JOURNAL LA MEDIHEALTICO

VOL. 06, ISSUE 01 (010-019), 2025
DOI: 10.37899/journallamedihealtico.v6i1.1709

Relationship Between Antenatal Care History and Parenting Patterns with the Incidence of Stunting in Toddlers

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Article Info

Article history:
Received 14 October 2024
Received in revised form 15 November 2024
Accepted 23 January 2025

Keywords:
Antenatal Care
Parenting Patterns
Stunting

Abstract

This study aims to analyze the relationship between antenatal care history and parenting patterns in toddlers with the incidence of stunting in the Wonoayu Health Center area, Sidoarjo. Through a quantitative research design with a cross-sectional approach, data were collected from 120 mothers who have toddlers, using questionnaires and observation sheets. The results of the analysis showed a significant relationship between antenatal care history and parenting patterns with the incidence of stunting. Statistical tests with logistic regression showed that improvements in antenatal care and parenting patterns can reduce the risk of stunting in toddlers. This study provides important insights into the importance of early intervention and education for mothers to improve child health and prevent stunting in the community. Thus, recommendations to strengthen maternal and child health programs, as well as increase public awareness of good parenting patterns, are needed to support optimal growth and development of toddlers.

Introduction

Indonesia is a developing country with a heterogeneous population and ranks fourth in the world in terms of population. Health is one of the problems that are still widely found in Indonesia. Health problems and nutritional problems of toddlers that often occur in Indonesia and the world are Stunting. Stunting is a measure of nutritional status in toddlers, where ongoing malnutrition during the growth and development of toddlers that occurs since early life will affect the growth and development of the toddler (Wijhati et al., 2021; Setyorini & Lieskusumastuti, 2021). Data from the Asian Development Bank in 2022, Indonesia ranked second in stunting rates in Southeast Asia, which was 24% in December 2021. Based on the results of the 2022 SSGI, the prevalence of stunting in toddlers in Indonesia reached 21.6%. This figure is down 2.8 points from the previous year in 2021, which was 24.4% and has decreased by 1.6 percent per year from 27.7% in 2019. This figure does not meet the WHO standard for stunting rates, which is 20% (Munira, 2023).

Based on data from the Ministry of Health in 2022, East Java is one of the provinces with stunting rates below the WHO standard, which is 19.2%, while Surabaya is 4.8% in 2022. This decline is a whip to achieve stunting of 14% in 2024 in Indonesia according to the 2020-2024 Medium-Term Development Plan (RPJMN) (Kementerian Kesehatan Republik Indonesia. (2020). Stunting is a chronic malnutrition status during growth and development from the beginning. According to the World Health Organization, stunting is a growth and development disorder experienced by children due to malnutrition, recurrent infections and inadequate psychosocial stimulation. Stunting is measured as nutritional status by considering the height or length of the toddler, age, and gender (Wijhati et al., 2021; Ohyver et al., 2017).

The negative impacts that can be caused by nutritional problems during this period, in the short term, are disruption of brain development, intelligence, physical growth disorders, and metabolic disorders in the body. Meanwhile, in the long term, the negative effects that can arise are a decline in cognitive ability and learning achievement, a decline in the body's immunity so that it is easy to get sick, and a high risk of developing diabetes, obesity, heart and blood vessel disease, cancer, stroke, and disability in old age, as well as uncompetitive work quality which results in low economic productivity (Kementerian Kesehatan Republik Indonesia, 2020; Herlina et al., 2024).

The cause of stunting is not only the poor nutrition experienced by pregnant women and toddlers, there are several factors that cause stunting including Poor parenting practices Including the lack of knowledge of mothers about health and nutrition before and during pregnancy, and after the mother gives birth. Limited health services including ANC-Ante Natal Care (health services for mothers during pregnancy) Post Natal Care and quality early learning (Fitriani & Herliana, 2024). Lack of household/family access to nutritious food. This is because the price of nutritious food in Indonesia is still relatively expensive. As well as Lack of access to clean water and sanitation (Agustina et al., 2013).

