The Relationship between Maternal Education and Incidence of Stunting at Boyolali Central Java

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Abstract

Stunting is still a serious problem for children in Indonesia, including in the Boyolali area, where the stunting rate reaches 20%. This condition occurs when children do not grow and develop properly due to chronic malnutrition, resulting in shorter height compared to their age and frequent infections during the critical first 1,000 days of life. Stunting according to the WHO Child Growth Standard is based on the length-for-age index (PB/U) or height-for-age (TB/U) with a limit (z-score) of less than -2 SD. Several factors contribute to stunting, one of the causes of high stunting is the mother's education level.This study aims to explore the relationship between maternal education and the incidence of stunting at the Sawit 1 Health Center, Boyolali Regency. The method used is a quantitative approach with a descriptive correlational design, and 135 respondents were selected through purposive random sampling based on certain inclusion and exclusion criteria. Data analysis conducted included univariate and bivariate analysis using Chi-Square using SPSS software version 20. The study was conducted from May to August 2024. The research findings revealed that 48 children (35.6%) were categorized as normal, 67 children (49.6%) were categorized as stunted, and 20 children (15.8%) were categorized as very short. Meanwhile, mothers of toddlers with elementary school education were 4 respondents (3.0%), mothers of toddlers with junior high school graduates were 37 respondents (27.4%), mothers of toddlers with high school graduates were 70 respondents (51.9%) and diploma and bachelor's graduates were 24 respondents (17.8%). It can be concluded that based on the results of the study, there is a significant relationship between the level of maternal education and the incidence of stunting at the Sawit 1 Health Center with a p value of 0.031 (p <0.05).

Keywords : Incidence, Maternal Education Level, Stunting

INTRODUCTION

Stunting, as defined by the World Health Organization (WHO) and the Ministry of Health, refers to impaired growth in children caused by malnutrition that manifests itself in short stature or dwarfism. This is indicated by a height-for-age index (TB/U) or length-for-age index (PB/U) that falls below -2 standard deviations (SD)(Kemenkes RI, 2022).

The 2022 National Nutrition Status Survey (SSGI) revealed that 21.6% of children across 34 provinces in Indonesia were affected by stunting, down from 24.4% the previous year. This decrease means that 334,848 children under five are affected by stunting nationwide. Significant efforts are still needed to reach the target of lowering stunting to 14% by 2024. Based on data from the Central Java Health Service, stunting cases are still high in the Central Java region in 2022, namely at 20.8%, this figure has decreased, initially in 2021 around 20.9%.

The number of stunting cases is still high in Central Java, namely in the Boyolali area, around 20.0% who experience stunting(SSGI, 2023)

Stunting in childhood is one of the most significant obstacles to human development.Immediate attention is needed for stunting in toddlers, as it can impair physical growth, cognitive development, and overall well-being in children. It not only diminishes the quality and productivity of human resources but can also lead to significant economic losses In addition, the negative impacts caused by stunting are increased morbidity and risk in adulthood which ultimately decreases human resource productivity. The results of the study above show that stunting is a crucial factor in the quality of human resources in a country, because it has long-term impacts, namely economic productivity in adolescence and maternal reproductive outcomes in the future.(Yoga & Rokhaidah, 2020).In addition,Children who are stunted will be vulnerable to various diseases, both infectious and non-communicable diseases (NCDs) can lead to obesity, raising the risk of becoming overweight or severely overweight (Sumartini, 2020).

A key factor contributing to the high stunting rate in Indonesia is the education and awareness level of parents. Good knowledge will provide good quality nutritional food for children. Internal factors include the amount of food intake, complementary feeding, exclusive breastfeeding and infectious diseases. In addition, there are also external factors such as parental education, especially for mothers, parental income, type of work, maternal knowledge about food availability patterns and food consumption patterns(Maymita, 2019)

Stunting is strongly linked to the level of education, which influences the development of skills, attitudes, and behaviors for present and future life. Parents with higher education levels tend to have a better understanding of healthy lifestyles and how to maintain good physical health. This understanding often translates into healthier lifestyle choices, including providing a nutritious diet. Mothers play a key role in childcare and in purchasing quality food for the family. Therefore, ensuring balanced and high-quality nutrition is crucial for parents, as it directly impacts the provision of adequate nutrition needed to support their child's growth and development (Jannah, 2019). As a result, mothers with lower levels of education may struggle to absorb information and knowledge about balanced nutrition, places their children at an increased risk of experiencing stunting (Nurmalasari et al., 2020).

