



## The Influence Factors Of Stunting Incidents In Toddler Ages 24-59 Months At Posyandu Melati 02

Inna Mukhaira\*, Setiarini Pujiningtyas, Selpi Nurmayanti

Yatsi Madani University

\*Correspondence: E-mail: [mukhairainna@gmail.com](mailto:mukhairainna@gmail.com)

### ABSTRACT

**Background:** Data from the Indonesian Nutrition Status Survey (SSGI) in 2022 from the Ministry of Health of the Republic of Indonesia, the national stunting rate reached 21.6% from 24.45% in 2021 and fell to 2.8%. The stunting rate in Banten Province in 2021 will decrease from 4.5% to 20% from the previous 24.5%. According to the Tangerang City Health Service (DinKes), the prevalence rate of stunting in the Tangerang city area is 15.3% in 2021. The aim is to determine the factors that influence the incidence of stunting in toddlers aged 24 - 59 months at Posyandu Melati 02.

**Research Methods:** Sampling was carried out using quantitative analytical methods with a cross sectional study design.

**Research Result:** Analysis of the relationship between the level of maternal knowledge and the incidence of stunting as much as 69.4% and good maternal knowledge as much as 30.6%. The relationship between maternal education level and the incidence of stunting was 18.2% and higher education level was 81.8%. The relationship between economic status and the incidence of stunting is 42.9% and high economic status is 57.1%. The relationship between giving exclusive breastfeeding and the incidence of stunting is 17.6% and not giving exclusive breast milk is 82.4%.

**Conclusion:** Maternal knowledge, maternal education level, economic status and exclusive breastfeeding greatly influence the incidence of stunting.

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## 1. INTRODUCTION

According to the World Health Organization (WHO), in 2021, globally, the incidence of stunting was 22.9% or around 154.8 million children under five in the world suffered from stunting. In Asia, there are 87 million children under five who experience stunting, in Africa as many as 59 million, in Latin America and the Caribbean as many as 6 million, in West Africa as many as 31.4%, in Central Africa as many as 32.5%, in East Africa as many as 36.7% and South Asia as much as 34.1% (WHO 2021 in BIAR; 2020).

Data from the Indonesian Nutrition Status Survey (SSGI) in 2022 from the Ministry of Health of the Republic of Indonesia, the national stunting rate reached 21.6% from 24.45% in 2021 and fell to 2.8%. The stunting rate in Banten Province in 2021 will decrease from 4.5% to 20% from the previous 24.5%. According to the Tangerang City Health Service (DinKes), the stunting prevalence rate in the Tangerang city area is at 15.3% in 2021.

Nutritional problems, especially the problem of stunting toddlers, can cause the growth and development process to be hampered, and have negative impacts that will last for the rest of life. A study shows that short toddlers are strongly associated with poor educational achievement and low income as adults (Astutik, Rahfiludin, & Aruben, 2018).

Knowledge of balanced nutrition is knowledge about food and nutrients, sources of nutrients in food, food that is safe to consume so that it does not cause disease and good food processing methods so that the nutrients in food are not lost and how to live a healthy life (Notoatmodjo 2020). Education level is closely related to the incidence of stunting. This shows that the incidence of stunting is largely influenced by the low income and education of parents, especially mothers. Mothers have an important role in caring for children, from giving to serving food. If the mother's education and knowledge about nutrition is low, the result is that the mother is unable to choose and serve food to meet the requirements for balanced nutrition for her family (Husnaniyah, Yulyanti, and Rudiansyah 2020).

