The Relationship Between Parental Feeding Behavior and Household Food Security Status to The Incidence of Stunting in Children Aged 12 – 59 months in the Working Area of Kasemen Public Health Center

Sri Mujiyanti[1], Ida Maulida[2], Dini Rachmaniah[3], Lenny Stia Pusporini[4]

{ nerssrimujiyanti@gmail.com[1], ida.j.maulida@gmail.com[2], drachma@uf.ac.id[3] , stiapusporinilenny@gmail.com[4]}

[1,2,3,4]Nursing Science Study Program, Faculty of Health Sciences, Universitas Faletehan

Abstract. Due to the fact that it impedes both the physical development and the cognitive capacity of children, stunting continues to be a significant public health concern. The purpose of this research is to investigate the relationship between the feeding habits of parents and the level of food security in their households and the prevalence of stunting in children aged 12–59 months. The research was an observational analysis using a case-control design, and it was carried out with 132 participants, including 66 children who were stunted and 66 children who were not stunted. In order to gather data, the Child Feeding Questionnaire (CFQ) and the US-HFSSM were used. The Chi-Square test was then utilized in order to evaluate the data. The findings indicated that there was a statistically significant connection between the feeding behavior of parents and stunting ($p = 0.007$), as well as a correlation between the food security level of households and stunting ($p = 0.002$). These findings shed emphasis on the significant role that families play in ensuring that their children get enough nutrition and engaging in good eating habits. In order to minimize the occurrence of stunting and to promote the optimum growth and development of future generations, it may be possible to implement methods such as strengthening nutrition education, educating health professionals to educate parents, and integrating government food assistance programs.

Keywords: Parental Feeding Behavior , Food Security Status, Stunting

1 Introduction

Stunting or short stature is a problem caused by growth failure between the child's height and age. Stunted toddlers, based on child anthropometric standards, have a height-for-age z-score (HAZ) below -2 Standard Deviations [1] .According to the World Health Organization (WHO), the global prevalence of stunting is 22%, affecting approximately 149.2 million children under five in 2020. Based on this data, Indonesia is the second-highest country in Southeast Asia with a prevalence of 31.8%, while Timor Leste ranks first with 48.8%, and Singapore has the lowest at 2.8% [2].

According to a statement from the Ministry of Health, the 2022 Indonesian Nutritional Status Survey (SSGI) reported that the prevalence of stunting among toddlers was 21.6%, with the highest rate in East Nusa Tenggara Province at 35.5% and the lowest in Bali Province at 8.0%[3] .The prevalence of stunted toddlers based on height-for-age measurements by district

FIC 2025, July 30-31, Serang, Indonesia

DOI 10.4108/eai.30-7-2025.2360969

in Banten Province in 2022 reached 20.0%, showing the highest prevalence in Pandeglang Regency at 29.4%, while the lowest was in South Tangerang City at 9.0% [3]. The distribution of stunting cases in Banten Province includes Serang Regency (26.4%), Lebak Regency (26.2%), Serang City (23.8%), Tangerang Regency (21.1%), Cilegon City (19.1%), and Tangerang City (11.8%) [3].

Serang City, the capital of Banten Province, ranks fourth in stunting prevalence in the province at 23.8%, with an increase of 0.4% compared to 23.4% in 2021 [3]. Research by Setiawan & Muttaqin, (2023) stated that the Serang City Health Office in 2022 recorded five sub-districts categorized as having chronic stunting conditions: Kasemen (11.2%), Curug (5.7%), Serang (4.24%), Taktakan (2.01%), Walantaka (1.21%), and Cipocok Jaya (0.73%). In this data, Kasemen Sub-District had the highest rate of chronic stunting in Serang City, with a prevalence of 11.2% or 849 stunted toddlers and 8,721 families at risk of stunting [4].

Stunting can be caused by various clinical problems, including infections and nutritional deficiencies. Moreover, utilization of health services, environmental sanitation, parenting patterns, and household food security also contribute to stunting [5]. Stunting is one of the nutritional problems with complex impacts. This is in line with research by Adesta, Ayupir, & Clarita, (2023) , which stated that stunting has both short-term and long-term impacts that can disrupt children's growth and development. Apathy towards the environment, speech delays, and impaired cognitive and motor development are some of the short-term impacts. Meanwhile, the long-term impacts include decreased focus due to attention disorders, reduced cognitive abilities in understanding and responding to information, and failure of linear growth (short stature) [6].