ANC (antenatal care) visits are one of the factors related to the incidence of stunting. This is in accordance with the results of Hapsari et al. research (2022) that there is a significant relationship between Antenatal Care visits and the incidence of stunting. Antenatal care (ANC) is a health service provided by professional health workers (specialist doctors, obstetricians, general practitioners, midwives, and nurses) to pregnant women during pregnancy in accordance with the antenatal service standards applied in the Midwifery Service Standards. Antenatal care visits should be carried out at least 6 times during pregnancy with a time distribution: 2 times in the first trimester (0-12 weeks), 1 time in the second trimester (>12 weeks - 24 weeks), and 3 times in the third trimester (>24 weeks until birth), where at least 2 times pregnant women must contact a doctor (1 time in the first trimester and 1 time in the third trimester).

Parenting patterns are also one of the factors causing stunting. Parenting patterns are the behavior of parents in caring for toddlers. Parenting patterns are one of the problems that can affect stunting in toddlers. Parenting patterns that are lacking or low have a greater chance of children being stunted compared to parents with good parenting patterns (Aramico et al., 2013). There is a relationship that the category of poor parenting patterns is at risk 8.07 times greater than good parenting patterns, each with a percentage of stunting nutritional status of 53% and 12.3%. The results of the chi-square statistical test showed a significant relationship between parenting patterns and nutritional status ($p < 0.001$). According to research by Noorhasanah & Tauhidah (2021), there is a relationship between maternal parenting styles and the incidence of stunting in children aged 12 - 59 months. Noorhasanah & Tauhidah (2021) Based on this background, the researcher wants to conduct research on the Relationship between the History of Ante Natal Care and Parenting Patterns with the Incidence of Stunting in Toddlers in the Wonoayu Sidoarjo Health Center Area.

Methods

This research method uses an analytical design with a quantitative cross-sectional approach. This approach is carried out to observe variables through data collection at a certain time. The study population was mothers who had toddlers in the Wonoayu Health Center area, Sidoarjo, with the number of samples determined through the purposive sampling method, involving 120 respondents. Inclusion criteria include mothers who live in the area, can read and write, and are willing to be respondents. Data were collected using questionnaires and observation sheets related to the history of antenatal care and toddler parenting patterns, while the incidence of stunting was measured through observation sheets. Data processing was carried out

descriptively using SPSS, with bivariate analysis to test the relationship between independent variables (history of antenatal care and parenting patterns) and dependent variables (incidence of stunting) through logistic regression. Validity testing was carried out using Pearson correlation, and reliability was tested using the Alpha Cronbach method.

Result and Discussion

General Data

Table 1. Frequency distribution of respondent characteristics in Wonoayu Sidoarjo.

Characteristics	Frequency (People)	Percentage %
Mother's Age		
<20 Years	6	5 , 0%
20-35 Years	102	85.0%
> 35 Year	12	10.0%
Total	**120**	**100 %**
Work		
Not Working/Housewife	18	15.0%
civil servant	30	25.0%
Self-employed	48	40.0%
Other	24	20.0%
Total	**120**	**100 %**
Toddler Age		
12 years old	24	20%
23 years	24	20%
3 – 4 years	54	45%
4 – 5 years	18	15%
Total	**120**	**100**

From Table 1, it can be seen that the majority of respondents are in the age range of 20–35 years (85.0%). This age is often considered a productive age for women, where they tend to have toddlers and are actively involved in the care process. This age is also often associated with a better understanding of maternal and child health, because they are in a more mature phase and have better access to health information compared to younger or older ages. This can be an important factor in efforts to prevent stunting, because mothers in this age range are generally more empowered in accessing health services, such as antenatal care, and are able to implement better parenting patterns. In addition, 40.0% of respondents work as self-employed, which indicates flexibility in time in organizing daily activities, including childcare.

However, working as self-employed can also increase the high workload, especially in managing a business and family at the same time. This can affect the mother's attention and involvement in toddler care patterns, which are important factors in child growth and development, including preventing stunting. In the group of respondents who have toddlers aged 3-4 years (45.0%), children at this age are in a critical growth period, so parenting patterns and nutritional intake play a very important role in their development. The combination of productive age and flexible but demanding types of work can be factors that influence mothers' decisions in managing their children's health, both in terms of access to health services and in ensuring proper nutrition and parenting patterns. Understanding these factors can help formulate more specific policies related to stunting prevention efforts in the area.

Special Data

History of Antenatal Care and Parenting Patterns with Stunting Incidence in Toddlers.

