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The Relationship between Birth Weight, History of IMD, Exclusive Breastfeeding, and MP-ASI with Stunting in Children 0-59 Months at Pajagan Community Health Center 2023

Siti Mariah* Titin Eka Sugianti**

*,** STIKES Abdi Nusantara

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Corresponding Author:
Mariahbintang12345@gmail.com

Abstract

Background: Research by Mediani, et al (2023) concluded that there are seven maternal factors that contribute to the incidence of stunting in toddlers in developing countries. These factors include maternal formal education, maternal BMI, maternal height, maternal age, antenatal care, maternal mental health, and pregnancy intentions. All of these factors influence the inheritance of genes and care for stunted children, making them the main factors in the incidence of stunting in toddlers in developing countries. Research Objective: To determine the influence of birth weight, history of IMD, history of exclusive breastfeeding and history of giving MP-ASI on the incidence of stunting in children aged 0-59 months in the Pajagan Community Health Center Working Area. Research Methods: The design of this research is cross sectional. The number of samples is based on the Isaac and Michael Table with an error rate of 5%, so the total sample is 130 toddlers. The sampling technique used in this research was simple random sampling. Research Results: 36.2% suffer from stunting, 9.2% with birth weight < 2500 grams - > 4000 grams, 88.5% with a history of IMD, 95.4% with a history of exclusive breastfeeding, 99.2% with a history of giving MP- breast milk. Chi Square test results showed that there was no relationship between birth weight, history of IMD, history of exclusive breastfeeding, history of giving MP-ASI and the incidence of stunting (p value > 0.05). Conclusion and Suggestion: The research results showed that there was no relationship between the variables studied and the incidence of stunting. These variables still contribute to stunting with the risk of occurrence ranging from 1-2 times. The Pajagan Community Health Center is advised to provide health education, monitor toddler growth, maternal health and nutrition services, increase access to health services, promote cleanliness and sanitation, and establish cross-sectoral collaboration.

Introduction

Stunting and short are basically two different things. People with stunting are indeed short in stature, but not always children with short stature suffer from stunting. There are those who think stunting and shortness are the same. For policies relating to the wider community, the short definition of the same as stunting can be made easier and used because there is no need to differentiate it from the diagnosis process which is often difficult and the facilities are not always available. However, for clinical purposes, a doctor must be able to differentiate between the two because the management is definitely different (Prawirhartono, 2021).

The cause of stunting is nutrition or health problems, namely infectious and non-infectious diseases which cause the need for energy and nutrients which are important for growth to be inadequate, linear growth which can be measured by body length (PB) or body height (TB) will be less than normal. PB and TB measurements that are less than normal (<-2 SD) are called short (Prawirhartono, 2021).

Based on the results of the 2022 Indonesian Nutrition Status Survey (SSGI), the SSGI stunting rate decreased from 24.4% in 2021 to 21.6% in 2022. In Banten Province, the stunting rate also decreased from 24.5% in 2021 to 20.0 % in 2022. Even though it is decreasing, this figure is still high, considering that the stunting prevalence target in 2024 is 14% and the WHO standard is below 20%. In Lebak Regency, the prevalence of stunting in children under five is 26.2% of the target of 22.9% based on SSGI and 4.27% of the target of 8% based on EPBGM. This shows success in reducing stunting cases above the target determined by the Lebak District Health Service. The number of stunting sufferers in 2019 was 13,832 people, in 2020 there were 9,583 people, in 2021 there were 6,495 people and in 2020 there were 4,618 people. Data on stunting children under five based on the EPPGBM at

the Pajagan Community Health Center in 2022 was 196 people, while in 2023 there were 13 people.

Mediani, et al (2023) in research stated that there are 7 (seven) maternal factors that contribute to the incidence of stunting in toddlers in developing countries, including maternal formal education, maternal body mass index (BMI), maternal height, maternal age, antenatal care, Maternal mental health and pregnancy intentions. These factors influence the inheritance of genes and care for stunted children. The incidence of stunting in children under five in developing countries mostly occurs due to maternal factors and antenatal care.

