



## A CROSSECTIONAL STUDY OF NUTRITIONAL CULTURE ON THE ROLE OF A FATHER IN MADURESE FAMILY AS A EFFORT TO PREVENTING TOTAL STUNTING IN BANGKALAN DISTRICT

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| ABSTRACT  | Keywords  |
|---|---|
| <p>In preventing stunting, fathers have a big role in the first 1000 days of life, a father plays a role in maintaining the nutritional stability of the family and provide the psychological needs of mothers and children. Culture also determines how the family pattern of the family fulfill the nutrition of children under five years old. The purpose of this study was to determine the role of fathers in the nutritional culture care for the Madurese family as an effort to prevent stunting in toddlers.</p> <p>The research design used was observational with a cross sectional approach, namely research conducted by taking a relatively short time and a certain place. The research variables include exogenous variables of Madura society parenting culture, the role of fathers and endogenous variables of stunting prevention. The research population of toddlers aged 2-4 in the play group in Bangkalan District in 2021 amounted to 31 schools. The number of samples is 270 toddlers. Sampling technique using Cluster Random Sampling. The instrument used for data collection is a questionnaire. Structural equation modeling-SEM data analysis technique based on variance or component based SEM, which is called partial least square (PLS) with a significance degree of <math>P &gt; \alpha</math> (0.5).</p> <p>The results showed that the culture of nutrition care for the Madurese family affects the role of fathers in preventing stunting in toddlers, the culture of nutritional care in the Madurese family affects the prevention of stunting in toddlers and the role of the father affects the prevention of stunting in toddlers by the family. This shows that fathers have a big role in the growth process of toddlers in fulfill the needs of nutritions. The culture that exists in the Madurese family should not be an obstacle for fathers to play a role in the growth and development of toddlers to prevent stunting</p> | <p><b>Nutritional Culture, Father Roles, Stunting</b></p> |

## INTRODUCTION

Indonesia is ranked third in the incidence of stunting in children under five in Asia. Currently at least 1 in 3 children under five in Indonesia is stunted (Kemenkes.2018). The results of the 2019 Indonesian Toddler Nutritional Status Study (SSGBI) were carried out in an integrated manner with Susenas to obtain an overview of nutritional status which includes underweight, wasting (thin), and stunting (dwarf). The prevalence of stunting under five in 2019 was 27.67 percent, down by 3.1 percent. Riskesdas 2018 data shows that the prevalence of stunting in East Java is currently not far from the national figure, which is 26.91%. Bangkalan Regency is one of the districts with a high prevalence of stunting. The prevalence of stunting in Bangkalan Regency tends to decrease. Riskesdas in 2013, stood at 43.2 percent to 41.87 percent in Riskesdas in 2018. Even though it has decreased, this figure is still classified as a chronic problem according to WHO. According to WHO standards, the maximum tolerance limit is 20 percent or one-fifth of the total number of growing children under five. This shows that stunting is still a threat to the growth of toddlers in Bangkalan.

Stunting can occur due to lack of prevention by the family. Families are required to be able to do prevention by preparing for the growth and development of children from an early age with the right parenting pattern. The three main components of stunting prevention and control are parenting, diet, clean water or sanitation (Kemenkes.2018). Ferdiyan Pratama (2021) explains that prevention that can be done to reduce the risk of stunting can be done through 1) Sufficient children's nutritional needs, especially iron, iodine and folic acid, 2) Avoiding exposure to cigarette smoke, 3) Routine examination of the

womb, 4) Routine immunizations according to Schedule, and 5) Give Exclusive Breastfeeding. The success of families in implementing stunting prevention cannot be separated from the role of parents, both father and mother. The practice of psychosocial care in the form of efforts to provide stimulus and emotional support to children during the growth process carried out by caregivers (mother, father, or other people) is needed to prevent stunting (Masrul, 2019).

The reality on the ground is that many families have not been able to optimally prevent stunting. A study of several Madurese families in Bangkalan Regency in the sub-districts with the highest stunting cases, namely Arosbaya, Klampis and Bangkalan Subdistricts, it was found that there are still many families with family members of pregnant women, infants and toddlers but families do not pay attention to nutrition to meet the needs of iron and folic acid. Many husbands/fathers smoke in the house, many mothers do not give exclusive breastfeeding. And there are still many toddlers who are not immunized. The pattern of eating habits that is important to be full without paying attention to the fulfillment of nutritional elements is also a phenomenon in the field in efforts to prevent stunting in the family. Various community behaviors that cause stunting prevention in Bangkalan have not been able to reduce prevalence below 20 percent.

