

## **The Relationship Between Family Characteristic And Phbs With The Risk Of Stunting On Toddler At Alue Bilie Health Center, Darul Makmur, Nagan Raya**

**Susy Sriwahyuni<sup>1</sup> , Dian Fera<sup>1</sup> , Danvil Nabela<sup>1</sup> , Darmawan<sup>1</sup>**

<sup>1</sup> Faculty of public health, University of Teuku Umar, Aceh, Indonesia

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### **ABSTRACT**

Stunting is another form of impaired growth in children. Children who experience stunting are often seen as having a proportionally normal body, but their height is shorter than the normal height – of – age. Based on data obtained from Alue Bilie Health Center in 2020, it was found there were 246 toddlers or 29.5% experiencing stunting out of 940 toddlers. The purpose of this study was to determine the relationship between family characteristics and PHBS with the risk of stunting on toddlers. This research is analytical survey with a cross sectional research design. The populations were toddler's mother as many as 940 people. Sample was taken through random sampling technique and Slovin formula with a total of 90 people. The data analysis technique used was statistical analysis of the chi-square test. The results showed the level of education (P.Value = 0.010 and PR = 3.405); knowledge (P.Value = 0.002 and PR = 4.371); feeding patterns of toddlers (P. Value = 0.000 and PR = 6.055); family economic status (P. Value = 0.000 and PR = 5,466); exclusive breastfeeding (P. Value = 0.002 and PR = 4.375) and toddler growth monitoring (P. Value = 0.001 and PR = 4.908.), therefore it can be concluded there is a relationship between education level, knowledge, feeding patterns of toddlers, family economic status, exclusive breastfeeding and toddler growth monitoring with the risk of stunting on toddlers at Alue Bilie Health Center, Darul Makmur, Nagan Raya. It is recommended for families to monitor the growth of toddlers by bringing them to the health center once a month to avoid them from the risk of stunting.

**Keywords:** Family Characteristic, Stunting, Toddler

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### **INTRODUCTION**

Stunting (short) or chronic malnutrition is another form of impaired growth. Chronic malnutrition is different with acute malnutrition because it is a condition that has occurred for a long time. Children who experience stunting are often seen as having a normal proportional body, but their height is shorter than the normal height - of - age. Stunting is a cumulative process. It is caused by inadequate intake of nutrients or recurrent infectious diseases or both. Stunting can also occur before birth, and it is caused by very poor nutritional intake during pregnancy, very poor food parenting patterns, low food quality, and in line with the frequency of infection that can inhibit growth (1)

Nutritional problems (stunting) can cause some negative impacts. In short term, it can disturb brain development and intelligence, impaired physical growth, and metabolic disorders in the body. On the other hand, the bad consequences on long term that can be caused are decreased cognitive abilities and learning achievement, decreased immunity that can make them are easy to get sick, and a high risk for the emergence of diabetes, obesity, heart and blood vessel disease, cancer, stroke, disability in old age and uncompetitive work quality which results in low economic productivity.

Stunting is one of nutritional problems in terms of shorter height than other people of the same age (5). Stunting cases in 2016 reached 22.9% or (154.8 million) toddlers around the world. Those are occurred due to various related factors in the first 1000 days after conception (WHO, 2018). Nowadays, stunting is a problem in 72 countries in the world. Indonesia is the fifth largest country that contributes to stunting in the world where almost 9 million children or more than a third (toddlers) in Indonesia are stunted. The prevalence of stunting in Indonesia decreased into 6.4% in 2008. Toddlers suffer from stunting are 30.8%. It is indicated that Indonesia is experiencing a severe public health problem in case of stunting on toddler (10).

Based on the last results of Riskesdas (10) showed that Aceh is a province with a high number of stunting cases, therefore it needs preventive action. The prevalence of stunting in infants under two years old (baduta) in Aceh is quite high. In this case, Aceh was placed 3rd out of 34 provinces, with the prevalence of 37.9%, while the national average prevalence is 29.9%. It means 4 out of 10 babies born in Aceh suffer from stunting. Meanwhile, the prevalence of stunting in toddlers is 37.3% with a national average of 30.8%. Aceh Health Service noted that 51,496 children in Aceh suffer from stunting. In Nagan Raya district, 63% of children suffer from stunting (4).

