

Original Research

The Impact of Prior Related Behavior on Stunting Incidents Abang I Health Center, Karangasem District, Bali, Indonesia

Kadek Dina Wulandari*, I Ketut Gama, Komang Ayu Henny Achjar, I Wayan Suardana, I Gusti Ketut Gede Ngurah and Ketut Sudiantara

Department of Nursing, Ministry of Health Polytechnic, Denpasar, Bali 80224, Indonesia

Article history

Received: 21 September 2024

Revised: 22 October 2024

Accepted: 23 October 2024

Published Online: 31 October 2024

***Correspondence:**

Kadek Dina Wulandari

Address: Bhuana Giri Village, Bebandem District, Karangasem Regency, Bali 80811, Indonesia.

Email: kadekdinawulandari2019@gmail.com

How to cite this article: Wulandari KD, Gama IK, Achjar KAH, Suardana IW, Ngurah IGKG, Ketut Sudiantara K. The Impact of Prior Related Behavior on Stunting Incidents Abang I Health Center, Karangasem District, Bali, Indonesia. *Health Dynamics*, 2024, 1(10), 373-380. <https://doi.org/10.33846/hd11004>



Copyrights: © 2024 by the authors. This is an open access article under the terms and conditions of the Creative Commons Attribution – NoDerivatives 4.0 International (CC BY-ND 4.0) license (<https://creativecommons.org/licenses/by-nd/4.0/>).

ABSTRACT

Background: Stunting is growth failure in children under 5 years due to chronic malnutrition, often occurring during the first 1000 days of life. Maternal behavior during pregnancy has a major impact on fetal development and the possibility of stunting. This study aims to analyze the relationship between prior related behavior, such as blood increasing tablets consumption, antenatal care checks, and animal protein consumption, with the incidence of stunting in the Abang I Community Health Center Work Area, Karangasem Regency. **Methods:** Using non-probability sampling technique with Purposive sampling, with a total of 70 respondents from a total population of 230 people who met the inclusion criteria, namely mothers aged 15-45 years, mothers who had stunted toddlers and were registered in the Abang I Community Health Center Working Area. **Results:** Based on non-probability statistical tests. Spearman Rank parametric, found a significant p-value for blood increasing tablets consumption behavior ($p=0.002$), Antenatal care examination ($p=0.004$), and animal protein consumption ($p=0.002$), showing a value <0.05 which means there is a relationship with stunting incident. The majority of respondents showed bad behavior in these three areas, namely consume blood increasing tabletstion behavior 55.7%, antenatal care examination 55.7% and animal protein consumption 52.9%. It is hoped that health workers at the Community Health Center will follow up with pregnant women and teenage girls in coordination with the village or Community Health Center for education about the importance of blood increasing tablets, antenatal care examinations, and animal protein intake to prevent stunting in toddlers. **Conclusion:** There is a relationship between maternal behavior in consuming blood supplement tablets, antenatal care and animal protein consumption with the incidence of stunting in the working area of Puskesmas Abang I, Karangasem district, Bali, Indonesia.

Keywords: Prior related behavior; stunting incidence; blood supplement tablets; antenatal care; animal protein

1. INTRODUCTION

Public health is influenced by four factors, namely the environment (economic, social, political and cultural environment), health services, heredity or genetics and behavior (lifestyle).⁽¹⁾ Community behavior is an indicator in maintaining health. Behavior related to health services has an important role in achieving good health conditions in

Indonesia. Individuals who behave hygienically and are health conscious will foster a culture that prioritizes cleanliness and health in their environment. Community behavior such as the behavior of people around toddlers with stunting such as fathers, mothers and other families, and if behavior in the environment does not pay attention to nutritional status for growth and development, the risk of stunting will increase.⁽²⁾

Stunting is the impaired growth and development of children under the age of 5 due to persistent malnutrition, especially in the first 1000 days of life. The first 1,000 days of life is a critical starting point in the year of stunting, resulting in long-term impacts that recur throughout the life cycle.⁽³⁾ According to the World Health Organization (2020), stunting is short or very short height for age, less than -2 standard deviations (SD) on the WHO growth curve, due to inadequate nutrient intake and/or chronic infections that occur during the first 1000 days of life.⁽⁴⁾

UNICEF states that stunting is caused by direct factors such as food intake, parental height, low birth weight (LBW), infectious diseases, and indirect factors such as education, maternal nutritional status, maternal employment, family economic status, ANC history, iron (Fe) consumption and exclusive breastfeeding.⁽⁵⁾ There are a number of aspects or factors that lead to stunting in early childhood, including environmental factors, child factors and maternal factors.⁽⁶⁾

