Medical and Health Journal
Volume 5, Issue 1, 2025, pp. 41-48
e-ISSN: 2807-3541
Open Access: https://jos.unsoed.ac.id/index.php/mhj

Relationship Between History of Exclusive Breastfeeding and the Incidence of Stunting in Toddlers

Cindy Puspita Sari Haji Jafar[1*]

[1]Department of Nursing, State University of Gorontalo, Gorontalo City, Indonesia

ARTICLE INFO

Article history:
Received May 14, 2025
Revised June 3, 2025
Accepted June 5, 2025
Available online August 2, 2025

Keywords:
Exclusive breastfeeding, toddlers, stunting.

ABSTRACT

Stunting is a condition in which the height or length of a toddler is lower than it should be based on age, which is caused by long-term malnutrition, especially in the first 1000 days of life (HPK). The purpose of this study was to determine the relationship between the history of exclusive breastfeeding and the incidence of stunting in toddlers. The researcher used the Purposive Sampling Technique. The samples in this study were mothers and toddlers aged 2-5 years who had been registered at the Tilango Health Center, Gorontalo Regency, totaling 92 samples. The results of the study using the Chi-square test obtained ap value of 0.038 (p <0.05), which showed that the variable history of exclusive breastfeeding had a significant relationship with the incidence of stunting in toddlers aged 2-5 years at the Tilango Health Center, Gorontalo Regency. The Health Center is expected to be able to carry out routine monitoring of children at risk of stunting, with special attention to exclusive breastfeeding.

1. INTRODUCTION

Toddlerhood, which lasts between the ages of 0 to 59 months, is a period where a child's growth and development occur simultaneously. Known as The Golden Age, this phase has a huge impact on a child's survival and future. One of the nutritional problems often faced by toddlers in developing countries is the inhibition of growth and development known as stunting.(Putri & Dewina, 2020). Stunting is a condition in which children experience growth disorders, so that their height does not match their age.(Tomahayu et al., 2024).Stunting is also defined as a condition of growth and development failure in toddlers due to malnutrition experienced from the womb to birth, and is usually only detected after the child is 2 years old. According to the Indonesian Ministry of Health, stunting is defined as a toddler with a Z-Score of <-2 SD (stunted) and <-3 SD (severely stunted). This refers to body length (PB/U) or height (TB/U) according to age based on the category index and threshold of the child's nutritional status.(Ministry of Health of the Republic of Indonesia, 2020).

The prevalence of stunting globally in Southeast Asia in 2020, showed an alarming figure, as reported by the Asian Development Bank. Timor Leste recorded the highest stunting rate in the region, with 48.8% of children under 5 experiencing the condition. Indonesia ranked second with a stunting prevalence of 31.8%, while Singapore had the lowest figure, only 2.8% of stunting cases among toddlers(Rahman et al., 2023). Indonesian Nutritional Status Survey Data 2022 shows that Gorontalo Province has a high stunting rate, which is 23.8%. However, amidst these challenges, the Pohuwato Regency Government managed to record a decrease in stunting of 6.4% in 2022. Although Gorontalo is ranked 17th out of all provinces in Indonesia with a stunting prevalence that is still higher than the national figure of 21.6%, there has been positive progress with a decrease in stunting prevalence of 5.2% compared to the previous year(Coordinating Ministry for Human Development and Culture of the Republic of Indonesia., 2023).

Based on data from the Gorontalo Provincial Health Office (Dinkes) in 2023, the prevalence of stunting in the province reached 26.9%. Gorontalo Regency recorded the highest figure at 34.7%, followed by North Gorontalo Regency at 30.5%, and Bone Bolango at 27.1%. Gorontalo City was in fourth place at 23.6%, while Pohuwato and Boalemo each had a stunting

*Corresponding author
E-mail addresses: cindypshj@gmail.com (Cindy Puspita Sari Haji Jafar)

prevalence of 18.4% and 16.0%, respectively. The incidence of stunting in Gorontalo Province increased by 3.1% from 23.8% in 2022 to 26.9% in 2023(Gorontalo Prov. Health Office, 2023).