Table 2. Frequency distribution based on the variables of Antenatal Care History and Parenting Patterns with the Incidence of Stunting in Toddlers

Variables	Frequency (Person)	Presentation (%)
During your last pregnancy, did you receive height, weight and LILA measurement services?		
YES	115	95.8%
NO	5	4.2%
During your last pregnancy, did you experience high blood pressure (> 140/90 mmHg)?		
YES	8	6.7%
NO	112	93.3%
During your last pregnancy, did you regularly take iron supplements?		
YES	100	83.3%
NO	20	16.7%
During your last pregnancy, did you have an ultrasound at least twice during pregnancy?		
YES	98	81.6%
NO	22	18.4%
During your last pregnancy, did you have regular check-ups according to the schedule determined by the officer?		
YES	95	79.2%
NO	25	20.8%
Getting your child used to eating 3 times a day?		
YES	105	87.5%
NO	15	12.5%
Pay attention to the food intake consumed by children?		
YES	107	89.1%
NO	13	11.9%
Provide limits on food that is suitable for consumption by children?		
YES	105	87.5%
NO	15	12.5%
Forcing children if they don't want to eat?		
YES	10	8.4%
NO	110	91.6%
Scold your child if he doesn't want to eat fruits and vegetables?		
YES	25	20.8%
NO	95	79.2%
Scold your child for being picky about food?		
YES	22	18.3%
NO	98	81.7%
Allowing children to buy snacks outside?		
YES	27	22.5%
NO	93	77.5%
Allowing children to consume fast food?		
YES	12	90%
NO	108	10%

Letting children eat while playing?		
YES	22	18.3%
NO	98	81.7%
Letting your child skip breakfast?		
YES	25	20,8%
NO	95	79,2%

From the table, it can be seen that the majority of mothers have received good health services during their last pregnancy, such as measuring height, weight, and upper arm circumference (MUAC) (95.8%). In addition, 83.3% of mothers routinely consume iron tablets, and 81.6% of mothers have had an ultrasound at least twice during pregnancy. These figures indicate that most mothers receive adequate antenatal care, which is important in supporting maternal and fetal health and preventing complications. However, there are still 4.2% of mothers who do not receive basic services, which needs attention to increase the coverage of health services for all pregnant women.

In terms of parenting patterns, 89.1% of mothers pay attention to their children's food intake, and 87.5% provide limits on food that is suitable for consumption. However, 22.5% of mothers allow their children to buy snacks outside, and 20.8% of mothers allow their children not to eat breakfast, which indicates that there are still unhealthy habits among some respondents. Most mothers do not force their children to eat (91.6%) and do not scold their children if they are picky eaters (81.7%), indicating that a more patient and non-pushy parenting approach tends to be adopted by the majority of mothers. This indicates that although most mothers have tried to provide healthy parenting patterns, there are still some behaviors that can be improved to better support optimal child health and nutrition.

Table 3. Frequency Distribution Based on Variables Antenatal Care History of Stunting Incidents in Toddlers in the Wonoayu Sidoarjo Health Center Area 2024.

Criteria	**Frequency (Person)**	**Presentation (%)**
History of Antenatal Care with Stunting Incidents in Toddlers		
No Risk	118	98.3%
At risk	2	1.7%
Total	**120**	**100%**

Based on the data in Table 3, the majority of respondents (98.3%) have routinely carried out antenatal care (ANC) during pregnancy, indicating that most mothers have a high awareness of the importance of regular pregnancy check-ups. This reflects the success of the maternal and child health program promoted in the research area, which focuses on promotive and preventive efforts to prevent pregnancy complications and detect risk factors early. However, there are still a small number of respondents (1.7%) who have not routinely carried out ANC, which can be caused by several factors such as limited access, lack of knowledge, or economic constraints. This condition indicates the need for further intervention, both in the form of health education and increasing access to health services, to ensure that all pregnant women receive adequate care to reduce health risks for mothers and children.

Table 4. Frequency Distribution Based on Parenting Pattern Variables with Stunting Incidence in Toddlers in the Wonoayu Sidoarjo Health Center Area 2024 .

