

The Experience Of A Mother Whose Toddler Had Stunted Growth But Has Successfully Recovered : A Phenomenology Study

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| ARTICLE INFORMATION | ABSTRACT |
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| <p>Article history Received (22 November 2024) Revised (1 January 2025) Accepted (15 January 2025)</p> <p>Keywords Keywords must contain at least three to five keywords representing the main content of the article</p> | <p>Introduction: Mothers who have stunted children will feel ashamed and inferior because they feel they have failed to care for their children. Mothers also feel worried about the future and development of their children. These various responses will be a mental burden for mothers (Tresna Darmawan Putri et al., 2024). Based on data from stunting toddlers in Banyuwangi Regency, there has been a decrease in stunting cases, especially at the Gitik Health Center (Banyuwangi Regency Health Office, 2020)</p> <p>Objectives: The Exploration Of Experience Of A Mother Whose Toddler Had Stunted Growth But Has Successfully Recovered</p> <p>Methods: This research employs a qualitative design using a phenomenological method.</p> <p>Results: The study findings revealed five themes: grief, information, intrinsic motivation, extrinsic incentive, and behavioral competencies.</p> <p>Conclusions: The experience of stunted toddler mothers who recovered from stunting is a sense of grief consisting of stages of grief and the impact of grief. The experience of stunted toddler mothers who recovered from stunting is information consisting of health education. The experience of stunted toddler mothers who recovered from stunting is personal motivation consisting of enthusiasm and obstacles felt</p> |

Introduction

Nutrition is a crucial determinant of growth. The nutritional status of toddlers serves as an indication of community nutrition and may be assessed by the prevalence of malnutrition in children aged 1-5 years, since this demographic is particularly susceptible to nutritional problems (Gusrianti et al., 2020). A mother with a comprehensive awareness of child nutrition will impact her approach to ingredient selection and the variety of foods offered to toddlers. Mothers have significant responsibility in formulating a supplemental meal menu alongside breast milk and provide supplementary nutrition for toddlers (Bukit et al., 2023). Stunting may lead to both immediate and enduring consequences. The immediate effects of stunting in children include impairments in motor development, language skills, and cognitive capacities in toddlers; also, stunted children exhibit increased vulnerability to diseases. The enduring consequence of stunting is that children are susceptible to developing suboptimal body posture. In adulthood, the risk of illness and obesity increases, while cognitive function and job productivity diminish (Darwis et al., 2021). Nutritional issues like stunting may adversely affect babies, potentially resulting in emotional, social, and cognitive development challenges in adulthood. Moreover, childhood stunting elevates the risk of death, cognitive deficiencies, impaired motor development, and diminished physical growth potential (Manggala et al., 2018). Furthermore, stunting may impede economic development, exacerbate poverty, and amplify inequality. The prevalence of stunting in Indonesia is a significant worry for the government, seen as a major health issue, and is one of the five strategic priorities for national health development from 2020 to 2024. Recent research indicate that stunting correlates with inadequate academic performance, diminished educational achievement, and reduced income.



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Stunted children are more likely to develop into ill and impoverished adults. Stunting in children increases their chance of becoming overweight or obese, as well as their susceptibility to communicable and noncommunicable illnesses (NCDs). Many degenerative illnesses may be worsened by being overweight or obese for an extended period of time (Kitu et al., 2023). In 2019, the greatest frequency of stunting globally was in the South-East Asia area at 31.9%, according to statistics from the World Health Organization (WHO). Africa had the second-highest prevalence at 33.1% (Islami & Khourouh, 2021). The future of our country is directly related to how serious the stunting issue is among youngsters today. If current trends continue, 127 million children will not make it to their fifth birthday by 2025, according to predictions. There are 150.8 million children, or 22.2% of the world's population, who are stunted (UNICEF, 2018). Among Southeast Asian nations, Indonesia has the fifth-highest stunting rate at 37%, affecting over 9 million children. Asia ranks second, after Africa, in terms of the global frequency of stunting (Kustanto, 2021)