Based on an initial survey conducted at Nagan Raya Health Office, the prevalence percentage in 2019 was 2,345 children who experienced stunting with a percentage of 17.22%, and as many as 1,097 children experienced stunting with a percentage of 9.02% in 2020. Based on the survey, the highest number of stunting cases in 2020 was in the working area of Alue Bilie Health Center with a total of 246, then the second highest stunting case was in Lueng Kebeu Jagat Health Center with a total of 171, and the third highest stunting case was in the working area of the Ujong Patihah Health Center with a total of 144 cases (4).

Based on an initial survey conducted by researchers at Alue Bilie Health Center, there are 12 villages with 19 posyandu in this working area. In addition, there are 940 toddlers, 246 of them are stunted with a percentage of 29.5% (Alue Bilie Health Center, 2020). Furthermore, based on the results of interviews with 13 respondents who have toddlers, it is known 10 out of 13 respondents do not really know the incidence of stunting in children/toddlers and its characteristics, because they think short is not a health problem, it is only caused by descendant's factor. It has connection with the mother's level of education, which is relatively low, as many as 8 respondents out of 13 respondents interviewed. In addition, there are 6 out of 13 respondents who do not give food to toddlers the same as the food eaten by adults. From the results of these interviews, the average respondent surveyed has an income that does not match the District Minimum Wage of Rp. 3.2 million because most of the families have the last education of junior high school and work as oil palm planters, farmers, and laborers. Based on the background, the researchers are very interested to find out the relationship between family characteristics and PHBS with the risk of stunting on toddler in the working area of Alue Bilie Health Center, Darul Makmur District, Nagan Raya Regency.

## METHODS

This study uses quantitative methods with analytic survey research and cross-sectional research. This research was conducted at Alue Bilie Health Center, Darul Makmur District, Nagan Raya Regency. This research was carried out on 26 August to 06 September 2021. The populations in this study were mothers who had toddlers and visited Alue Bilie Health Center as many as 940 people and the sample of this study were 90 people. The test in this study uses chi square on bivariate analysis and multiple logistic regressions on multivariate analysis.

## Result and Discussion

### Result of univariate analysis

**Table.1. The distribution of independent variables related to the risk of stunting on toddler at Alue Bilie Health Center, Darul Makmur, Nagan Raya**

No	Variable	F	%
1	Education level		
	High	48	53,3
	Low	42	46,7
2	Knowledge		
	Good	41	45,6
	Poor	49	54,4
3	Toddler Feeding Pattern		
	Appropriate	38	42,2
	Not appropriate	52	57,8
4	Economic Status		
	Match with UMP	37	41,1
	Does not match with UMP	53	58,9
5	Toddler growth monitoring		
	Do	44	48,9
	Does not do	46	51,1
6	Stunting risk		
	No risk	42	46,7
	Risky	48	53,3
Primary Data (Process in 2021)			

Table 1 univariate analysis explains the proportion of higher education levels is 53.3%, the proportion of poor knowledge is 54.4%, the proportion of feeding patterns for toddlers is not appropriate is 57.8%, the proportion of family economic status does not match the UMP is 58.9, the proportion does not do monitoring growth and development of toddlers is 51.1% and the proportion at risk of stunting is 53.3%.

### Bivariat Analysis

**Table 2 Relationship between family characteristics and PHBS with the risk of stunting on toddler at Alue Bilie Health Center, Darul Makmur, Nagan Raya**

Education Level	Stunting Risk on Toddler				Total		P.Value	PR
	No risk		Risky					
	f	%	f	%	F	%		
High	29	60,4	19	39,6	48	100		
Low	13	31,0	29	69,0	42	100	0,010	3,405 (1,422-8,154)
<b>Knowledge</b>								
good	27	65,9	14	34,1	41	100		
poor	15	30,6	34	69,4	49	100	0,002	4,371 (1,802-10,607)
<b>Toddler feeding pattern</b>								
Appropriate	21	65,6	11	34,4	32	100		
Inappropriate	21	36,2	37	63,8	58	100	0,014	3,364 (1,361-8,314)
<b>Family economic status</b>								
Match with UMP	14	66,7	7	33,3	21	100		
Does not match	28	40,6	41	59,4	69	100	0,045	2,929 (1,049-8,176)
<b>Exclusive Breastfeeding</b>								
Provide	26	66,7	13	33,3	39	100		
Does not provide	16	31,4	35	68,6	51	100	0,002	4,375 (1,796-10,660)
<b>Toddler growth monitoring</b>								
Do	29	65,9	15	34,1	44	100		
Don't do	13	28,3	33	71,7	46	100	0,001	4,908 (2,006-12,007)
Primary data (Process in 2021)								