Likewise, Wibowo, et al (2023) stated that maternal parenting and feeding patterns are related to the incidence of stunting. A good mother's parenting style can prevent children from experiencing stunting, as can the provision of food. If the mother provides the right food for her child, the child can avoid stunting.

Based on the results of a preliminary study (direct interviews and observations) conducted on 10 mothers who had children aged 0-59 months in the Pajagan Community Health Center working area, it was found that 3 out of 10 children experienced stunting.

Based on this background, the author is interested in conducting research on "The Relationship between Birth Weight, History of IMD, History of Exclusive Breastfeeding and History of Complementary Food Feeding (MP-ASI) on Stunting Events in Children Aged 0-59 months in the Working Area of the Pajagan Community Health Center ".

Stunting in children under five is mostly caused by maternal factors and prenatal care. Apart from that, the mother's parenting style and the way she provides food also play a role in the occurrence of stunting. Thus, the formulation of the problem in this research is what is the relationship between birth weight, history of IMD,

history of exclusive breastfeeding and history of giving MP-ASI with the incidence of stunting in children aged 0-59 months located in the Pajagan Community Health Center area?

Based on this background, the research questions in this study are:

1. Is there a relationship between birth weight and the incidence of stunting in children aged 0-59 months in the Pajagan Community Health Center Working Area?
2. Is there a relationship between a history of IMD and the incidence of stunting in children aged 0-59 months in the Pajagan Community Health Center Working Area?
3. What is the influence of a history of exclusive breastfeeding on the incidence of stunting in children aged 0-59 months in the Pajagan Community Health Center Working Area?
4. To what extent is a history of inadequate complementary feeding (MP-ASI) related to the incidence of stunting in children aged 0-59 months in the Pajagan Community Health Center Working Area?
5. What is the distribution of stunting incidents in children aged 0-59 months in the Pajagan Community Health Center Working Area?
6. What is the distribution of birth weight among children aged 0-59 months in the Pajagan Community Health Center Working Area?
7. What is the distribution of IMD history in children aged 0-59 months in the Pajagan Community Health Center Working Area?
8. What is the distribution of the history of giving exclusive breastfeeding to children aged 0-59 months in the Pajagan Community Health Center Working Area?
9. What is the distribution of the history of giving MP-ASI to children aged 0-59 months in the Pajagan Community Health Center Working Area?

The general aim of this research is to determine the influence of birth weight, history of IMD, history of exclusive breastfeeding and

history of giving MP-ASI on the incidence of stunting in children aged 0-59 months in the Pajagan Community Health Center Working Area.

This research has important theoretical benefits in expanding our knowledge about stunting and providing a basis for developing more effective interventions in preventing stunting in children aged 0-59 months in the Pajagan Community Health Center Working Area.

This research focuses on the incidence of stunting in children aged 0-59 months in the Pajagan Community Health Center working area in relation to birth weight, history of IMD, history of exclusive breastfeeding and history of complementary feeding. This research was conducted because the stunting rate is still high in Indonesia even though it has decreased. This type of research is analytical quantitative research with a cross sectional approach. The population in this study were all children aged 0-59 months who were in the working area of the UPT Pajagan Health Center, totaling 196 children. The total sample is 130 respondents. The collected data will be analyzed using statistical methods to determine the relationship between birth weight, history of IMD, history of exclusive breastfeeding, history of giving MP-ASI, and the incidence of stunting in children aged 0-59 months in the Pajagan Community Health Center working area.

Stunting is a disruption in the growth and development of children due to chronic malnutrition and recurrent infections, which is characterized by their length or height being below the standards set by the minister who administers government affairs in the health sector (Perpres, 2021).

Stunting is a nutritional status that identifies inadequate intake and chronic and recurrent infectious diseases. Chronic lack of intake indicates that the child is experiencing "hunger" for a long period of time. This can be considered as a form of not

fulfilling the baby's/child's human rights in terms of getting sufficient food intake to grow and develop, even in the womb if the pregnant mother does not get enough food. Moreover, insufficient intake interacts with the risk of infectious diseases. Recently, stunting has received greater attention than other nutritional statuses because apart from its higher prevalence, stunting also indicates something more serious than just short body size (Endang, 2020).

