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Exclusive Breastfeeding and Complementary Feeding on Stunting Children Among 12-24 Months: A Retrospective Study

Dewi Modjo[1]*, Zuriati Muhamad[2], Aurelia Intan Sitty Aisyah P.S.P Oei[1]
[1]Departement of Nursing Study Program, Universitas Muhammadiyah Gorontalo, Indonesia
[2]Midwifery Department, Faculty of Health Science, Universitas Muhammadiyah Gorontalo Indonesia.

Corresponding author*
dewimodjo@umgo.ac.id

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Abstract

This study aimed to analyze the relationship between the exclusive breastfeeding and complementary feeding, as well as the incidence of stunting in children between the ages of 12-24 months. An observational analytical study design with a cross-sectional approach was applied to examine the relationship between independent variables (knowledge of exclusive breastfeeding and complementary feeding) and the dependent variable (stunting). This study was conducted in the working area of the Kota Tengah Health Center working area. The results showed significant relationship between exclusive breastfeeding and the incidence of stunting in children (r: 0.541) with a p-value of 0.000 (p-value < 0.05), as well as a significant relationship between complementary feeding and the incidence of stunting in children (r: 0.332) with a p-value of 0.000 (p-value < 0.05). This study provides valuable information to mothers, highlighting the causes of stunting and promoting preventative measures to minimize its occurrence, such as carrying out consultations at the health care centre with personnel or professionals and addressing cases promptly.

Keywords: knowledge; exclusive breastfeeding; complementary feeding; children; stunting.

INTRODUCTION

The first 1000 days of life (HPK), from conception until 2 years of age, are a critical period for improving children's physical and cognitive development. Good maternal nutrition, health status, and nutritional intake during pregnancy and breastfeeding are important factors for physical and cognitive development and growth, and these factors reduce the risk of disease in children and mothers. However, malnutrition during pregnancy can impair fetal growth, representing a major contributing factor to stunting in children and increasing the risk of obesity and degenerative diseases in adulthood (Muhamad et al., 2023).

According to data obtained by the WHO in 2020, the number of stunted children under the age of 5 worldwide reached 150.8 million, equivalent to 22.2% of the total number of children under 5. Furthermore, WHO also identified five regions with significant stunting prevalence rates, including Indonesia, located in the Southeast Asia region, with a prevalence rate of 36.4% (Panigoro et al., 2023).

WHO in 2022 showed that 149.2 million children under the age of 5 worldwide suffered from stunting, 45.4 million were underweight, and 38.9 million were overweight. The number of stunted children has decreased in all regions except Africa. In Southeast Asia and Africa, 51 million children under the age of 5 are underweight, and an additional 151 million under the age of 5 are stunted. Three-quarters of these children live in Asia and Africa (Jafriati, 2022).

According to the Basic Health Research (Riskesdas) in 2020, the incidence of stunting in Indonesia is relatively high when compared to other developing countries. The incidence of stunting reached 10.2%, with the prevalence of 30.8% in children under the age of 5 (Mawar et al., 2020). According to the 2021 Indonesia Nutritional Status Survey (SSGI), the national stunting rate declined by an average of 1.6% per year, decreasing from 27.7% in 2019 to 24.4% in 2021. During this period, the majority of the 34 provinces reported a reduction in stunting prevalence compared to 2019. Despite this progress, the proportion of children under five classified as having severely stunted growth remained high, reaching 30.8% in 2021. In response, the government aimed to lower this rate to 28% as outlined in the 2019 National Medium-Term Development Plan (RPJMN) (Sudarmi & Rate, 2020).

Based on data released by the Gorontalo District Health Office, the number of stunted children in 21 areas of Gorontalo Province showed 38,418 in 2019, 23,159 in 2020, and 25,867 in 2021. According to information obtained from the Gorontalo Provincial Health Office, as reported by the SSGI, the prevalence of stunting in

Gorontalo Province reached 29% in 2021. This shows an increase from 11.86% in 2020, following a higher rate of 34.89% in 2019. Based on the Weight-for-Age (W/A) indicator, also known as BB/U indicator, Gorontalo Province ranks third highest in Indonesia, with 28% of children under the age of 5 experiencing malnutrition and poor nutrition. The prevalence of very short and short children is 28.4%, and the prevalence of thin and very thin children is 14.3%. According to the latest data collected in August 2021, the incidence of stunting in Gorontalo Province has decreased to 11.1%. Despite the decrease, this figure still has not reached the government's target of reducing stunting to ≤10%. Subsequently, Pohuwato Regency had the highest stunting rate in Gorontalo province in 2021, reaching 34.6%, followed by Boalemo Regency with 29.8%, North Gorontalo Regency with 29.5%, Gorontalo Regency with 28.3%, Gorontalo City with 26.5%, and Bonebolango Regency with 25.1% (Gorontalo, 2021).