Based on data from the Gorontalo Regency Health Office (Dinkes) in 2023, there were five Community Health Centers in Gorontalo Regency with the highest incidence of stunting. Limboto Community Health Center was in first place with 226 cases (5.3%), followed by Tilango Community Health Center in second place with 127 cases (10.3%). Tabongo Community Health Center was in third place with 124 cases (8.4%), followed by Batudaa Pantai Community Health Center in fourth place with 100 cases (10.9%), and West Limboto Community Health Center in fifth place with 97 cases (6.7%). Tilango Community Health Center was included in the category of five Community Health Centers with the highest incidence of stunting(Gorontalo District Health Office, 2023).

The short-term impact of stunting can disrupt the development of the child's brain and intelligence, as well as inhibit physical growth and metabolic processes. Meanwhile, in the long term, stunting has the potential to reduce cognitive abilities and learning achievements, reduce immunity, and increase the risk of diabetes, stroke, and disability in old age.(Rahayu, Rahman, et al., 2018).Stunting in children is a serious problem that is influenced by various factors, one of which is an unbalanced food intake. This is one of the main causes of the lack of exclusive breastfeeding during the first six months of life, which is very important to support optimal growth and development of toddlers.(Louis et al., 2022). The low coverage of exclusive breastfeeding is caused by various factors, including: (1) shifts in socio-cultural values and norms, (2) the influence of the social environment, (3) the assumption that breastfeeding is no longer in line with current trends, (4) the psychological condition of mothers, (5) minimal education from health workers, (6) the intense promotion of formula milk products, and (7) the circulation of incorrect information.(Juniar et al., 2023). Toddlers who do not receive exclusive breastfeeding are 47.23 times more likely to experience stunting compared to toddlers who receive exclusive breastfeeding.(Husna & Farisni, 2022a). It is important for parents to ensure proper nutritional intake and comply with recommendations for giving so that children can grow healthily and avoid stunting, including in providing exclusive breastfeeding.(Louis et al., 2022).

Exclusive breastfeeding is the best food for babies in their early life. Exclusive breastfeeding is done by only giving breast milk without additional food or other drinks for six months. Breast milk contains complete nutrition to meet energy needs and support body growth, such as lactose, fat, protein, and various minerals.(Ministry of Health of the Republic of Indonesia., 2022).Exclusive breastfeeding also contributes to reducing disease and death rates by improving the child's immune system.(Nurhasanah et al., 2022).

The history of exclusive breastfeeding is closely related to the incidence of stunting in toddlers. Toddlers who do not receive enough breast milk tend to experience inadequate nutritional intake, which can result in malnutrition and the risk of stunting. One of the main benefits of breast milk is to support infant growth, especially height, because calcium in breast milk is more efficiently absorbed compared to substitute milk or formula milk. Therefore, babies who are exclusively breastfed tend to have a more optimal height and in accordance with the growth curve compared to babies who are given formula milk(Windasari et al., 2020).

Research conducted by (Ghina et al., 2023) shows that exclusive breastfeeding is very important, because toddlers who do not receive it have a higher risk of experiencing stunting compared to toddlers who receive exclusive breastfeeding. Supported by research(Mediloka et al., 2024)there is a significant relationship between exclusive breastfeeding and the incidence of stunting in the Kelapa Health Center work area, with the results of the study showing a p value of 0.028. In preventing stunting, it is very important to pay attention to nutritional fulfillment and provide exclusive breastfeeding. The purpose of this study was to conduct a study on the relationship between the history exclusive breastfeeding and the incidence of stunting in toddlers.

2. METHOD

This study uses a quantitative approach with a descriptive correlation research type. The design applied in this study is retrospective research, which is a type of research that observes

events that have occurred previously, with the aim of identifying factors related to the cause of an event. The purpose of using a cross-sectional research design in this study is to explain something or find a relationship between certain variables.(Nursalam, 2020).Where to find out the relationship between the history of exclusive breastfeeding and the incidence of stunting in toddlers at the Tilango Health Center, Gorontalo Regency.

3. RESULT AND DISCUSSION

Table 1. Respondent Characteristics Based on Age, Child Gender

Respondent Characteristics	Number (N)	Percentage (%)
Age		
2 years	49	53.26
3 years	30	32.60
4 years	11	11.97
5 years	2	2.17
Total	**92**	**100**
Gender		
Man	47	51.08
Woman	45	48.92
Total	**92**	**100**

Based on table 1, it is known that the majority of respondents are in the 2 year age category, namely 49 (53.26%), and the respondents are male, namely 47 (51.08%).