The World Health Organization (WHO) classifies the problem of undernutrition in children as being underweight. Stunting and undernutrition or wasting, which is based on measurements of body weight, body length for babies 0-23 months, height for children 24-60 months, and age (Endang, 2020).

WHO defines stunting as failure in growth and development experienced by children due to insufficient nutritional intake for a long time, recurrent infectious diseases, and inadequate psychosocial stimulation. Children who experience stunting, especially at an early age, may also experience growth restrictions in other organs, including the brain. Stunting is defined as a child's body length according to age (PB/U) or height according to age (TB/U) which is -2 standard deviation (<-2 SD) from the median standard of the WHO Child Growth Standards.

Normal newborns are babies born with a gestational age of more than or equal to 37 weeks with a birth weight of 2,500 - 4,000 grams (Armini, 2017).

Birth weight is the baby's weight measured within the first hour after birth. The relationship between birth weight and gestational age, birth weight can be grouped into: preterm babies (BKB), namely babies born with a gestation period of <37 weeks (259 days). Term babies (BCB), babies born with a gestation period between 37-42 weeks (259 - 293 days), and Preterm babies (BLB), babies born with a gestation period >

42 weeks (294 days) (Kosim et al, 2009).

According to Kosim et al (2009) Birth weight based on body weight can be grouped into:

a. Low Birth Weight (LBW) babies are babies whose weight at birth is less than 2500 grams (Saifuddin, 2001). LBW babies are further divided into 3 groups based on degree: 1) Low birth weight (LBW) with a birth weight of 1500 - 2499 grams. 2) Very low birth weight (BBLSR) with a birth weight of 1000 -1499 grams. 3) Extreme low birth weight (BBLER) with birth weight <1000 grams (Putra, 2012)

b. Normal newborns are babies born from gestation to 42 weeks and birth weight > 2500 - 4000 grams (Jitowiyono, 2010)

c. Overweight babies are babies born with a birth weight of more than 4000 grams (Kosim et al, 2009).

Early initiation of breastfeeding (IMD/early initiation) means that the baby starts to breastfeed on his own as soon as he is born. Leave the baby's skin in contact with the mother's skin for at least one hour before birth. The way babies initiate early breastfeeding is called the breast crawl or crawling looking for the breast (Roesli, 2008). Early initiation of breastfeeding not only makes exclusive breastfeeding a success but also saves the baby's life.

Early initiation of breastfeeding is a worldwide agreement and is carried out for all babies and mothers who are in a stable condition, whether during normal delivery or with the help of instruments or caesarean section. The most important thing in initiating early breastfeeding is to provide skin-to-skin contact between mother and baby for as long as possible (at least 1 hour) without being disturbed so as to reduce the risk of hypothermia, help the baby take in good bacteria from the mother's skin and increase the production of the hormone oxytocin (Suradi, 2010) .

Breast milk (ASI) is the best food for babies aged 0 - 6 months. This is supported by questions from the world health organization, World

Health Organization (WHO) in 2001, which stated that exclusive breastfeeding for the first 6 months of a baby's life is the best (Sudargo, 2019).

Exclusive breastfeeding is giving breast milk without other additional food and drinks to babies aged 0 - 6 months. Babies are only given breast milk without any other food or drink including water, except for medicines, vitamins, minerals and expressed breast milk. Thus, the previous provision that exclusive breast milk is sufficient for 4 months is no longer valid (AAP, 2005 in Sudargo, 2019).

WHO recommends exclusive breastfeeding for the first 6 months of a baby's age. Breast milk provides all the energy and nutrients a baby needs during the first 6 months of life. Breast milk provides many benefits for the baby's resilience, growth and development. Exclusive breastfeeding can prevent babies from dying due to disease and speed up healing during illness (Sudargo, 2019).