Criteria	**Frequency (Person)**	**Presentation (%)**
Parenting Patterns with Stunting Incidence in Toddlers		
No Risk	112	93.3%
At risk	8	6.7%

Total	120	100%

Based on the data in Table 4, the majority of respondents (93.3%) have implemented good parenting patterns for their children, indicating a high awareness of the importance of the role of parents in child development, especially in efforts to prevent stunting. Good parenting patterns include various aspects such as providing proper nutrition, developmental stimulation, and attention to children's health, including access to health services. However, there are a small number of respondents (6.7%) who have not implemented optimal parenting patterns. This can be caused by various factors, such as limited knowledge, inadequate access to information, or socio-economic conditions that are not supportive. This finding underscores the importance of more intensive and targeted interventions in providing education to parents about good parenting patterns, as well as increasing access to health facilities that support the role of parenting, especially in areas with a high prevalence of stunting.

Stunting Incidents in Toddlers

Table 5. Frequency Distribution Based on Variables Stunting incidents in toddlers in the Wonoayu Sidoarjo Health Center area 2024

Criteria	Frequency (Person)	Presentation (%)
Parenting Patterns with Stunting Incidence in Toddlers		
Stunting	10	8.4%
No Stunting	110	91.6%

Based on Table 5, the prevalence of stunting in toddlers in the Wonoayu Health Center area, Sidoarjo, was recorded at 8.4%. This figure indicates that although the prevalence of stunting in this area is relatively lower than the national average, there are still significant health challenges related to toddler nutrition. Stunting is a major indicator of chronic malnutrition caused by a lack of long-term nutritional intake, especially during critical periods of child growth. This incident can be influenced by several factors, such as parenting patterns, access to health services such as antenatal care, and family socio-economic conditions. Therefore, this figure illustrates the need for sustainable interventions that not only focus on providing nutrition but also increasing maternal knowledge about the importance of parenting patterns and comprehensive monitoring of toddler health..

Results of the Analysis of the Relationship between Antenatal Care History and Parenting Patterns with the Incidence of Stunting in Toddlers.

Table 6. Results of Logistic Regression Analysis of Variables of Antenatal Care History and Parenting Patterns with the Incidence of Stunting in Toddlers in the Wonoayu Sidoarjo Health Center Area in 2024.

Intervention	ρ value
History of Antenatal Care with Stunting Incidence in Toddlers.	0.032
Parenting Patterns with Stunting Incidence in Toddlers.	0,000

The results of statistical analysis showed that there was a significant relationship between the history of antenatal care and the incidence of stunting in toddlers with a p-value of 0.032. This shows that the quality and frequency of antenatal care received by mothers during pregnancy affect the incidence of stunting in children. Optimal antenatal care allows early detection of the risk of malnutrition in mothers and babies. In addition, the relationship between parenting patterns and the incidence of stunting in toddlers has a p-value of 0.000, which indicates a very significant relationship. Good parenting patterns, including providing proper food and adequate care, have been shown to have a strong influence in preventing stunting. Thus, interventions to

improve antenatal care and improve parenting patterns are very important in efforts to reduce stunting rates..

Results of Multivariate Analysis of Antenatal Care History and Parenting Patterns with Stunting Incidence in Toddlers.

Table 7. Results of Logistic Regression Analysis of Variables History of Antenatal Care and Parenting Patterns with Stunting Incidence in Toddlers in the Wonoayu Sidoarjo Health Center Area 2024.

Intervention	*ρ* value	OR	95%CI
History of Antenatal Care with Stunting Incidence in Toddlers.	0.020	0.028	0.001 – 0.563
Parenting Patterns with Stunting Incidence in Toddlers.	0,000	0.009	0.001 – 0.067

Based on the analysis results shown in Table 7, the relationship between the Antenatal Care (ANC) variable and the incidence of stunting shows that toddlers whose mothers have a history of suboptimal ANC have a 0.028 times higher risk of experiencing stunting. This indicates that the quality and frequency of ANC checks during pregnancy have a significant impact on children's health, especially related to their physical growth. Meanwhile, inadequate parenting increases the risk of stunting by 0.009 times. This emphasizes the importance of the role of parenting in supporting the development of toddler nutrition and health, where good parenting patterns, including providing nutritious food and appropriate developmental stimulation, can minimize the risk of stunting in children. These two factors complement each other in efforts to prevent stunting through early maternal and child health interventions.