The slow acceleration of the decline in stunting prevalence in Bangkalan Regency cannot be separated from the role of culture and family social structure in child care in the Bangkalan community, the majority of whom are Madurese. The density of customs in Madurese culture related to child-rearing behavior is an obstacle in fulfilling nutrition. There are traditions of abstaining from certain foods

during pregnancy, postpartum and breastfeeding, throwing away colostrum because it is considered dirty, giving complementary foods to breast milk at a very early age, and it is taboo to take the baby out of the house before the age of forty days. In addition, there is the role of elders in the family which is a determinant in the pattern of parenting, including the fulfillment of child nutrition (Fitriah et al. 2021). Socio-cultural aspects of nutrition care for Madurese ethnicity that cause toddlers to be at risk of stunting include dietary restrictions for pregnant women, children not receiving immunizations, giving prelacteal food to newborns, and providing complementary foods for breastfeeding early (before the baby is 6 months old). R. K., & Muniroh, L. 2016). This shows that family culture in child care is one of the keys to preventing stunting in toddlers.

In addition to the culture of parenting in fulfilling nutrition, there are conditions in the field that have the potential to be a factor that has an impact on the low ability to prevent stunting in Madurese families, namely the role of the father. So far, many studies have focused on mothers in the prevention and control of stunting. This is because the traditional view that is widely held by the community positions the parenting role to be more borne by the mother while the father plays a role in earning a living (Devi Putri Iswandari, et al. 2020). The basis for choosing the role of the father in child nutrition care is because the father's role is not only limited to earning a living but is also involved in guiding and caring for children at home. Parenting is a shared task between father and mother. Law No. 36 of 2009 concerning Health which states that efforts to maintain the health of infants and children are a shared responsibility and obligation for parents,

families, communities, and the Government, and local governments (Law Number 36 of 2009 concerning Health, 2009). The role of fathers in this family can be measured by how fathers play a role in decision-making, breadwinners, protection from risk/danger, support and motivation, and health care providers (Setyowati et al, 2013). In preventing stunting, fathers have a big role in the first 1000 days of life, a father plays a role in maintaining the nutritional stability of the family and meeting the physiological and psychological needs of mothers and children. The role of the father begins when accompanying the mother's pregnancy until the child is five years old (Devi Putri Iswandari, et al. 2020). There has been no research on the role of fathers in relation to culture in preventing stunting under five. The purpose of this study was to determine the role of fathers in the culture of nutritional care for the Madurese family as an effort to prevent stunting in toddlers.

## METHODS

The research design used was observational with a cross sectional approach, namely research conducted by taking a relatively short time and a certain place. The research variables include exogenous variables of Madura society parenting culture, the role of fathers and endogenous variables of stunting prevention. The target population in this study is families who have toddlers in the working area of the Bangkalan Health Center. The affordable population of toddlers aged 2-4 in the playing group in Bangkalan District in 2021 amounted to 31 schools. The number of samples in this study were 270 children under five. The sampling technique used is Cluster Random Sampling. The instrument used for data collection is a questionnaire. The data analysis technique for the factor loading indicator value per variable is Confirmatory Factor Analysis. To analyze the significance test of exogenous

variables on endogenous variables using a variance-based structural equation modeling (SEM) or component based SEM, called partial least square (PLS) with a significance degree of  $P > \alpha$  (0.5).

## RESULTS

### Cultural Factors of Madurese Family Nutrition

Cultural factors of nutrition care for Madurese families are measured through 4 indicator aspects, namely (X1) Hierarchy of Nutrition Fulfillment, (X2) Family Food Variations, (X3) Elders' Role in Nutrition Fulfillment, (X4) Food Abstinence. The results of the descriptive analysis can be seen in table 1:

Table 1. Frequency Distribution of Nutritional Culture Indicators

| No    | Indicators                                   | Categories     | Frequency |      |
|-------|--|----------------|-----------|------|
|       |  |                | Quantity  | %    |
| 1     | Fulfillment Hierarchy                        | Yes            | 146       | 54,1 |
|       |  | No             | 124       | 45,9 |
|       |  | Total          | 270       | 100  |
| 2     | Family Food Variety Pattern                  | Less Variative | 131       | 48,5 |
|       |  | Variative      | 139       | 51,5 |
|       |  | Total          | 270       | 100  |
| 3     | The roles of elders on fulfillment nutrition | Lack           | 62        | 23,0 |
|       |  | Moderate       | 108       | 40,0 |
|       |  | Strength       | 100       | 37,0 |
| Total |  |                | 270       | 100  |
| 4     | Alergics Food                                | Yes            | 146       | 53,0 |
|       |  | No             | 124       | 47,0 |
|       |  | Total          | 270       | 100  |