Complementary food for breast milk (MP-ASI) is baby food that accompanies breastfeeding, given after the baby is 6 (six) months old because breast milk can no longer meet the baby's nutritional needs. MP-ASI contains nutrients that are given to babies during the weaning period (complementary feeding), namely when other foods or drinks are given with breast milk.

There are two types of MP-ASI, namely household or factory-made food and food that is usually eaten by families, but modified so that it is easy for babies to eat and meets their nutritional needs. The texture of the food starts from smooth/watery (soft food).

Research Methods

Analytical quantitative research was chosen as the research method this time. Quantitative research is a research method obtained through calculations using numbers with measurement procedures to produce a conclusion (Sugiyono, 2018

in Azari, 2022). Analytics itself is research that explores further how and why a problem occurs and can influence health problems (Notoarmodjo, 2012 in Azari, 2022). The research design used is a cross sectional design, namely an observational research design carried out to determine the relationship between the independent variable and the dependent variable where the measurements are carried out at one time (point time approach) (Notoatmodjo, 2005 in Azari, 2022). The research location is the area within the working area of the Pajagan Community Health Center. The population in this study were all stunted children aged 0-59 months who were in the working area of the Pajagan Health Center UPT recorded in the 2022 Pajagan Community Health Center EPPGBM, totaling 196 toddlers. The sampling technique used in this research is simple random sampling because the sampling of sample members from the population is carried out randomly without paying attention to the strata in the population and is carried out if the population members are considered homogeneous (Sugiyono, 2018 in Azari, 2022). The researcher determined the sample size based on the Isaac and Michael Table with an error rate of 5%, so the sample size was 130 toddlers. This number of samples will then be taken randomly without paying attention to gender and address. The analysis technique uses univariate and bivariate analysis. The analysis in this study was carried out using the Chi square technique. Where respondents have tested the relationship comparing the observed (0) and expected (E) values, then calculated using the percent formula (Avicenna, 2020). The purpose of the Chi square or chi square test is to test differences in the proportions of several groups of data. The principle is to compare the frequency that occurs (Observations) with the expected frequency. If the observation frequency value and the expected value are the same, it is said that there

is no significant relationship. Test results:

If p value ≤ α (0.05). H0 is rejected. This means that the sample data supports the existence of a significant difference or relationship

If p value > α (0.05). H0 failed to be rejected. This means that the sample data does not support any differences or there is no significant relationship (Avicenna, 2020).

Research Result

Based on univariate results showed that toddlers aged 6-8 months who suffered from diarrhea were 33.3% and those who did not suffer from diarrhea were 66.7%. Likewise, mothers of toddlers who have good knowledge about complementary foods are 66.7% more when compared to mothers of toddlers who have less knowledge about complementary foods, which is 33.3%. Based on the bivariate results show that toddlers who suffer from diarrhea are more (40%) experienced by mothers of toddlers who have less knowledge about complementary foods when compared to those who do not suffer from diarrhea (30%). The Chi Square test results show that there is no significant relationship between maternal knowledge about complementary feeding with the incidence of diarrhea in toddlers (p value 1.000). The results of the OR calculation show that mothers with less knowledge about complementary feeding are 1.556 times more likely to experience diarrhea in children under five than those with good knowledge (95% CI 0.165-14.654).

Discussion

From the results of research that has been carried out, it was found that the incidence of stunting was more common in respondents with Birth Weight (BBL) below 2500 grams and above 4000 grams. The Chi Square test results showed that there was no significant relationship between BBL and the incidence of stunting. The results of the Prevelance Ratio (PR) calculation show that BBL < 2500

grams and > 4000 grams have a 1.439 risk of experiencing stunting (95% CI 0.776-2.668).

The results of this research are similar to the results of Winowatan's (2017) research, namely that birth weight is not a risk factor for stunting with a P value = 0.411. Birth weight with stunting can be caused by the effect of birth weight on stunting which is greatest at the age of 6 months and then decreases until the age of 2 years. If in the first 6 months, toddlers can catch up with their growth, there is a possibility that toddlers can grow to normal height (Nasikhah, 2012).