According to the Basic Health Research (Kementrian Kesehatan Republik Indonesia, 2019) , In East Java Province, 32.81% of toddlers (0–59 months) had stunting. Stunting affected 24.5% of children 0–23 months old in 2018, with 12.6% experiencing severe stunting, according to data from Riskesdas. There was a severe stunting incidence of 16.0% and a stunting rate of 25.4% for children aged 0-59 months (Darwis et al., 2021). In 2020, 8,2% of toddlers in Banyuwangi Regency were stunted, impacting 7,909 children. In 2021, that number dropped to 6,0%, affecting 3,051 toddlers. The Singojuruh region had the highest incidence of stunting in 2021, affecting 197 toddlers, followed by Wongsorejo (161), Sumberagung (157), Songgon (153), Jajag (146), and Bajulmati (139), according to data from the Banyuwangi Health Office. There were 53 stunted toddlers treated at the Gitik Health Center in 2021. The Gitik Health Center's operating area had the lowest prevalence of stunting that year, indicating a substantial yearly decline. In 2021, there were 53 stunted toddlers; by March 2022, this number decreased to 39; by June 2022, it further sank to 20; in October 2022, it lowered to 17; and the latest data from 2023 shows a decrease to 12 stunted toddlers. A mother's feelings and emotions can be disturbed when she has a stunted child because of the perception in society that stunted children are considered children who have poor nutrition so that children have small bodies. This will certainly have an impact on the mother's feelings as the main caregiver. Mothers who have stunted children will feel ashamed and inferior because they feel they have failed to care for their children. Mothers also feel worried about the future and development of their children. Research in Bandung Regency states that stunted children cause a stigma in society towards families who care for stunted children. With this stigma, mothers will experience various responses to the stigma they experience. These various responses will be a mental burden for mothers (Tresna Darmawan Putri et al., 2024). Data on stunted toddlers in Banyuwangi Regency indicates a reduction in stunting instances, particularly at the Gitik Health Center. Consequently, researchers want to conduct an in-depth investigation of the experiences of mothers with stunted toddlers to facilitate recovery from stunting (Dinas Kesehatan Kabupaten Banyuwangi, 2020).

Methods

This study utilizes a qualitative framework using a phenomenological approach. This methodology was used to examine the experiences of mothers of stunted children who had surmounted stunting. The study technique using a phenomenological approach aims to investigate the views and experiences of mothers caring for their children who have recovered from stunting. The used methodology is phenomenology, since it facilitates the recognition and development of links pertinent to the meaning of the phenomenon under investigation. This research used purposive sampling for participant selection. The study's inclusion criteria



included mothers of stunted children who had successfully recovered from stunting, yielding a total of six participants from the Gitik health center area. In this study, the researcher autonomously collects data via inquiry, solicitation, observation, and acquisition. This research used purposive sampling for participant selection. This study was performed between July and September 2023. Alongside people as research instruments, other data gathering tools that facilitate the study process include comprehensive interview protocols, field notes, and recording equipment. The devices used for data collection in the research were demographic surveys, interview guides, field notes, and audio recorders. Researchers conducted comprehensive interviews to investigate the experiences of moms whose children, initially affected by stunting, ultimately recovered from it. Researchers used questionnaires that included participant demographic data, including mother age, maternal education, maternal employment, family income, toddler age, toddler gender, and vaccination history. Furthermore, researchers used interview aids throughout the data gathering procedure. The interview guide comprises questions derived from the amalgamation of Lawrence Green and McClelland's theories concerning maternal motivation in the care of stunted toddlers, aimed at facilitating their recovery from stunting, influenced by predisposing factors such as knowledge, beliefs, attitudes, values, and norms. Facilitating elements (availability of healthcare facilities, accessibility of healthcare facilities, health legislation, health-related competencies), Reinforcing factors (family, healthcare professionals, community leaders, policymakers) Moreover, environmental variables and child health assist moms in nurturing stunted toddlers, enabling the children to ultimately recover from stunting.

Results

The data obtained shows that in general, there are 3 participants aged 27-30 years (90%) and 1 person aged 34 years (10%). Based on Education Level, 2 respondents (50%) have elementary school education and 50% have high school education. 2 participants are housewives and 2 participants work as entrepreneurs.

Table 1 The Theme Etraction (Cambria font 11pt, Center, space 1)

| Theme 1 | Grieving |
|------------------------|---------------------|
| Sub-Themes: | |
| 1. Stages of Grief | |
| 2. Impact of Grief | |
| Theme 2 | Information |
| Sub-Themes | |
| 1. Health Education | |
| Theme-3 | Personal Motivation |
| Sub Themes: | |
| 1. Enthusiasm | |
| 2. Perceived Obstacles | |
| Theme-4 | Social Motivation |



Sub Themes:

1. Home Visits from Cadres
2. Integrated Health Posts
3. Integrated Health Posts Parks
4. Riding the odong-odong
5. Nutrition and Vitamin Intake Assistance

| Theme-4 | Behavioral Skills |
|--|-------------------|
| Sub Themes: | |
| 1. Fulfillment of Nutrition | |
| 2. Provision of Multivitamins | |
| 3. Routine Child Growth and Development Checks | |

Source : primary data

Theme 1 Grieving

Participants experienced sorrow at their child's diagnosis of stunting. Participants experienced the phases of grief: denial, anger, bargaining, and depression, ultimately leading to acceptance of truth. Participants experienced the effects of sorrow via psychological, economical, physical, emotional, and social burdens.

