD from the WHO standard. Stunting can have short-term impacts on children, for example underdeveloped cognitive, motor and language abilities, increased mortality and

How to cite: Widianti, A et al. (2024). Determinants Of Height Coverage Of Children Just Entering Elementary School (SD) In Puskesmas Wolojita And Puskesmas Onekore Ende District. *4* (4): 2194-2208
E-ISSN: 2775-3727
Published by: https://greenpublisher.id/

morbidity, and increased health costs. The long-term impact is that when an adult child has a shorter body posture than children his age, increases the risk of disease (such as obesity, heart failure, diabetes, etc.), the reproductive system does not work optimally, the child's learning ability and achievement are less than optimal, and a decrease ability and work capacity. Seeing the impact of stunting above, the problem of stunting needs to receive special attention, because the level of children's health reflects the health level of the nation and children are the next generation in the nation's development in the future (Kusumawati et al., 2020).

UNICEF (1990) states that stunting can be influenced by many factors, both directly and indirectly. Direct causal factors are food intake factors, infectious disease factors, low birth weight factors, and genetic factors. Meanwhile, indirect factors are the mother's knowledge about nutrition, the parent's education factor, the food distribution factor, the family income factor, and the exclusive breastfeeding factor.

Families with a good income level are able to meet their family's needs, including the nutritional needs of their children. The results of research conducted by Nurmalasari, et al (2020) inform that low family income and maternal education have a higher risk of having stunted children. The mother's education level influences the mother's knowledge about child nutrition. If a mother's child's nutritional knowledge is lacking, there is a greater risk of their child experiencing stunting (Murti et al., 2020). Maternal knowledge is a predisposing factor that influences the formation of maternal behavior in raising children. If a mother has good knowledge about nutrition, this will influence her behavior in fulfilling her child's nutrition regarding the right type and amount to support her child's growth and development.

A history of exposure to illnesses that children often suffer from, such as fever, coughs and colds, also has a direct influence on the incidence of stunting. The results of research conducted by Nurbawena, et al (2019) concluded that there was a significant relationship between a history of illness and the incidence of stunting. History of illness and frequency of illness in the frequent category are more common in children suffering from stunting. A history of illness that occurs continuously or repeatedly over a long period of time will result in problems with the child's nutritional status through decreased food intake and increased metabolic needs due to the illness suffered.

Food consumption patterns are the way a person or group of people choose the food they consume which is influenced by physiological, psychological, cultural and social factors. Younger food consumption patterns are known as the arrangement of the types and amounts of food consumed by a person or group of people at a certain time. Food consumption patterns function to direct national food utilization patterns to meet the rules of quality, diversity, nutritional content, safety and halal, in addition to food efficiency in preventing waste. Food consumption patterns also direct the optimal use of food in the body (utility food), with increased awareness of the importance of diverse consumption patterns, with balanced nutrition including energy, protein, vitamins and minerals (Picauly et al., 2024).

This study aims to explore the factors that influence children's height when they first enter elementary school (SD) in the working area of the Wolojita

Community Health Center and Onekore Community Health Center, Ende Regency, including maternal knowledge about nutrition, maternal education, family income, maternal employment, parenting style, history of infectious diseases, history of nutritional status in toddlers, and food consumption patterns. Through problem formulation, general objectives and specific objectives, this research identifies the influence of each factor on children's height coverage. The theoretical benefits of this research include providing additional information to public health institutions and the wider community about the relationship between these factors and the height range of children entering elementary school. Meanwhile, the practical benefits include increasing knowledge and experience for researchers, program evaluation for related agencies, and reference material for future researchers.

RESEARCH METHOD

This research uses a quantitative approach with a cross-sectional study design to explore the influence between the independent variable and the dependent variable. Carried out in the working areas of the Wolojita Community Health Center and Onekore Community Health Center, Ende Regency, during the period August 2023 to April 2024, this research took a population of all elementary school students in the village and city. Using the cluster sampling method, samples were taken from SDI Nggela 2, SDK Nggela 1, SDI Onekore 5, and SDK Ende 3. The variables studied were height, family income, history of illness, mother's education, mother's parenting style, mother's knowledge about nutrition, and consumption patterns, are operationally defined and measured in various ways , including interviews and questionnaires. Primary data was collected through structured interviews using questionnaire instruments, while secondary data was obtained from related agencies. The data processing process includes checking, coding, entering data into a computer, and cleaning data. Data analysis was carried out using univariate and bivariate techniques, including chi-square testing and Odds Ratio calculations to identify the influence of variables on children's height coverage. Statistical results are presented in tables and narratives to obtain a clear picture of the relationships between variables.