Relationship between Antenatal Care History and Stunting Incidents in Toddlers

The results of this study found 2 respondents whose ANC implementation quality did not meet standards, for example not measuring arm circumference, if the pregnant woman's ability was still lacking so that management was not carried out (Malka et al., 2021) such as providing additional food to pregnant women and monitoring nutritional status during pregnancy. The standard for the amount of ANC services according to a minimum of 4 times, namely once in the first trimester, once in the second trimester, and twice in the third trimester.

According to research conducted by Suarayasa (2021) that the implementation of ANC carried out by pregnant women makes it easier for health workers to monitor the growth and development of the fetus and mother. If there is a problem during pregnancy that affects the growth of the fetus in the womb with high frequency and standards, it will be prescribed by a professional doctor and treated immediately. For example, the problem in pregnancy is anemia, by carrying out the correct ANC frequency, it is carried out by health workers. Educational guidelines on nutrition and its impacts can be useful for untreated pregnancy anemia, unlike untreated pregnancy anemia, the risk of miscarriage in low birth weight. This can be a risk factor for short-term growth (Juwita, 2023).

Based on the facts in the field, it was concluded that due to the lack of implementation of ANC that has not met the standards, it can have an impact on the health conditions of children which causes children to become stunted (Salamung et al., 2019). The implementation of ANC that is routine and according to standards can be one way to prevent stunting in children. The researcher concluded that there is a relationship between Antenatal Care History, in 2 respondents who did not carry out Antenatal Care regularly, it had an impact on stunting in their babies. The researcher concluded that there is a relationship between Antenatal Care History and the incidence of stunting in toddlers.

Relationship between Parenting History and Stunting Incidents in Toddlers

Based on the results of the study, most respondents have good parenting habits for their toddlers. Good parenting habits are carried out by the mother herself with the maximum time a mother has to accompany her toddler every day and is able to supervise and provide attention to the toddler, especially the adequacy of rest for the toddler during naps (Bella, 2020; Bathory & Tomopoulos, 2017).

Poor parenting in the family is one of the causes of eating disorders. There are many ways that can be done to provide the main role model for children in the form of providing breast milk and complementary foods, mental stimulation, environmental cleanliness and health, child care during illness in the form of home health practices and search patterns (Nita, 2023). 14 family habits, including eating patterns, mental stimulation, hygiene/cleanliness practices, environmental cleanliness and use of health services are significantly related to the prevalence of shortness of breath in children aged 24 to 59 months (Bella, 2020). Based on research conducted by Suarayasa, 2021, direct factors related to stunting are food intake and health status. Inadequate energy and nutrient intake, as well as infectious diseases are factors that play a major role in stunting problems. One of the indirect factors related to stunting is parenting patterns, in this case the most closely related is the pattern of feeding (Munawar et al., 2024).

Based on research conducted by Renyoet, et al., it was found that there was a significant relationship between the mother's attention and support for children in the practice of feeding, preparation and storage with the incidence of stunting, so it can be said that mothers who provide attention and support for children in this case will have a positive impact on nutritional status. Suarayasa (2021) Based on facts in the field and existing obstetric theories, researchers concluded that there is a relationship between the history of parenting patterns and the incidence of stunting in toddlers. Because the wrong parenting pattern from parents will have an impact on the growth and health of their children.

Relationship between Antenatal Care History and Parenting Patterns with Stunting Incidents in Toddlers

Based on the results of the study, it is known that both variables are related to stunting incidents, namely Antenatal Care History and Parenting Patterns with Stunting Incidents in Toddlers. Toddlers who experience stunting are more susceptible to stunting at the age of 24-47 months which is caused by chronic nutritional intake disorders that last for a long period of time, so that the impact on this age group stage is more dominant compared to the age below it, namely 12-24 months and thereafter, namely 48-59 months (Yushananta & Ahyanti, 2022). Parenting style refers to the ability of parents to meet the emotional, psychological, and social needs of children while meeting the needs of children, while the nature of parenting focuses on the needs of children (Kusumasari et al., 2021; Li, 2022; Yim, 2022).

Children's needs in the form of parental stimulation can be effective or play an important role in helping children develop through active and caring interactions between parents and children to help children stimulate further development. Good and appropriate parenting patterns improve children's growth and development. Interaction between parents and children in providing stimulation affects optimal child growth and development (Amelia, 2023).