Family income is the amount of money earned and the amount of money that will be spent to finance household needs for one month. Adequate family opinion will support the behavior of family members to obtain more adequate family health services. Some factors that cause nutritional problems are poverty. Poverty is considered to have an important reciprocal role as a source of nutritional problems, namely poverty causes malnutrition, whereas malnourished individuals will slow down economic growth and encourage the process of poverty. This is because if someone experiences malnutrition, it will directly cause loss of work productivity due to physical deficiencies, decreased cognitive function which will affect the level of education and economic level of the family (Larasati 2017). Exclusive breastfeeding according to Republic of Indonesia Government Regulation Number 33 of 2012 concerning Providing Exclusive Breast Milk is the provision of breast milk (ASI) without adding or replacing it with other food or drinks given to babies from birth for 6 months. Fulfilling the needs of babies 0-6 months can be met by breastfeeding alone. Exclusive breastfeeding is also important because at this age, food other than breast milk cannot be digested by the enzymes in the intestines. Apart from that, excretion of waste from burning food cannot be carried out properly because the kidneys are not yet perfect. The benefits of exclusive breastfeeding are numerous, starting from increasing the body's immunity, fulfilling nutritional needs, cheap, easy, clean, hygienic and can improve the relationship or inner bond between mother and child (RI GOVERNMENT REGULATION n.d 2020).

Based on an initial survey conducted at the Sukasari Community Health Center. The results of research at Posyandu Melati 02 show that 3 out of 10 toddlers experience stunting, the main factor that causes stunting. Factors that cause maternal stunting are the mother's

education level and the mother's level of knowledge. The factor that causes stunting in babies is poor exclusive breastfeeding, namely giving MPASI too quickly, namely babies aged before 6 months who have been given food or drinks other than breast milk. Factors that cause stunting are social factors, namely economic status, low family income so that mothers cannot meet sufficient food requirements for toddlers' nutritional needs. By knowing these facts, further research will be carried out regarding the factors that influence the incidence of stunting in toddlers aged 24 - 59 months at Posyandu Melati 02.

## 2. METHODS

This study used a cross-sectional design. This research was conducted at Posyandu Melati 02. The sample for this research was mothers who had children under five at Posyandu Melati 02, totaling 170 respondents. Using purposive sampling technique. This writing has passed ethical test Number: 190/LPPM-UYM/VII/2023.

## 3. RESULTS AND DISCUSSION

Table 1. Frequency Distribution of Mother's Knowledge, Education Level, Economic Status, Exclusive Breastfeeding and Stunting at Posyandu Melati 02

Variable	Total (n)	Percentage (%)
<b>Mother's Knowledge</b>		
Defficient	57	33.5
High	113	66.5
Total	170	100.0
<b>Education</b>		
Low	31	18.2
High	139	81.8
Total	170	100.0
<b>Economy Status</b>		
Low	73	42.9
High	97	57.1
Total	170	100.0
<b>Breastfeeding</b>		
Yes	30	17.6
No	140	82.4
Total	170	100.0
<b>Food after Breastfeeding</b>		
Yes	166	97.6
No	4	2.4
Total	170	100.0
<b>Stunting</b>		
<i>Stunting</i> ( $\leq -2$ SD)	33	19.4
<i>Not stunting</i> ( $> -2$ SD)	137	80.6
Total	170	100.0

Based on Table 1, the frequency distribution of mothers' knowledge shows that there are 33.5% of respondents with poor knowledge and 66.5% of respondents with good knowledge. In the frequency distribution of education levels, there were results of 18.2% of respondents with low education and results of 81.8% of respondents with high education. In the frequency distribution of economic status, there were results of 42.9% of respondents with low income and results of 57.1% of respondents with high income. The distribution of the frequency of breastfeeding showed that 17.6% of respondents were given exclusive breast milk and only 82.4% of respondents were not given exclusive breast milk. The frequency of MPASI has a result of 97.6% and the result of non-MPASI is 2.4%. The frequency distribution of stunting

showed that 19.4% of respondents experienced stunting and 80.6% of respondents did not experience stunting..