Parenting is the ability of families (parents) to optimize childcare by providing full attention, love, and support so that children can achieve optimal physical, psychological, and social growth [7]. Meanwhile, parental feeding behavior refers to mothers' activities in practicing appropriate feeding techniques and mealtime situations. In practice, several aspects must be considered in good feeding practices, such as the type, amount, and schedule of meals, as proper eating practices are crucial to support children's growth and development [8].

Food insecurity and nutritional problems in a household are closely related to the lower-middle socioeconomic structure, known as the Prevalence of Undernourishment (PoU). Nationally, Indonesia faces a triple burden of malnutrition related to suboptimal food security status, including undernutrition (which can cause stunting), iron deficiency (leading to iron deficiency anemia), vitamin A and iodine deficiency, and overnutrition resulting in overweight or obesity [9].

The nutrition concept outlined in the 2018–2024 National Strategy to Accelerate Stunting Reduction forms the basis for stunting reduction efforts. This program includes two interventions: specific interventions targeting direct stunting problems, focusing on treating infections/diseases and ensuring adequate nutritional intake, and sensitive interventions targeting indirect factors by providing community access to clean water and good sanitation, improving maternal and child nutrition and parenting practices, and increasing the availability of healthy, accessible food [10].

The Food and Nutrition Awareness Movement is a program and government commitment to overcome undernourishment (PoU) and stunting prevalence, initiated by the National Food Agency in 2022. This program supports the Sustainable Development Goals (SDGs), specifically Goal 2 – Zero Hunger, aiming to reduce food insecurity and stunting prevalence in children under five globally [9]. This aligns with Indonesia's stunting reduction acceleration program targeting a stunting prevalence of 14% by 2024 [10]. Based on research by Verawati, Afrinis, & Yanto, (2021) hold food security status have a significant relationship with stunting

in toddlers. In this context, inadequate nutrient intake, such as protein, and insufficient food security are among the indicators of stunting in children [11], as well as between parental feeding behavior and child nutritional status [12]

Based on a case study in appropriate research, according to the statement given by the Nutrition officer, it explains that the factor causing stunting in the UPTD Kasemen Health Center area is influenced by parental care practices in providing inappropriate food. Where in practice, parents do not pay attention to the nutritional content of each food consumed by their children. This is accompanied by economic problems that are considered difficult to be an indicator of neglecting balanced nutritional intake according to children's needs, this is because the livelihood of parents is not stable, making the daily income earned is considered insufficient to meet the nutritional needs of children and families. However, the novelty of this study lies in its simultaneous analysis of parenteral feeding behavior and household food security, using a case-control design, to better understand their combined contribution to stunting incidence. By focusing on both factors concurrently, this research fills a critical knowledge gap and offers a more comprehensive perspective for designing integrated nutrition education, parental guidance, and food assistance programs to break the cycle of stunting.

2 Methods

This study employed an observational analytic design with a case-control approach, conducted between April and May 2024. The study population consisted of mothers with children aged 12–59 months, including both stunted (case group) and non-stunted (control group) children. A total of 132 participants were included, comprising 66 children in the case group and 66 children in the control group.

In this study, the sampling technique used the total sampling method for the case group, in which the sample was taken based on the total population of children who experienced stunting according to data from the research site. Meanwhile, for the control group, the accidental sampling method was used, in which samples were taken from respondents who happened to meet the researcher and matched the characteristics required in the study. All control respondents still covered each working area of the UPTD Kasemen Health Center.Data were collected using two standardized instruments: the Child Feeding Questionnaire (CFQ) to assess parenteral feeding behavior [13]**,** and the U.S. Household Food Security Survey Module (US-HFSSM) to measure household food security status [14].

Data analysis was performed using the Chi-Square test to examine the association between parenteral feeding behavior, household food security status, and stunting incidence, with the significance level set at $p < 0.05$. Ethical approval for this research was obtained from the Faletehan University ethics committee with No. 158/KEPK.UF/V/2024, and written informed consent was obtained from all participating mothers prior to data collection.