METHODS

This type of research is quantitative research with a descriptive correlative design. It is a study with the aim of describing the relationship between maternal education level and the

incidence of stunting at the Sawit 1 Boyolali Health Center. This study was conducted from June to August 2024 in the working area of the Sawit 1 Boyolali Health Center. By involving 135 mothers who have toddlers aged 1 to 5 years who were taken using the Purposive Random Sampling method, namely a research method that is taken according to the sample of all who come to the health center, then respondents who meet the criteria will be included in the study Using the inclusion criteria for toddlers aged 1 to 5 years who are recorded as stunting at the Sawit Boyolali Health Center and stunted children aged 1 to 5 years with the mother's last level of education. The analysis was carried out in two stages, namely bivariate and univariate analysis. To calculate the sample size, this study used the Taroyamane formula (Lenaini, 2021).

The tools utilized in this study included a demographic data questionnaire and an anthropometric instrument, namely a microtoise infantometer, for assessing the nutritional status of stunted children. The data analysis was conducted using SPSS software, version 20. The data was analyzed using chi-square. This study has received approval from Ethical Approval No.389/KEPK-FIK/VI/2024.

RESULTS

The characteristics examined in this study included both maternal and child attributes. Maternal characteristics include age, occupation and latest education, while child characteristics include age and gender.

Table 1: Frequency Distribution of Demographic Data Characteristics

Variables	Frequency	Presentation	Minimum	Maximum
MOTHER'S AGE			21	45
<25	16	11.9%		
26-30	53	39.3%		
31-35	30	22.2%		
36-40	27	20.0%		
41-45	9	6.7%		
JOB			1	6
House Wife	77	57.0%		
Farmers	18	13.3%		
Merchant	8	5.9%		
Private sector employee	24	17.8%		
Government servis				
Pharmacist	6	4.4%		
LAST EDUCATION	2	1.5%		
Elementary School			2	
Junior High School	4	3.0%		6
Senior High School	37	27.4%		
Diploma or Bachelor	70	51.9%		
BABY AGE	24	17.8%		

1-2			1.0	5.0
3-4	41	30.4%		
>4	62	45.9%		
GENDER TYPE	32	23.7%		
Boy			1	2
Grils	78	57.8%		
	57	42.2%		

Based on Table 1, the demographic data for maternal age shows that 16 mothers (11.9%) were under 25 years old, 53 (39.3%) were aged 26-30, 30 (22.2%) were aged 31-35, 27 (20.0%) were aged 36-40, and 9 (6.7%) were aged 41-45. In terms of education, 4 mothers (3.0%) had completed elementary school, 37 (27.4%) had finished junior high school, 70 (51.9%) had completed high school, and 24 (17.8%) held a diploma or bachelor's degree.

Based on demographic data, the age of toddlers 1-2 years was 41 people (30.4%), 3-4 years was 62 people (45.9%), > 4 years was 32 (23.7%). Then for the distribution of boy gender as many as 78 people (57.8%), gril as many as 57 people (42.2%).

Table 2.Frequency Distribution of Stunting Characteristics

Variables	Frequency	Presentation (%)	Min	Max
Z-SCORE			1	3
Severely Stunted (<-3 SD)	20	14.8%		
Stunted (-3SD <-2 SD)	67	49.6%		
Normal (-2 SD sd +3SD)	48	35.6%		
Total	135	100%		

According to Table 2, it is shown that 48 individuals (35.6%) fall into the normal category based on the distribution of Z-score categories, as many as 67 people (49.6%) with stunted categories and as many as 20 people (14.8%) with severly stunted categories.