Table 2. Analysis of the Relationship Between Mother's Knowledge, Education Level, Economic Status and Exclusive Breastfeeding with the incidence of stunting (n=170)

Variabel	OR (95% CI)	P-Value
Mother's Knowledge	4.125 (1.898 – 8.966)	0.000
Education	6.302 (2.664 – 14.908)	0.000
Economic Status	7.112 (2.874 – 17.600)	0.000
Breastfeeding	0.956 (0.356 – 2.568)	0.000

Based on the analysis results, OR = 4.125, which means that respondents with good knowledge are 4.1 times more likely to have no children with stunting than respondents with poor knowledge. Then the lower and higher OR values show that respondents with good knowledge are at least 1,898 times and 8,966 times more likely to not have children with stunting. The analysis results are OR = 6.302, which means that respondents with a high level of education are 6.3 times more likely to have no children with stunting than respondents with a low level of education. Then the lower and upper OR values show that respondents with a high level of education are at least 2,664 times and 14,908 times more likely to not have children with stunting. The analysis results are OR = 7.112, which means that respondents with high economic status are 7.1 times more likely to have no children with stunting than respondents with low economic status. Then the lower and upper OR values show that respondents with high economic status are at least 2,874 times and 17,600 times more likely not to have children with stunting. The analysis results are OR = 0.956, which means that respondents who are given breast milk have a 0.1 times greater chance of not having children with stunting than respondents who are not given breast milk. Then the lower and upper OR values show that respondents with children who were given breast milk were at least 0.356 times and 2.568 times more likely to not have children with stunting.

### 3.1. Analysis of the Relationship Between Mother's Knowledge and Stunting

Based on Table 2 above, the results of the analysis of the relationship between maternal knowledge and stunting show a p-value of 0.000 (<0.05), which means there is a relationship between maternal knowledge and stunting. The results showed that 12.3% of respondents with poor maternal knowledge had children with stunting and there were results of 21.1% of respondents with poor maternal knowledge and did not have children with stunting. Meanwhile, there were results that 58.2% of respondents with good maternal knowledge did not have children with stunting and only 8.2% of respondents with good knowledge had children with stunting. The analysis results are OR = 4.125, which means that respondents with good knowledge are 4.1 times more likely to have no children with stunting than respondents with poor knowledge. Then the lower and upper OR values show that respondents with good knowledge are at least 1,898 times and 8,966 times more likely to not have children with stunting.

Based on research results from Gilbert [Aldony Hutabarat \(2021\)](#), it is stated that there is a relationship between the incidence of stunting and maternal knowledge. Research by [Rizqita Catur Wulandari and Lailatul Muniroh \(2020\)](#) is in line with this research where there is a significant relationship between maternal knowledge and the incidence of stunting in toddlers. Research by [Langi, et al \(2019\)](#) is also in line with this research where there is a significant relationship between mothers' knowledge of the incidence of stunting at the

Kawangkoan Community Health Center, Minahasa.

Based on research by [Arnita et al \(2020\)](#), it is not in line with this statement where there is no significant relationship between knowledge and efforts to prevent stunting and also this statement is not in line with research conducted by [Harikatang et al \(2020\)](#) which states that there is no relationship between maternal knowledge. with stunting incidents in a sub-district in Tangerang. Likewise, research by [Fitriyani and Darmawi \(2022\)](#) states that there is no relationship between mothers' knowledge about stunting and the incidence of stunting in toddlers.

Regarding the incidence of stunting, mothers' knowledge regarding stunting is relatively good because the majority of mothers have high school education which can be said to be in the higher education category, so they have a better chance of receiving information to understand it well. However, having good knowledge or a good level of education does not guarantee a person's lifestyle, which cannot guarantee a mother's good attitude and behavior regarding parenting and eating patterns for children.

Knowledge is a guide to the formation of a person's behavior and attitudes, where this knowledge grows a person's understanding of behavior. Understanding of stunting measured in this study includes knowledge, triggers, signs and symptoms, impacts, prevention and management efforts carried out if a child experiences stunting. So if parents understand and interpret all these aspects, this forms good parental knowledge. In this case, knowledge greatly influences the occurrence of stunting. Knowledge is obtained from various sources such as leaflets, posters, counseling, the internet and so on. With advances in technology today, the Internet can be used well to provide education about stunting, for example the wide dissemination of communication, information and stunting education through social media, creating blogs, websites and so on ([Pamella Cadea al Nabila 2022](#)).