RESULT AND DISCUSSION

A. Determinants of Height Coverage for Children Just Entering Elementary School.

1. The influence of family income on the height range of children entering elementary school

Table 1 shows that family income level does not always have an impact on children's height coverage. The results of the study explain that families with low incomes have children with high coverage of good (57.1%) and poor (42.9%). The results of the analysis show that there is no influence between family income level factors and child height coverage (*p- value* : 0.382>0.05).

Table 1. The influence of family income on the height range of children just entering elementary school

Family Income	Height Coverage (cm)				n	%	*p-value* ρ OR 95% CI (Lower-Upper)
	Good		Bad				
	n	%	n	%			
1. Tall	4	80.0	1	20.0	5	100	0.382
2. Low	32	57.1	24	42.9	56	100	-

2. The influence of illness history on the height coverage of children just entering elementary school in the working area of the Wolojita Health Center and Onekore Health Center, Ende Regency

Table 2 shows that the majority (64.0%) of children with a history of illness have poor height coverage. Meanwhile, most of the children who had no history of illness (81.8%) had good height coverage. The results of the analysis show that there is a significant effect (*p-value* : 0.027 < 0.05); ρ Furthermore, a history of illness has a risk of 0.394 times or 39.4% in reducing the height coverage of each child.

Table 2. Effect of illness history on the height coverage of children just entering elementary school in the working area of the Wolojita Health Center and Onekore Health Center, Ende Regency

History of illness	Height Coverage (cm)				n	%	*p-value* ρ OR 95%CI (Lower-Upper)
	Good		Bad				
	n	%	n	%			
1. Painless	9	81.8	2	18.2	11	100	p-value: 0.027
2. Sick	18	36.0	32	64.0	50	100	$\rho_{X,Y}$: 0.156 OR: 0.394 95%CI: 0.085-1.825

3. The influence of maternal education on the height coverage of children just entering elementary school in the working area of the Wolojita Health Center and Onekore Health Center, Ende Regency

Table 3 shows that the majority (50.9%) of elementary school children with good height coverage have mothers with low levels of education. This condition is inversely proportional to elementary school children who have poor height coverage. The results of the analysis show that there is no influence between maternal education and child height (*p-value* : 0.152>0.05).

Table 3. The influence of maternal education on the height coverage of children just entering elementary school in the working area of the Wolojita Health Center and Onekore Health Center, Ende Regency

Level of education	Height Coverage (cm)						*p-value* ρ OR 95%CI (Lower-Upper)
	Good		Bad		n	%	
	n	%	n	%			
1. Tall	3	37.5	5	62.5	8	100	0.152
2. Low	27	50.9	26	49.1	53	100	-

4. The influence of parenting styles on the height coverage of children just entering elementary school in the working area of the Wolojita Health Center and Onekore Health Center, Ende Regency

Table 4 shows that mothers who provide poor parenting patterns have more children with good height levels compared to mothers who provide good parenting patterns. The results of the analysis showed that there was no influence between the mother's parenting style factors and the child's height (*p-value* : 0.356>0.05).

Table 4. The Influence of Parenting Patterns on the Height Coverage of Children Just Entering Elementary School in the Work Area of the Wolojita Health Center and Onekore Health Center, Ende Regency

Mother's Parenting Style	Height Coverage (cm)						*p-value* ρ OR 95%CI (Lower-Upper)
	Good		Bad		n	%	
	n	%	n	%			
1. Good	6	46.1	7	53.9	13	100	0.356
2. Not good	29	60.4	19	39.6	48	100	-

5. The influence of maternal knowledge on the height coverage of children just entering elementary school in the working area of the Wolojita Health Center and Onekore Health Center, Ende Regency

Table 5 shows that the majority of mothers who have good (81.2%) and poor nutritional knowledge (53.3%) both have children with good height coverage. The results of the analysis show that there is a very significant influence (*p-value* : 0.009 < 0.05; ρ However, the results of the analysis show that the mother's lack of knowledge about nutrition has a risk of 1,128 times the height of each child.