3 Results

3.1 Univariate Analysis

Table 1. Frequency Distribution of General Characteristics in Case and Control Groups among Toddlers in the Working Area of UPTD Kasemen Health Center in 2024

No.	Characteristics	Case				Control	
		Severely Stunted		*Stunted*		Normal	
		Frequency (n)	Percentage (%)	Frequency (n)	Percentage (%)	Frequency (n)	Percentage (%)
1.	Mother's Education						
	Primary	13	52,0	25	61,0	40	60,6
	School	7	28,0	9	22,0	9	13,6
	Middle	5	20,0	7	17,1	16	24,2
	School	0	0,0	0	0,0	1	1,5
	High School						
	College						
2.	Mother's Occupation						
	Unemployed	25	100,0	37	90,2	60	90,9
	Employed	0	0,0	4	9,8	6	9,1
3.	Mother's Age						
	20 – 29 Years	13	52,0	14	34,1	23	34,8
	30 – 39 Years	9	36,0	22	53,7	32	48,5
	40 – 49 Years	3	12,0	5	12,2	11	16,7
4.	Child's Age						
	12 – 27 Months	10	40,0	18	43,9	38	57,6
	28 – 43 Months	10	40,0	14	34,1	11	16,7
	44 – 59 Months	5	20,0	9	22,0	17	25,8
5.	Gender						
	Male	13	52,0	25	61,0	30	45,5
	Female	12	48,0	16	39,0	36	54,5
	Total	66		100,0		66	100,0

Tabel 1 presents the frequency distribution of general characteristics, including mother's education, mother's occupation, mother's age, child's age, and child's gender in both case (stunted) and control (non-stunted) groups. Regarding mother's education, the majority of mothers in the case group had completed primary school (52.0%), followed by middle school (28.0%) and high school (20.0%). None had a college education. In the control group, 60.6% had completed primary school, 13.6% middle school, 24.2% high school, and 1.5% had a college education.

For mother's occupation, almost all mothers in both groups were unemployed, with 100% in the severely stunted subgroup, 90.2% in the stunted subgroup, and 90.9% in the control group. The mother's age was mostly in the 30–39 years category, comprising 36.0% of the severely stunted group, 53.7% of the stunted group, and 48.5% of the control group.

Regarding child's age, the highest proportion of children were aged 12–27 months (40.0% in severely stunted, 49.3% in stunted, and 57.6% in control groups), indicating a greater

vulnerability to stunting at younger ages. For gender, male children made up 52.0% of the severely stunted group, 61.0% of the stunted group, and 45.5% of the control group, suggesting a slightly higher proportion of males among stunted children. Overall, the table indicates that most mothers of stunted children had lower educational attainment and were unemployed, with a majority falling within the 30–39 years age range. Younger children (12–27 months) and males appear to be more represented in the stunted group compared to controls.

Table 2. Frequency Distribution of Stunted and Non-Stunted Toddlers in the Working Area of UPTD Kasemen Health Center in 2024

Variable	Frequency (n)	Percentage (%)
Normal	66	50,0
Stunted	41	31,1
Severely Stunted	25	18,9
Total	132	100,0

Table 2 present the distribution of children among 132 respondents. Half of the children (50.0%) had normal height, while 41 children (31.1%) were classified as stunted, and 25 children (18.9%) were classified as severely stunted. These results indicate that nearly one out of every two children experienced some degree of stunting, with a substantial proportion falling into the severely stunted category.

Table 3. Variable Frequency Distribution of Parental Feeding Behavior in the Working Area of UPTD Kasemen Health Center in 2024

Variable	Case				Control	
	Severely Stunted		*Stunted*		Normal	
	Frequency (n)	Percentage (%)	Frequency (n)	Percentage (%)	Frequency (n)	Percentage (%)
Feeding Parenting						
Good	0	0,0	6	14,6	12	18,2
Enough	6	24,0	21	51,2	20	30,3
Bad	19	76,0	14	34,1	34	51,5
Total	25	100,0	41	100,0	66	100,0

Table 3 present the distribution of parental feeding behavior among severely stunted, stunted, and normal children. In the severely stunted group, the majority of mothers (76.0%) exhibited poor parental feeding behavior, while only 24.0% were categorized as having adequate feeding behavior, and none were classified as good. In the stunted group, 34.1% demonstrated poor feeding behavior, 51.2% adequate, and 14.6% good. In contrast, among normal children, 51.5% of mothers showed poor feeding behavior, 30.3% adequate, and 18.2% good.