However, based on field results, it was also found that respondents with a good level of knowledge had a higher number of children experiencing stunting compared to respondents with less knowledge. This is because even though the respondent's knowledge is good, the respondent's attitude towards parenting patterns for their children is not in accordance with the theory about stunting that they know. The main factor that influences respondents' knowledge is incomplete information, clearly tanding is also considered by respondents to be a foreign term and not easy to understand.

### 3.2. Analysis of the Relationship Between Education Level and Stunting

Based on table 2 above, the results of the analysis of the relationship between education level and stunting show a p-value of 0.000 (<0.05), which means there is a relationship between education level and stunting. The results obtained were that 8.8% of respondents with a low level of education had children with stunting and there were results that 9.4% of respondents with a low level of education did not have children with stunting. Meanwhile, there were results that 71.1% of respondents with a high level of education did not have children with stunting and only 10.5% of respondents with a high level of education had children with stunting. The analysis results are OR = 6.302, which means that respondents with a high level of education are 6.3 times more likely to have no children with stunting than respondents with a low level of education. Then the OR lower and upper values show that respondents with a high level of education are at least 2,664 times and 14,908 times more likely to not have children with stunting.

Based on the results of [Nadia Nabila Larasati \(2018\)](#), an analysis of the relationship between maternal education level and the incidence of stunting found that toddlers who experienced stunting and had mothers with low levels of education were 61.8%. Toddlers do not

experience stunting and have mothers with a low level of education, namely 36.8%, meaning it can be concluded that there is a relationship between the mother's education level and the incidence of stunting. Stunting is 2,778 times more likely (95% CI, 441-5,358) in toddlers born to mothers with a low level of education compared to toddlers born to mothers with a high level of education. Because mothers with low education have more difficulty understanding and have limited information about stunting. According to research results from [Nurmala Sari \(2019\)](#), there is a relationship between the mother's education level and stunting. Based on research results from [Sagita Darmasari \(2022\)](#), it is stated that there is a significant relationship between maternal education and the incidence of stunting.

Based on Rahmawati's research results. [D and Agustin.L \(2020\)](#) are in line with this research which states that there is no significant relationship between the incidence of stunting and the mother's education level. This happens because information, especially about stunting, will be more easily accepted by mothers with higher education. However, this factor is not the only cause of stunting because there are also mothers with low education who do not give birth to stunted babies. Research by [Sutarto, et al \(2020\)](#) also does not support this research. He stated that there is a significant relationship between the incidence of stunting and the mother's education level. According to research results from [Gilberth Aldony Hutabarat \(2021\)](#), the results show that there is no significant relationship between the incidence of stunting and maternal education.

Maternal education is not a risk factor causing stunting because not all mothers with low education have stunted toddlers, and vice versa, not all highly educated mothers have toddlers who are not stunted. This can happen because maternal education is not a factor causing stunting, there are many other causal factors that can influence the incidence of stunting and mothers with higher education tend to be less concerned about stunting incidents due to work and tend not to care about stunting incidents ([Aldony Hutabarat 2021](#)).

### 3.3. Analysis of the Relationship Between Economic Status and Stunting

Based on table 2 above, the results of the analysis of the relationship between economic status and stunting show a p-value of 0.000 (< 0.05), which means there is a relationship between economic status and stunting. The results obtained were that 15.2% of respondents with low economic status had children with stunting and there were results that 27.6% of respondents with low economic status did not have children with stunting. Meanwhile, there were results that 52.9% of respondents with high economic status did not have children with stunting and only 4.1% of respondents with high economic status had children with stunting. The analysis results are OR = 7.112, which means that respondents with high economic status are 7.1 times more likely to have no children with stunting than respondents with low economic status. Then the lower and upper OR values show that respondents with high economic status are at least 2,874 times and 17,600 times more likely not to have children with stunting.