Table 5. The Influence of Mother's Nutritional Knowledge on the Height Range of Children Just Entering Elementary School

Height Coverage (cm)	n	%	*p-value*

Mother's nutritional knowledge	Good		Bad				ρ OR 95%CI (Lower-Upper)
	n	%	n	%			
1. Good	13	81.2	3	18.8	16	100	*p-value* : 0.009
2. Not good	24	53.3	21	46.7	45	100	$\rho_{X,Y}$: 0.212 OR: 1.128 95%CI: 0.003-3.131

6. The influence of food consumption patterns on the height range of children just entering elementary school

Table 6 shows that mothers who implement good food consumption patterns, most of their children have a good height range (53.3%). This is different from mothers who have poor eating patterns, their children tend to have poor height coverage (65.2%). The results of the analysis show that there is a significant influence (*p*- value *:* 0.002 < 0.05; ρ Furthermore, based on the results of the OR analysis, it shows that poor food consumption pattern factors can have a risk of 0.679 times hampering the height coverage of each child.

Table 6. Influence of food consumption patterns on the height range of children just entering elementary school

Food Consumption Patterns	Height Coverage (cm)				n	%	*p-value* ρ OR 95%CI (Lower-Upper)
	Good		Bad				
	n	%	n	%			
1. Good	8	53.3	7	46.7	15	100	*p-value* : 0.002
2. Not good	16	34.8	30	65.2	46	100	$\rho_{X,Y}$: 0.081 OR: 0.679 95%CI: 0.205-2.250

7. The influence of nutritional status on the height range of children just entering elementary school

Table 7 shows that elementary school children who have good nutritional status have good height coverage (61.0%). This is different from children who have poor nutritional status who tend to have poor height coverage (50.0%). The results of the analysis show that there is no significant influence between the historical factors of nutritional status of children aged under five and the range of children's height (*p- value* : 1 > 0.05; $\rho_{X,Y}$: 0.111). However, the historical factor of nutritional status of children under five can provide protection or protection of 0.567 times or 56.7% of the height coverage of each child.

Table 7. Influence of nutritional status on the height coverage of children just entering elementary school

Nutritional status	Height Coverage (cm)				n	%	*p-value* ρ OR 95% CI (Lower-Upper)
	Good		Bad				
	n	%	n	%			
1. Good	36	61.0	23	39.0	59	100	*p-value* : 1
2. Not good	1	50.0	1	50.0	2	100	$\rho_{X,Y}$: 0.111 OR: 0.567 95%CI: 0.454-0.707

B. Discussion

1. **The influence of family income on the height range of children entering elementary school**

   The program to consume diverse, nutritious, balanced and safe food (B2SA) from the Ministry of Agriculture and the fill my plate program from the Indonesian Ministry of Health require economic stability for all families. Families with low incomes will have an impact on their ability to buy food ingredients that are diverse, nutritious, balanced and safe. Or the low opportunity to consume a variety of foods that suit the recommended contents of my plate. One effort that can be implemented by families with low incomes is to seek natural resources around the home yard. This will certainly have an impact on the quality and quantity of nutritional intake for children and other family members.

   This research found that family income level does not always have an impact on a child's height range. The research results explain that the majority of low-income families have children with a high range of good and bad. The results of the analysis show that there is no influence between family income levels and children's height levels.

   The research results of Agustin and Rahmawati (Agustin & Rahmawati, 2021) explain that low family income can increase the incidence of *stunting* . Other research states that the quantity and quality of food consumed by families depends on the level of family income (Nurmalasari et al, 2020); types of food that are less varied, especially food ingredients that function for children's growth, such as protein, vitamins and minerals, are lacking, which can increase the risk of children experiencing nutritional problems such as *stunting* (Nopala, 2022), high family income reduces the risk of stunting (Kuswati & Sumedi, 2022). On the other hand, low family income levels result in low household food purchasing power (Aida, 2019). Families with lower economic status tend to have stunted children (Dakhi, 2019).