### Factors Father's Role in Stunting Prevention

The father's role factors in preventing stunting in toddlers are measured through 5, namely: Facility Providers (Y1.1), Protectors (Y1.2), Decision Makers (Y1.3), Caregivers and Affectionate Providers (Y1.4), Mother's Companions (Y1.5)

Table 2. Frequency Distribution of Father's Role Indicators in Stunting Prevention

| No | Indicators          | Categories |    |          |    |     |    | Total |   |
|----|---------------------|------------|----|----------|----|-----|----|-------|---|
|    |                     | High       |    | Moderate |    | Low |    | f     | % |
|    |                     | F          | %  | F        | %  | F   | %  |       |   |
| 1  | Facilities Provider | 1          | 40 | 1        | 37 | 6   | 22 | 2     | 1 |
|    |                     | 1          | .7 | 0        | .0 | 0   | .3 | 7     | 0 |
|    |                     | 0          | 0  | 0        | 0  | 0   | 0  | 0     | 0 |
| 2  | Protector           | 1          | 41 | 9        | 33 | 6   | 25 | 2     | 1 |
|    |                     | 1          | .5 | 0        | .3 | 8   | .2 | 7     | 0 |
|    |                     | 2          | 0  | 0        | 0  | 0   | 0  | 0     | 0 |
| 3  | Decision Maker      | 9          | 36 | 1        | 37 | 7   | 26 | 2     | 1 |
|    |                     | 8          | .3 | 0        | .0 | 2   | .7 | 7     | 0 |
|    |                     | 0          | 0  | 0        | 0  | 0   | 0  | 0     | 0 |
| 4  | Care Giver          | 9          | 36 | 1        | 37 | 7   | 26 | 2     | 1 |
|    |                     | 8          | .3 | 0        | .0 | 2   | .7 | 7     | 0 |
|    |                     | 0          | 0  | 0        | 0  | 0   | 0  | 0     | 0 |
| 5  | Mother's Companion  | 7          | 25 | 1        | 55 | 5   | 18 | 2     | 1 |
|    |                     | 0          | .9 | 5        | .6 | 0   | .5 | 7     | 0 |
|    |                     | 0          | 0  | 0        | 0  | 0   | 0  | 0     | 0 |

### Prevention of Stunting in Toddlers by the Family

Prevention of stunting in toddlers by Madurese families is measured through 5 indicators, namely: Improvement of Diet (Y2.1), Growth Monitoring (Y2.2), Immunization (Y2.3), Avoiding Exposure to Cigarette Smoke (Y2.4) and Clean Living Behavior and Healthy (Y2.5).

Table 3. Frequency Distribution of Stunting Prevention Indicators in Toddlers by Family

| No | Indicator                   | Categories |    |          |    |     |    | Total |   |
|----|-----------------------------|------------|----|----------|----|-----|----|-------|---|
|    |                             | High       |    | Moderate |    | Low |    | f     | % |
|    |                             | F          | %  | F        | %  | F   | %  |       |   |
| 1  | Diet                        | 9          | 3  | 9        | 36 | 5   | 2  | 2     | 1 |
|    | Improvement                 | 8          | 6. | 9        | .7 | 4   | 7. | 7     | 0 |
|    |                             |            | 3  |          |    |     | 0  | 0     | 0 |
| 2  | Growth                      | 1          | 4  | 9        | 35 | 3   | 2  | 2     | 1 |
|    | Monitoring                  | 0          | 0. | 7        | .9 | 1   | 3. | 7     | 0 |
|    |                             | 9          | 4  |          |    | 7   | 0  | 0     | 0 |
| 3  | Immunization                | 1          | 4  | 8        | 31 | 7   | 2  | 2     | 1 |
|    |                             | 1          | 2. | 6        | .9 | 0   | 5. | 7     | 0 |
|    |                             | 4          | 2  |          |    | 9   | 0  | 0     | 0 |
| 4  | Protection                  | 8          | 3  | 7        | 25 | 1   | 4  | 2     | 1 |
|    | From Cigarette Smoke        | 3          | 0. | 0        | .9 | 1   | 3. | 7     | 0 |
|    |                             |            | 7  |          |    | 7   | 4  | 0     | 0 |
| 5  | Clean and Healthy Lifestyle | 9          | 3  | 9        | 34 | 8   | 3  | 2     | 1 |
|    |                             | 4          | 4. | 4        | .8 | 2   | 0. | 7     | 0 |
|    |                             |            | 8  |          |    | 4   | 0  | 0     | 0 |