Endang (2020) states that risk factors for growth retardation in the womb include Chronic Energy Deficiency (KEK), Anemia, Weight Gain during Pregnancy (PBBH), stunted/short pregnant women, exposure to nicotine and cigarette smoke, pregnancy during pregnancy. teenager. So according to researchers, birth weight also has many factors that influence it which are not included in the research variables.

Even though there is no relationship with the incidence of stunting, birth weight in the range < 2500 and > 4000 grams carries a risk of experiencing stunting once. For this reason, adequate ANC services are needed as initial screening to prevent risk factors that influence birth weight.

Respondents who did not have a history of IMD or did not have IMD during the birth of their child experienced a stunting incidence of 26.7%. The results of the Chi Square test illustrate that there is no relationship between a history of IMD and the incidence of stunting. The PR calculation results show that respondents who do not carry out IMD are 0.713 times more likely to experience stunting (95% CI 0.298-1.706).

The results of this research are in line with the results of research conducted by Afiah (2022) which stated that there was no significant relationship between the implementation of Early Breastfeeding Initiation (IMD) and the

incidence of stunting in toddlers aged 6-23 months, where p value = 0.803.

Early initiation of breastfeeding not only makes exclusive breastfeeding a success but also saves the baby's life (Roesli, 2008). The most important thing in initiating early breastfeeding is to provide skin-to-skin contact between mother and baby for as long as possible (at least 1 hour) without being disturbed so as to reduce the risk of hypothermia, help the baby take in good bacteria from the mother's skin and increase the production of the hormone oxytocin (Suradi, 2010) .

Although Early Breastfeeding Initiation itself has significant health benefits, such as providing immunity and important nutrition to babies, stunting itself is multifactorial and involves various aspects, including genetic factors, nutrition, sanitation and health services. It is important to remember that early initiation of breastfeeding is only one of many factors that influence a child's growth and development. Even though IMD is very important, to reduce the risk of stunting, comprehensive efforts are needed that include aspects such as monitoring child growth, adequate nutritional intake, environmental cleanliness, and good access to health services. Thus, although IMD has a positive impact on infant health, including helping to protect against infection and providing important early nutrition, stunting remains a complex problem that requires a holistic approach to prevention and management.

Respondents who received exclusive breastfeeding experienced stunting of 37.9%. Chi Square test results show that there is no relationship between a history of exclusive breastfeeding and the incidence of stunting. From the results of PR calculations, respondents who do not receive exclusive breastfeeding are 1,610 times more likely to suffer from stunting (95% CI 1,403-1,848).

Hikmahrachim (2019) in his research results showed that bivariate analysis did not show a relationship

between exclusive breastfeeding and stunting (PR 0.91 IK95% 0.60-1.37). This research shows that exclusive breastfeeding is not related to the incidence of stunting in toddlers in Bogor Regency. However, this research found an interaction that the role of exclusive breastfeeding may be protective against the occurrence of stunting in mothers over 30 years of age. These results illustrate that the role of exclusive breastfeeding in preventing stunting has different impacts on each condition in society.

Breast milk does have a lot of ingredients which are very good for babies, but if the mother's condition is anemic, has CED, has a chronic disease and so on it can affect the quality of the breast milk.

Stunting incidents occurred in respondents who had a history of giving MP-ASI (36.4%). Chi Square test results show that there is no relationship between the history of giving MP-ASI and the incidence of stunting. The PR calculation results show that the risk of stunting is 1.573 times greater for respondents who do not receive MP-ASI (95% CI 1.381-1.793).

The causes of stunting and other nutritional problems in babies and children are divided into 3 groups, namely direct causes, indirect causes and fundamental causes. Two direct causes of stunting are inadequate food intake and/or infectious diseases that persist for a long time and/or recur. Inadequate food intake or infectious diseases are generally caused by indirect causes, such as insufficient food availability at home, unaffordable access to markets, mothers not taking good care of their children which may be caused by busyness or ignorance, the home and surrounding environment. unhealthy houses, lack of availability of clean water, low access to health services, and so on.

