



Overview of the Level of Education and Knowledge of Mothers in Stunting Toddlers at Community Health Center Sendang Cirebon Regency

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KEYWORDS	ABSTRACT
Education Level; Mother's Knowledge; Stunting 3	Background: The prevalence of stunting worldwide has declined, but Indonesia still faces a major problem. The prevalence of stunting in Indonesia reached 21.6% in 2022, far from the WHO target, and two out of ten toddlers in West Java are affected. Factors such as education level, maternal knowledge, and environmental conditions influence the high number of stunting cases. Objectives: To describe the level of education and knowledge of mothers with stunted toddlers at the Sendang Health Center, Cirebon Regency. Methods: This study used a descriptive research design. The sample consisted of 65 mothers with stunted toddlers from the *Sendang* and *Gegunung* sub-districts, selected using cluster sampling. Results: The findings indicate that the majority of mothers who have stunted toddlers in the Sendang Health Center working area have a low level of education, with 44.6% of mothers having only graduated from elementary school. Mothers' knowledge about stunting is also relatively low, with 70.8% of mothers having insufficient knowledge. Therefore, the Sendang Health Center is expected to further enhance promotive and preventive efforts regarding the prevention and impact of stunting.

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INTRODUCTION

Although various studies have examined the relationship between maternal education and knowledge levels and stunting incidence, several gaps remain. Previous research by Shodikin et al. (2023) focused more on the relationship between maternal education levels and nutritional parenting patterns, while Novela's (2022) study examined the causes of stunting in general without specifically describing maternal education and knowledge levels in particular regions. Khobibah et al.'s (2022) study at the South Purwokerto Community Health Center found that 27.9% of respondents were unaware of stunting, but the study did not specifically analyze maternal education characteristics. Furthermore, most studies were conducted in regions with different demographic characteristics, while research in the Sendang Community Health Center (Puskesmas Sendang), Cirebon Regency, has never been conducted before. Data from the Cirebon Regency Health Office (2023) show that the Puskesmas Sendang working area has a significant stunting prevalence, with a prevalence of 12.26% in Sendang Village and 14.86% in Gegunung Village. Previous studies have also not yet descriptively identified the

level of education and knowledge of mothers of stunted toddlers in this region, so a descriptive study is needed to provide baseline data for more targeted interventions.

According to UNICEF and WHO (2022), more than half of children under 5 years old affected by stunting live in Asia, and two out of five children live in Africa. Stunting has continued to decrease over the last decade, with 148.1 million, or 22.3% of children under 5 years old worldwide, affected by stunting. Almost all children affected by stunting live in Asia (52% of the global total) and Africa (43% of the global total).

The Asian continent, based on 2020 data sourced from the Joint Child Malnutrition Estimates, contributed 55% of the global proportion of stunted toddlers. This 55% consists of Southeast Asia with a prevalence of 27.4%, West Asia 13.9%, Central Asia 10.0%, and East Asia 4.9%. The prevalence of stunting in children under five years of age in Indonesia is the second highest in Southeast Asia, reaching 31.8% in 2020.

According to the Ministry of Health's Indonesian Nutritional Status Study report, the prevalence of stunting in Indonesia has decreased from 27.7% in 2019 to 24.4% in 2021 and 21.6% in 2022, with the majority occurring in children aged 3–4 years (6%). However, this figure is still not in accordance with WHO standards, which target a prevalence of less than 20%. Therefore, the government is attempting to reduce the stunting rate to 17% in 2023 and 14% in 2024. In 2022, the SSGI reported that the prevalence of toddlers with stunting in West Java Province was 24.5%. The comparison of the number of residents to stunted toddlers is 2:10, meaning that two out of ten toddlers in West Java experience stunting. West Java is included among the five provinces with the highest stunting rates, along with East Java, Central Java, North Sumatra, and Banten, as stated by the Deputy Minister of Health at the 2023 National Stunting Forum.