Based on the results of preliminary data observations carried out in the working area of the Central City Health Center in 2024, 1,940 children were recorded. Among these, the nutritional status of stunting children between the ages of 12-24 months approximated 64 children, consisting of 6 villages, including Wumialo Village, 15 children, Dulalowo Village, 11 children, Liluwo Village, 14 children, Pulubala Village, 8 children, Paguyaman Village, 8 children, East Dulalowo Village, 8 children (Central City Health Center Data Gorontalo City March, 2024).

Stunting remains a major public health concern, as it is influenced by multiple factors, including dietary intake patterns, specifically breastfeeding and complementary foods. Exclusive breastfeeding for 6 months and introducing appropriate complementary foods are effective measures to reduce stunting and improve well-being. However, prolonged exclusive breastfeeding beyond the recommended period may delay the timely introduction of complementary foods, potentially resulting in insufficient nutrient intake necessary to support optimal growth and development in children (Nurkomalaa, 2017). Non-initiation of early breastfeeding (IMD), failure to breastfeed exclusively, and early weaning can be risk factors for stunting. In the case of complementary foods (MP ASI), it is important to pay attention to the amount, quality, and safety of the food provided (Hasanah et al., 2021).

METHODS

An observational analytical study design with a cross-sectional approach was applied to examine the relationship between independent variables (knowledge of exclusive breastfeeding and complementary feeding) and the dependent variable (stunting). This study was conducted in the working area of the Kota Tengah Health Center working area.

RESULTS

Table 1. Relationship Between Exclusive Breastfeeding and the Incidence of Stunting in 12-24 Month Old Children.

Exclusive breastfeeding	Incidence Of Stunting				Total		*P-Value*	Correlation Value
	Stunting		Normal					
	N	%	N	%	N	%		
Simply	20	31,3	11	17,2	**31**	**48,4**		
Good	4	6,3	29	45,3	**33**	**51,6**	**0,000**	**0,541**
Total	**24**	**37,5**	**40**	**62,5**	**64**	**100**		

Based on Table 1 above, the relationship between exclusive breastfeeding and the incidence of stunting was obtained. Out of the 31 children who received exclusive breastfeeding in the sufficient category, there were 20 children (31.3%) who were stunted and 11 (17.2%) who were not stunted or normal. Meanwhile, out of the 33 children who received exclusive breastfeeding in the good category, there were 4 (6.3%) who were stunted and 29 (45.3%) who were not stunted or normal. From the table above, the Spearman rho significance test value is 0.000. This shows that there is a significant relationship between exclusive breastfeeding and the incidence of stunting (p-value <0.05). The correlation value is 0.541, which shows that the relationship between the two variables is quite strong.

Table 2. Relationship between Breast Milk Complementary Foods and the Incidence of Stunting in 12-24 Months Old Children.

Breast milk and complementary foods	Incidence Of Stunting				Total		*P-Value*	Correlation Value
	Stunting		Normal					
	N	%	N	%	N	%		
Simply	23	35,9	27	42,2	50	78,1		
Good	1	1,6	13	20,3	14	21,9	0,007	0,332
Total	24	37,5	40	62,5	64	100		

Based on Table 2 above, the relationship between complementary feeding and the incidence of stunting was obtained. Out of 31 children who received adequate complementary food, 23 (35.9%) were stunted, and 27 (42.2%) were not stunted or normal. Meanwhile, out of 14 children who received complementary food in the good category, 1 child (1.6%) was stunted, and 13 children (20.3%) were not stunted or normal. From the table above, the Spearman rho significance test value is 0.007. This shows that there is a significant relationship or influence between complementary feeding and the incidence of stunting (p-value <0.05). The correlation value is 0.332, which shows that the relationship between the two variables is fairly weak.

DISCUSSION

Respondent Characteristics Gender

Based on the results of the study conducted at the central city health center, the distribution of respondent characteristics based on the sex of children in this study consists of men and women who participate in varying amounts. The sex of the respondent provides an overview of how gender differences can affect the variables measured. The number of respondents with male gender was 29 (45.3%), and respondents with female gender amounted to 35 (54.7%).