2. **The influence of a history of illness on the height range of children just entering elementary school**

   The WHO conceptual framework states that a history of illness is one of the etiologies of *stunting* in children. Infectious and non-infectious diseases also contribute to a decrease in children's weight and height. This is in line with what was said by Nurbawena *et al* . (2021) that the link between *stunting* and illness, both infectious and non-infectious illness, can affect children's

growth through poor appetite, impaired absorption in the digestive tract, and increased energy requirements to cure disease.

The results of the study explain that most children have a history of having experienced illness compared to those who have not been sick. Where most children who have a history of illness have poor height coverage. Meanwhile, most of the children who do not have a history of illness have a good height range. The results of the analysis prove that there is a very weak influence between the history of illness or illness and the child's height. Furthermore, the results of this analysis show that the history of illness can increase the risk of 39.4 times the height of each child.

The results of this research are in line with research by Sutia (2022) which explains that there are several factors that can cause *stunting,* one of these factors is infectious disease, where the problem of malnutrition will have an impact on growth. Infectious diseases can also interfere with the growth and nutritional status of children, because infectious diseases can reduce food intake, disrupt the absorption of nutrients and can cause direct loss of nutrients (Sumartini, 2022). The incidence of malnutrition is the impact of a growth process that is less than optimal or hampered. If this is left unchecked, in the future children will become vulnerable to being infected with disease, besides that it will also have an impact on their level of intelligence and decreased productivity (Eldrian et al., 2023).

The incidence of *stunting* is one of the nutritional problems in children who have a history of illness more often than non- *stunting* (Hasanah, 2021). The incidence of stunting in children is influenced by the history of the disease (Maineny et al., 2022). Health promotion related to preventing infectious diseases in children needs to be further improved to overcome the problem of stunting in the Rama Indra Community Health Center Working Area (Subroto et al., 2021).

3. The influence of maternal education on the height range of children entering elementary school

Maternal education is an indirect factor that influences height coverage or the incidence of *stunting.* This is because in general the mother is responsible as the main caregiver for her child.

This research found that the majority of mothers with low levels of education have elementary school children with good height coverage. This condition is inversely proportional to elementary school children who have poor height coverage. The results of the analysis explain that there is no influence between the mother's parenting style factors and the child's height range.

The results of this study are not in line with research conducted by Prabawati and Andriani (2021) which states that a low level of education is at risk of having children with *stunting* , due to the mother's lack of knowledge about how to raise children, care for and feed children according to their nutritional adequacy figures. . Education is related to the knowledge a person has.

The mother's education level also influences the mother's ability to absorb information. Apart from that, nutritional problems will give rise to various health problems. The mother's level of knowledge is one of the factors in meeting the nutritional needs of the family, especially children (Husnaniyah et al., 2020). Mother's knowledge will determine attitudes in maintaining and meeting nutritional needs, thereby reducing the potential for stunting. Factors that influence knowledge are education and information (Rahmah et al., 2023).

The mother's education level influences the incidence of stunting, because the higher the mother's education, the easier it will be to increase knowledge in providing nutritious food for children to consume (Husnaniyah et al., 2020). It is hoped that the formal education of prospective mothers can be improved because mothers with higher education find it easier to absorb health information (Kusumawati et al., 2020). Factors causing stunting consist of basic factors such as economic factors and maternal education, then intermediate factors such as number of family members, maternal height, maternal age , and maternal number of children (Sutarto, 2020).

Basically, education has a very close influence on knowledge, a higher level of education will make it easier for someone to absorb information and implement it in daily behavior and lifestyle, especially in terms of health, therefore to avoid this, socialization is needed to mothers. mothers or interventions regarding the causes and prevention of stunting, in order to increase mothers' knowledge (Ariyanto et al., 2021).

4. **The influence of parenting styles on the height range of children just entering elementary school**

Parenting style is an important factor in a child's growth and development. Adequate care not only has benefits for the child's immune system, but is also able to improve the child's mental and physical development and, most importantly, the child's health (Putri & Dewina, 2020). Good and bad parenting patterns can influence the growth of toddlers and the fulfillment of toddler nutrition which can result in malnutrition status in toddlers (Juliani, 2019).