Primary data (Process in 2021)

Table 2 shows all independent variables related to stunting risk include: education PR = 3.405 (CI 1.422-8.154), means that respondents who have low education are 3 times more likely to give birth to stunted children with p value 0.010, knowledge PR = 4.327 (CI 1.802-10.607 ) means that respondents who have poor knowledge are 4 times likely to give birth to a child in a state of saturation with p value 0.002, feeding pattern to toddlers PR = 3.364 (CI 1.361-8.314) means that respondents with inappropriate feeding patterns to toddlers have 3 times the opportunity to make toddlers become stunting with a p value of 0.014, family economic status PR = 2.929 (CI 1.049-8.176) means that respondents whose family economy does not match the UMP almost 3 times the chance of their toddler being stunted with p value 0.045, exclusive breastfeeding PR = 4.375 (CI 1.796-10.660) means that respondents who do not provide exclusive breastfeeding have 4 times the chance that their toddlers will be stunted with a p-value e 0.002, monitoring the growth and development of toddlers PR = 4.908 (CI 2.006-12.007) means that respondents who do not monitor the growth and development of toddlers have almost 5 times the chance of toddlers being stunted with a p value of 0.001

### Multivariate Analysis

Conducted to find out what factors are the most dominant with the risk of stunting in toddlers at Alue Bilie Health Center, Darul Makmur, Nagan Raya Regency in 2021 by using stepwise logistic regression.

**Table 3 variables included in the multivariate analysis**

Variable	PR	p-value	Confidence interval
Education level	3,405	0,010	1,422-8.154
Knowledge	4,371	0,002	1,802-10,607
Toddler feeding pattern	3,364	0,014	1,361-8,314
Family economic status	2,929	0,045	1,049-8,179
Exclusive breastfeeding	4,375	0,002	1,796-10,660
Toddler growth monitoring	4,908	0,001	2,006-12,007

**Table 4. Stepwise logistic regression of the most dominant factors with the risk of stunting in toddlers at Alue Bilie Health Center, Darul Makmur, Nagan Raya in 2021**

Variable	PR	p-value	Confidence interval
Knowledge	3,072	0,020	1,193-7.909
Toddler growth monitoring	3,169	0,017	1,232-8,153

Table 4 shows the dominant variable is the growth monitoring variable for toddlers with a PR value = 3.169, it means that do not monitoring the growth of toddlers has 3 times chance that toddlers in a state of stunting have a statistically significant relationship with p value = 0.017

### The Relationship between Education Level and Stunting Risk on Toddlers at Alue Bilie Health Center, Darul Makmur, Nagan Raya

Based on the results that has been done, it shows that respondents who have toddlers with stunting risk are 29 respondents who have a low level of education (69.0%). The results of statistical

analysis using the chi-square test obtained a P. Value of  $0.010 < \alpha (0.05)$ . It means there is a relationship between education level and the risk of stunting on toddler at Alue Bilie Health Center, Darul Makmur, Nagan Raya. The Prevalence Ratio (PR) value of 3.405 (1.422-8.154) indicates mothers who have a low level of education will have a risk of 3,405 times having toddlers at risk of stunting compared to mothers who have a high level of education.

This study is in line with research conducted by Kusumawati (7) that from statistical analysis using the chi-square test, the P. Value =  $0.005 < 0.05$ . This shows there is a relationship between the mother's education level and the incidence of stunting at Central Cilacap Health Center where the lower the mother's education level, the greater the risk of toddlers experiencing stunting. Another study conducted by Sutarto, et al (2020) that from a statistical analysis using the chi-square test, a P. Value of  $0.018 < 0.05$  means there is a relationship between maternal education level and the incidence of stunting on toddlers at Way Urang Health Center, South Lampung Regency.

According to the theory of Vollmer, et al (17), the education level of the mother is very important in reducing malnutrition in children compared to the education level of the father. The role of a mother is very important in the health and growth of children. Mothers who have a higher level of education tend to have an impact on the behavior of mothers in fulfilling the nutritional status of their children. This theory is supported by the opinion of Setiawan, Machmud and Masrul, (2018) which states that mothers with higher education have the possibility of understanding a healthy lifestyle and knowing how to keep the body in shape. This can be reflected in the mother's behavior in implementing a healthy lifestyle which includes eating nutritious foods.