Table 2. Respondent Characteristics Based on Parents' Education, Occupation, and Age of Marriage

Respondent Characteristics	Number (N)	Percentage (%)
Education		
SD	2	2.11
JUNIOR HIGH SCHOOL	11	11.95
High School/Vocational School	69	75.08
D3/S1	10	10.86
Total	**92**	**100**
Work		
housewife	75	81.53
Private	12	13.04
Village officials	4	4.34
Teacher	1	1.09
Total	**92**	**100**
Age of Marriage		
19-25 years	73	79.34
26-45 years	19	20.66
Total	**92**	**100**

Based on table 2, it is known that the majority of toddlers' parents' education is high school/vocational school, namely 69 (75.08%), the toddlers' parents work as housewives, namely 75 (81.53%), and the toddlers' parents are married at the age of 19-25 years, namely 73 (79.34%).

Table 3. Distribution of Respondents Based on Breastfeeding History

Breastfeeding History	Number (N)	Percentage (%)
Exclusive	41	44.6%
Not exclusive	51	55.4%
Total	**92**	**100**

Based on table 3, the results of the study show that out of 92 respondents, there were the most respondents who did not provide exclusive breastfeeding, namely 51 (55.4%) respondents. This is because mothers do not provide exclusive breastfeeding to their children for several reasons. On the first day after giving birth, the mother's breast milk has not come out, so she is forced to give her child formula milk. In addition, insufficient breast milk production and the child's unwillingness to breastfeed are also contributing factors.

Breast milk contains various nutrients that are abundant and unique to each mother. The composition of breast milk can change over time, adjusted to the needs of the baby that develop according to their age.(Ministry of Health of the Republic of Indonesia, 2022).Many mothers give formula milk to babies who are born full term and healthy because they feel that their breast milk has not come out or is lacking. One of the reasons is the lack of information that giving formula milk, especially in the first days after birth, can interfere with breast milk production, inhibit emotional bonding, and affect the success of breastfeeding in the future. Babies who are given formula milk tend to feel full and are reluctant to breastfeed, so that the breast is not emptied optimally. This ultimately causes breast milk production to decrease.(IDAI, 2013).

In line with research(Pratama & Irwandi, 2021)Most of the respondents in the study did not provide exclusive breastfeeding, the reason for not providing exclusive breastfeeding was that many mothers experienced a decrease in breast milk production, which made them give formula milk or water as a substitute for breast milk.

The results of the study also showed that there were respondents who provided exclusive breastfeeding, namely 41 (44.6%) respondents. Mothers provide exclusive breastfeeding immediately after the baby is born until the baby is 6 months old without giving other foods or drinks such as formula milk, honey, tea, water, fruits, biscuits, rice porridge or steamed rice. Breast milk that is given in full during the first 6 months of life is able to meet the baby's nutritional needs to support its growth and development.(Ministry of Health of the Republic of Indonesia, 2022).The superiority of breast milk as a source of nutrition for babies has been widely researched and proven by scientists, so that the World Health Organization (WHO) recommends providing exclusive breastfeeding until the baby is 6 months old.(IDAI, 2013). The benefits of breast milk for babies are providing perfect nutrition and according to the baby's needs. In addition, breast milk is also easier to digest compared to formula milk.(Ministry of Health of the Republic of Indonesia, 2022).

Exclusive breastfeeding is the provision of breast milk without additional food and drink to babies aged zero to six months (0-6 months). Babies are only given breast milk without other food or drink including water.(Ghina et al., 2023).Exclusive breastfeeding means that babies are only given breast milk, without additional fluids such as formula milk, orange juice, honey, tea, water and without additional solid foods such as bananas, papaya, milk porridge, biscuits, rice porridge and porridge, for 6 months.(Mufdlilah et al., 2018).

Table 4. Distribution of Respondents Based on Stunting Incidents

Stunting Incident	Number (N)	Percentage (%)
Stunting	45	51.1%
No stunting	47	48.9%
Total	**92**	**100**

Based on table 4, the results of the study show that out of 92 respondents, there were the most respondents who were not stunted, namely 47 (48.9%) respondents. This is evidenced by

the Z-score value between -2 SD to +3 SD based on height (TB) or weight (PB) according to age (A). The results of the study also found that there were 45 (51.1%) respondents who experienced stunting. Stunting is a condition in which toddlers have a z-score value of <-2 standard deviations (SD) to +3 standard deviations (SD) based on height (TB) or weight (PB) according to age (U) which classifies them as stunted.(Ministry of Health of the Republic of Indonesia, 2020).