The results of the research explain that the majority of mothers who have good and poor nutritional knowledge both have children with good height levels. The results of the analysis show that there is a weak influence between the mother's knowledge factor and the child's height coverage. Furthermore, it is known that the mother's knowledge factor can increase the risk of 1,128 times the height of each child. This means that supporting good nutritional intake for children requires the mother's ability to provide care for the child (Noorhasanah & Tauhidah, 2021). The occurrence of stunting is very high with a permissive parenting style because parents really give children the freedom to choose the food they want to eat so that the type of food they eat is not controlled by their parents because parents leave it completely up to the child as long as the child can eat (Nuraeni et al., 2022).

Children's eating patterns will always be related to feeding activities, which will ultimately contribute to their nutritional status (Hidayat, 2023).

Parenting style is an indirect cause of *stunting* and if not implemented well can be a direct cause of *stunting* , meaning that parenting style is the dominant factor in causing *stunting* (Rosuliana et al., 2022).

Toddlers who grow up in poor families will grow up healthy if they are raised by parents who understand the importance of health. One example is that there are malnourished children whose parents work as well-off civil servants. This apparently happened because child care was handed over to grandmothers who had limited knowledge of the importance of providing nutritious food (Novianty, 2021). The results of a simple regression test on the parenting pattern variable show that there is no significant influence on parenting patterns with the height coverage of children just entering elementary school (Sig. 0.607).

5. **The influence of maternal knowledge on the height range of children entering elementary school**

The factor that influences stunting is the mother's knowledge about nutrition (Amalia et al., 2021). Stunting can cause cognitive and behavioral disorders. Children with stunting in the first two years of life tend to enter school later than children their age and get lower grades than children who do not experience stunting. Apart from that, in adulthood it can increase the risk of metabolic syndrome such as hypertension, cardiovascular disease and diabetes mellitus.

Stunted children tend to have lower socio-economic status in later life due to decreased productivity (Rahmandiani et al., 2019). Knowledge is a collection of information that a person knows. Mother's knowledge about nutrition determines mother's behavior in providing food for her child (Sari et al., 2020). Mothers who have good nutritional knowledge will choose, process and serve good food with the amount and type of food according to the child's nutritional needs.

Research finds that the majority of mothers who have good and poor nutritional knowledge both have children with good height levels. The results of the analysis show that there is a weak influence between mother's knowledge and the child's height coverage. Although the results of further analysis show that the mother's knowledge factor can have a risk of 1,128 times the height of each child.

Parental knowledge can help improve the nutritional status of children to achieve growth maturity (Al, 2021). The higher a person's level of education, the higher a person's ability to capture information that can increase knowledge. Higher education makes a mother more able to think rationally about the importance of balanced nutritional intake for growth and development (Murti, 2020).

Knowledge of maternal parenting is the behavior of mothers in caring for their children. Behavior itself is influenced by attitudes and knowledge. Good knowledge will create good attitudes, which in turn, if these attitudes are deemed appropriate, good behavior will also emerge (Aghadiati, 2023). Stunting can be prevented by increasing mothers' knowledge about stunting prevention (Palupi et al., 2023).

6. The influence of food consumption patterns on the height range of children just entering elementary school

Stunting in children is caused by several factors that influence each other, including nutritional factors found in food. The quality and quantity of nutritional intake in children's food needs attention from mothers because it is often low in the nutrients needed to support growth. This shows that to support good nutritional intake, it needs to be supported by the mother's ability to provide good care for children in terms of feeding practices, because children's diet plays a very important role in the child's growth process.

The results of the research found that mothers who implement good food consumption patterns, most of their children have a good height range. This is different from mothers who have poor eating patterns, their children tend to have poor height ranges. The results of the analysis show that there is a weak influence between food consumption patterns and children's height coverage. Then the results of the analysis also show that the risk food consumption pattern factor is 67.9 times the height of each child.

Eating patterns are the behavior of a person or group of people in fulfilling food needs which includes attitudes, beliefs and food choices. Eating patterns are formed as a result of physiological, psychological, cultural and social influences (Mouliza & Darmawi, 2022). The period under two years of age (baduta) is one of the important stages of growth in improving good and quality human resources.

Children under two years of age need special attention, especially in food consumption. Inadequate food consumption and repeated infectious diseases can cause stunted growth in children (Gurang et al., 2023). Low economic status can influence family patterns, both for food and non-food consumption. The family's socio-economic status will influence the quality of food consumption. This is related to the family's purchasing power. Families with low economic status have limited ability to meet food needs, which will affect food consumption (Raudhatusabrina et al., 2021).