Table 3. Frequency Distribution of Respondents' Relationship between Mother's Education Level and the Incidence of Stunting

Last Education	**Stunting**			**Total**	**P**
	Severly Stunted	**Stunted**	**Normal**		
	N	**N**	**N**		
Elementary School	1	3	0	4	
Junior High School	6	14	17	37	
Senior High School	9	44	17	70	0,031
Diploma or Bachelor	4	6	14	24	
Total	58	57	20	135	

Table 3 shows the correlation between maternal education level and stunting incidence, analyzed through the Chi-Square test, divided into three categories: normal, stunted, and severely stunted. The findings indicate that in the SD/MI category, there was 1 severely stunted child, 3 stunted children, and no children in the normal category. In the junior high school

category, there were 6 severely stunted children, 14 stunted children, and 17 normal children. In the high school category, there were 9 severely stunted children, 44 stunted children, and 17 normal children. For the diploma/graduate category, there were 4 severely stunted children, 6 stunted children, and 14 normal children. The Chi-Square test yielded a p-value of <0.031, indicating a significant relationship between maternal education and stunting incidence at the Sawit 1 Boyolali Community Health Center, as the p-value is below the 0.05 threshold.

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DISCUSSION

Mother's Education

The findings of this study indicate that most mothers have attained a high school level of education, indicating that many mothers of toddlers aged 1-5 years have a moderate education level. Additionally, the findings reveal that mothers with lower education levels are more likely to have children at risk of stunting, especially among toddlers (Adla et al., 2022).

One of the main factors influencing the prevalence of stunting in Indonesia is the education level of the parents. Children whose parents have a higher level of education face a 3-5% reduced risk of stunting (Soekatri et al., 2020). Especially the mother's education level, affects health status. This is related to the mother's most important role in forming children's eating habits, because it is the mother who prepares food, starting from planning the menu, shopping, cooking, preparing food, to distributing it.

The findings of this study reveal that most respondents, mothers of toddlers, are in their prime reproductive age, specifically between 26 and 30 years old, with 53 individuals (39.3%) falling within this age range. At this stage, parents are generally able to access information and knowledge about the growth and development of their babies through the internet or books.

Mothers with higher education levels are likely to find it easier to obtain information from external sources compared to those with lower education levels (Rahmawati & Agustin, 2020).

This aligns with the research conducted by (Wulandini et al., 2020), which suggests that mothers' lack of knowledge can stem from various factors, including age and education. In addition, maternal education is a basic thing for achieving good development and growth in toddlers. The level of maternal education is related to the ease of mothers receiving information about the development and growth of toddlers.

Consequently, as a mother's education level increases, her understanding of child development also improves, since education influences a person's ability to acquire and comprehend information. Conversely, individuals with lower levels of knowledge may struggle more with absorbing and understanding information. Given the close relationship between education and knowledge in terms of processing information, mothers with higher education are better equipped to receive information about stunting (Irdawati et al., 2022).

Stunting

Stunting refers to a condition where a child's height or length is shorter than that of peers of the same age. Several factors contribute to stunting, including exclusive breastfeeding, recurring infections, and past breastfeeding practices, all of which significantly impact a toddler's growth and development. Breast milk serves as the primary source of nutrition for infants, providing essential proteins and key elements that boost the baby's immune system (Susilawati & Ginting, 2023).

This aligns with the study by (Louis et al., 2022), which found that children of these parents were diagnosed with both stunting and non-stunting, indicating a possible correlation between exclusive breastfeeding and the incidence of stunting in toddlers. The relationship between exclusive breastfeeding and stunting aligns with the theory that a toddler's nutritional status is heavily influenced by exclusive breastfeeding. Breast milk is considered the optimal food for infants from birth to six months, providing all the vital nutrients needed for growth and development. In the first six months of life, exclusive breastfeeding can sufficiently fulfill an infant's nutritional needs (Rambe, 2020).

Low birth weight (LBW) newborns pose a major public health issue tied to malnutrition, often stemming from chronic maternal malnutrition, poor health, excessive physical labor, insufficient healthcare, and pregnancy complications. Birth weight is strongly associated with a child's long-term growth and development. As a result, LBW can lead to

growth delays, with affected infants often facing difficulties in catching up during early growth, potentially resulting in stunting (Murti et al., 2020).