"Stages of Grief"

"I have fed my child but they say he is not tall enough, he is indeed short-sighted" (P1 recovered from Stunting)

"I am stressed, my child is said to be stunted, my child is selective in eating, I am bored" (P3 recovered from Stunting)

" I will adhere to the recommendations of the healthcare professionals to ensure my kid recovers promptly and maintains a healthy weight. " (P1 recovered from Stunting)

"The impact of childbearing"

"I'm annoyed that I'm said to be stunted, I'm a child, my father is a very small child, right?" (P1 recovered from stunting)

"Give me enough to eat, sir, but I'm a farm worker, bro, my income is high, of course" (P2 recovered from stunting)

" I sometimes feel fatigued, Sis; you seem disinterested in consuming this or that " (P3 recovered from Stunting)

"At first, I was embarrassed, miss, because my child was said to be short and underweight, that's why I never went to the integrated health post, I was embarrassed, miss" (P7 recovered from Stunting)

Theme 2: Information



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Participants reported receiving health education. The health education delivered included information on children's nutritional intake, the maintenance of environmental and personal hygiene, supplements to enhance children's appetite, and strategies to stimulate their growth. The information was shared at the integrated health posts (posyandu), integrated health post parks, "posting dong" (stunting prevention posts with odong-odong), and through home visits carried out by community health workers. The dissemination was done by these workers, along with village midwives, and through media such as booklets and guidebooks provided by the regional midwife.

"Health Education"

" Advise me to consume vitamins, maintain a regular diet, and drink milk " (P3 recovered from stunting)

Theme 3: Personal Motivation

This subject elucidates a participant's motivation that might incite a feeling of excitement, facilitating their child's recovery from stunting. Participants shown considerable enthusiasm for nurturing their kid to facilitate recovery from stunting; nonetheless, they encountered challenges in managing and monitoring their child's food.

"Enthusiasm"

"I am not ashamed; my mother is employed at a children's bank and is categorized as short. Do not inform the mother that the youngster need zinc protein, understood? (P1 recovered from stunting)
"Follow the midwife's guidance to ensure the child's intelligence and health" (P2 recovered from stunting) *"Identified challenges"*

"Confused about how to arrange the menu, sis, if you need protein, the child gets bored with eggs and gets bored" (P2 recovered from stunting)

Theme 4: Social Motivation

The social context in which the participants lived prompted them to help their children overcome stunting. This motivation arises from the involvement of community cadres conducting home visits for stunting monitoring and evaluation, the existence of integrated health posts and parks, the utilization of odong-odong (mobile posts for stunting awareness), and the distribution of milk, nutritious side dishes, and vitamins to enhance appetite.

"Home Visits from Cadres"

"The cadre visited my residence if I failed to attend the integrated health post" (P4 recovered from Stunting)

"Posyandu"

"The official instructed me to visit the integrated health post for the continued monitoring of my daughter" (P3 recovered from Stunting)

"Posyandu Park"

"At the month's conclusion, the children are often allowed to engage in play and get training there" (P4 recovered from Stunting)



"Usually there is an integrated health post park, sis, the children there are invited to do gymnastics and play, the mothers are given an explanation with the cadre's mother" (P1 recovered from Stunting)

"Riding the Odong-Odong"

"Children desiring to visit the post are collected by the odong-odong, resulting in the child's happiness" (P1 recovered from Stunting)

"Collected by the odong-odong and transported to this location (halt stunting station) miss" (P2 recovered from Stunting)

"Nutrition and Vitamin Intake Assistance"

"The town often provides eggs, fish, and milk for my kid, which I then offer to them" (P3 recovered from Stunting)

Theme 5: Behavioral Skills

This subject elucidates acquired habits including participants' skills and competencies to address issues in children's health. Participants ensure their children receive proper nutrition and provide vitamin supplements to enhance appetite, either through personal purchase or acquisition from the integrated health post, subsequently engaging in monitoring activities for their children's growth and development.