Table 4. Variable Frequency Distribution of Hausehold Food Security in the Working Area of UPTD Kasemen Health Center in 2024

Variable	Case				Control	
	Severely Stunted		*Stunted*		Normal	
	Frequency (n)	Percentage (%)	Frequency (n)	Percentage (%)	Frequency (n)	Percentage (%)
Food Security Status						
Food Resistant	1	4,0	6	14,6	15	22,7
Food Insecurity Without Hunger	3	12,0	9	22,0	7	10,6
Food Insecurity with Moderate Degrees of Hunger	2	8,0	15	36,6	19	28,8
Food Insecurity With Severe Degrees of Hunger	19	76,0	11	26,8	25	37,9
Total	25	100,0	41	100,0	66	100,0

Table 4 present the distribution of household food security status among severely stunted, stunted, and normal children. In the severely stunted group, the majority of households (76.0%) experienced food insecurity with severe degrees of hunger, followed by 12.0% experiencing food insecurity without hunger, 8.0% with moderate degrees of hunger, and only 4.0% being food secure.

Among stunted children, 26.8% of households reported food insecurity with severe hunger, 36.6% with moderate hunger, 22.0% food insecurity without hunger, and 14.6% were food secure. In contrast, in the control (normal) group, 37.9% of households experienced food insecurity with severe hunger, 28.8% with moderate hunger, 10.6% without hunger, and 22.7% were food secure.

3.2 Bivariate Analysis

Table 5. Variable Frequency Distribution of Parental Feeding Behavior in the Working Area of UPTD Kasemen Health Center in 2024

Variable	Case				Control				
	Severely Stunted		*Stunted*		Normal		Total		P Value
	N	%	N	%	N	%	N	%	
Good	0	0,0	6	14,6	12	18,2	18	13,6	0,007
Enough	6	24,0	21	51,2	20	30,3	47	35,6	
Bad	19	76,0	14	34,1	34	51,5	67	50,8	
Total	25	100,0	41	100,0	66	100,0	132	100,0	

Table 5 presents the distribution of parental feeding behavior among severely stunted, stunted, and normal children, along with the statistical test results. Among severely stunted children, the majority of mothers (76.0%) demonstrated poor parental feeding behavior, while 24.0% showed adequate behavior, and none were classified as good. In the stunted group, 34.1% of mothers had poor feeding behavior, 51.2% adequate, and 14.6% good. In contrast, in the control (normal) group, 51.5% exhibited poor feeding behavior, 30.3% adequate, and 18.2% good.

The Chi-Square test yielded a p-value of 0.007, indicating a statistically significant association between parental feeding behavior and stunting incidence ($p < 0.05$).

Table 6. Variable Frequency Distribution of Hausehold Food Security in the Working Area of UPTD Kasemen Health Center in 2024

Variable	Case				Control		Total		P Value
	Severely Stunted		*Stunted*		Normal				
	N	%	N	%	N	%	N	%	
Food Resistant	1	4,0	6	14,6	15	22,7	22	16,7	0,002
Food Insecurity Without Hunger	3	12,0	9	22,0	7	10,6	19	14,4	
Food Insecurity with Moderate Degrees of Hunger	2	8,0	15	36,6	19	28,8	36	27.3	
Food Insecurity With Severe Degrees of Hunger	19	76,0	11	26,8	25	37,9	55	41,7	
Total	25	100,0	41	100,0	66	100,0	132	100,0	

Table 6 present the distribution of household food security status among severely stunted, stunted, and normal children, along with the Chi-Square test results. In the severely stunted group, the majority of households (76.0%) experienced food insecurity with severe degrees of hunger, followed by 12.0% with food insecurity without hunger, 8.0% with moderate hunger, and only 4.0% were food secure. In the stunted group, 26.8% of households experienced severe food insecurity, 36.6% moderate hunger, 22.0% without hunger, and 14.6% were food secure. In the control (normal) group, 37.9% of households experienced severe food insecurity, 28.8% moderate hunger, 10.6% without hunger, and 22.7% were food secure.