This aligns with the research conducted by (Devi Akib et al., 2022) shows that infants with low birth weight often struggle to catch up during the early stages of growth. Low birth weight reflects a range of health issues in the community, including chronic malnutrition, inadequate health, and insufficient prenatal care. In addition to breastfeeding in infants, the factor that causes stunting is the provision of complementary foods. Introducing unsuitable complementary foods can prevent children from receiving adequate nutrition. Additionally, providing inappropriate or delayed complementary foods may lead to iron deficiency in infants, resulting in stunting. Therefore, it is essential to give greater attention to the selection and timing of complementary foods (Rosita, 2021).

This aligns with the research conducted by (Rahayu Widaryanti, 2019)This is due to the reason that the mother or grandmother who cares for the child thinks that the baby keeps crying because he is hungry. In addition, there are also children who get MP ASI ≥ 6 months but experience stunting as many as 7 people (46.7%), this is also caused by the behavior of mothers who often persuade their children with snacks or snacks so that they want to be left at work so that children eat snacks more often than heavy foods such as porridge and others that meet balanced child nutrition.

In addition to inappropriate complementary feeding, one of the causes of stunting is an unhealthy environment that will cause many diseases such as diarrhea, intestinal infections and worms. If the baby is affected by gastrointestinal infections, the absorption of nutrients is disrupted, resulting in malnutrition or malnutrition, which can cause stunting(Ningsih et al., 2023) The occurrence of stunting is multifactorial and is not solely attributed to malnutrition in pregnant women or toddlers. One significant factor is the family's economic status. Social and economic factors, such as income and education, can impact the growth process. Family income, in particular, can affect the ability to purchase specific foods, which in turn influences children's nutritional status (Oktavia, 2021).

Relationship between Mother's Education Level and Incidence of Stunting

The analysis of the study results reveals a significant link between maternal education level and stunting incidence at the Sawit 1 Boyolali Health Center, with a P-value of 0.031 ($p < 0.05$). Therefore, it can be concluded that the mother's education level is closely associated with the occurrence of stunting at this health center.

These findings are supported by research carried out by (Husnaniyah et al., 2020) the study titled "The Relationship between Mother's Education Level and the Incidence of

Stunting" revealed a significant link between maternal education and stunting, with a P-value of 0.018 ($p < 0.05$). This research employed a descriptive cross-sectional design, focusing on mothers of children under five in the Kandanghaur Indramayu health center area. A total of 308 respondents were chosen through accidental sampling.

A mother's education level plays a vital role in shaping her family's health, particularly influencing the nutritional well-being of its members. It also affects parenting practices, as mothers, typically the main caregivers, are responsible for managing their children's health and nutrition. Their role is key in improving the family's overall nutritional status. The ability of families to buy nutritious food is influenced by high and low income levels. A high income allows the food needs of all family members to be fulfilled. Conversely, low income levels result in a lack of household food purchasing power. If the purchasing power of food is low, the nutritional needs of toddlers are not fulfilled(Noviyanti et al., 2020)

These findings are supported by research carried out by (Nurmalasari et al., 2020) which indicates that a mother's education level affects family income, with families having low income being five times more likely to experience stunting. The mother's education level is a crucial factor affecting a child's height (Scheffler et al., 2021). This theory is further supported by research from (Husnaniyah et al., 2020), which indicates a significant relationship between the mother's education level and the child's nutritional status.

CONCLUSIONS

The study's findings suggest a link between maternal education level and the occurrence of stunting. In mothers with a high school or vocational education, 17 children were classified as normal, 44 as stunted, and 9 as severely stunted. This indicates a correlation between maternal education and stunting rates at the Sawit 1 Boyolali Health Center, supported by a P-value of 0.031 ($p < 0.05$). This is because mothers who have good education and knowledge of nutrition are expected to be able to provide the right types and amounts of food for children so that they can grow and develop optimally by consuming food, especially for children whose needs must always be met. Insufficient food intake will result in an imbalance in the body's metabolic processes. If this happens continuously, there will be growth and development disorders such as growth retardation. Therefore, the level of maternal education plays a very important role in influencing the degree of health, this is related to the role of mothers in shaping children's eating habits and parenting patterns. It is hoped that the results of this study can be a source of information or reference for further researchers and as input for further research. For the Sawit 1 Boyolali Health Center, it is hoped that it can provide additional

information for mothers, especially mothers' knowledge in preventing stunting in the work area of the Sawit 1 Health Center, Boyolali Regency

