



PARENT'S RATIONAL CHOICES IN THE PRACTICE OF FEEDING STUNTED TODDLERS IN TEGAL REGENCY

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ABSTRACT

Stunting is a failure in children's growth. Stunting indicates that nutritional intake in children is not fulfilled properly. This research aims to describe what kind of rational choices are applied in feeding stunted toddlers by the Parents. The research method used is a phenomenological-type descriptive qualitative. The results of this research discuss the rational choices in feeding practices such as spiritual knowledge that are taught by parents to toddlers before eating, the practice of cooking and feeding the children, the strategies used when children have no interest in eating, and the activities implemented in dealing with stunting. Rational choice has two elements: the role of actors, which are parents, especially mothers, and resources, namely the mothers' ability to implement feeding practices. Mothers' practices in feeding stunted toddlers are based on rational considerations so children's nutrition can be adequately fulfilled.

ARTICLE HISTORY

Received 26/05/2023
Revised 10/06/2023
Accepted 14/06/2023
Published 22/07/2023

KEYWORDS

Feeding; stunted toddlers; parents; health sociology; rational choices.

CITATION (APA 6th Edition)

Rizky, F.A., Nurhadi & Siregar, Riadi S.S. (2023). Parent's Rational Choices in the Practice of Feeding Stunted Toddlers in Tegal Regency. *MUKADIMAH: Jurnal Pendidikan, Sejarah, dan Ilmu-Ilmu Sosial*, 7(2), 243-251.

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DOI: <https://doi.org/10.30743/mkd.v7i2.7068>

INTRODUCTION

The government made a commitment by issuing presidential regulation number 72 of 2021 on the acceleration of stunting reduction, in which article 3 stated that the implementation of the acceleration of stunting decline could be classified into five elements, namely teenagers, prospective brides, pregnant women, breastfeeding mothers, and children aged 0-59 months. Stunting itself is a failure in achieving growth caused by chronic malnutrition and disease suffered repeatedly by children (Unicef Indonesia, 2019). The purpose of the presidential instruction in the presidential regulation is to create a generation of a healthy, intelligent, and productive nation to achieve sustainable growth.

The Ministry of Health noted that Indonesia's number of stunting cases in 2019 was 27.7%, while in 2021, it was 24.4%, equivalent to 5.33 million stunted toddlers. The percentage of stunting patients in Indonesia has decreased, but Indonesia is still in fifth place in the world rank and second in Southeast Asia rank of stunting cases (Umiyah & Hamidiyah, 2021). According to World Health Organization (WHO), public health is in a chronic condition if the prevalence of stunting is more than 20%, so stunting cases in Indonesia are still considered chronic. The inherent impact of stunting and malnutrition can occur in The First 1000 Days of Life (*Hari Pertama Kehidupan*); therefore, parents need to pay attention to the growth and development of children in this phase of life.

Stunting can hamper the growth and development capacity both physically and cognitively. Stunting makes a person susceptible to disease, affecting children's intelligence and productivity in the future (Sekretariat Wakil Presiden Republik Indonesia, 2019). Exclusive breastfeeding is essential in children's lives to optimize their growth and protect them from various diseases. Based on the

results of Basic Health Research (Unicef, 2022), exclusive breastfeeding decreased by 12% from 2019 to 52.5% in 2021, and only half of the mothers continued breastfeeding for 24 months. Consequently, only half of the babies got adequate breast milk in their two years of life.

Maternal health conditions and nutrition affect fetal nutrition growth and fulfillment; a study by the World Health Organization (WHO) stated that the high rate of early marriage causes the stunting issue in Indonesia. 43.5% of the stunting problems are suffered by children below three years, with mothers aged 14-15 and 22.4% by mothers aged 16-17 (Aqesya, 2022). National Population and Family Planning Board (*Badan Kependudukan dan Keluarga Berencana Nasional*) stated that stunting could be prevented by determining the number and the gap of children's birth, whereas a child who is born less than three years after the previous children tends to be at risk of stunting and autism.