According to the 2022 health profile of Cirebon Regency, the number of toddlers whose height was measured was 163,238 children, with a total of 10,635 (6.5%) short toddlers (TB/U). Of all toddlers measured by weight/height (BB/TB), 10,635 were classified, with 8,473 toddlers (79.7%) having underweight nutritional status (BB/TB) and 1,104 toddlers (10.4%) having severe undernutrition (BB/TB). According to the Decree of the Regent of Cirebon No. 441/Kep.487-DPPKBP3A/2023 concerning the Determination of Locus Villages for Stunting Reduction and Prevention Interventions in 2024, in the Puskesmas Sendang working area there were 189 cases of stunting, with a prevalence of 12.26% in Sendang Village and 14.86% in Gunung Village.

Toddlers are one of the vulnerable groups experiencing nutritional problems. Among the many nutritional problems experienced by toddlers, stunting is one of the most prominent. Stunting remains a major nutritional problem in developing countries such as Indonesia. Stunting, or chronic undernutrition, is a nutritional problem resulting from a prolonged lack of nutritional intake from food. Stunting in children can occur during the first 1,000 days after conception and is caused by many factors, including socioeconomic status, food intake, infection, maternal nutritional status, infectious disease, micronutrient deficiencies, and environmental conditions.

Various factors can cause stunting in children, resulting in very diverse causes. One of the risk factors is maternal educational history. This is related to the incidence of stunting and

maternal education, because the mother's education level plays a role in responding to various problems and in receiving or seeking information regarding her child's health. Maternal education about nutrition aims to stimulate behavioral change in the community in selecting, cooking, and consuming nutritious food, as well as implementing healthy dietary patterns in daily life.

A mother's knowledge will affect the child's growth and development status and is very important to support the growth and development process. Lack of maternal knowledge, poor parenting patterns, poor sanitation and hygiene, and low health service utilization are contributing factors. In addition, the community often does not yet realize that short stature is a problem, because short children are perceived as having normal activities, unlike thin children who must be addressed quickly.

Based on the above background, the formulation of the problem in this study is: "What is the description of the level of education and knowledge of mothers of stunted toddlers in the Puskesmas Sendang, Cirebon Regency?" The purpose is to understand the level of education and knowledge of mothers of stunted toddlers in the Puskesmas Sendang, Cirebon Regency.

This study offers several novelties that distinguish it from previous studies. First, substantively, this study specifically describes the education level and knowledge of mothers of stunted toddlers simultaneously within a single community health center (Puskesmas) working area, thus providing a comprehensive portrait of the characteristics of mothers of stunted toddlers at the primary care level. Second, this study was conducted in the Puskesmas Sendang working area in Cirebon Regency, which has never been studied before, even though the area has a relatively high number of stunting cases based on the designation of the stunting intervention locus by the Regent of Cirebon. Third, this study uses a quantitative descriptive method with a cluster sampling approach that covers all mothers of stunted toddlers in two sub-districts (Sendang and Gegunung), thus providing a representative picture of conditions in the area. Fourth, this study presents complete frequency distribution data on the education level (ranging from elementary school dropout to high school) and knowledge level (poor, sufficient, good) of mothers of stunted toddlers, which can serve as a basis for planning more targeted intervention programs. Thus, this study not only provides theoretical contributions to the development of public health science, but also provides important baseline data for the accelerated stunting reduction program in Cirebon Regency in particular and Indonesia in general.