REFERENCE

adla, R., Maisyaroh Fitri Siregar, S., & Husna, A. (2022). The Relationship Of Mother's Education And Occupation To Stunting Events In Toddlers. *Morfai Journal*, *2*(1), 89–94. Https://Doi.Org/10.54443/Morfai.V2i1.203

Devi Akib, R., Syahriani, & St. Nurbaya. (2022). Hubungan Panjang Badan Lahir Dan Berat Badan Lahir Dengan Terjadinya Stunting Pada Balita Didaerah Lokus Dan Non Lokus Stunting Dikabupaten Sidrap. *Sehat Rakyat: Jurnal Kesehatan Masyarakat*, *1*(3), 267–272. Https://Doi.Org/10.54259/Sehatrakyat.V1i3.1080

Husnaniyah, D., Yulyanti, D., & Rudiansyah, R. (2020). Hubungan Tingkat Pendidikan Ibu Dengan Kejadian Stunting. *The Indonesian Journal Of Health Science*, *12*(1), 57–64. Https://Doi.Org/10.32528/Ijhs.V12i1.4857

Irdawati, I., Muhlisin, A., Muwakhidah, M., Syaiful, A. A., & Syaiful, A. R. (2022). The Effectiveness Of Health Education On The Knowledge Level Of Cadres About Stunting. *Proceedings Of The International Conference On Health And Well-Being (Ichwb 2021)*, *49*(Ichwb 2021), 137–140. Https://Doi.Org/10.2991/Ahsr.K.220403.019

Jannah, F. (2019). Hubungan Tingkat Pendidikan Dan Pengetahuan Orang Tua Terhadap Kejadian Stunting Pada Balita Di Puskesmas Kebayoran Baru Kota Jakarta Selatan. In *Repository.Uinjkt.Ac.Id*.

Kemenkes Ri. (2022). *Kemenkes Ri No Hk.01.07/Menkes/1928/2022 Tentang Pedoman Nasional Pelayanan Kedokteran Tata Laksana Stunting*. 1–52.

Lenaini, I. (2021). Teknik Pengambilan Sampel Purposive Dan Snowball Sampling. *Historis: Jurnal Kajian, Penelitian & Pengembangan Pendidikan Sejarah*, *6*(1), 33–39.

Louis, S. L., Mirania, A. N., & Yuniarti, E. (2022). Hubungan Pemberian Asi Eksklusif Dengan Kejadian Stunting Pada Anak Balita. *Maternal & Neonatal Health Journal*, *3*(1), 7–11. Https://Doi.Org/10.37010/Mnhj.V3i1.498

Maymita, E. (2019). Menentukan_Pengaruh_Tingkat_Pendidikan_Dan_Pengeta. *Jurnal Human Care*, *4*(3), 173–177.

Murti, F. C., Suryati, & Oktavianto, E. (2020). Hubungan Berat Badan Lahir Rendah (Bblr)Dengan Kejadian Stunting Pada Balita Usia 2-5 Tahun Di Desa Umbulrejo, Ponjong, Gunung Kidul. *Jurnal Ilmiah Kesehatan Keperawatan*, *16*(2), 52–60. Https://Doi.Org/10.26753/Jikk.V16i2.419

Ningsih, S., Puspitasari, D. I., Isnaeni, F. N., & Setiyaningrum, Z. (2023). Hubungan Praktik Pemberian Makan Dan Hygiene Sanitasi Lingkungan Dengan Kejadian Stunting Pada Balita Usia 24-59 Bulan. *Pontianak Nutrition Journal*, *6*(15018), 1–23.

Noviyanti, L. A., Rachmawati, D. A., & Sutejo, I. R. (2020). Analisis Faktor-Faktor Yang Memengaruhi Pola Pemberian Makan Balita Di Puskesmas Kencong. *Journal Of Agromedicine And Medical Sciences*, *6*(1), 14–18.