**Evaluation of the Measurement Model (Outer Model)**

Table 4. Loading Factor Value (Cross Loadings) Convergent Validity Results

| Construct and Indicators                         | Loading (λ) | T-statistic | Validity |             |
|--|-------------|-------------|----------|-------------|
| Nutrition Fulfillment Culture In Madurese Family | X1          | 0,620       | 5.684    | Valid & Sig |
|  | X2          | 0,643       | 8.506    | Valid & Sig |
|  | X3          | 0,592       | 6.159    | Valid & Sig |
|  | X4          | 0,638       | 7.806    | Valid & Sig |
| Father's Role in Stunting Prevention             | Y1.1        | 0,948       | 105.219  | Valid & Sig |
|  | Y1.2        | 0,611       | 6.767    | Valid & Sig |
|  | Y1.3        | 0,814       | 14.279   | Valid & Sig |
|  | Y1.4        | 0,854       | 13.112   | Valid & Sig |

|  |       |        |             |             |
|--|-------|--------|-------------|-------------|
| Prevention of Stunting in Toddlers by the Family | Y1.5  | 0,826  | 9,374       | Valid & Sig |
|  | Y2.1  | 0,715  | 12.277      | Valid & Sig |
|  | Y2.2  | 0,947  | 138.135     | Valid & Sig |
|  | Y2.3  | 0,822  | 23.194      | Valid & Sig |
|  | Y2.4  | 0,454  | 1.793       | Asig        |
| Y2.5   | 0,931 | 24.134 | Valid & Sig |             |

Table 4 shows that there are indicators with a loading factor <0.5 and a T-statistic value of less than 1.96 so that it is not a significant measure of the variable. Avoiding exposure to cigarette smoke is not an indicator in preventing stunting in toddlers by the family. The other indicators are valid in measuring the latent variables and show the goodness criteria of a measurement model (outer model).

**Structural Model Evaluation (Inner Model)**

Table 5 Structural Model Significance Test Results

| No | Causality  | coefisien | T-statistic | Impact      |
|----|--|-----------|-------------|-------------|
| 1  | (X1) Madura Family Nutrition Parenting Culture Father's Role in Stunting Prevention (Y1)           | 0,494     | 4,751       | Significant |
|    |  |           | →           |             |
| 2  | (X1) Madura Family Nutrition Parenting Culture Prevention of Stunting in Toddlers by Families (Y2) | 0,401     | 3,661       | Significant |
|    |  |           | →           |             |

| No | Causality  | coefisien  | T-statistic | Impact      |
|----|--|------------|-------------|-------------|
| 3  | (Y1)<br>Father's<br>Role in<br>Stunting<br>Prevention<br>Prevention<br>of Stunting<br>in Toddlers<br>by Families<br>(Y2) | 0,533<br>→ | 5,270       | Significant |

## DISCUSSION

### Madurese Family Nutrition Parenting Culture on the Role of Fathers in Preventing Stunting

Parenting culture is formed by the family, there is still a hierarchy in fulfilling nutrition, the family's food menu is less varied, the role of elders in fulfilling nutrition for toddlers and the presence of dietary restrictions are significantly influenced by the father's role shaped by the construct of the father acting as a provider of facilities, protectors, decision makers. giver of attention and affection as well as a mother's companion in caring for children. Statistical analysis shows that the culture of family nutrition care has an effect on the role of fathers in preventing stunting in toddlers.

Madurese family culture by providing less varied menus, prioritizing fathers and taboos in food because the pattern of elders' roles can be the cause of stunting. The pattern of fulfilling nutrition in toddlers often does not pay attention to the nutritional content. Fulfillment of inadequate nutrition can lead to stunting in toddlers. Sari.R (2018) poor feeding patterns will increase the incidence of stunting under five. The role of fathers in preventing stunting is to fulfill the child's right to adequate nutrition as a form of the role of attention and affection as well as protectors and providers of facilities in caring for children. As research states that

the role of fathers is very important in supporting the health of children.

Orientation or family cultural background can be the most relevant variable in understanding family behavior, value systems and family functions. As culture permeates and surrounds individual, family and social action, the consequences are pervasive and the implications for practice are far-reaching (Fitriah. et al. 2019). The father is the central figure in the Madurese family. As the main figure in the family, the role of the father has an impact on daily activities, including the fulfillment of nutrition in the family and prevention of stunting in toddlers. The culture of giving the best food to the father first because the father is the provider of facilities, the protector for the family needs to be corrected. The concept explained by Abdul Halim (2020) is that in the Madurese cultural family structure, the elder man has great authority, because the whole family relies on the older man if there is a problem, they do not have to subordinate the child to nutrition.