This research has theoretical implications for the development of public health and nutrition science, particularly in enhancing understanding of the role of maternal education and knowledge as contributing factors to stunting. The finding that the majority of mothers of stunted toddlers have low levels of education (44.6% graduated from elementary school and 26.2% from junior high school) and lack knowledge (70.8%) confirms that stunting prevention interventions must prioritize education and improving maternal knowledge as strategic targets. Practically, this research implies the need to strengthen ongoing nutrition education and counseling programs at the Puskesmas Sendang, specifically targeting mothers with low levels of education, given their limited access to and understanding of health information. Counseling programs can be conducted through home visits, mother-toddler classes, or the use of simple,

easy-to-understand media. Furthermore, training of health cadres is needed to assist mothers in understanding the importance of balanced nutrition and good parenting practices for toddlers. For the Cirebon District Health Office, these findings can be used as evidence-based policy in allocating resources for stunting prevention programs, as well as strengthening the capacity of Posyandu cadres in providing nutrition education to the community. This study also implies the need for further research with an analytical design to statistically test the relationship between maternal education and knowledge levels and the incidence of stunting, as well as trials of structured nutrition education interventions to improve maternal knowledge in efforts to prevent stunting.

METHOD

Scope Study

Scope study This covers field Public Health Science.

Place and time of research

Place done study this is in the work area community health center spring Cirebon district, and time study after Ethical Clearance is issued until with finished.

Types and Designs Study

Study This use method study descriptive used for solve or answer data problems, classification, analysis, conclusions, and also reports. This method done with describe or describe the data that has been collected.

Population and sample

Target population in study This is all over Mother with stunted toddlers living in the sub-districts of the work area community health center spring Cirebon Regency.

Population affordable in study This is representative Mother with stunted toddlers living in the sub-district Sendan and Gegunung work area community health center spring Cirebon Regency.

a. Criteria inclusion

1. Mother with child aged 12-59 months who experience stunting and are willing For follow study.

b. Criteria exclusion

1. Mother who has obstacle in communication.
2. The mother who does not fill in questionnaire with complete.

c. How to take sample

Retrieval sample This done with method cluster sampling. In cluster sampling, the number of samples taken that is representative Mother with stunted toddlers living in the sub-district area springs and mountains community health center spring regency Cirebon, so that the

population included in criteria inclusion and exclusion including in criteria exclusion own equal opportunity For become respondents.

Variables Study

Variables in the study this is:

1. Level of education Mother
2. Knowledge Mother

How to collect data

1. Materials and tools

a. Data:

Data collection was carried out with use questionnaire created by researchers based on draft the theory with moreover formerly give explanation short about objectives and research as well as method filling adopted questionnaire from research that has been done There is.

2. Procedure study

A. Stage Preparation

- a. Determination targets and titles research, consulted to lecturer mentor about title variables research and methods study.
- b. Preparing research instruments tools and materials that is in the form of questionnaire that has been validated previously.
- c. Look after letter permission and do coordination with head agency related.
- d. Set time implementatio .

B. Stage Implementation

- a. Determine sample in accordance criteria inclusion.
- b. Give information to respondents about explanation research that will be done in the form of objectives, benefits, procedures study as well as guarantee to confidentiality all information and personal data respondents then willing and voluntary respondents follow in study This requested agreement in a way written with fill in letter agreement after done *informed consent*.
- c. Researchers Then do distribution questionnaire.
- d. Charging questionnaire by respondents who have agree.
- e. Collection return questionnaire to researcher.

C. Stage Settlement

a. Processing and analyzing data

1) Editing

Editing is effort for inspect return the accuracy of the data obtained or collected. Editing can be done done at the stage data collection or after the data is collected, in matter this researchers do inspection recheck the respondent data to make sure it matches specified criteria.

2) Coding

Coding is activity giving *code* for classify data based on their respective categories.

3) *Data Entry/ Processing*

Data entry is activity enter the data that has been collected into *the* master table or *computer* database, then make distribution frequency simple, in research this researchers enter data into Ms. Excel for done grouping data after the data is analyzed using the SPSS program.

4) *Cleaning*

It is activity rechecking the data that has *been* entered whether There is error or N .

Data analysis

1. Analysis univariate

Analysis univariate used for analyze data with method describe or describe the data that has been collected from questionnaire level education and knowledge mother. Univariate results will served in form tables and narratives.