According to Almatsier (2009), gender differences affect the amount of nutritional needs in children due to differences in body composition between boys and girls. According to reports, girls have more fat tissue and less muscle tissue than boys. Another study conducted by Tsani et.al (2018) on the effect of gender and nutritional status on satiety on a high-fat diet stated that there were differences in satiety levels between boys and girls, where girls are full faster than boys. This affects children's nutritional intake, which can cause boys to be more at risk of obesity (overnutrition) compared to girls. Therefore, boys and girls of the same height, weight, and age have different body compositions, and their energy and nutritional needs will also be different. Although gender does not affect the incidence of stunting, the nutritional needs of boys and girls are relatively different. Many other factors influence the incidence of stunting in children.

Age of Children

Based on the data obtained from the study conducted in the Kota Tengah Health Center working area, the frequency distribution and percentage of respondents by age were analyzed across two distinct age groups, with a total of 64 respondents included in this study. The age group 0-12 months has a smaller frequency of 25 respondents (39.1%). Meanwhile, the age group of 13-24 months has a greater frequency, namely 39 respondents (60.9%) of the total children.

This is in line with Wanimbo and Wartiningsih's study, which states that children under the age of 5 who experience stunting are dominated by the age category of 13-24 months (46.7%). This is because children aged 13–24 months exhibit a higher Basal Metabolic Rate (BMR), which increases their risk of stunting. Consequently, this age range requires greater attention to nutritional intake, encouraging mothers to be more proactive in ensuring adequate nutrition to prevent stunting (Wanimbo & Wartiningsih, 2020).

Mother's Age

Based on the data obtained from the study conducted in the Kota Tengah Health Center working area, the frequency distribution and percentage of maternal age characteristics in the 3 different age groups, who participated in this study, were 64 respondents. The 46–55-year age group has a smaller frequency of 2 respondents (3.1%) than the 36-45 year age group has a frequency of 16 respondents (25.0%). The age group 26-35 years had a greater frequency of 46 respondents (71.9%) of the total respondents.

According to Candra (2011), the age of the mother is considered to play a role in the psychological aspect. Mothers who are too young are considered not ready to maintain their pregnancy and take care of the children later, while mothers who are too old are considered to have decreased stamina. This psychological factor is very easily influenced by other factors. In the results of the KIA book documentation study, 19 mothers gave birth to their first child who were stunted at the age of 20-35 years. This is probably because mothers who gave birth to their first child at a safe age of 20-35 years have several psychological problems that can hinder caring for their children.

This study is in line with Reky Marlani's investigation, with the title Overview of Maternal Characteristics that Affect the Incidence of Stunting in Children between the ages of 24-59 months at the Talang Banjar Health Center, Jambi City. While a mother's age is not a direct determinant of stunting, it can influence her capacity to provide proper nutrition to her child. The more significant factor is the mother's level of knowledge regarding child nutrition. As mothers grow older, their experiences in child-rearing may increase, but maturity also brings greater exposure to information and learning opportunities from various sources, which can enhance their understanding and practices related to child nutrition (Marlani et al., 2021).

Mother's Education

Based on data obtained from the study conducted in the Kota Tengah Health Center working area, the frequency distribution and percentage of mothers' education characteristics are divided into 5 different educational categories, with a total number of 64 respondents. The No School category and the College Level education category had a smaller frequency of 7 respondents each

(10.9%). Then the elementary school education category had the second lowest frequency at 9 respondents (14.1%), and the high school education category had the third lowest frequency at 13 respondents (20.3%). The high school education category had the highest frequency with a total of 28 respondents (43.8%). In accordance with the investigation carried out by Erfiana et al. (2021), most mothers' education is high school (47.8%) (Erfiana et al., 2021).

The mother's education level can affect the behavior in preventing stunting. A person with a higher level of education is more receptive to information, including nutritional problems in children, in order to learn how to prevent nutritional problems. According to a study from Medhin (2010), parental education affects the incidence of stunting because the level of education makes it easier for an individual to absorb information and carry out implementation in daily behavior and lifestyle (Amelia & Fahlevi, 2022).

Based on the results of a study conducted in the Kota Tengah Health Center Working Area, the frequency distribution and percentage of mothers' employment characteristics are divided into 3 different job categories, with a total number of 64 respondents. In the work category, traders have a smaller frequency of 6 respondents (9.4%), and the other work category has a second smaller frequency of 9 respondents (14.1%). The IRT job category has the largest frequency of 49 respondents (76.6%).