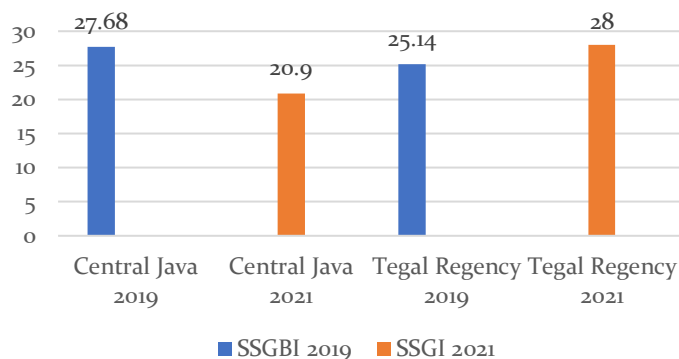


Figure 1. Prevalence of Stunting in Central Java SSGBI 2019-SSGI 2021
(Source: Kementerian Kesehatan Republik Indonesia, 2021)

Based on the diagram above, the amount of stunting data in Central Java has decreased from 2019-2021 by 6.78%. However, in several cities, stunting rates are increased. This rate is inversely proportional to the number of stunting cases in the Tegal Regency, which is raised. Tegal Regency is a part of Central Java City that contributes to the increase in stunting rates from 2019-2021. Tegal Regency is categorized as the second highest-ranked city in terms of stunting in Central Java after Wonosobo Regency. Yet, the stunting rates in Wonosobo had successfully decreased from 38.57% in 2019 to 28.1% in 2021.

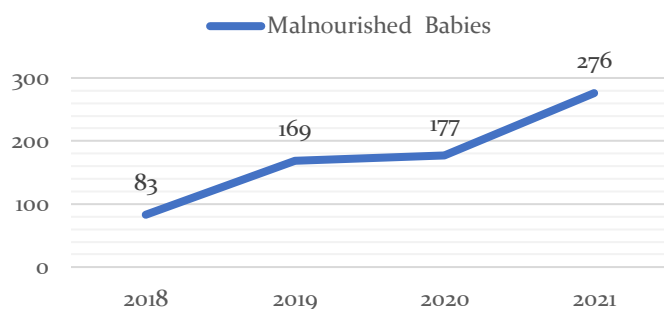


Figure 2. Number of Malnourished Babies in Tegal Regency 2018-2021
(Source: BPS Kabupaten Tegal, 2018-BPS Kabupaten Tegal, 2021)

Based on the graph above, there is an increase in the number of malnourished babies in the Tegal Regency from 2018-2021. The focus of stunting issues can be seen from the lack of nutrition fulfillment and food needs. The risk of stunting is 12 times higher at risk of death compared to children with good nutrition (Salmon et al., 2022). Stunting issues are closely related to the mothers during pregnancy, nutritional status, knowledge of mothers in parenting, and the intensity of breastfeeding (Wardita et al., 2021). The previous research stated that family, especially parents, shape children's good or bad attitudes (Sinaga et al., 2022). If parents get used to implementing good eating practices,

children will follow them because parents constitute the educational environment and the main model for them. The implementation of good feeding practices will lead to good nutritional status. The fulfillment of nutritional needs by parents will influence in the children's subsequent eating habits (Subarkah et al., 2016). Parent constitutes a very important role for a child. Parents' attention and direction are affecting the physical and spiritual development of a child. In addition, such childhood experiences can be a knowledge provision for children's future life (Damayanti & Sumanti, 2023).

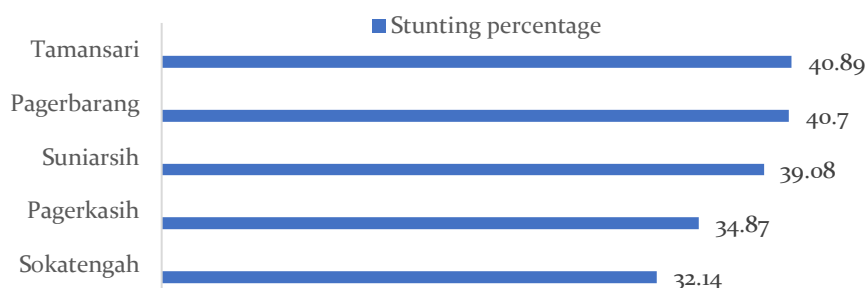


Figure 3. Data of Five Villages with the Highest Stunting Rate in Tegal Regency
(Source: Dinas Kesehatan Kabupaten Tegal, 2019)

The diagram above shows five villages with the highest stunting rate category out of 287 villages in Tegal Regency. Tamansari is ranked first, with the highest stunting rate of 40.89%. Feeding practices by parents, especially mothers, will affect children's growth and development (Rajagukguk, 2022). Feeding practice itself is an activity carried out by people and can influence their nutritional status (Subarkah et al., 2016). Feeding practices carried out by parents to toddlers will determine the level of the toddler's health.