The Chi-Square test produced a p-value of 0.002, indicating a statistically significant association between household food security status and stunting incidence ($p < 0.05$).

4 Discussion

4.1 Study Findings

The results of this study demonstrated a significant association between parental feeding behavior and stunting, with poor feeding behavior being more common among the case group compared to the control group. This finding indicates that inappropriate feeding practices are a major determinant of linear growth failure in early childhood. The difference between the case and control groups underscores the importance of consistent meal scheduling, adequate portion sizes, and nutrient-dense food provision during the first 1,000 days of life, which is recognized as a critical window for child growth [15].

This finding is consistent with Dayuningsih, Permatasari, & Suriyatna., (2020), who reported that mothers who actively remind their children to eat and implement regular meal schedules significantly reduce the risk of stunting [12]. Similarly, Hayati & Rija Helty, (2022) emphasize that maternal creativity in food preparation helps maintain children's appetite and prevents menu monotony. These results suggest that empowering mothers through nutrition education and counseling could improve feeding behavior and reduce stunting prevalence [5].

This study also found a significant association between household food security status and stunting. Households in the case group were more likely to experience food insecurity, particularly with severe hunger, compared to the control group. This difference highlights the role of household economic stability and access to diverse, nutritious foods in supporting child growth. These findings are supported by Saraswati, Gustaman, & Hoeriyah., (2021) and Febriyanti, Isaura, & Farapti., (2022), who reported that food-insecure households have a higher

proportion of stunted children compared to food-secure households [16]. Food insecurity often leads to monotonous diets, insufficient protein intake, and reduced meal frequency, which directly affect child nutritional status [17]. The field observations in this study showing that many families relied on inexpensive, less diverse foods and sometimes reduced meal portionsalign with these findings and illustrate the real-world challenges families face

This study found that among 132 respondents, 25 children (18.9%) were categorized as severely stunted, 41 children (31.1%) as stunted**,** and 66 children (50.0%) as normal. These findings indicate that the prevalence of stunting remains relatively high in the study population.This is consistent with Harahap & Handayani (2022), who stated that stunting is the result of growth failure due to inadequate nutritional intake and health problems during the growth period. The relatively high prevalence highlights ongoing challenges in meeting optimal nutritional needs, providing adequate health services, and educating parents about proper feeding practices [18].

The majority of mothers in the severely stunted group demonstrated poor parental feeding behavior (76.0%), whereas in the control group, the proportion was 51.5%. The Chi-Square test produced a p-value of 0.007 ($p < 0.05$), indicating a significant association between parenteral feeding behavior and stunting. This finding supports the study by Lailiyah, Ariestiningsih, & Supriatiningrum, (2021), which emphasized that appropriate parental feeding practices play an essential role in preventing stunting. Mothers with better nutritional knowledge are more likely to provide appropriate types, amounts, and schedules of food, thereby supporting optimal growth [19].

Most respondents in the severely stunted group were categorized as experiencing food insecurity with severe hunger (76.0%), while the proportion in the control group was 37.9%. The Chi-Square test yielded a p-value of 0.002 ($p < 0.05$), confirming a significant association between household food security status and stunting. This aligns with Fentiana, Ginting, & Zuhairiah., (2019), who reported that households with low food security are at higher risk of having stunted children due to limited access to nutritious food. Good household food security allows families to meet daily energy and protein requirements, reducing the risk of growth faltering [20].

4.2 Practical Implications

These findings suggest that interventions should not only target parental education but also address structural barriers to food access. Health workers should incorporate counseling on meal planning, portion control, and nutrient diversity into routine growth monitoring activities. At the community level, local governments could strengthen food security programs by promoting home gardening, subsidizing protein-rich foods, and ensuring continuous food assistance for vulnerable households.

4.3 Study Limitation

This study used a case-control design, which allows for the identification of associations but not causality. Potential confounding factors such as infectious diseases, sanitation conditions, and maternal nutritional status before pregnancy were not thoroughly analyzed. Future research should integrate these variables and explore longitudinal designs to better understand other causal factors.