Based on research results from [Sagita Darma Sari \(2022\)](#), it is stated that there is a relationship between family income and future where families with low income are five times more likely to experience stunting than high income, and the OOR value is 2.255 (CI: 1.127-4.512) and where families with Middle income people are twice as likely to experience stunting as high income people. Based on the results of research from [Arini Hayati \(2019\)](#), it was found that there is a family socio-economic relationship to the occurrence of stunting in toddlers. This statement is supported by research conducted by [Aminah \(2019\)](#) which states that there is a significant relationship between parental income level and the incidence of stunting. Low economic status is considered to have a significant impact on children being



wasted and stunted because inadequate nutrition causes children's growth to be hampered and increasing income will increase opportunities to buy food of better quality and quantity, on the other hand a decrease in income family will cause a decrease in the purchasing power of the rank both in quality and quantity.

Based on research results from [Sagita Darma Sari \(2022\)](#), it shows that there is no significant relationship between economic level and the incidence of stunting. Based on the results of research from [Yeni Safitri \(2021\)](#), this means that there is no significant relationship between family income and the incidence of stunting among toddlers in the working area of the Gunung Kaler Community Health Center, Tangerang in 2021. Based on the results of research from [Reggina Ona Adesta \(2023\)](#), it is stated that there is no influence. between family socio-economic status factors and the incidence of stunting.

Family income is not a risk factor for stunting in toddlers. This could be because the income received is not fully spent on basic food needs but on other needs. A high level of income does not necessarily guarantee good nutritional status for toddlers because three incomes are not necessarily allocated enough for food needs.

Family income is an important factor in fulfilling the quality of family food. The higher a family's income, the greater the nutritional adequacy of residents. With a high income, the level of ability to buy food becomes greater. However, the ability to buy does not make it possible to choose foodstuffs according to good quality and quantity, so it needs to be based on high education because if high income is not based on high education it will not produce adequate nutrition for family members. A high income does not always increase the consumption of nutrients needed by the body, but an increase in income will increase the opportunity to choose food ingredients and increase consumption of preferred foods even if the food is not highly nutritious. There are families with incomes of less than >5,000,000 who are not good at managing family studies, they buy food in small quantities and of poor quality, which can affect the situation. Parents' lack of knowledge about nutrition results in a low <4,500.00 budget for food spending and therefore lack of need and variety. Families buy more goods due to the influence of habits, advertising and the environment. As is the family's habit of buying instant food and promotional items at Ecomers.

### 3.4. Analysis of the Relationship Between Breastfeeding and Stunting

Based on table 2 above, the results of the analysis of the relationship between breastfeeding and stunting show a p-value of 0.000 (<0.05), which means there is a relationship between breastfeeding and stunting. It was found that 3.5% of respondents who were given breast milk had children with stunting and there were results that 15.8% of respondents who were given breast milk did not have children with stunting. Meanwhile, there were results of 66.4% of respondents who were not given breast milk and had children with stunting and 14.1% of respondents who were not given breast milk and did not have children with stunting. The analysis results are OR = 0.956, which means that respondents who are given breast milk have a 0.1 times greater chance of not having children with stunting than respondents who are not given breast milk. Then the lower and upper OR values show that respondents with children who were given breast milk were at least 0.356 times and 2.568 times more likely to not have children with stunting.

Based on the results of research from [Sri Mulyanti \(2021\)](#), the results of bivariate analysis of toddlers who were not given exclusive breast milk for 6 months were 76.2% stunted in toddlers, 76.2% were not given exclusive breast milk, stunted toddlers were not given 7.6%, stunted toddlers who were given Exclusive breastfeeding is 23.8% and toddlers are not stunted if they are given exclusive breastfeeding is 79.8%. Thus, it can be concluded that there

is a significant relationship between exclusive breastfeeding for 6 months and the incidence of stunting in toddlers in Setiawargi Village. according to research from [Arini Hayati \(2020\)](#) states that there is a relationship between a history of exclusive breastfeeding and the incidence of stunting. Based on research results from [Yesi Safitri \(2021\)](#), it is stated that there is a significant relationship between exclusive breastfeeding and the incidence of stunting in toddlers in Tangerang in 2021.