Stunting is a condition in which a person's height is lower or shorter compared to the average height of other people of the same age.(Rahayu, et al., 2018). The PB/U or TB/U index describes the development of a child's length or height according to his/her age. This index is useful for identifying children who experience growth retardation (stunting) or who have more severe growth retardation (severely stunted), which is usually caused by long-term malnutrition or frequent exposure to disease. Children with PB/U or TB/U values below minus two standard deviations (<-2 SD) are categorized as having short stature. These children need further treatment for stunting and should be referred for more intensive care.(Zulhakim et al., 2022).

Table 5. Relationship between the History of Exclusive Breastfeeding and the Incidence of Stunting in Toddlers Aged 2-5 Years at the Tilango Health Center, Gorontalo Regency

Breastfeeding History	Stunting incident				Amount		p value
	Stunting		No stunting				
	N	%	N	%	N	%	
Exclusive	25	27.2	16	17.4	41	44.6	0.038
Not Exclusive	20	21.7	31	33.7	51	55.4	
TOTAL	45	48.9	47	51.1	92	100	

Based on table 5, the results of the calculation using the Chi-square test, obtained a p value of 0.038 ($p < 0.05$), which shows that the variable of history of exclusive breastfeeding has a significant relationship with the incidence of stunting in toddlers aged 2-5 years at the Tilango Health Center, Gorontalo Regency.

In the research(Husna & Farisni, 2022b)This means that there is a relationship between exclusive breastfeeding and stunting in toddlers in Arongan Village, Kuala Pesisir District, Nagan Raya Regency. The OR test results obtained a value of 47.23. This means that toddlers who are not given exclusive breastfeeding have a 47.23 times greater chance of experiencing stunting compared to toddlers who are given exclusive breastfeeding.

There is a significant relationship between exclusive breastfeeding and the incidence of stunting in toddlers at BLUD UPTD Langensari 1 Health Center, Banjar City, with the results of the Chi-Square test p-value 0.001. If exclusive breastfeeding is given, the incidence of stunting in children will tend to decrease. Low levels of exclusive breastfeeding are one of the factors causing stunting in toddlers. Optimal breastfeeding by mothers plays an important role in maintaining the balance of children's nutrition, thus supporting normal growth. This happens because toddlers who receive exclusive breastfeeding have a greater chance of growing well, avoiding infection, and have a lower risk of experiencing stunting compared to toddlers who do not receive exclusive breastfeeding.(Windi et al., 2024).

The results of the Chi-square test showed a p value = 0.00, which indicates that exclusive breastfeeding is one of the factors contributing to stunting in toddlers. Breast milk is a source of nutrition that meets the needs of infants and supports the growth and development of children. Infants who do not receive enough breast milk have less than optimal nutritional intake, which can lead to malnutrition and one of which causes stunting.(Sinambela et al., 2019).

4. CONCLUSION

Based on the calculation results with the Chi-square test, a p value of 0.038 ($p <0.05$) was obtained, which indicates that the variable of exclusive breastfeeding history has a significant relationship with the incidence of stunting in toddlers aged 2-5 years. These results indicate that exclusive breastfeeding can affect the occurrence of stunting in children. This can be a

consideration for making better policies and actions in maintaining children's nutrition and health in the Tilango Health Center Area, Gorontalo Regency.

Based on the calculation results with the Chi-square test, a p value of 0.038 (p <0.05) was obtained, which indicates that the variable of exclusive breastfeeding history has a significant relationship with the incidence of stunting in toddlers aged 2-5 years. These results indicate that exclusive breastfeeding can affect the occurrence of stunting in children. This can be a consideration for making better policies and actions in maintaining children's nutrition and health in the Tilango Health Center Area, Gorontalo Regency.

5. REFERENCE

Anjani, S. (2022). *Hubungan Antara Pernikahan Ibu Usia Dini Dan Asupan Protein Dengan Kejadian Stunting Pada Balita Usia 0-59 Bulan.* [Skripsi.]. Universitas Jember.

Astriana, W., & Afriani, B. (2022). Peningkatan Berat Badan Pada Bayi Umur 0-6 Bulan Ditinjau Dari Pemberian Asi. . *Jurnal Aisyiyah Medika*, *7*(2), 128–136.

Badjuka, B. Y. M. (2020). Hubungan BBLR dengan Kejadian Stunting pada Anak Usia 24-59 Bulan di Desa Haya-Haya Gorontalo . *Jurnal Kesehatan Masyarakat*, *5*(1), 23–32.