The body will experience protein deficiency if the food consumed does not contain protein or the energy consumed in the required amount or is inadequate. According to Langi *et al* . (2019) animal protein is really needed to support children's growth and development because the nutrients contained in animal protein are mostly nutrients that support brain growth and play a role in children's growth. Low quality nutritional intake is one of the causes of stunting (Zulfa et al., 2024). As a child gets older , the need for energy and nutrients increases. Children's growth will increasingly deviate from normal if age continues to increase and the provision of food, both quantity and quality, is inadequate.

The high incidence *of stunting* is caused by a lack of energy intake, due to irregular eating patterns with portions that depend on side dishes (Hasibuan, 2022). To achieve a healthy eating pattern cannot be separated from nutritional input which is the process of organisms using the food consumed through the processes of digestion, absorption, transportation, storage, metabolism and excretion of substances that are not used to maintain

life, growth and normal function of organs, and produce energy. The diet that triggers obesity is consuming large portions of food (more than needed), eating high energy, high fat, high carbohydrates, simple foods, and low fiber. Meanwhile, wrong eating behavior is the act of consuming excessive amounts of food without being balanced with balanced energy expenditure, one of which is physical activity or exercise (Mariana et al., 2018).

7. **Research limitations**

There are several limitations to this study. First, the school sample used does not include all elementary schools in Ende Regency, both in villages and cities . Second, this research is limited to the working areas of the Wolojita and Onekore Community Health Centers, so it cannot represent the height of elementary school children who have just entered school throughout Ende Regency. Third, the history of illness is only based on reports submitted by the mother without undergoing laboratory examination for verification. Lastly, the height measurement tools used are not consistent in each school, causing potential variations in measurements.

CONCLUSION

Based on research regarding the determinants of height coverage for children just entering elementary school in the working areas of the Wolojita Health Center and Onekore Health Center, Ende Regency, several conclusions were found. First, family income does not have a significant influence on the height range of children entering elementary school. Second, a history of illness has a significant influence, with a risk of 0.394 times this problem. Third, maternal education and parenting styles do not have a significant effect on the height range of children entering elementary school. However, maternal knowledge about nutrition and food consumption patterns has a significant effect, where poor nutritional knowledge and food consumption patterns increase the risk by 0.679 times and 0.567 times, respectively. Nutritional status is not significant for the height coverage of children just entering elementary school. As a suggestion, the author hopes that the public, especially parents, will pay more attention to children's nutritional needs, plant a variety of food crops, actively seek information about nutrition, and immediately take sick children to health facilities. For Community Health Centers, it is hoped that they will provide nutrition education to mothers diligently. Apart from that, it is recommended for other researchers to further examine factors such as diet, clean living behavior, exclusive breastfeeding, parental height, and immunization status in relation to stunting.

REFERENCES

Agustin, L., & Rahmawati, D. (2021). Hubungan pendapatan keluarga dengan kejadian stunting. *Indonesian Journal of Midwifery (IJM)*, *4*(1), 30.

Aida, A. N. (2019). Pengaruh kondisi sosial ekonomi terhadap kejadian stunting di Indonesia. *Jurnal Budget: Isu Dan Masalah Keuangan Negara*, *4*(2), 125–140.

Amalia, I. D., Lubis, D. P. U., & Khoeriyah, S. M. (2021). Hubungan pengetahuan ibu tentang gizi dengan kejadian stunting pada balita. *Jurnal Kesehatan*

Samodra Ilmu, *12*(2), 146–154.

Ariyanto, E., Fahrurazi, F., & Amin, M. (2021). Hubungan Tingkat Pendidikan Ibu Dan Sumber Air Minum Dengan Kejadian Stunting Pada Balita Di Wilayah Kerja Upt. Puskesmas Palangkau Tahun 2021. *An-Nadaa: Jurnal Kesehatan Masyarakat (e-Journal)*, *8*(2), 143–147.

Dakhi, A. (2019). *Hubungan Pendapatan Keluarga, Pendidikan, Dan Pengetahuan Ibu Tentang Gizi Dengan Kejadian Stunting Pada Anak Umur 6-23 Bulan Di Wilayah Kerja Puskesmas Jati Makmur Binjai Utara*.