RESULTS AND DISCUSSION

Study This conducted on July 10-20, 2024 in the work area Community Health Center spring Cirebon Regency. Research This use technique *simple random sampling* and obtained total amount of all samples in research This totaling 65 respondents who complied criteria inclusion and exclusion. Then data collection using method questionnaire to mothers whose children stated short and very short on the WHO chart in the KIA book. Then samples obtained as following.

Analysis Univariate

Table 1. Distribution of Education Level of Mothers Who Have Stunting Toddlers in Community Health Center spring Cirebon Regency in 2024.

No	Level of education	Frequency	Presentation
1	Didn't graduate from elementary school	4	6.2%
2	Elementary School	29	44.6%
3	JUNIOR HIGH SCHOOL	17	26.2%
4	SENIOR HIGH SCHOOL	15	23.1%
Total		65	100.0%

Source: Primary research data from the Sumber Community Health Center work area, Cirebon Regency (2024).

Based on Table 1 distribution show that of 65 mothers own level education for mothers who have stunted toddlers based on level education show that part big parents be at the level elementary school education as many as 29 people (44.6%), respondents with level 17 people (26.2%) had junior high school education, respondents with level high school education as

many as 15 people (23.1%), and respondents with level 4 people (6.2%) did not complete elementary school.

Table 2. Distribution Mothers' Knowledge About Stunting in Mothers Who Have Stunting Toddlers in Community Health Center spring Cirebon Regency in 2024.

No	Level of Knowledge	Frequency	Presentation
1	Good	8	12.3%
2	Enough	11	16.9%
3	Not enough	46	70.8%
	Total	65	100.0%

Source: Primary research data from the Sumber Community Health Center work area, Cirebon Regency (2024).

Based on Table 2, the distribution shows that of 65 mothers, the majority who have stunted toddlers have insufficient knowledge about stunting, with 46 mothers (70.8%) in the poor category, 11 mothers (16.9%) in the sufficient category, and 8 mothers (12.3%) in the good category.

Overview of Maternal Education Levels of Stunted Toddlers in the Work Area of Puskesmas Sendang, Cirebon Regency

The results of this study on mothers of stunted toddlers at Puskesmas Sendang show that among 65 mothers, the distribution of education levels indicates that most parents are at the elementary school level, namely 29 people (44.6%). Respondents with junior high school education were 17 people (26.2%), those with senior high school education were 15 people (23.1%), and respondents who did not complete elementary school were 4 people (6.2%).

These findings are in line with research conducted by Ahmad Ari Shodikin et al. (2023), which shows that most parents' education levels fall into the low-education category (no schooling, elementary school, junior high school), at 26.3%. Maternal education refers to the length of time spent in formal education. Low education causes difficulties in receiving information. Maternal education is one of many factors that influence child growth; mothers with good education are better able to receive information and gain knowledge about health, including good parenting, child health, child education, and other related aspects.

Based on research by Vina Novela (2022), most respondents were in the high school category, with a percentage of 48.8%, followed by junior high school (22.8%), elementary school (13.8%), higher education (13%), and no schooling (1.6%). The causal factors that influence stunting include energy intake level, history and duration of infectious diseases, birth weight, maternal education level, and family income level. Maternal education level has the most dominant association with the incidence of stunting.

Mothers with low education levels often lack knowledge about nutrition and healthy eating patterns. This leads to suboptimal feeding practices for their children, which in turn can cause stunting. Less educated mothers may not understand the importance of adequate and balanced nutrition for their child's growth and development, and they may not know how to provide healthy food with limited financial resources.

According to UNICEF's State of the World's Children (2019), stunting remains very common in East Asia and the Pacific, especially among children from families with low socioeconomic status and mothers who are not well educated. This study confirms that maternal education is very important in determining whether children receive good nutrition.

Maternal education is related to the child's nutritional status because it influences how mothers care for their children, including how they prepare and provide food. Low maternal education is associated with limited knowledge, poor childcare practices, and inadequate provision of food intake for children. However, higher maternal education does not always guarantee higher knowledge; mothers with higher education but low knowledge of balanced nutrition and appropriate feeding practices for toddlers may still contribute to stunting.