Exclusive breastfeeding has a very important role in preventing toddlers from experiencing stunting. Breast milk given to children up to 6 months of age has the potential to be superior in achievement and support their intelligence. Breast milk is also the sole food to meet the growth needs of children up to 6 months of age, other foods given too early to children can actually increase the child's nutritional status which directly affects the nutritional status of toddlers ([Pamella Cadea al Nabila 2022](#)).

Based on research results, [Lisa Tanzil \(2021\)](#) states that there is no relationship between a history of breastfeeding and the incidence of stunting. The results of research conducted by [Setiawan \(2018\)](#), stated that there was no significant relationship between exclusive breastfeeding and the incidence of stunting in children in the working area of the Andalas Health Center, East Padang District, Padang City. According to research by [Rina Nuraeni and Suharno \(2020\)](#), there is no significant relationship between breastfeeding and the incidence of stunting in the Kadipaten Public Health Center Working Area, Majalengka Regency in 2019.

Many mothers do not provide exclusive breastfeeding to toddlers in the first 6 months of life. Due to the mother's physical and psychological factors, both during pregnancy and when it includes fulfilling the mother's nutrition, it influences the production of the composition and quality of the mother's breast milk. Misperceptions regarding exclusive breastfeeding in mothers also influence not giving exclusive breastfeeding to toddlers because mothers give other additional foods to toddlers. It was also found that toddlers who were exclusively breastfed also experienced stunting ([Pamella Cadea al Nabila 2022](#)).

Exclusive breastfeeding is recommended for a period of at least 6 months after the baby is 6 months old, he must be introduced to solid food, while breast milk can be given until the baby is 2 years old or even more than 2 years old. Experts have found that the benefits of breast milk will be greatly increased if babies are given only breast milk for the first 6 months of life. This increase is in accordance with the duration of exclusive breastfeeding, namely the duration of breastfeeding together with solid food after the baby is 6 months old. There are many benefits of exclusive breastfeeding for babies, one of which is breast milk as a source of nutrition for babies, which is an ideal source of nutrition with a balanced composition and adapted to the baby's growth needs. Breast milk increases the baby's immune system because when the baby is born the levels of immune substances cannot be scientifically produced by the body and the baby gets the immune substances from the breast milk that is given because breast milk is a living fluid that contains immune substances that will protect the baby from various infectious diseases and diarrhea ([Safitri, Lail, and Indrayani 2021](#)).

Based on the results of research in the field, it shows that children who receive exclusive breastfeeding have the potential to also experience stunting. From in-depth interviews with respondents, 97.6% of mothers who do not provide exclusive breastfeeding are because at the beginning of birth breast milk production has not yet come out and is not smooth so the child is assisted by giving formula milk, the role of the family is also a factor in fulfilling breastfeeding for children, it cannot be said to be exclusive breastfeeding because the respondent's parents provide other intake besides breast milk such as formula milk, biscuits, honey and starch water. Respondents' lack of knowledge about exclusive breastfeeding also plays a role in this matter. In this case, it could be that there are other factors that have a



greater influence on the incidence of stunting than exclusive breastfeeding. However, breast milk is still a food that cannot be replaced nutritionally, especially in the first 6 months of a child's life.

#### 4. CONCLUSION

Based on the results of research on 170 respondents conducted at Posyandu Melati 02 in June 2023 regarding the factors that influence the incidence of stunting in toddlers aged 24 - 59 months at Posyandu Melati 02, the results obtained were that there was a relationship between maternal knowledge and the incidence of stunting at 8.2% and knowledge mothers are less well by 12.3%. The maternal education level with the incidence of stunting was 10.5% and the low level of knowledge was 8.8%. Economic status with stunting incidence of 4.1% and low economic status of 15.2%. Exclusive breastfeeding has an incidence of stunting of 3.5% and not exclusive breastfeeding of 15.8%.

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