Bruno, L. (2019). Pernikahan Dini. . *Journal Of Chemical Information and Modeling.*, *9*(53), 1689–1699.

Dinas Kesehatan Kabupaten Gorontalo. (2023). *Prevalensi Status Gizi Balita Menurut Kabupaten Gorontalo di Provinsi Gorontalo.*

Dinas Kesehatan Provinsi Gorontalo. (2023). *Prevalensi Status Gizi Balita Menurut Kabupaten/Kota di Provinsi Gorontalo.*

Donsu, J. D. T. (2016). *Metodologi Penelitian Keperawatan.* . Pustaka Baru Press.

Effendi, D. P., & Susilawati, S. (2020). Analisis Faktor Yang Mempengaruhi pemberian Asi Eksklusif Di Wilayah Kerja Puskesmas Pondok Ranji Tahun 2019. . *Jurnal Kesehatan STIKes Banten RI*, *8*(1), 14–23.

Eldrian, F., Karinda, M., Setianto, R., Arbitya Dewi, B., & Handayani Gusmira, Y. (2023). Hubungan Riwayat Penyakit Infeksi Dengan Kejadian Stunting Pada Balita di Puskesmas Cipadung Kota Bandung Relationship of History of Infectious Diseases with the Incidence of Stunting in Toddlers at the Cipadung Health Center, Bandung City. *Jurnal Manajemnen Kesehatan Yayasan RS. Dr. Soetomo*, *9*.

Febrianita, D. (2021). *Faktor Yang Berhubungan Dengan Kejadian Stunting Pada Balita Di Wilayah Kerja Upt Puskesmas Cipadung Kota Bandung Tahun 2021.* [Skripsi.]. Universitas Bhakti Kencana.

Ghina, E., Putri, A., Wahyurianto, Y., & Retna, T. (2023). Hubungan Pemberian Asi Eksklusif Dengan Kejadian Stunting Pada Balita Di Wilayah Kerja Puskesmas Semanding. *Jurnal Inovasi Global*, *1*(1). https://jig.rivierapublishing.id/index.php/rv/index

Hidayatunnikmah, N. (2019). Pengaruh Pendapatan Ekonomi Ibu Menyusui Tehadap Kwalitas Komponen Makronutrien Asi. . *Journal Of Health Science (Jurnal Ilmu Kesehatan)*, *4*(2), 1–6.

Hizriyani, R., & Aji, T. S. (2021). Pemberian Asi Ekslusif Sebagai Pencegahan Stunting. . *Jurnal Jendela Bunda*, *8*(2), 55–62.

Husna, A., & Farisni, T. N. (2022). Hubungan Asi Eksklusif Dengan Stunting Pada Anak Balita Di Desa Arongan Kecamatan Kuala Pesisir Kabupaten Nagan Raya. *Jurnal Biology Education*, *1 Edisi Khusus*(10), 33–43.

IDAI. (2013). *Pemberian Susu Formula pada Bayi Baru Lahir*. Indonesian Pediatric Society.

Innama, S. (2020). Gambaran Karakteristik dan Pengetahuan Ibu Menyusui Dalam Pemberian ASI Eksklusif Di Desa Pandat Puskesmas Mandalawangi Pandeglang. . *Encyclopedia of Research Design*, *2*(2), 119–127.

Kaman, K., Novita, R. V. T., & Marlina, P. W. N. (2020). Mothers' Age in Health Facility Influenced Nutritive Feeding Choice. . *Media Keperawatan Indonesia*, *3*(2), 63.

Kemenkes RI. (2022). *ASI Eksklusif*. Direktorat Jenderal Pelayanan Kesehatan.

Kementeriaan Kesehatan Republik Indonesia. (2020). *Peraturan Menteri Kesehatan Republik Indonesia Nomor 2 Tahun 2020 Tentang Standar Antropometri Anak*.

Kementerian Kesehatan Direktorat Promosi Kesehatan dan Pemberdayaan Masyarakat. (2018, November 5). *Manfaat ASI Eksklusif untuk Ibu dan Bayi.* . Kementerian Kesehatan Direktorat Promosi Kesehatan Dan Pemberdayaan Masyarakat.