5 Conclusion

This study demonstrates a significant relationship between parental feeding behavior and household food security status with the incidence of stunting among children aged 12–59 months. Children whose mothers practiced inadequate feeding behaviors were more likely to experience stunting, highlighting the importance of proper feeding schedules, portion control, and balanced meal composition in supporting optimal growth. Similarly, children from households experiencing food insecurity, particularly severe hunger, were at greater risk of stunting due to limited access to diverse and nutritious foods. These findings emphasize that improving parental feeding practices and strengthening household food security are critical strategies to reduce stunting prevalence. Therefore, it is recommended that primary health centers intensify nutrition education programs focusing on feeding behavior, local governments enhance food security initiatives through affordable nutritious food programs and community-based food production, and healthcare workers provide ongoing counseling and practical demonstrations for parents.

References

[1] A. Syafei, R. Afriyani, and Apriani, "Hubungan Pola Asuh Pemberian Makan Dengan Kejadian Stunting," *Jurnal Kesehatan dan Pembangunan*, vol. 13, no. 25, pp. 1–5, 2023, doi: https://doi.org/10.52047/jkp.v13i25.217.

[2] H. Hatijar, "Angka Kejadian Stunting Pada Bayi dan Balita," *Jurnal Ilmiah Kesehatan Sandi Husada*, vol. 12, no. 1, pp. 224–229, Jun. 2023, doi: 10.35816/jiskh.v12i1.1019.

[3] KEMENKES RI, "Buku Saku Hasil Survei Status Gizi Indonesia (SSGI) 2022," 2023. Accessed: Mar. 04, 2024. [Online]. Available: https://kesmas.kemkes.go.id/assets/uploads/contents/attachments/09fb5b8ccfdf088080f2521ff0b4374f.pdf

[4] A. Setiawan and R. Muttaqin, "Sinergitas Dalam Percepatan Penanganan Kasus Stunting Di Kota Serang," *JIIP: Jurnal Ilmiah Ilmu Pemerintahan*, vol. 8, no. 2, pp. 169–186, 2023, doi: 10.14710/jiip.v8i2.17388.

[5] N. Hayati and M. Rija Helty, "Hubungan Pola Asuh Dalam Pemberian Makan Dengan Kejadian Stunting Pada Balita Di Upt Puskesmas Bahorok Kabupaten Langkat Tahun 2021," *Jurnal Maternitas Kebidanan*, vol. 7, no. 1, pp. 169–178, 2022, doi: https://doi.org/10.34012/jumkep.v7i1.2569.

[6] R. O. Adesta, A. Ayupir, and M. C. Clarita, "Hubungan Asi Eksklusif, Pola Pemberian Makan dan Status Ekonomi Keluarga Terhadap Kejadian Stunting di Wilayah Kerja Puskesmas Boganatar," *Jurnal Keperawatan Dan Kesehatan Masyarakat*, vol. 10, no. 1, pp. 113–128, 2023, Accessed: Feb. 23, 2024. [Online]. Available: https://jkkmfikesunipa.nusanipa.ac.id/index.php/hlj-Unipa/article/view/114

[7] I. K. Sofiani, T. Mufika, and M. Mufaro'ah, "Bias Gender dalam Pola Asuh Orangtua pada Anak Usia Dini," *Jurnal Obsesi : Jurnal Pendidikan Anak Usia Dini*, vol. 4, no. 2, pp. 766–777, Feb. 2020, doi: 10.31004/obsesi.v4i2.300.

[8] H. Permata Sari, I. Natalia, and A. Rachma Sulistyaning, "Hubungan Keragaman Asupan Protein Hewani, Pola Asuh Makan, Dan Higiene Sanitasi Rumah Dengan Kejadian Stunting," *Journal of Nutrition College*, vol. 11, no. 1, pp. 18–25, 2022, doi: https://doi.org/10.14710/jnc.v11i1.31960.