The researcher's assumption is related to the low level of education of mothers that toddlers experience the risk of stunting, it is suspected that the mother has low ability to access good information from health services related to the nutritional needs of children. The low level of mother's education depends on the length of education taken, in which mothers with low education do not know how to choose foods for toddlers that have a high nutritional content so that the fulfillment of nutrition is fulfilled by toddlers. This shows mothers who have low levels of education are more at risk of having toddlers who are stunted compared to mothers with higher education.

#### **Relationship between knowledge with Stunting Risk on Toddlers at Alue Bilie Health Center, Darul Makmur, Nagan Raya**

Based on the results of research, it shows that respondents who have toddlers at risk of stunting are 34 respondents (69.4%) who have poor knowledge. The results of statistical analysis using the chi-square test obtained P. Value of  $0.002 < \text{value } (0.05)$ , which means that there is a relationship between knowledge and the risk of stunting in toddlers at Alue Bilie Health Center, Darul Makmur, Nagan Raya. The Prevalence Ratio (PR) value of 4.371 (1.802-10.607) indicates that mothers who have poor knowledge will have a risk of 4.371 times having toddlers at risk of stunting compared to mothers who have good knowledge.

This study is in line with research conducted by Safira (11) that from statistical analysis using the chi-square test, the P. Value =  $0.008 < 0.05$ . This shows that there is a relationship between mother's knowledge and the incidence of stunting in the Sumowono Health Center, where mothers who have poor knowledge are at risk of having toddlers who experience stunting. Another study conducted by Kurniawati (11) that from statistical analysis using the chi-square test, the P.Value

value of  $0.004 < 0.05$  means there is a relationship between mother's knowledge and the incidence of stunting in toddlers in the Nanggulan Kulon Progo Health Center.

Knowledge is one of the determinants of health behavior that arises from a person or society in addition to traditions, beliefs, attitudes, and so on. The availability of facilities as well as the behavior and attitudes of health workers also play a role in supporting and strengthening the formation of behavior. Knowledge according to Lawrence Green's theory is classified as a predisposing factor along with beliefs, attitudes, beliefs, and values. While the availability of facilities can be categorized as a supporting factor and the behavior and attitudes of health workers as a driving factor. These three factors influence a person's health behavior.

The researcher's assumption is related to the low knowledge of mothers so that they are at risk of having toddlers with stunting problems due to the low education factor of mothers who generally have mothers with low education who have many toddlers at risk of stunting. The low level of mother's education can be seen from the answers to the questionnaire that filled the most "wrong" choices related to statement number (6) regarding "babies born with low birth weight (LBW) or less than 2500 grams are not at risk of stunting" as many as 73 respondents (81.1%). However, in general, mothers already know the meaning of stunting, as the answer to the questionnaire that filled the most "correct" choices in question number (1) regarding "stunting is a condition of toddlers who have a height that is not in accordance with age" as many as 80 respondents (90.0%).

#### **Relationship between Feeding Patterns and Stunting Risk on Toddlers at Alue Bilie Health Center, Darul Makmur, Nagan Raya**

Based on the results that has been carried out, it shows that respondents who have toddlers with stunting risk are respondents whose feeding patterns are not in accordance with nutritional intake as many as 37 respondents (63.8%). The results of statistical analysis using the chi-square test obtained P.Value of  $0.014 < \text{value } (0.05)$ , which means there is a relationship between feeding patterns for toddlers and the risk of stunting in toddlers at Alue Bilie Health Center, Darul Makmur, Nagan Raya. The Prevalence Ratio (PR) value of 3.364 (1.361-8.314) indicates mothers who have a pattern of feeding toddlers that are not in accordance with nutritional intake will have a risk of 3,364 times having toddlers at risk of stunting compared to mothers who have a pattern of feeding toddlers according to nutritional intake.

This study is in line with the research conducted by Dayuningsih, et al (3) that from statistical analysis using the chi-square test, the P.Value value of  $0.000 < 0.05$  means there is a relationship between the pattern of mothers in feeding their toddlers with the incidence of stunting in toddlers in the working area of Senen Health Center, DKI Jakarta, where mothers who have a pattern of feeding according to nutritional intake are more at risk of having toddlers who experience stunting. Another study conducted by Rahman (2018) showed that from statistical analysis using the chi-square test, P. Value of  $0.000 < 0.05$  means there is a relationship between feeding patterns and the incidence of stunting in toddlers in the Work Areas of Sumberjambe, Kasiyan and Sumberbaru Health Centers Jember