The health sociology is a social science that explains things related to public health in detail, by studying various aspects such as food, family, death, body, and various other aspects. The health sociology is in connection with the pattern of the spread of disease in social groups and the underlying basis for humans to be able to carry out productive actions (Herniwati et al., 2022). With health sociology, humans can actualize themselves in both personal and social life. The sociological theory of rational choice is used in this study, while rational choice itself is defined as an action taken by someone based on a goal determined by value or choice. This action is taken so that people can get their choices or benefit from such choices (Handayani & Najib, 2019). Coleman argued that a person takes any action intentionally based on a goal of choices (Bashofi & Saffanah, 2019). Max Weber stated that people are unable to do anything without a mind. They will act based on their purpose, which they get from a rational or reasonable mind (Johnson, 1994).

The research on stunting has been carried out by a number of parties. A research in Jember Regency focused on looking at the relationship between the meaning of health, illness, and parenting practice formed by urban and rural communities. This research is analyzed using the theory proposed by Thomas Luckman and Peter L. Berger, resulting in similarities between rural and urban communities, that children who can carry out normal activities even though they are short, thin, and easily infected are still considered having a healthy body (Lestari & Kristiana, 2018). A research in Gorontalo stated that there was a relationship and influence between knowledge of feeding patterns on stunting cases, which resulted in a p-value of 0.006. The results of this research proved that the knowledge of feeding that parents have is related to the way parents implement feeding practices (Domili et al., 2021).

The difference between this research and previous research lies in the focus of the problem, area, research method, and theory used. This study will discuss and provide an overview of parents' rational choices in the feeding practice of stunted toddlers and explain the solutions to overcome the

high cases of stunting in Tamansari Village, Jatinegara District, Tegal Regency. As a parent, a mother longs for the good and healthy growth and development of her child. In achieving this goal, an effort is needed, one of which is by paying attention to the consumption of children's food intake and other factors behind it. In the previous research, no one has discussed this matter. Therefore, researchers are interested in studying it and linking it with rational choice theory.

DISCUSSION

Tamansari Village is one of the villages in Jatinegara District, Tegal Regency, Central Java Province. Tamansari Village has territorial boundaries, namely Wotgalih Village on the north and west, Lembahsari and Luwijawa Village on the south, and Pemalang Regency on the east. Tamansari Village Area is 629.38 m² divided into eight hamlets, 6 Community Association (*Rukun Warga*), and 24 Neighbourhood Association (*Rukun Tetangga*). Most areas are farming areas, with the majority of the population making a living by farming, but many people migrated to the capital city to make a living.

The poor community welfare makes women in Tamansari Village could only graduate from elementary to junior high school and decided to work. Most of the women chose to migrate and work in the capital city. The jobs chosen were working as a household assistant, opening *Warteg* (Food stalls selling Indonesian dishes) business in the capital city, and some are staying in the village to help their parents' jobs. The works they have done did not last long, the women who migrated decided to return to the village and get married at 17-19 years old, and then have children. The first or second child mostly experiences stunting as a toddler. Stunted toddlers who are second children have age gaps not too far from their siblings, which is only a 2 to 3 years gap. This condition affects parents' irregularities in parenting, in which one of the children is not taken care of properly.

The practice of toddler parenting is not carried out by parents in a balanced way, in which toddlers are primarily cared for by mothers, and fathers' contribution to caring for their children is inadequate. It happens because fathers spend more time outside the house to make a living. Mothers chose to take care of their children alone, without babysitting. Apart from financial reasons, they decided to care for their children independently to monitor their growth and development. Being a mother is not a job but a role that must be lived throughout life. During pregnancy, some mothers who were interviewed experienced problems such as frequent nausea, no appetite, and abdominal pain on the right side of their stomach. Before giving birth, mothers choose a hospital based on the review of the people around them and their experience in previous pregnancies. Mothers' practices in caring for toddlers, especially in feeding toddlers, are applied by the experiences obtained from working as a household assistant and re-implementing parental practices they saw when they were little. Such choices are made consciously by re-implementing the experiences that are considered good. The activities that are often done by mothers when they feed their toddlers teach them to apply spiritual knowledge by praying before and after eating; the habit of praying is implemented so that they can teach children always to be grateful for the food that God has given. Praying before eating is the mother's choice to introduce children to God.