In the results of this study, it is important to carry out antenatal care from the beginning of pregnancy in all pregnant women. To carry out early detection and prevent the possibility of bad things that can happen to the mother and fetus. The stunting prevention program is carried out from the beginning of conception until the child is 59 months old, the role of health workers and parents is very influential in preventing stunting in toddlers (Shodikin et al., 2023). The researcher concluded that there is harmony between theory and facts in the field that the history of antenatal care and parenting patterns have an effect on the incidence of stunting in toddlers.

Conclusion

Based on the results of this study, it can be concluded that there is a significant relationship between antenatal care history and parenting patterns on the incidence of stunting in toddlers in the Wonoayu Sidoarjo Health Center area. The research method used is a quantitative approach with a cross-sectional design, involving 120 mothers who have toddlers as samples. Data collection was carried out through questionnaires and observation sheets, which were then analyzed using logistic regression. These findings indicate that interventions that focus on improving antenatal care history and parenting education can contribute to reducing stunting rates among toddlers, so it is important for related parties to implement programs that support maternal and child health in order to improve the quality of nutrition and child growth.

References

Agustina, R., Sari, T. P., Satroamidjojo, S., Bovee-Oudenhoven, I. M., Feskens, E. J., & Kok, F. J. (2013). Association of food-hygiene practices and diarrhea prevalence among Indonesian young children from low socioeconomic urban areas. *BMC public health*, *13*, 1-12. https://doi.org/10.1186/1471-2458-13-977

Amelia, N. A. (2023). Hubungan pola asah, asih, dan asuh dengan kejadian stunting di wilayah kerja Puskesmas Lontar Surabaya. *Media Gizi Kesmas*, 389–397.

Aramico, B., Sudargo, T., & Susilo, J. (2013). Hubungan sosial ekonomi, pola asuh, pola makan dengan stunting pada siswa sekolah dasar di Kecamatan Lut Tawar, Kabupaten Aceh Tengah. *Jurnal Gizi dan Dietetik Indonesia*, *1*, 121–130. http://dx.doi.org/10.21927/ijnd.2013.1(3).121-130

Bathory, E., & Tomopoulos, S. (2017). Sleep regulation, physiology and development, sleep duration and patterns, and sleep hygiene in infants, toddlers, and preschool-age children. *Current problems in pediatric and adolescent health care*, *47*(2), 29-42. https://doi.org/10.1016/j.cppeds.2016.12.001

Bella, F. D. (2020). Pola asuh positive deviance dan kejadian stunting balita di Kota Palembang. *Jurnal Kesehatan Vokasional*, *4(*4), 209. https://doi.org/10.22146/jkesvo.45725

Fitriani, S., & Herliana, L. (2024). Utilization of Health Services by Stunting Families in Tasikmalaya. *The Malaysian Journal of Nursing (MJN)*, *15*(4), 150-157. https://doi.org/10.31674/mjn.2024.v15i04.017

Hapsari, A., Fadhilah, Y., & Wardhani, H. E. (2022). Hubungan kunjungan antenatal care dan berat badan lahir rendah terhadap kejadian stunting di Kota Batu. *JI-KES (Jurnal Ilmu Kesehatan)*, *5*(2), 108-114. http://dx.doi.org/10.33006/ji-kes.v5i2.258

Herlina, T., Wisnu, N., Robbi, D. M., Yuliati, Y. S., & Anindita, R. (2024). Effectiveness of the NETES (Niat Engsun Tuntas cEgah Stunting/My Intention to Prevent Stunting Completely) Program to Prevent Stunting. *Health Dynamics*, *1*(12), 441-447. https://doi.org/10.33846/hd11202

Juwita, R. (2023). *Anemia pada Ibu Hamil dan Faktor yang Memengaruhinya*. Penerbit NEM.

Kementerian Kesehatan Republik Indonesia. (2020). *Pelaksanaan Pelayanan Antenatal Terpadu*. Health Statistic, III(3), 38–47.