Eldrian, F., Karinda, M., Setianto, R., Dewi, B. A., & Gusmira, Y. H. (2023). Hubungan Riwayat Penyakit Infeksi Dengan Kejadian Stunting Pada Balita. *Jurnal Manajemen Kesehatan Yayasan RS. Dr. Soetomo*, *9*(1), 80–89.

Gurang, Y., Briawan, D., & Widodo, Y. (2023). Hubungan antara Pola Asuh Makan dan Kualitas Konsumsi Pangan dengan Stunting Anak Usia 18–24 Bulan di Kota Bogor, Jawa Barat, Indonesia. *National Nutrition Journal*, *18*(1).

HASIBUAN, F. S. (2022). *HUBUNGAN POLA PEMBERIAN MAKANAN DENGAN KEJADIAN STUNTING PADA BALITA USIA 24-59 BULAN DI DESA AEK NAULI KECAMATAN HULU SIHAPAS KABUPATEN PADANG LAWAS UTARA TAHUN 2022*.

Hidayat, A. N. (2023). Hubungan Pola Asuh Ibu Dengan Kejadian Stunting Pada Anak Usia 24-60 Bulan Di Kelurahan Teritih Wilayah Kerja Puskesmas Kalodran Kota Serang Provinsi Banten Tahun 2022. *Jurnal Anestesi*, *1*(2), 103–114.

Husnaniyah, D., Yulyanti, D., & Rudiansyah, R. (2020). Hubungan tingkat pendidikan ibu dengan kejadian stunting. *The Indonesian Journal of Health Science*, *12*(1), 57–64.

Kusumawati, D. E., Latipa, L., & Hafid, F. (2020). Status Gizi Baduta dan Grafik Pertumbuhan Anak Usia 0-23 Bulan di Wilayah Kerja Puskesmas Pantoloan: Nutrition Status of Children Under Two Years of Age and Growth Graph of Children Age 0-23 Months In The Working Area Pantoloan Central of Health Community. *Poltekita: Jurnal Ilmu Kesehatan*, *14*(2), 104–110.

Kuswati, A., & Sumedi, T. (2022). Hubungan Pendapatan Keluarga, Jumlah Anggota Keluarga, Terhadap Stanting Pada Balita Umur 24-59 Bulan. *Journal of Bionursing*, *4*(1), 63–69.

Maineny, A., Longulo, O. J., & Endang, N. (2022). Hubungan Riwayat Penyakit Infeksi Dengan Kejadian Stunting Pada Balita Umur 24-59 Bulan Di Wilayah Kerja Puskesmas Marawola Kabupaten Sigi: History of Infectious Diseases with Stunting Incidence among Toddlers Age 24-59 Months at the Marawola Health Center, Sigi Regency. *Jurnal Bidan Cerdas*, *4*(1), 10–17.

Mariana, D., Wulandari, D., & Padila, P. (2018). Hubungan Pola Makan dengan Kejadian Anemia pada Ibu Hamil di Wilayah Kerja Puskesmas. *Jurnal Keperawatan Silampari*, *1*(2), 108–122.

Mouliza, R., & Darmawi, D. (2022). Hubungan Pola Pemberian Makan Dengan Kejadian Stunting Pada Balita Usia 12-59 Bulan Di Desa Arongan. *Jurnal Biology Education*, *10*(1), 91–104.

Murti, L. M., Budiani, N. N., & Darmapatni, M. W. G. (2020). Hubungan pengetahuan ibu tentang gizi balita dengan kejadian stunting anak umur 36-59

bulan di Desa Singakerta Kabupaten Gianyar. *Jurnal Ilmiah Kebidanan (The Journal Of Midwifery)*, *8*(2), 62–69.

Noorhasanah, E., & Tauhidah, N. I. (2021). Hubungan pola asuh ibu dengan kejadian stunting anak usia 12-59 bulan. *Jurnal Ilmu Keperawatan Anak*, *4*(1), 37–42.

NOVIANTY, D. (2021). *HUBUNGAN KARAKTERISTIK DAN POLA ASUH IBU DENGAN KEJADIAN STUNTING PADA BALITA USIA 6-59 BULAN DI WILAYAH KERJA PUSKESMAS SATELIT KOTA BANDAR LAMPUNG*.