The practice of feeding toddlers must be distinct from their attention to personal hygiene. Based on interviews related to personal hygiene, unfortunately, mothers who have stunted toddlers in Tamansari Village still need to implement healthy and clean living regularly and thoroughly. In which mothers do not always wash their hands before feeding their toddlers. Personal hygiene, especially in washing hands, is only done when they remember, and while they remember to wash their hands, they don't always use running water; sometimes, they use water in a bucket to wash their hands without using soap. This is also done before they eat; they wash their hands if they look dirty. This less optimal hygiene practice has resulted in mothers needing to give more instructions on washing hands with soap to stunted toddlers. Likewise, toddlers, when they eat snacks, they

immediately eat them without paying attention to their hand hygiene. The lack of implementing clean and healthy habits before eating became a habit. Another factor that causes them to rarely wash their hands before eating is using a spoon to eat; using a spoon to eat is an alternative way so that their hands do not directly touch the food consumed.

The fulfillment of nutrition through food intake is essential for the growth and development of toddlers, and insufficient satisfaction with nutrition conditions makes toddlers not grow optimally. In its practice, mothers of stunted toddlers appropriately provide breastmilk until the children are two years old. Breastfeeding Assistance (*Makanan Pendamping Air Susu Ibu*) is also given when the child is six months old. The food mothers provide to stunted toddlers for the first time is instant or packaged Breastfeeding Assistance in addition to breastmilk. According to them, instant Breastfeeding Assistance is easier and more practical to give children. When children reach one year old and start eating rice, the mothers cook food alone. Usually, the side dishes cooked are vegetables, chicken, eggs, tempeh, tofu, and nuggets, and sometimes they give fruits. In cooking food, mothers cook based on their experience as household assistants, the habit of working at *Warteg* stalls, and the cooking knowledge provided by their parents. The food menus given by mothers to toddlers are different every day. But in one day, food menus for breakfast and lunch are the same; then, they will provide a separate menu for dinner.

One factor that determines children's growth and development is the intake of the food consumed. Adequate food and nutrition will positively impact children's growth and development. The food intake given by mothers to toddlers can be seen from the feeding frequency. Usually, mothers provide food according to children's request, sometimes two to three times a day. So there is no definite schedule for feeding, but mothers still try to feed children three times a day. It's the same with the frequency of meals; the portion and composition of the food given by the mothers to the toddlers are uncertain; they give it according to children's request, sometimes the child only eats three or five spoons, mothers are even grateful for it because sometimes children do not want to eat at all. Even in eating their meals, toddlers tend to choose, whereas most stunted toddlers in Tamansari Village prefer food with a dry texture. They do not like vegetables, and there are only a few fruits they like. When children do not want to finish their food, the mothers prefer not to force them as it will traumatize the children over food which causes them not to want to eat.

Strategies in processing and serving foods are needed to boost children's appetites. The village midwife said this statement, whereas mothers need various foods for toddlers as creatively and attractively as possible so that toddlers' appetites are boosted. However, from the results of the interviews done with mothers who have stunted toddlers, they still have not practiced this tip. The processing and serving they applied are still the same as cooking for other family members, so there are no special food processing for toddlers; mothers only distinguish food for which food is spicy and not spicy. Even though cooking food for toddlers is the same as for other family members, mothers don't lose any creativity to boost their children's appetite; they often use media to make toddlers eat voraciously, such as watching animation videos on YouTube while eating. Another strategy that mothers did to make their children eat well is to take them for a walk around the house while eating, usually during dinner time in the evening; meeting children their age who are eating motivates toddlers to eat their food. In addition, this activity can allow parents to interact with other parents and their children. This activity is practiced not only for stunted toddlers, but mothers also apply it to other toddlers, and it has been going on for a long time.

Lack of central food intake given to children makes mothers give children snacks and milk. Mothers also provide additional food or snacks. Usually, mothers buy snacks from stalls, food bikes, or others. The snacks that toddlers like are snacks with a dry texture and savory such as *cake*, chips, fried sausages, or sweets such as candy and condensed milk. Buying snacks from food bikes makes the

seller always stop in front of their houses; even though children have no intention to buy, the sellers set houses as the place to stop and invite the children to buy their food. Usually, in buying *gorengan* (fried foods) like sausages, they add powdered seasonings to give them more taste. Even though mothers know that the composition of the food contained in the powdered herb is unhealthy, they are still giving them to children without paying attention to the nutrition in the snack. One of the reasons they keep giving unhealthy snacks is that mothers do not want their children to whine and cry.