Kusumasari, R. V., Kurniati, F. D., & Sari, D. N. A. (2021). Hubungan antenatal care dengan stunting pada anak usia 24-59 bulan di wilayah kerja Puskesmas Gedangsari II Kabupaten Gunungkidul. *Media Respati*, *16*(4), 239–248. https://doi.org/10.35842/mr.v16i4.341

Li, X. (2022, December). The influence of parenting styles on social-emotional competence of

children. In *2022 5th International Conference on Humanities Education and Social Sciences (ICHESS 2022)* (pp. 1065-1072). Atlantis Press. https://doi.org/10.2991/978-2-494069-89-3_124

Malka, S., Musni, M., & Fatimah, S. (2021). Faktor kehamilan dini, antenatal care, ASI eksklusif dan pengetahuan gizi terhadap stunting pada balita di Kabupaten Bone. *Jurnal Kebidanan Malahayati*, 7*(*1), 59–64. http://dx.doi.org/10.33024/jkm.v7i1.3364

Munawar, K., Mukhtar, F., Roy, M., Majeed, N., & Jalaludin, M. Y. (2024). A systematic review of parenting and feeding practices, children's feeding behavior and growth stunting in Asian countries. *Psychology, Health & Medicine*, *29*(10), 1705-1752. https://doi.org/10.1080/13548506.2024.2421461

Munira, S. L. (2023). Hasil Survei Status Gizi Indonesia (SSGI) 2022. *Jakarta: Badan Kebijakan Pembangunan Kesehatan Kementrian Kesehatan RI*.

Nita, S. (2023). The Relationship Between Parenting Patterns and Disease Patterns with the Incident of Stunting in Toddlers 6-36 Months at the Panyabungan Jae Community Health Center, Panyabungan District, Mandailing Regency, Christmas 2022. *Benih: Journal of Midwifery*, *2*(02), 53-59. https://doi.org/10.54209/benih.v2i02.256

Noorhasanah, E., & Tauhidah, N. I. (2021). Hubungan pola asuh ibu dengan kejadian stunting anak usia 12-59 bulan. *Jurnal Ilmu Keperawatan Anak*, *4*(1), 37–42.

Ohyver, M., Moniaga, J. V., Yunidwi, K. R., & Setiawan, M. I. (2017). Logistic regression and growth charts to determine children nutritional and stunting status: a review. *Procedia computer science*, *116*, 232-241. https://doi.org/10.1016/j.procs.2017.10.045

Salamung, N., Haryanto, J., & Sustini, F. (2019). Faktor-faktor yang berhubungan dengan perilaku pencegahan stunting pada saat ibu hamil di wilayah kerja puskesmas Kabupaten Bondowoso. *Jurnal Penelitian Kesehatan "Suara Forikes"*, *10*(4), 264. http://dx.doi.org/10.33846/sf10404

Setyorini, C., & Lieskusumastuti, A. D. (2021). Gambaran Status Gizi Bayi Dan Balita Pada Masa Covid-19 Di Kalurahan Jetis. *Avicenna: Journal of Health Research*, *4*(1). https://doi.org/10.36419/avicenna.v4i1.465

Shodikin, A. A., Mutalazimah, M., Muwakhidah, M., & Mardiyati, N. L. (2023). Tingkat pendidikan ibu dan pola asuh gizi hubungannya dengan kejadian stunting pada balita usia 24-59 bulan. *Journal of Nutrition College*, *12*(1), 33–41. https://doi.org/10.14710/jnc.v12i1.35322

Suarayasa, K. (2021). Pengaruh pemeriksaan antenatal care (ANC) terhadap kejadian stunting pada anak balita: Literature review. *Media Publikasi Promosi Kesehatan Indonesia*, *4*(3), 349–354. https://doi.org/10.56338/mppki.v4i3.3561

Wijhati, E. R., Nuzuliana, R., & Pratiwi, M. L. E. (2021). Analisis status gizi pada balita stunting. *Jurnal Kebidanan*, *10*(1), 1-12. https://doi.org/10.26714/jk.10.1.2021.1-12

Yim, E. P. Y. (2022). Effects of Asian cultural values on parenting style and young children's perceived competence: A cross-sectional study. *Frontiers in Psychology*, *13*, 905093. https://doi.org/10.3389/fpsyg.2022.905093

Yushananta, P., & Ahyanti, M. (2022). Risk factors of stunting in children aged 6–59 months: A case-control study in horticulture area. *Open Access Macedonian Journal of Medical Sciences*, *10*(E), 1–5. https://doi.org/10.3889/oamjms.2022.7768