Overview of Mothers' Knowledge of Stunting in Toddlers in the Work Area of Puskesmas Sendang, Cirebon Regency

The results of this study on mothers of stunted toddlers at Puskesmas Sendang show that of 65 mothers, the majority have insufficient knowledge about stunting: 46 mothers (70.8%) were in the poor category, 11 mothers (16.9%) in the sufficient category, and 8 mothers (12.3%) in the good category.

Based on a study by Aditia N.E.O. et al. (2023), mothers with low knowledge tend not to apply good childcare patterns and appropriate feeding practices, thereby increasing the risk of stunting in children. Mothers with low knowledge may provide inadequate nutritional intake, which can lead to nutritional problems such as stunting in their children. Consequently, mothers of stunted toddlers often do not know how to detect stunting in toddlers and how to prevent it, and they also have very limited knowledge about variations of complementary feeding for breastfed toddlers, compounded by low family income.

One of the main factors causing stunting is low maternal knowledge among mothers of stunted toddlers. Research shows that mothers with low knowledge tend not to fully understand the importance of proper care and balanced nutrition, which impacts child growth. This is in line with research conducted by Khobibah, Elisa Ulfiana, and Riyanti (2022) at the South Purwokerto Community Health Center, which found that 27.9% of respondents did not know much about stunting. This lack of awareness is often caused by insufficient health information and limited understanding of the importance of nutrition in childhood. "Parents with inadequate knowledge have a higher risk of having stunted toddlers." Therefore, an important step in preventing stunting is to increase mothers' knowledge through health education and outreach programs.

High stunting rates are caused, among other factors, by a lack of maternal knowledge about feeding practices and nutrition. Mothers who do not understand the importance of balanced nutrition and appropriate food provision often cannot meet their children's nutritional needs. According to UNICEF, an unhealthy and insufficiently diverse diet can affect children's physical growth and brain development. In the State of the World's Children (2019), UNICEF states that if a child's diet lacks variety, they will not receive adequate nutrition for optimal growth, which can negatively impact their body and brain.

In addition, insufficient knowledge is also associated with unhealthy eating patterns, such as low consumption of fruits and vegetables rich in vitamins. For example, according to

UNICEF's State of the World's Children (2019), "23% of children in East Asia and the Pacific are not being fed any fruits or vegetables. 25% of children in East Asia and the Pacific are not being fed much-needed nutrients from animal source foods." This shows that many mothers do not provide diverse and nutritious foods to their children, which is an important component of stunting prevention.

The lack of maternal knowledge in this study is due to mothers never or rarely receiving information about stunting, including how to meet children's nutritional needs. In this study, almost all respondents had a final education level of elementary or junior high school, so it can be stated that the higher a person's education, the more knowledge they are likely to gain.

CONCLUSION

Based on the results of the research and discussion that have been conducted, it can be concluded that the majority of mothers who have stunted toddlers in the *Puskesmas Sendang* working area have a low level of education, with 44.6% of mothers having only graduated from elementary school, 26.2% from junior high school, and 23.1% from senior high school, while only 6.2% of mothers did not graduate from elementary school. In addition, most mothers also have a lack of knowledge regarding stunting, with 70.8% of mothers having poor knowledge, 16.9% having sufficient knowledge, and only 12.3% having good knowledge. Based on these findings, it is recommended that health workers at the *Puskesmas Sumber* improve ongoing nutrition counseling and education programs specifically targeted at mothers with low levels of education, considering that most mothers of stunted toddlers have only completed primary education. Counseling programs can be conducted through home visits, classes for mothers of toddlers, or the use of simple, easy-to-understand media. Furthermore, training of health cadres is needed to assist mothers in understanding the importance of providing balanced nutrition and good care for toddlers, in order to increase mothers' knowledge and awareness in preventing stunting.

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