Children's condition when they are sick significantly affects their appetite. When children's appetite drops, it will also affect their weight. The diseases that toddlers often suffer are fever, cough, runny nose, and diarrhea. Treatments done by mothers for the first time when they find out that toddlers are sick are by naturally giving children warm hugs. Then they tried to handle it by compressing children with a fever and giving them medicine from drug stores. If the children's condition does not improve, mothers will take them to the nearest village midwife or *Puskesmas* (community health center). The food given when children are sick is porridge and water; then, they will provide syrup medicine.

Most parents have experience in parenting, but they still need to apply more optimal parenting styles, especially in feeding practices. Awareness of the nutrition contained in food still needs more attention from people. The village midwife revealed this condition, whereas some mothers who have stunted toddlers do not understand the toddlers' nutrition. So sometimes they only eat the food available and must be more careful in feeding children. At the same time, the children themselves are sometimes bored with the food given. When children are bored and do not like the food, mothers will stop feeding them. For the children's nutrition needs to be fulfilled, mothers must start forming a new feeding pattern so that the children's appetite is boosted. Mothers' awareness in processing and serving food while looking at the nutritional content must be further improved. Mothers also do not understand stunting; they think that when children are still doing activities well even though their bodies are thin and short, mothers still consider it healthy and normal and consider their small bodies caused by hereditary factors.



Figure 4. Posyandu, Provision of Supplementary Food, and Youth Posyandu Program

Stunting treatment in Tamansari Village is implemented by holding *Posyandu* (center for pre- and postnatal health care and information) activities and the Provision of Supplementary Food (*Pemberian Makanan Tambahan*). Eight posts in Tamansari Village are ready to serve mothers and children. Stunting treatment is implemented by monitoring children's growth and development by village midwives who are assisted by village cadres. *Posyandu* is implemented by tracking children's weight and height, arm circumference, abdominal circumference, and scheduled immunizations. Before the *Posyandu* activities, village cadres had notified the community through mosque speakers and online media groups and told them directly. Mothers are not regularly visited *Posyandu* because sometimes they have other agendas. However, mothers will try to learn about their children's health

conditions by consulting with the village midwife and sharing experiences with other mothers. The Provision of Supplementary Food (PMT) is implemented based on the calculation of nutrition value according to toddlers' needs. The types of food provided are green bean porridge, pudding with mixed fruit, quail egg, *pepes tahu* (steamed and spiced tofu cooked banana leave), milk, and other healthy foods. Participants in previous PMT activities had been determined based on several criteria; however, during the activity, the number of participants was not always complete, so sometimes the village cadres delivered PMT meals directly to the participant's houses. Several mothers who did not regularly attend PMT activities stated that the food provided was not always consumed by their children, so mothers sometimes felt unmotivated to visit PMT activities. In addition to handling stunting cases, an effort to prevent stunting were also made by creating a *Youth Posyandu* program. *Youth Posyandu* activities are implemented by providing education through exciting materials such as stunting prevention, introduction to reproductive organs, sexually transmitted diseases prevention, young marriage prevention, promiscuity, and other materials.

The results of this research describe that mothers' choice to take care of their children by themselves is based on the considerations of thoughts. Every mother's action in caring for their toddlers, including the feeding practice, is based on some reasons. The actions taken by mothers for stunted children are adjusted to the goals they want to achieve. Coleman explained that everyone would take action intentionally and lead to a plan; a person's actions are based on values and choices with considering the benefits (Ritzer, 2012). Rational choice is also interpreted as a sensible action paradigm by Coleman. Sound choice theory is based on two elements, namely the existence of actors and resources, in which an actor can control resources. The actors in this research are mothers and their resources, all the abilities mothers possess, such as the ability to cook, take care of children, and other skills. Weber said that rational action is related to conscious consideration, and someone will choose to do such an activity. Weber explained the theory of social action, which is divided into four types, one of which is rational instrumental action (*Zweckrationalitat*). It is an action or one's attitude that is done deliberately and consciously, guided by goals and the availability of tools to achieve them (Ritzer, 2012).