Nuraeni, S. P., Herliana, L., & Patimah, S. (2022). Hubungan Pola Asuh Ibu terhadap Derajat Stunting pada Balita Usia 24-59 Bulan di Desa Tanjungsari. *Journal of Midwifery Information (JoMI)*, *3*(1), 292–310.

Nurbawena, H., Martono Tri Utomo, M., & Yunitasari, E. (2021). Hubungan riwayat sakit dengan kejadian stunting pada balita. *Indonesian Midwifery and Health Sciences Journal*, *3*(3), 213–225.

Nurmalasari, Y., Anggunan, A., & Febriany, T. W. (2020). Hubungan tingkat pendidikan ibu dan pendapatan keluarga dengan kejadian stunting pada anak usia 6-59 bulan. *Jurnal Kebidanan*, *6*(2), 205–211.

Palupi, F. H., Renowening, Y., & Mahmudah, H. (2023). Pengetahuan Ibu Tentang Gizi Berhubungan Dengan Kejadian Stunting Pada Balita Umur 24-36 Bulan. *Jurnal Kesehatan Mahardika*, *10*(1), 1–6.

Picauly, I., Boeky, D., & Oematan, G. (2024). Factors Affecting Nutritional Status (Height for Age) of Children Under Five in Rote Ndao District, Kupang, Nusa Tenggara Timur, Indonesia. *Journal of Maternal and Child Health*, *9*(1).

Putri, N. Y., & Dewina, M. (2020). Pengaruh Pola Asuh Nutrisi Dan Perawatan Kesehatan Terhadap Kejadian Stunting Usia 2–5 Tahun Di Desa Sindang Kabupaten Indramayu Tahun 2019. *Jurnal Kesehatan Indra Husada*, *8*(1), 31–42.

Rahmah, A. A., Yani, D. I., Eriyani, T., & Rahayuwati, L. (2023). Hubungan Pendidikan Ibu Dan Keterpaparan Informasi Stunting Dengan Pengetahuan Ibu Tentang Stunting. *Journal of Nursing Care*, *6*(1), 1–10.

Rahmandiani, R. D., Astuti, S., Susanti, A. I., Handayani, D. S., & Didah, D. (2019). Hubungan pengetahuan ibu balita tentang stunting dengan karakteristik ibu dan sumber informasi di Desa Hegarmanah Kecamatan Jatinangor Kabupaten Sumedang. *Jurnal Sistem Kesehatan*, *5*(2).

Raudhatusabrina, S., Sastramihardja, H. S., & Setiowulan, W. (2021). Hubungan Pola Konsumsi Kudapan dengan Stunting pada Anak Kelas 1-2 SDN 036 Ujungberung Kota Bandung. *Jurnal Sari Pediatri*, *23*(2), 121–128.

Rosuliana, N. E., Ainun, F., Ilmi, N., Qonaa'ah, A., & Astuti, F. (2022). „Hubungan Pola Asuh Ibu Dengan Kasus Stunting Pada Anak Usia 12-59 Bulan". *Jurnal Ilmu Kesehatan Vol*, *10*(2).

Subroto, T., Novikasari, L., & Setiawati, S. (2021). Hubungan riwayat penyakit infeksi dengan kejadian stunting pada anak usia 12-59 bulan. *JKM (Jurnal Kebidanan Malahayati)*, *7*(2), 200–206.

Sumartini, E. (2022). Studi Literatur: Riwayat Penyakit Infeksi Dan Stunting Pada Balita. *Jurnal Kesehatan Mahardika*, *9*(1), 55–62.

Sutia, M. (2022). Hubungan Riwayat Penyakit Infeksi Dengan Kejadian Stunting

Pada Balita Usia 24-36 Bulan Di Wilayah Kerja Puskesmas Tambang Kabupaten Kampar. *Jambi Medical Journal: Jurnal Kedokteran Dan Kesehatan*, *10*(1), 154–163.

Zulfa, S., Handayani, F., & Nuraeni, A. (2024). Hubungan Pola Asuh Orang Tua Dalam Pemberian Makan Dengan Kejadian Stunting Pada Balita Di Wilayah Kerja Puskesmas Palasari Kabupaten Subang. *Vitalitas Medis: Jurnal Kesehatan Dan Kedokteran*, *1*(3), 101–120.