According to Souganidis (13), the direct factors related to stunting are food intake and health status. Inadequate intake of energy and nutrients, as well as infectious diseases are factors that greatly contribute to the problem of stunting. The impact of stunting can interfere with mental

and intellectual development as an adult, this impact can be seen from the physical size that is not optimal and the quality of work that is not competitive which results in low economic productivity. Toddlers who are malnourished will experience decreased intelligence, decreased immunity and productivity, mental health problems, emotional and impaired growth

The researcher's assumption is related to the lack of good parenting so that toddlers experience the risk of stunting because from the answers to the questionnaire it was found that most mothers answered "yes" contained in statement number (1) regarding "Mothers set a feeding schedule for toddlers 3 times a day" amounting to 87 respondents (86.7%) and mothers who answered "no" the most were in statement number (3) regarding "Mothers have a list of foods containing nutrients/nutrients that will be given to toddlers according to the age of toddlers" totaling 57 respondents (56.7 %). Many distributions do not have feeding patterns match with nutritional intake, it is thought to be caused by factors of low maternal education and knowledge of mothers who do not have good enough information from health workers related to the problem of stunting risk in toddlers.

#### **Relationship between Family Economic Status and Risk of Stunting on Toddlers at Alue Bilie Health Center, Darul Makmur, Nagan Raya**

Based on the results of research that has been carried out, it shows that respondents who have toddlers with stunting risk are 41 respondents (59.4%) who have family economic status with income that does not match the minimum wage. The results of statistical analysis using the chi-square test obtained a P.Value value of  $0.045 < \text{value } (0.05)$ , which means that there is a relationship between family economic status and the risk of stunting in children under five in the Alue Bilie Health Center Work Area, Darul Makmur District, Nagan Raya Regency. The Prevalence Ratio (PR) value of 2,929 (1,049-8,176) indicates that mothers who have family economic status with income that does not match the UMP will be at risk of 2,929 times having toddlers at risk of stunting compared to mothers who have family economic status with income according to the UMP.

This study is in line with the research conducted by Sutarto et al. (16) from statistical analysis using the chi-square test, the P.Value value was  $0.008 < 0.05$ . This shows that there is a relationship between the level of family income and the incidence of stunting in children under five in the Way Urang Health Center Work Area, South Lampung Regency, where mothers of toddlers whose household income does not match the UMP, the greater the risk of toddlers experiencing stunting. Another study conducted by Nurmayasanti and Mahmudiono (2019) that from statistical analysis using the chi-square test, a P. Value value of  $0.048 < 0.05$  means that there is a relationship between the level of family income and the incidence of stunting in toddlers in the Work Area of the Wilangan Health Center, Nganjuk Regency.

The economic status of the family can be assessed based on indicators of income received by a family as the total real income of all household members used to meet joint and individual needs in the household. As for the indicator of the income can be seen from the minimum wage (2). The family's ability to buy nutritious food is influenced by the family's economic status, one of which is by looking at the level of family income based on the minimum wage of an area. Because with an income that is in accordance with the minimum wage, it is possible for mothers to be able to meet the food needs of all family members including their toddlers. In addition, the level of income also



provides a higher opportunity for families in choosing good and nutritious food so that the availability of food in a family is fulfilled (15).

The researcher's assumptions are related to the problem of the economic status of mothers of children under five whose income does not match the minimum wage because the mother's family, namely her husband or family members, mostly work in the informal sector such as farmers or traders whose average monthly income from the work is not in accordance with the wages. the minimum set by the local government is IDR 2,500,000. With the incompatibility of the income obtained by the mother's family, it causes the mother to not have a steady income that is adequate, especially to meet the food and nutritional needs for toddlers and their families.

### **The Relationship between Exclusive Breastfeeding and the Risk of Stunting on Toddlers at Alue Bilie Health Center, Darul Makmur, Nagan Raya**

Based on the results of research, it was found that respondents who have toddlers with stunting risk are 35 respondents (68.8%). The results of statistical analysis using the chi-square test obtained P. Value of  $0.002 < \text{value } (0.05)$  means there is a relationship between exclusive breastfeeding and the risk of stunting in toddlers at Alue Bilie Health Center, Darul Makmur, Nagan Raya. The Prevalence Ratio (PR) value is 4.375 (1.796-10.660) indicates that mothers who do not give exclusive breastfeeding to toddlers will have a risk of 4.375 times having toddlers at risk of stunting compared to mothers who give exclusive breastfeeding to toddlers.