This study is in line with the results of an investigation conducted by Riza Savita, with the title Relationship between Maternal Employment, Gender, and Exclusive Breastfeeding to the Incidence of Stunting in Children 6-59 Months in Bangka Belitung. In these results, work-related factors influence knowledge acquisition; individuals who are employed tend to have broader knowledge than those who are not, as they are more frequently exposed to new information and experiences (Savita & Amelia, 2020).

Mother's characteristics also play an important role in addressing stunting, as it is a chronic condition that develops over time due to prolonged exposure to adverse factors. These may include poverty, inadequate parenting, often resulting from parents being preoccupied with work, limited nutritional knowledge due to low educational attainment, and frequent illness in children resulting from poor hygiene and inadequate sanitation. The results of this study prove that there is a relationship between a mother's work and the incidence of stunting (p = 0.000); children of non-working mothers are five times more likely to experience stunting compared to children of working mothers. (OR = 5.390). This study is in line with an investigation conducted by Yulia Wulansari (2017) which stated that there is a significant relationship between mother's work and the risk of stunting in children p = 0.0001)7, in line with study conducted by Novita Siahaan, et al (2013) which stated that there is a significant relationship between mother's employment status and the incidence of stunting (p = 0.04) but contrary to study conducted by Aisyah, et al (2018) which showed that there is no relationship between mother's employment status and the incidence of stunting in first grade children at SDI Taqwiyatul Wathon Coastal Area of Semarang City (p = 0.154).

The role of mothers who work outside the home to support themselves and their families differs significantly from that of non-working mothers. Employment status can greatly influence a mother's behavior in meeting the nutritional needs of her children. Working mothers often have limited time to spend with their children, which may lead to inadequate supervision of food intake and reduced attention to the child's growth and developmental needs.

Frequency Distribution of Respondents Based on Exclusive Breastfeeding History

Based on the results obtained by researchers in the Kota Tengah Health Center Working Area of Gorontalo City, the frequency distribution of exclusive breastfeeding respondents with the incidence of stunting in children from 64 respondents can be seen that in the largest case group there were 33 respondents in the good category with a percentage of 51.5%.

Breast milk has many benefits for babies, and ideal breastfeeding is an important activity in the maintenance of children and the preparation of future generations of quality. Children's growth and development are influenced by the amount of nutrients consumed. Most of these nutrients can be met by adequate breastfeeding. Breast milk is not only the main source of energy but also the main source of protein, vitamins, and minerals for children. The occurrence of nutritional insecurity in children is due to insufficient food and the replacement of breast milk with bottle milk in a way and amount that does not meet the needs. Many studies have proven that breast milk is important for the ideal growth and development of infants. A study by Sofyana stated that the average change in neonate body length for 1 month (28 days) in neonates who were exclusively breastfed was 1.078 cm, while neonates who were given non-exclusively were 1.008 cm (Marwah et al., 2020).

The results of this study are in line with Mahendra's investigation (2021) which examined the relationship between exclusive breastfeeding and the incidence of stunting in children between the age of 2 to 5 years in the Barombong Health Center Working Area, there is a relationship, with a p value = 0.009 (0.009>0.005). Therefore, it can be concluded that there is a relationship between exclusive breastfeeding and the incidence of stunting in children aged 6-12 months.

Frequency Distribution Based on History of Complementary Feeding of Breast Milk

Data from the Kota Tengah Health Center Working Area of Gorontalo City show that among 64 respondents, the

majority, 50 children (78.1%), received complementary feeding categorized as sufficient, making it the most dominant category. No children were classified under the 'insufficient' category.

Complementary Foods for Breast Milk (MP-ASI) are foods or drinks that contain nutrients given to children between the ages of 6-24 months to meet nutritional needs other than breast milk. Complementary feeding is a transition from breast milk to family meals. The introduction and provision of complementary foods should be carried out gradually in both form and amount, according to the baby's ability. The provision of adequate quality and quantity of complementary foods is important for the rapid physical growth and development of children's intelligence during this period, but hygienic feeding of complementary foods is essential (Widhiyanto, 2023).

Mothers should be knowledgeable about appropriate complementary feeding practices, particularly when a baby reaches six months of age. Complementary foods must meet several important criteria, they should be introduced on time (at six months), be nutritionally adequate in terms of quantity, frequency, consistency, and variety, and be safe, which includes maintaining proper hygiene such as washing hands before preparing and feeding food. Additionally, complementary feeding should be administered properly and offered regularly in the morning, afternoon, evening, or night, with each feeding session not exceeding 30 minutes (Buku Kesehatan Ibu Dan Anak, 2023).