Kementerian Kesehatan Republik Indonesia. (2022). *Pedoman Pelaksanaan Stimulasi, Deteksi, dan Intervensi Dini Tumbuh Kembang Anak di Tingkat Pelayanan Kesehatan Dasar*. Kementerian Kesehatan Republik Indonesia.

Kementerian Kesehatan Republik Indonesia. (2024, November 5). *Kelompok Usia Bayi dan Balita < 5 Tahun*. Ayo Sehat Kementerian Kesehatan Republik Indonesia.

Kementerian Koordinator Bidang Pembangunan Manusia dan Kebudayaan RI. (2023). *Angka Stunting Masih Tinggi, Menko PMK Minta Provinsi Gorontalo Kurangi Kemiskinan Ekstrem.* .

Kementrian Kesehatan Republik Indonesia. (2022). *Hasil Survei Status Gizi Indonesia (SSGI) 2022.*

Kementrian Kesehatan RI. (2018). *Situasi Balita Pendek di Indonesia*. Buletin Jendela Data dan Informasi.

Latifah, N. A., Fajrini, F., Romdhona, N., Herdiansyah, D., Ernyasih, & Suherman. (2024). Systematic Literature Review: Stunting pada Balita di Indonesia dan Faktor yang Mempengaruhinya. *Jurnal Kedokteran Dan Kesehatan*, *1*(20). https://jurnal.umj.ac.id/index.php/JKK

Lestari, C. I., Amini, A., Andaruni, N. Q. R., & Putri, N. H. (2019). Faktor-Faktor Yang Menyebabkan Kegagalan Ibu Dalam Memberikan ASI Eksklusif. . *Midwifery Journal*, *4*(1), 11–16.

Louis, S. L., Mirania, A. N., & Yuniarti, E. (2022). Hubungan Pemberian ASI Eksklusif dengan Kejadian Stunting pada Anak Balita. . *Maternal & Neonatal Health Journal*, *3*(1), 7–11.

Lusiani, V. H., & Anggraeni, A. D. (2021). Hubungan Frekuensi Dan Durasi Penyakit Infeksi Dengan Kejadian Stunting Di Wilayah Kerja Puskesmas Kebasen Kabupaten Banyumas. *Journal of Nursing Practice and Education*, *2*(1), 1–13.

Maryam, A., Elis, A., & Mustari, R. (2023). Hubungan pemberian ASI Eksklusif dengan kejadian stunting pada balita. *Healthy Tadulako Journal (Jurnal Kesehatan Tadulako)*, *1*(9), 87–3.

Maulidah, W. B., Rohmawati, N., & Sulistiyani, S. (2019). Faktor yang berhubungan dengan kejadian stunting pada balita di Desa Panduman Kecamatan Jelbuk Kabupaten Jember,. *IlmuGizi*, *2*(2), 89–100.

Mediloka, M., Lestari, I. P., & Nurvinanda, R. (2024). Hubungan Pengetahuan, Sikap Dan Pemberian Asi Eksklusif Terhadap Kejadian Stunting Pada Balita. *Jurnal Penelitian Perawat Profesional*, *1*(6), 155–164. http://jurnal.globalhealthsciencegroup.com/index.php/JPPP

Mufdlilah, Johan, R. B., & Fitriani, T. (2018). Persepsi Ibu Dalam Pemberian ASI Eksklusif. *Jurnal Riset Kebidanan Indonesia*, *2*, 38–4.

Nurhasanah, Afrika, E., & Rahmawati, E. (2022). Hubungan Asi Eksklusif, Status Gizi Dan Faktor Genetik Terhadap Kejadian Stunting Pada Anak Usia 24-59 Bulan Di Wilayah Kerja Puskesmas Sp Padang Kabupaten Ogan Komering Ilir Tahun 2021. . *Jurnal Ilmiah Kesehatan Ar-Rum Salatiga*, *6*(2), 19–26.

Nursalam. (2020). *Metodologi Penelitian Ilmu Keperawatan: Pendekatan Praktis Edisi 5.* . Salemba Medika.

Olo, A., Mediani, H. S., & Rakhmawati, W. (2020). Hubungan Faktor Air dan Sanitasi dengan Kejadian Stunting pada Balita di Indonesia. . *Jurnal Obsesi: Jurnal Pendidikan Anak Usia Dini*, *5*(2), 1113–1126.

Pramulya, I., Wijayanti, F., & Saparwati, M. (2021). Hubungan Pemberian Asi Eksklusif Dengan Kejadian Stunting Pada Balita Usia 24-60 Bulan. *Jurnal Kesehatan Kusuma Husada-Januari*, 35–41.