This study is in line with research conducted (8) that from statistical analysis using the chi-square test, P.Value value of  $0.000 < 0.05$  means there is a relationship between the history of mothers exclusively breastfeeding and the incidence of stunting in toddlers in the working area of Wilangan Health Center, Nganjuk where mothers of toddlers do not give exclusive breastfeeding, the greater the risk of toddlers experiencing stunting. Another study conducted by Indriwati (2016) that from statistical analysis using the chi-square test, P. Value value of  $0.000 < 0.05$  means there is a relationship between the history of mothers exclusively breastfeeding and the incidence of stunting in toddlers in Karangrejek Village, Wonosari Gunung Kidul.

According to (9) that one of the benefits of exclusive breastfeeding is to support infant growth especially height. It is because breast milk calcium is more efficiently absorbed than breast milk substitutes or formula milk. The babies who are given exclusive breastfeeding tend to have a higher height and fit the growth curve than babies who are given formula milk. Breast milk contains more calcium and can be absorbed by the body properly so that it can maximize growth especially height and can avoid the risk of stunting. The success of exclusive breastfeeding can be influenced by various factors. According to Soetjiningsih (2012) one of them is knowledge. The better the level of knowledge and nutritional attitudes of mothers, the better the provision of diet food for their toddlers and the nutritional status of their toddlers.

The researcher's assumption is that most mothers do not exclusively breastfeed their toddlers due to a lack of mother's knowledge about the importance of exclusive breastfeeding, especially to increase the toddler's immune system against infectious diseases. The impact of the lack of good knowledge of mothers is that mothers have the habit of giving prelactal foods, giving formula milk, stopping breastfeeding because the mother or baby is sick, mothers are busy working and so on. Therefore, mothers who do not exclusively breastfeeding have more toddlers who are at risk for developing breast milk stunting.

### **The Relationship between Toddler Growth Monitoring and Stunting Risk in Toddlers at Alue Bilie Health Center, Darul Makmur, Nagan Raya**

Based on the results that has been carried out, it shows that respondents who have toddlers with stunting risk are 33 respondents who do not grow toddlers (71.7%). The results of statistical analysis using the chi-square test obtained P.Value value of  $0.001 < \text{value } (0.05)$ , means there is a relationship between monitoring the growth of toddler and the risk of stunting on toddler at Alue Bilie Health Center, Darul Makmur, Nagan Raya. The Prevalence Ratio (PR) value is 4.908 (2.006-12.007)) indicates mothers who do not monitor the growth of toddlers will have a risk of 4,908 times having toddlers at risk of stunting compared to mothers who do monitoring the growth of toddlers.

This study is in line with research that has been carried out (18) that based on statistical analysis using the chi-square test, P. Value value of  $0.001 < 0.05$  means there is monitoring of the growth of toddlers with stunting in toddlers in Simpang Tiga Health Center, Aceh Besar where mothers of toddlers who do not monitor the growth of toddlers, the greater the risk of toddlers experiencing stunting.

Monitoring the growth of toddlers means checking regularly on toddlers, that their growth is in accordance with the green KMS growth lane according to their age. Various measurement methods are used to interpret growth, one of which is weight for age. Repeated and careful measurements will provide comparison with previous measurements will be needed to find out the baby's growth is little or according to standards. Therefore, monthly activities at integrated healthcare center are routine activities that aim to: Monitor the weight growth of toddler using the Towards Healthy Card (KMS) with the aim of providing nutritional counseling, providing basic nutrition and health services.

The researcher's assumption is there are still many mothers who do not monitor the growth of their toddlers because a series of activities in integrated healthcare center and public health center consist of regular assessments of the growth of toddlers, namely weighing, filling out the Maternal and Child Health (KIA) book and plotting growth points on the KMS graph rarely. done by the mother regularly every month. So that in the absence of monitoring the growth of toddlers, mothers do not get follow-up on the results of growth monitoring in the form of counseling, providing additional food, providing nutritional supplementation to toddlers.

### **CONCLUSION**

Based on the results of research with 90 respondents, the factors that have a relationship are education (p value = 0.010, PR = 3,405), educational knowledge (p value = 0.002, PR = 4.371), toddler feeding patterns (p value = 0.014, PR = 3,364) , family economic status (p value = 0.045, PR = 2,929), exclusive breastfeeding (p value = 0.002, PR = 4.375) and monitoring the growth of children under five (p value = 0.001, PR = 4.908). The most dominant factor in this study was monitoring the growth of toddler (p value = 0.017, PR = 3.169).

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