Relationship between Exclusive Breastfeeding and the Incidence of Stunting

Based on the results, the value of the relationship between exclusive breastfeeding and the incidence of stunting was obtained. Subsequently, 31 children received exclusive breastfeeding in the sufficient category, and there are 20 children (31.3%) who are stunted, and 11 children (17.2%) who are not stunted or normal. This shows that children who are exclusively breastfed in the sufficient category are a significant number of children who are stunted. Meanwhile, out of the 33 children who received exclusive breastfeeding in the good category, 4 (6.3%) were stunted, and 29 (45.3%) were not stunted or normal. In the good category, children who get exclusive breastfeeding are not stunted. Based on the statistical test results, the significance value of Spearman Rho was 0.000 (P <0.05). These results show that there is a significant relationship or influence between exclusive breastfeeding and the incidence of stunting. The correlation value of 0.541 shows that the relationship between the two variables is quite strong.

Based on the results of an investigation by Deni Yatno et al. (2021), there is a relationship between exclusive breastfeeding and the incidence of stunting. The results of this study show that exclusive breastfeeding falls into the category of 'not provided,' as mothers of children lacked consistency in exclusively breastfeeding. Mothers were generally more inclined to give formula milk to their children up to six months of age rather than relying solely on exclusive breastfeeding. According to this study, exclusive breastfeeding is one of the factors associated with stunting. Children under the age of 5 who do not get exclusive breastfeeding have a 3 times higher tendency to experience stunting compared to children who get exclusive breastfeeding. This is due to the lack of information on the importance of exclusive breastfeeding. It is expected that mothers can provide exclusive breastfeeding to children in order to avoid the incidence of stunting.

Relationship between Complementary Feeding and the Incidence of Stunting

Based on the results obtained, the value of the relationship between complementary feeding and the incidence of stunting was obtained. Out of the 31 children who received adequate complementary food, 23 (35.9%) were stunted, and 27 (42.2%) were not stunted or normal. 23 children who were given adequate complementary food were stunted. Meanwhile, out of the 14 children who received complementary food in the good category, 1 child (1.6%) was stunted, and 13 children (20.3%) were not stunted or normal. Children who are given complementary food in the good category, only a few who are stunted, namely 13.

Based on the test results, the Spearman Rho significance test value was 0.007. This shows that there is a significant relationship or influence between complementary feeding and the incidence of stunting (p-value <0.05). Meanwhile, the correlation value between the independent variable and the dependent variable is 0.332, which shows that the relationship between the two variables is weak.

This study is in line with Pradhiba (2021) that there is a relationship between the frequency of complementary feeding and children's nutritional status, with a value of P = 0.021. Similarly, Hasanah et al. (2019) reported that there is a significant relationship with a p-value of 0.011.

Rosita (2021) showed that the age of children when they first received complementary foods had a significant relationship with stunting status, with a correlation strength equivalent to -0.182. This means that the more appropriate the age of giving complementary foods to children, the lower the risk of stunting. Early complementary feeding, specifically before 4 months of age, is associated with an increased risk of gastrointestinal disease, which can lead to impaired growth, micronutrient deficiencies, and susceptibility to various infectious diseases in the first two years of life (Rosita, 2021).

Contribution to global nursing practice

Based on this study's assumption, the provision of complementary foods in children between the ages of 6 months and over is very important to help the child's

nutritional intake and growth, as well as development. In line with these results, complementary foods provided by mothers should be appropriate for the child's age. Mothers need to gain knowledge about the wide variety of complementary foods available and the various methods of preparation.

CONCLUSION

This study identified key characteristics and risk factors associated with stunting among children aged 12–24 months in the Kota Tengah Health Center Working Area, Gorontalo City, in 2024. The majority of the child respondents were female (54.7%) and aged 18–24 months (59.4%), while most mothers were aged 26–35 years (71.9%), had a high school education (43.8%), and were primarily housewives (76.6%). Findings revealed that 62.5% of the children had normal growth, whereas 37.5% experienced stunting. The study confirmed a significant relationship between maternal knowledge of exclusive breastfeeding and the incidence of stunting. Likewise, a significant relationship was found between maternal knowledge of complementary feeding history and stunting. The absence of exclusive breastfeeding and the provision of inappropriate complementary foods were identified as prominent risk factors contributing to stunting. These results highlight the critical role of maternal knowledge in preventing stunting. Strengthening educational interventions and health promotion regarding optimal infant and young child feeding practices is essential to reduce the prevalence of stunting in the study area.

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