Nurmalasari, Y., Anggunan, A., & Febriany, T. W. (2020). Hubungan Hubungan Tingkat Pendidikan Ibu Dan Pendapatan Keluarga Dengan Kejadian Stunting Pada Anak Usia 6-59 Bulantingkat Pendidikan Ibu Dan Pendapatan Keluarga Dengan Kejadian Stunting Pada Anak Usia 6-59 Bulan Di Desa Mataram Ilir Kecamatan Seputih Sur. *Jurnal Kebidanan Malahayati*, *6*(2), 205–211. Https://Doi.Org/10.33024/Jkm.V6i2.2409

Oktavia, R. (2021). Hubungan Faktor Sosial Ekonomi Keluarga Dengan Kejadian Stunting. *Jurnal Medika Hutama*, *03*(01), 1616–1620.

Rahayu Widaryanti. (2019). Makanan Pendamping Asi Menurunkan Kejadian Stunting Pada Balita Kabupaten Sleman Rahayu. *Jurnal Ilmiah Kesehatan Ar-Rum Salatiga*, *3*(2), 23–

28.

Rahmawati, D., & Agustin, L. (2020). Hubungan Tingkat Pendidikan Ibu Dan Pemberian Informasi Tentang Stunting Dengan Kejadian Stunting. *Jurnal Ilmu Kesehatan*, *9*(1), 80–85.

Rambe, N. L. (2020). Majalah Kesehatan Indonesia. *Jurnal Ilmiah Kebidanan Imelda*, *1*(2), 45–49.

Rosita, A. D. (2021). Hubungan Pemberian Mp-Asi Dan Tingkat Pendidikan Terhadap Kejadian Stunting Pada Balita: Literature Review. *Jurnal Penelitian Perawat Profesional*, *3*(2), 407–412. Https://Doi.Org/10.37287/Jppp.V3i2.450

Scheffler, C., Hermanussen, M., Soegianto, S. D. P., Homalessy, A. V., Touw, S. Y., Angi, S. I., Ariyani, Q. S., Suryanto, T., Matulessy, G. K. I., Fransiskus, T., Safira, A. V. C., Puteri, M. N., Rahmani, R., Ndaparoka, D. N., Payong, M. K. E., Indrajati, Y. D., Purba, R. K. H., Manubulu, R. M., Julia, M., & Pulungan, A. B. (2021). Stunting As A Synonym Of Social Disadvantage And Poor Parental Education. *International Journal Of Environmental Research And Public Health*, *18*(3), 1–13. Https://Doi.Org/10.3390/Ijerph18031350

Soekatri, M. Y. E., Sandjaja, S., & Syauqy, A. (2020). Stunting Was Associated With Reported Morbidity, Parental Education And Socioeconomic Status In 0.5–12-Year-Old Indonesian Children. *International Journal Of Environmental Research And Public Health*, *17*(17), 1–9. Https://Doi.Org/10.3390/Ijerph17176204

Ssgi. (2023). Hasil Survei Status Gizi Indonesia. *Kementerian Kesehatan Republik Indonesia*, 77–77.

Sumartini, E. (2020). Dampak Stunting Terhadap Kemampuan Kognitif Anak. *Prosiding Seminar Nasional Kesehatan "Peran Tenaga Kesehatan Dalam Menurunkan Kejadian Stunting" Tahun 2020 Impact*, 127–134.

Susilawati, S., & Ginting, S. O. B. (2023). Faktor-Faktor Resiko Penyebab Terjadinya Stunting Pada Balita Usia 23-59 Bulan. *Ijoh : Indonesian Journal Of Public Health*, *1*(1), 70–78. Https://Doi.Org/10.61214/Ijoh.V1i1.69

Wulandini, P., Efni, M., & Marlita, L. (2020). Tentang Stunting Di Puskesmas Rejosari Kecamatan Tenayan Raya Kota Pekanbaru 2019 Description Of Mother ' S Knowledge Who Have A Toddler About Stunting In Rejosari Health Center Tenayan Raya Sub District 2019. *Collaborative Medical Journal (Cmj)*, *3*(1), 8–14.

Yoga, I. T., & Rokhaidah. (2020). Pengetahuan Ibu Tentang Stunting Pada Balita Di Posyandu Desa Segarajaya. *Indonesian Journal Of Health Development*, *2*(3), 183–192.