"Nutrition Fulfillment"

"The Madam said that the cadres must include protein and vegetables in their diet. I can afford it, so I purchase eggs and provide them with veggies; that is all, ma'am." (P2 recovered from Stunting)

"That morning, I had eggs and soup; at 9 o'clock, I had Milna biscuits as a snack. I dined again in the afternoon, enjoyed further snacks, and then ate once more at night, providing them with milk" (P1 recovered from Stunting)

"Usually the village gives me eggs, yes, fish and milk for my child, so I give it to my child" (P3 recovered from Stunting)

"Provision of Multivitamins"

"I added vitamins, bought at the pharmacy, ma'am, so from the integrated health post, yes, I bought them myself, yes" (P1 recovered from Stunting)

"Routine Child Growth and Development Check-up"

"I go to the integrated health post every month, ma'am.. I rarely don't come" (P1 recovered from Stunting)

"Three times if I'm not mistaken, ma'am, this patch (integrated health post), when it's the middle of the month, I pick it up by odong-odong Sis never misses my routine chats because housewives just like to get together like this" (P3 recovered from stunting).

Discussion

This research had primary participants, namely moms of kids who had recuperated from stunting. Five topics were examined among the primary participants: 1) Stages of grief; 2) Information; 3) Individual motivation; 4) Social motivation; 5) Behavioral skills. Subsequently,



there was triangulation of sources, namely from cadres and the nutrition coordinator of the Gitik Health Center.

"Theme 1: Grieving"

The primary theme experienced by the participants was mourning. Participants experienced grief at the declaration of their children's stunting. Mothers first exhibited denial, anger, bargaining, and depression at their children's diagnosis of stunting; however, they ultimately accepted the circumstance and concentrated on nurturing their kid towards recovery from stunting. The Kübler-Ross Grief theory delineates five phases of grieving: denial, anger, bargaining, depression, and acceptance. Grieving is an emotional response to bereavement (Akbar et al., 2023). Unresolved sorrow will first manifest as self-rejection. Rejection often manifests as rage, either directed inside or at others.

"Theme 2: Information"

Information was the second thing that the participants found. Information Motivational Behavior Skills (IMB) Model of Adherence theory is in agreement with this theme's identification. There are three main parts to the IMB model that affect people's behavior change efforts: informational hurdles, individual and social motivational hurdles, and skill-related behavioral obstacles. (Nelson et al., 2018). Participants received health education material including food intake and parenting behaviors from cadres, midwives, and nutritionists. Addressing the need for health-related information is essential for enhancing daily life. Individuals are fundamentally connected to information in everyday life, since the dissemination of knowledge has become an essential component of human existence (Srivastava et al., 2021).

"Theme 3: Personal Motivation"

Participants exhibit intrinsic drive after the acquisition of knowledge, demonstrating fervor in nurturing their offspring despite encountering challenges. Personal motivation refers to self-driven passion that may alter individual behavior for self-improvement.

"Theme 4: Social Motivation"

Mothers get social incentives via a variety of channels, including cadres' door-to-door evaluations, frequent posyandu events, and posyandu parks, all of which evaluate and track progress. Cadres also helps alleviate mothers' concerns on caring for their stunted children by providing them with supplementary foods, information on proper nutrition, milk, and vitamins to stimulate their appetite. Community monies set aside for the Banyuwangi Tanggap Stunting (BTS) program provide help to mothers. An innovative effort employs odong-odong trains to convey stunted women and children to a halt stunting point. At this location, children's growth is assessed, and based on the evaluation results, mothers receive nutritional education from a specialist. Additionally, children are entertained with puppet shows themed around dietary habits. The execution of this Posting dong also utilizes village funds, which are part of the BTS program implementation. This social drive arises from stimulation, making the cognitive aspect of social motivation a crucial determinant of an individual's effectiveness in fulfilling their responsibilities (Subandowo, 2020). As social organisms, humans are incapable of existing in isolation from others. This incentive pertains to other people and will influence anticipated individual conduct (Salma Umi, 2021). The notion of social incentive encompasses five sub-themes: home visits by personnel, integrated health posts, integrated health post parks, odong-odong rides, and assistance for nutritional and vitamin intake. In (P4) it was said that cadres often conducted door-to-door inspections to check the attendance of participants at the Posyandu. In (P4), it was said that the cadres consistently urged moms to attend the Posyandu to continuously examine their health. P1 said that at the month's conclusion, her kid was typically encouraged to visit the Posyandu park, where she was sometimes requested to engage in exercise together, facilitating the development of cognitive, linguistic, and motor abilities in