All kinds of actions mothers take are based on considering which steps lead to good benefits for their children starting from choosing a place to give birth, choosing to take care of the children by themselves, teaching children, using a spoon to eat, giving breast milk and breastfeeding assistance regularly, cooking and preparing their food, giving other food besides staple food, thinking about strategies to boost children's appetite, to taking care of children and providing treatment when their mothers have donees that mothers chose to be able to achieve the goal of keeping their children safe, comfortable and healthy. Mothers' actions will be re-implemented when they feel that those actions lead to something good, such as re-applying values from the experiences they obtained from working and re-applying parenting styles from their parents that they consider suitable and good to be implemented to their children.

CONCLUSION

Based on the research results, parents, especially mothers, have applied the parenting process according to the experience that had been done. This experience was gained from working as a household assistant, opening a *water* stall, and participating in feeding practices as their parents did before. Activities carried out by mothers in the course of providing stunted toddlers are teaching to do prayers before and after eating, trying to get children to eat three times a day, giving food that they have prepared themselves, creating strategies so that children eat voraciously by making children watching shows through YouTube platform or taking them for evening walks while eating so they can meet their peers, and taking care of children when they are sick. Based on those activities, mothers still need several things that should be their attention, namely the lack of awareness of guidelines for clean and healthy life on the ground that they had used a spoon to eat. Moreover, mothers still give

snacks carelessly without paying attention to the nutritional value contained in the snacks with the ground that they do not want to make their children whine and cry. Routine activities that mother of stunted toddlers implement besides visiting *Posyandu* are attending the *Pemberian Makanan Tambahan* program, which has been provided based on the nutritional needs of toddlers. Mothers with stunted toddlers receive health services from midwives and are assisted by village cadres. Feeding practices adopted by mothers are based on their various rational choices. Jams Coleman's sound choice theory and Max Weber's rational action theory can explain the parents' phenomenon in feeding stunted toddlers. All kinds of activities mothers do are implemented based on the consideration of thoughts and are chosen based on the benefits they will get.