Maternal factors have a substantial impact on the occurrence of developmental delays in children.⁽⁷⁾ Maternal factors for early childhood developmental delays include maternal education level, short mothers, parenting patterns, early complementary feeding and lack of exclusive breastfeeding. Maternal factors also influence stunting prevention behavior including personal psychology, perceived benefit, self-efficacy and prior related behavior.⁽⁸⁾ A mother's behavior is one of the prevention of stunting during pregnancy.⁽⁹⁾

According to Pender (2019), prior related behavior refers to actions that have been carried out consistently in the past, either directly or indirectly, and have an influence on the possibility of health-enhancing behavior.⁽¹⁰⁾ The Ministry of Health states that stunting prevention behavior through ABCDE tips, which consists of (A) actively consuming Blood Addition Tablets (TTD or *Tablet Tambah Darah*), (B) pregnant women check their pregnancy regularly at least 6 times, (C) consume enough animal protein, (D) come to the posyandu (an *Integrated Service Post* of community

health center) once a month, and (E) exclusive breastfeeding for 6 months.⁽¹¹⁾

The National Team for the Acceleration of Poverty Reduction stated that the provision of TTD to pregnant women is one of the interventions to accelerate stunting reduction. TTD is given to prevent and treat anemia caused by iron deficiency. In addition, antenatal care visits can have an impact on the health of the mother and her fetus. Maternal attendance at ANC check-ups less than 6 times during pregnancy has a significant impact on increasing stunting rates in Indonesia.⁽⁶⁾

Stunting has a significant impact in the short term, causing impaired brain and cognitive development, stunted physical growth, and metabolic abnormalities in the body. In addition, the long-term impacts of stunting include reduced cognitive capacity and academic performance, a weakened immune system and increased susceptibility to disease, increased likelihood of contracting diseases including diabetes, obesity, cardiovascular disease, cancer, stroke, and disability later in life. Addressing delays in child growth and development requires the collaboration of many sectors and the involvement of various stakeholders, such as the central government, local governments, and communities.⁽¹²⁾

Prevalence of stunting based on Riskesdas data in 2018, reached 30.8% compared to 37.6% in 2013. Based on the results of the Indonesian Nutrition Status Survey,⁽¹³⁾ the stunting rate faced a decline from 24.4% in 2021 to 21.6% in 2022. Based on the data, the stunting rate has decreased but is still above the 14% range set by WHO in 2024. Meanwhile, the stunting rate in Bali reached 8.0% in 2022, compared to 10.9% in 2021.⁽¹³⁾ Based on the Bali Health Service Review Report (2022), Karangasem Regency ranks first in terms of stunting rate at 6.97%, followed by Klungkung Regency (5.39%) and Bangli Regency (4.48%).⁽¹⁴⁾

Based on research by Fentiana et al. (2022) stated that there is a relationship between antenatal care and consumption of blood supplement tablets with the incidence of stunting.⁽¹⁵⁾ In addition, Mufida's research (2023) states that there is a relationship between animal protein consumption in mothers when pregnant with the incidence of stunting,⁽¹⁶⁾ this is supported by Sholecha's research (2018), stating that one of the factors associated with stunting prevention efforts is previous behavior, namely by providing supplements to pregnant women, overcoming iron and folic acid

deficiency, overcoming iodine deficiency, providing deworming drugs, ensuring complete immunization, and preventing and treating diarrhea.⁽¹⁷⁾ Based on the above background, this study aims to analyze the relationship between prior related behavior, such as blood increasing tablets consumption, antenatal care checks, and animal protein consumption, with the incidence of stunting in the Abang I Community Health Center Work Area, Karangasem Regency.

2. METHODS

2.1 Study Design

The study method used in this research is a quantitative method using a questionnaire as a research instrument. Each questionnaire consists of questions that measure knowledge, attitudes and actions about blood tablet consumption, antenatal care examination behavior, and animal protein consumption behavior. This questionnaire was made by the researcher himself and carried out a validity test and reliability test. It consists of 15 statements in each variable which are then modified by the researcher including knowledge (5 statements), attitudes (5 statements) and actions (5 statements) in each variable.

This research was conducted in the Working Area of Abang I Health Center, Karangasem Regency Abang I Health Center covers 8 villages namely Ababi Village, Tiyingtali, Abang, Pidpid, Nawa Kerti, Kesimpar, Tista, and Tri Buana. Abang I Health Center is located on Ida Ketut Jelantik Street, Tista, Abang District which was established in 1976 with an area of ± 5.452 Km² geographically the Abang I Health Center Working Area is half of the Abang District area.

2.2 Population

The population in this study were all mothers who had toddlers who were recorded as stunted in the Abang I Health Center Work Area, namely 230 stunted toddlers with inclusion criteria, namely mothers aged 15 to 45 years, mothers who have stunted toddlers and are recorded in the Abang I Health Center Work Area and mothers who are willing to be respondents by signing inform consent when the data collection process is carried out. And the exclusion data is respondents who are sick at the time of data collection.