her child. The cadre would provide an explanation to the mother. The participant's child seemed happy since odong-odong would take her to the post on a regular basis, where they would sing songs together. After arriving at the post, the child's growth would be evaluated, then from the results of the evaluation the mother would be given education by a nutritionist. Then (P3) said that sometimes the village provided assistance with nutritional intake and vitamins such as eggs, fish and milk which could help in fulfilling the child's nutrition. This is in accordance with the theme obtained from triangulation of sources from Posyandu cadres (K2) who stated that this posting activity is carried out every month after all Posyandus have finished, usually in the third week, the third week on Wednesday. Consuming meals rich in animal protein is crucial for obtaining enough iron, which promotes accelerated development and reduces the prevalence of stunting in children (Ilmani & Fikawati, 2023). The support provided to the mother is sourced from local funding allocated for the Banyuwangi Tanggap Stunting (BTS) program. An innovative initiative involves the use of odong-odong trains to transport mothers and stunted children to a stop stunting post. At this location, children's growth is assessed, and based on the evaluation results, mothers receive nutritional education from a specialist. Additionally, children are entertained with puppet shows themed around dietary habits.

"Theme 5: Behavioral Skills"

The fourth part, behavioral skills, elucidates the habits that have been formed, including the informants' talents and capabilities to address children's health issues. Kids' knowledge and attitudes shape their behavioral abilities, which includes the ability to live a clean and healthy lifestyle. An individual with a positive disposition has commendable talents. Health skills include an individual's behaviors directed towards maintaining and improving well-being (Kusumawardani & Saputri, 2020). This behavioral skills method include the use of instructions, feedback, practice, and modeling (Ertiana & Baroroh, 2022). A maternal behavioral skill, including the significance of regularly visiting the integrated health post, administering vitamin supplements, and addressing children's dietary requirements, is crucial in managing stunting. The behavioral skills theme identified 3 sub-themes, including fulfilling nutrition, providing vitamins, and routine child growth and development checks. In (P2) said that if the cadre's recommendation was that his child should be given healthy food such as food rich in protein and vegetables, but if the participant only had eggs, then the child was only given the same food according to the participant's economic ability. Participant 1 discussed her commitment to her kid's nutrition, consistently implemented at home by encouraging her child to eat and snack on items such as Milna biscuits. Then (P3) said that sometimes the village provides assistance with nutritional intake and vitamins such as eggs, fish and milk which can help in fulfilling the child's nutrition. (P1) said that she is always given multivitamins but sometimes the participant adds vitamins purchased at the pharmacy closest to her house. The participant also said that she routinely goes to the Integrated Health Post every month for her child's growth and development checks. (P3) also said that maybe this has been three times in the middle of the month when there is an integrated health post, she is always picked up using routine odong-odong transportation to go to the stunting post, only housewives are probably happy when invited to gather like this (ride an odong-odong). This aligns with the theme derived from the triangulation of sources from the integrated health post cadres (K2), who indicated that toddlers experiencing stunting typically receive support in the form of eggs and fish from village officials, as well as 1 kg of milk monthly from the health center. (K4) noted that the cadres merely monitor the distribution of these provisions by visiting the homes of the children.

Conclusion

Following the examination and analysis of the research findings, this chapter will present conclusions derived from the study titled "The Experience of Mothers with Stunted Toddlers Who Have Successfully Recovered from Stunting in the Gitik Health Center Work Area." 1) The



experience of stunted toddler mothers who recovered from stunting is a sense of grief consisting of stages of grief and the impact of grief 2) The experience of stunted toddler mothers who recovered from stunting is information consisting of health education 3) The experience of stunted toddler mothers who recovered from stunting is personal motivation consisting of enthusiasm and obstacles felt 4) The experience of stunted toddler mothers who recovered from stunting is social motivation consisting of home visits from cadres, integrated health posts, integrated health post parks, riding odong-odong, assistance with nutritional intake and vitamins 5) The experience of stunted toddler mothers who recovered from stunting is behavioral skills consisting of fulfilling nutrition, providing multivitamins and routine child growth and development checks.

Ethics approval and consent to participate

Banyuwangi Health Sciences College's (STIKES) Health Study Ethics Commission (KEPK) has given its approval to this research, as shown by the Ethics Review Pass Certificate No. 011/02/KEPK-STIKESBW/IX/2023. The participants were made aware that their involvement was completely voluntary before the research was undertaken, and they gave their informed consent. The researchers ensured that all participant information remained private and anonymous.

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