Pratama, M. R., & Irwandi, S. (2021). *The Relation Between Exclusive Breastfeeding With Stunting In The Hinai Kiri Community Health Center, Secanggang District, Langkat Regency*. *4*(1), 17–25.

Putri, E. G. A., Wahyurianto, Y., & Retna, T. (2022). *Hubungan Pemberian Asi Eksklusif Dengan Kejadian Stunting Pada Balita Di Wilayah Kerja Puskesmas Semanding* [Skripsi]. Poltekkes Kemenkes Surabaya.

Putri, N. Y., & Dewina, M. (2020). Pengaruh Pola Asuh Nutrisi Dan Perawatan Kesehatan Terhadap Kejadian Stunting Usia 2 - 5 Tahun Di Desa Sindang Kabupaten Indramayu Tahun 2019. *Jurnal Kesehatan Indra Husada.*, *8*(1), 31–42.

Rahayu, A., Rahman, F., Marlinae, L., Husaini, Meitria, Yulidasari, F., Rosadi, D., & Laily, N. (2018). *Buku Ajar Gizi 1000 Hari Pertama Kehidupan.* CV Mine.

Rahayu, A., Yulidarsi, F., Putri, A., & Anggraini, L. (2018). *Study Guide - Stunting dan Upaya Pencegahannya Study Guide - Stunting dan Upaya.* . CV. Mine.

Rahman, H., Rahmah, M., & Saribulan, N. (2023). Upaya Penanganan Stunting di Indonesia. . *Jurnal Ilmu Pemerintahan Suara Khatulistiwa (JIPSK)*, *8*(1), 44–56.

Roesli, U. (2013). *Mengenal ASI Eksklusif.* . PT. Pustaka.

Sembiring, J. B. (2019). *Asyhan Neonatus, Bayi, Balita, Anak Pra Sekolah.* . CV Budi Utama.

Sinambela, D. P., Vidiasari, P., & Hidayah, N. (2019). Pengaruh riwayat pemberian asi eksklusif dengan kejadian stunting pada balita di wilayah kerja PUSKESMAS teluk tiram Banjarmasin 102 Pengaruh Riwayat Pemberian Asi Eksklusif Dengan Kejadian Stunting Pada Balita Di Wilayah Kerja PUSKESMAS Teluk Tiram Banjarmasin. *Dinamika Kesehatan Jurnal Kebidanan Dan Keperawatan*, *10*(1), 2549–4058. https://doi.org/10.33859/dksm.v10i1

Sugiyono. (2020). *Metode Penelitian Kuantitatif, Kualitatif dan R&D.* . Alfabeta.

Tomahayu, S., Ibrahim, A., & Jafar, C. P. S. H. (2024). Hubungan Tingkat Pengetahuan Ibu Usia Dini Dengan Kejadian Stunting Di Wilayah Kerja Puskesmas Tilango. *Jurnal Keperawatan*, *12*(2).

Wanda, Y. D., Elba, F., Didah, Susanti, A. I., & Rinawan, F. R. (2021). Riwayat Status Imunisasi Dasar Berhubungan Dengan Kejadian Balita Stunting. *Jurnal Kebidanan Malahayati*, *7*(4), 851–856. http://ejurnalmalahayati.ac.id/index.php/kebidanan

Windasari, D. P., Syam, I., & Kamal, L. S. (2020). Faktor hubungan dengan kejadian stunting di Puskesmas Tamalate Kota Makassar. *AcTion: Aceh Nutrition Journal*, *5*(1), 27.

Windi, Y. W., Supriyatun, & Deuis, N. (2024). Hubungan Pemberian ASI Ekslusif Dengan Kejadian Stunting Pada Balita Di BLUD UPTD Puskesmas Langensari 1 Kota Banjar. *Tasikmalaya Nursing Journal*, *02*(01), 25–29.

Wiwin, N. W. (2021). *Deteksi Dini Perkembangan Anak Menggunakan Instrument Ddst*. CV. Pena Persada Redaksi.

Zulhakim, Ediyono, S., & Kusumawati, H. N. (2022). Hubungan Pernikahan Usia Dini Dan Pola Asuh Baduta (0-23 Bulan) Terhadap Kejadian Stunting. *Jurnal Kesehatan Kusuma Husada Volume*, *13*(1), 84–92.