[9] Badan Pangan Nasional, "2022- 2024 Rencana Strategis Deputi Bidang Kerawanan Pangan Dan Gizi," Jakarta , 2023. Accessed: Feb. 23, 2024. [Online]. Available: https://badanpangan.go.id/storage/app/media/2023/Renstra%202022-2024/Renstra%20Deputi%20II%20KPG%20NFA%202022-2024.pdf

[10] Kementerian PPN/Bappenas, "Ringkasan Rincian Output (RO) Kementerian/Lembaga Tahun Anggaran 2023 Yang Mendukung Percepatan Penurunan Stunting," Jakarta , Apr. 2023. Accessed: Feb. 23, 2024. [Online]. Available: https://cegahstunting.id/download/4273/

[11] B. Verawati, N. Afrinis, and N. Yanto, "Hubungan Asupan Protein Dan Ketahanan Panga Dengan Kejadian Stunting Pada Balita Di Masa Pendemi Covid 19," *Jurnal Kesehatan Masyarakat*, vol. 5, no. 1, pp. 415–423, 2021, doi: http://dx.doi.org/10.31004/prepotif.v5i1.1586.

[12] Dayuningsih, T. A. E. Permatasari, and N. Supriyatna, "Pengaruh Pola Asuh Pemberian Makan Terhadap Kejadian Stunting Pada Balita," *Jurnal Kesehatan Masyarakat Andalas*, vol. 14, no. 2, pp. 3–11, 2020, doi: https://doi.org/10.24893/jkma.v14i2.527.

[13] R. C. Prakhasita, "Hubungan Pola Pemberian Makan Dengan Kejadian Stunting Pada Balita Usia 12-59 Bulan Di Wilayah Kerja Puskesmas Tambak Wedi Surabaya," *Skripsi*, pp. 1–119, 2019, Accessed: Mar. 19, 2024. [Online]. Available: https://repository.unair.ac.id/84899/

[14] T. Nurfaradila, "Status Ketahanan Pangan Rumah Tangga Dan Pola Asuh Sebagai Faktor Risiko Kejadian Stunting Pada Balita Usia 24 - 59 Bulan," *Skripsi*, pp. 1–105, 2020, Accessed: Mar. 20, 2024. [Online]. Available: http://repository.unej.ac.id/handle/123456789/104581

[15] Yuwanti, L. Himawati, and M. Mulya Susanti, "Pencegahan Stunting pada 1000 HPK," *Jurnal ABDIMAS-HIP*, vol. 3, no. 1, pp. 35–39, 2022, doi: https://doi.org/10.37402/abdimaship.vol3.iss1.166.

[16] D. Saraswati, R. A. Gustaman, and Y. A. Hoeriyah, "Hubungan Status Ketahanan Pangan Rumah Tangga Dan Pola Asuh Terhadap Kejadian Stunting Pada Baduta," *Jurnal Ilmu Kesehatan Bhakti Husada: Health Sciences Journal*, vol. 12, no. 2, pp. 226–237, Dec. 2021, doi: 10.34305/jikbh.v12i2.344.

[17] A. Febriyanti, E. Reisha Isaura, and Farapti, "Hubungan antara Ketahanan Pangan Rumah Tangga, dengan Kejadian Stunting pada Balita Usia 24-59 Bulan," *Media Gizi Kesmas*, vol. 11, no. 2, pp. 335–340, 2022, doi: https://doi.org/10.20473/mgk.v11i2.2022.335-340.

[18] D. A. Harahap and F. Handayani, "Hubungan Pola Asuh Pemberian Makanan Dengan Kejadian Stunting Pada Balita Di Wilayah Kerja Puskesmas Kampar Kabupaten Kampar," *Jurnal Doppler*, vol. 6, no. 2, pp. 70–78, 2022, Accessed: Mar. 11, 2023. [Online]. Available: http://journal.universitaspahlawan.ac.id/index.php/doppler/issue/view/236

[19] matul Lailiyah, E. Srirahayu Ariestiningsih, and D. Novri Supriatiningrum, "Hubungan Pengetahuan Ibu Dan Pola Pemberian Makan Dengan Kejadian Stunting Pada Balita (2-5 Tahun)," *Ghidza Media Jurnal*, vol. 3, no. 1, pp. 226–233, 2021, doi: http://dx.doi.org/10.30587/ghidzamediajurnal.v3i1.3086.

[20] N. Fentiana, D. Ginting, and Z. Zuhairiah, "Ketahanan Pangan Rumah Tangga Balita 0-59 Bulan Di Desa Prioritas Stunting," *Jurnal Kesehatan*, vol. 12, no. 1, pp. 24–29, Jun. 2019, doi: 10.24252/kesehatan.v12i1.7847.