REFERENCES

- Aqesya, S. S. (2022). *Resiko Stunting Membayangi Pernikahan Dini*. Kompas.com. Retrieved from <https://lifestyle.kompas.com/read/2022/06/16/132943520/risiko-stunting-membayangi-pernikahan-dini>.
- Bashofi, F., & Saffanah, W. M. (2019). Pilihan Rasional Mahasiswa Difabel dalam Memilih Jurusan Keguruan di IKIP Budi Utomo Malang. *Simulacra*, 2(2), 149–164. <https://doi.org/10.21107/sml.v2i2.5936>.
- BPS Kabupaten Tegal. (2021). *Jumlah Bayi Lahir, Bayi Berat Badan Lahir Rendah (BBLR), BBLR Dirujuk, dan Bergizi Buruk 2015-2017*. Retrieved from <https://tegalkab.bps.go.id/indicator/30/331/1/jumlah-bayi-lahir-bayi-berat-badan-lahir-rendah-bblr-dan-bayi-bergizi-buruk.html>.
- BPS Kabupeten Tegal. (2018). *Jumlah Bayi Lahir, Bayi Berat Badan Lahir Rendah (BBLR), BBLR Dirujuk, dan Bayi Bergizi Buruk di Kabupaten Tegal, 2018*.
- Damayanti, A., & Sumanti, S. T. (2023). Peran Komunikasi Interpersonal Single Mother Bekerja dalam Membangun Kelekatan dengan Anak di Lingkungan Perumnas Urung Kompas Rantau Prapat. *MUKADIMAH: Jurnal Pendidikan, Sejarah, Dan Ilmu-Ilmu Sosial*, 7(1), 206–210. <https://doi.org/10.30743/mkd.v7i1.6949>.
- Dinas Kesehatan Kabupaten Tegal. (2019). Data Stunting Per Desa. *Dinas Kesehatan*. Retrieved from <https://dinkes.kulonprogokab.go.id/?pilih=news&mod=yes&aksi=lihat&id=696>.
- Domili, I., Tangio, Z. N., Arbie, F. Y., Anasiru, M. A., Labatjo, R., & Hadi, N. S. (2021). Pola Asuh Pengetahuan Pemberian Makan dengan Status Gizi Balita. *Jurnal Kesehatan Manarang*, 7(Khusus), 23. <https://doi.org/10.33490/jkm.v7ikhusus.387>.
- Handayani, A., & Najib. (2019). *Keinginan Memiliki Anak berdasarkan Teori Pilihan Rasional (Analisis Data SDKI Tahun 2017)*. 6, 31–40.
- Herniwati, Sari, M., Sutiapermana, & All., E. (2022). *Sosiologi Kesehayan*. Widina Bhakti Persada Bandung.
- Johnson, D. P. (1994). *Teori Sosiologi Klasik dan Modern*. PT Gramedia Pustaka Utama.
- Kementerian Kesehatan Republik Indonesia. (2021). *Launching Hasil Studi Status Gizi Indonesia (SSGI)*. 1–14.
- Lestari, W., & Kristiana, L. (2018). Stunting : Studi Konstruksi Sosial Masyarakat Perdesaan Dan Perkotaan Terkait Gizi Dan Pola. *Aspirasi:Jurnal Masalah-Masalah Sosial*, 9(1), 17–33. <http://dx.doi.org/10.22212/aspirasi.v9i1.985>.
- Rajagukguk, M. (2022). *Hubungan Pengetahuan Pola Asuh dan Pola Makan pada Balita Relationship between Knowledge of Parenting Patterns and Eating Patterns in Toddlers*. 7(2), 204–213. <https://doi.org/10.24114/antro.v7i2.35397>.
- Ritzer, G. (2012). *Teori Sosiologi dari Sosiologi Klasik sampai Perkembangan Terakhir Postmodern (8th ed.)*. Pustaka Pelajar.
- Salmon, H. S., Moninjta, D. K., & Kumayas, N. (2022). Strategi Pemerintah Dalam Mengatasi Stunting Di Kabupaten Kepulauan Sangihe (Studi Dinas Pengendalian Penduduk Dan Keluarga Berencana Sangihe). *Jurnal Governance*, 1(2), 1–14. Retrieved from <https://ejournal.unsrat.ac.id/index.php/governance/article/view/42186>.
- Sekretariat Wakil Presiden Republik Indonesia. (2019). *Strategi Nasional Percepatan Pencegahan Anak Kerdil (Stunting) Periode 2018-2024*.
- Sinaga, E. A., Harahap, S., & Faishal, M. (2022). Komunikasi Orangtua Terhadap Perilaku Anak di Jalan Damar 14 Perumnas Simalingkar. *MUKADIMAH: Jurnal Pendidikan, Sejarah, Dan Ilmu-Ilmu Sosial*, 6(2), 257–262. <https://doi.org/10.30743/mkd.v6i2.5723>.

- Subarkah, T., Nursalam, & Rachmawati, P. D. (2016). Pola Pemberian Makan Terhadap Peningkatan Status Gizi Pada Anak Usia 1-3 Tahun. *Jurnal INJEC*, 1(2), 146-154.
- Sugiyono. (2014). *Memahami Penelitian Kualitatif*. Alfabeta.
- Sugiyono. (2015). *Metode Penelitian Kuantitatif, Kualitatif, dan Kombinasi (Mixed Methods)* (M. Sutopo (ed.)). Alfabeta.
- Umiyah, A., & Hamidiyah, A. (2021). Karakteristik Anak Dengan Kejadian Stunting Characteristics of Children with Stunting. *Oksitosin: Jurnal Ilmial Kebidanan*, 8(1), 66-72. <https://doi.org/10.35316/oksitosin.v8i1.1157>.
- Unicef. (2022). *Pekan Menyusui Sedunia: Unicef dan WHO Serukan Dukungan yang Lebih Besar terhadap Pemberian ASI di Indonesia Seiring Penurunan Tingkat Menyusui Selama Pandemi Covid*. Retrieved from <https://www.unicef.org/indonesia/id/press-releases/pekan-menyusui-sedunia-unicef-dan-who-serukan-dukungan-yang-lebih-besar-terhadap>.
- Unicef Indonesia. (2019). *Gizi Mengatasi Beban Ganda Malnutrisi di Indonesia*. Retrieved from <https://www.unicef.org/indonesia/id/gizi>.
- Wardita, Y., Suprayitno, E., & Kurniyati, E. M. (2021). Determinan Kejadian Stunting pada Balita. *Jurnal of Health Science (Jurnal Ilmu Kesehatan)*, VI(1), 7-12. Retrieved <https://doi.org/10.24929/jik.v6i1.1347>.