In line with the results of research conducted by Afriyani (2022) that the dose and content of MP-ASI has no relationship with the incidence of stunting. In this study, based on

bivariate analysis of the practice of giving complementary breast milk from the first age of giving MP-ASI, it was found that 25 (75.8%) respondents gave complementary breast milk food that was not appropriate for their age and experienced stunting. Complementary foods given that are not age appropriate and those who do not receive breast milk have a 1.6 times greater risk of stunting than children who receive MPASI according to their age. There is no relationship between the frequency (p=0.815) and dosage (p=0.695) of giving complementary breast milk to the incidence of stunting, this is in line with research conducted by Hildagardis (2014) that there is no relationship between the frequency of complementary breast milk food and the incidence of stunting because of the portion size. not enough at each feeding.

Complementary foods for breast milk (MP-ASI) have an important role in providing additional nutrition to babies and children who have started to need more nutritional sources than breast milk alone. MP-ASI is introduced after the baby reaches around 6 months of age, when his nutritional needs are no longer met by breast milk alone. However, good MP-ASI alone cannot guarantee to completely prevent stunting. Stunting is caused by a complex combination of factors, and MP-ASI is only one aspect of this series of factors. Several factors that can contribute to stunting involve poor nutrition, including inappropriate MP-ASI, but also involve other factors such as environmental cleanliness, access to health services, maternal education, and family socio-economic factors. Overall, preventing stunting requires a holistic approach involving factors such as nutrition, sanitation, education and access to health services. Although MP-ASI is an important component of child nutrition, the relationship between MP-ASI and stunting is only one aspect of the bigger picture.

Summary

The results of this study indicate that all the variables studied have no relationship with the incidence of stunting. However, these variables still contribute to the incidence of stunting because they have a risk of incidence ranging from 1 to 2 times. Stunting is a complex problem that certainly needs complex and integrated handling from various sector lines. Overall, stunting prevention requires a comprehensive approach that includes aspects of nutrition, sanitation, education, and access to health services, especially integrated ANC services. The following are the conclusions from the results of this study:

1.Of the 130 respondents in this study, 47 respondents (36.2%) were found to be stunted.

2.Of the 130 respondents in this study, respondents who had a birth weight < 2500 - > 4000 grams were 12 respondents (9.2%)

3.Of the 130 respondents in this study, 115 respondents (88.5%) performed Early Breastfeeding Initiation (IMD).

4.Of the 130 respondents who did exclusive breastfeeding as many as 124 respondents (95.4%)

5.Of the 130 respondents who did MP-ASI as many as 129 respondents (99.2%)

6.The results of the Chi Square test with a value of 0.350> p value 0.05 show that there is no significant relationship between LBW and the incidence of stunting.

7.From the Chi Square test results with a value of 0.416> p value 0.05 illustrates that there is no relationship between IMD history and the incidence of stunting.

8.The results of the Chi Square test with a value of 0.086> p value 0.05 indicate that there is no relationship between the history of exclusive breastfeeding and the incidence of stunting.

9. The results of the Chi Square test with a value of 1.000> p value 0.05 show that there is no relationship

between the history of complementary feeding with the incidence of stunting.

Advice

1. For Health Service Agencies

It is hoped that the Pajagan Community Health Center will provide health education, monitoring the growth of toddlers, maternal health services, nutrition services, increasing access to health services, promoting cleanliness and sanitation and collaborating with cross-sectoral parties on a regular/continuous basis.

2. For mothers of children aged 0-59 months

Mothers can play a role in preventing stunting and providing a healthy foundation for children's growth and development. It is important to cooperate with local health officials and access necessary health services.

3.For the Midwifery Study Program

The STIKes Abdi Nusantara Undergraduate Midwifery Study Program can ensure that prospective midwives are equipped with the knowledge and skills needed to contribute to stunting prevention and provide holistic health care to mothers and children through the Tri Dharma of Higher Education activities.

4.For Researchers

Researchers can make a valuable contribution to stunting prevention efforts and help design more effective programs to improve the health of children and mothers in various communities..

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