### Madurese Family Nutrition Parenting Culture Against Stunting Prevention In Toddlers By Families

The cause of stunting is not only a problem of poverty that has an impact on malnutrition in mothers and children. The reality of the socio-cultural construction that exists in the community, including nutritional care, is the cause of failure to prevent stunting. This is evidenced from the results of the study that the culture of nutritional care in the Madurese family affects the prevention of stunting in toddlers. The better the culture of nutrition care, the better the prevention of stunting in children under five by the family. This shows that hereditary habits in the form of culture in the community affect the upbringing and way of life of humans. The fact is that some customs in these cultures

are known to be less suitable in stunting prevention practices.

Family nutrition parenting is a pattern of behavior in the practice of care providers carried out by parents, grandmothers, caregivers and siblings of toddlers related to nutritional status. Norms related to nutritional parenting patterns which then affect the nutritional status of children under five are norms that reflect family habits. If there are norms and habits in the family that still prioritize the father or son in fulfilling nutrition, it will certainly have an impact on efforts to improve the diet of pregnant women, breastfeeding women or girls. The tradition of feeding bananas to babies under six months of age so that children are full and not fussy is still widely practiced by Madurese families. In fact, during this period the best nutritional intake for infants is exclusive breast milk.

Madurese culture is related to the pattern of decision-making related to the pattern of newborn care that relies on the grandmother who has an important role. Also, there is a pattern of food distribution within the family, so it tends to be the father, as the head of the family. While the concept of stunting prevention that needs to be considered is adolescents and pregnant women, that food intake must be sufficient in quantity and quality (nutrition) must also be sufficient. The condition of this Madurese family in fulfilling nutrition to prevent stunting is in accordance with the statement of G.M. Foster (1973) in Foster Anderson (2009) that cultural aspects can affect health. The results of this study support the statement of Fitriah (2021) that the role of elders in the family is a determinant of parenting patterns, including the fulfillment of child nutrition. Another study that is in accordance with the results of this study is the research of Illahi, R. K., & Muniroh, L. (2016) that socio-cultural in the care of

Madurese ethnicity causes toddlers to be at risk of stunting. So based on these findings, health education needs to be extended not only to mothers and husbands, but also to extended families.

### **The Role of Fathers to Prevent Stunting in Toddlers by Families**

The role of fathers in preventing stunting in this study includes aspects of providing facilities, protectors, decision makers, giving attention and affection, and maternal companions affecting the prevention of stunting in toddlers by Madurese families. With a good father's role, families will be better able to prevent stunting in toddlers with indicators of improving diet, monitoring growth, immunization, and clean and healthy living behavior.

Father's understanding of stunting so that the role of fathers in the First 1000 Days of Life (HPK) becomes optimal as an effort to reduce the incidence of stunting. The role of the father begins when accompanying the mother's pregnancy until the child is five years old. This role is needed to ensure optimal child growth and development and is free from health problems, one of which is being free from stunting (Iswandari, D. P., et al. 2020). As explained by Paskalia, T.K (2020) that the role of fathers in giving love and maintaining family harmony is a good medium for children's growth and development. In order to prevent stunting, fathers have an important role starting from assisting mothers when breastfeeding for the first time, making decisions about infant feeding patterns, influencing breastfeeding duration to playing a role in deciding the use of formula milk (Simanjuntak, B. Y., & Wahyudi, A. 2021).

Stunting is caused by several factors, namely the intake of macro and micro nutrients that

are not in accordance with the needs during pregnancy and breastfeeding, infectious diseases suffered by the mother during pregnancy, and an environment that is not conducive to the growth and development of children such as sanitation and environmental hygiene. Ensuring that children are not stunted is actually not only the duty of the mother during pregnancy and while breastfeeding. Father also has an important role, especially during the 1000 HPK. Stunting has an impact that cannot be underestimated if it is not treated immediately. Stunting will create a generation with a low quality of life which will reduce the level of productivity of life and affect the decline in the quality of human resources. For this reason, not only the role of the mother but also the role of the father is highly expected in preventing and overcoming stunting. In the Madurese community, the father figure has the privilege and plays a bigger role in decision-making in the family.

### Conclusion

1. The culture of nutrition care for the Madurese family affects the role of fathers in preventing stunting in toddlers.
2. The culture of nutritional care in the Madurese family affects the prevention of stunting in toddlers
3. The Role of Fathers in Preventing Stunting in Toddlers by Families

### Recomendation

Fathers are more active in carrying out their role in the family in assisting the growth and development of toddlers. The existing culture in the family can be maintained if it supports the father's role but must be removed if it is not suitable. And if possible, modify the culture of nutrition care for

children to be protected from stunting without eliminating the existing culture.

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