2.3 Data Collection

From the total population after calculating using the Slovin formula, the number of samples used was 70 people who had been recalculated in each village with details, namely ababi village with 22 respondents, tying tali village with 3 respondents, abang village 9 respondents, pidpid village 8 respondents, nawakerti village 6 respondents, kesimpar village 3 respondents, tista village 9 respondents and Tribuana village 10 respondents.

2.4 Data Analysis

Data on maternal behavior in stunting prevention, focusing on the consumption of blood supplement tablets, antenatal care checks, and animal protein consumption, were obtained through a questionnaire consisting of 15 statements in each variable that had been modified into three including knowledge, attitude and action. Total scores were calculated, then categorized based on operational definitions. All data processing was done using computer software.

The analysis techniques used in this study were univariate analysis and bivariate analysis. The data collected involved sample identity information, blood supplement tablets consumption behavior, antenatal care examination behavior and animal protein consumption behavior. The bivariate analysis in this study had the aim of evaluating the correlation of maternal behavior, involving blood supplement tablet consumption behavior, antenatal care examination behavior, and animal protein consumption behavior, with the incidence of stunting in the Abang I Abang I Health Center Working Area using the Spearman test. The Spearman test was used to assess the relationship between categorical variables with ordinal scales. Blood supplementation tablet consumption behavior, antenatal care examination behavior, and animal protein consumption behavior were considered as independent variables, while the incidence of stunting was considered as the dependent variable.

Interpretation of the hypothesis test output was based on the p value, and the strength of the correlation. If the p value is $< \alpha$ (0.05), this indicates rejection of the null hypothesis (H_0) or a significant relationship between prior related behavior and the incidence of stunting. Conversely, if the p value $> \alpha$ (0.05), then the null hypothesis (H_0) cannot be rejected, indicating

that there is no significant relationship between prior related behavior and the incidence of stunting.

2.5 Ethical Approval

This study has received ethical approval from the Denpasar Polytechnic Health Research Ethics Commission with reference number DP.04.02 / F.XXXII.25 / 0417 / 2024

3. RESULTS

Based on Table 1, it shows that the majority of respondents were aged 26-35 years from the age range of 15-45 years. Most respondents have basic education (elementary / junior high school), namely as many as 50 people (71.4%), and the fewest are respondents who do not go to school as many as 3 people (4.3%). In terms of

occupation, most respondents were housewives as many as 58 people (82.9%) and the least worked as a laborer, namely 1 person (1.4%).

Based on Table 2, it shows that some respondents had poor knowledge as many as 32 people (45.8%), adequate attitudes as many as 48 people (68.6%), and bad actions as many as 53 people (75.7%) in behavior. consume blood increasing tablets. Regarding the behavior of antenatal care examinations, some respondents had adequate knowledge as many as 29 people (41.4%), adequate attitudes as many as 47 people (67.1%), and poor actions as many as 42 people (60.0%). And regarding animal protein consumption behavior, 26 people (37.1%) had adequate knowledge, 56 people (80.0%) had adequate knowledge and 32 people (45.7%) had bad actions.

Table 1. Characteristics of research respondents based on age, education and occupation

No.	Characteristic		Frequency (n)	Percentage (%)
1	Age	15-25 years	13	18.6
		26-35 years	41	58.6
		36-45 years	16	22.8
2	Education	No education	3	4.3
		Basic education	50	71.4
		middle education	13	18.6
		College	4	5.7
3	Work	IRT	58	82.9
		Farmer	6	8.6
		Teacher	2	2.8
		Trader	3	4.3
		Laborer	1	1.4
		Total	70	100

Based on Table 3, the results of the analysis using the Spearman Rank test were obtained with a value of $p=0.002$, this states that there is a significant relationship between prior related behavior in consuming blood supplement tablets and the incidence of stunting ($p<0.05$). Meanwhile, the r or Correlation Coefficient value in the table shows a value of -0.360 , which indicates that there is a weak and negative relationship with this variable. This negative coefficient indicates that the direction of the relationship between the two variables is not in the same direction, which can be interpreted as if the prior related behavior in consuming blood supplement tablets improves, the incidence of stunting will decrease.

Based on Table 4, the results of the analysis using the Spearman Rank test were obtained with a value of $p=0.004$, this states that there is a significant relationship between prior related behavior in carrying out antenatal care examinations and the incidence of stunting ($p<0.05$). Meanwhile, the r or Correlation Coefficient value in the table shows a value of -0.341 , which indicates that there is a weak and negative relationship with this variable. This negative coefficient indicates that the direction of the relationship between the two variables is not in the same direction, which can be interpreted as if prior related behavior in carrying out antenatal care checks improves, the incidence of stunting will decrease.

Table 2. Characteristics of knowledge, attitudes and actions of research respondents

No.	Variable	Characteristic	Frequency (n)	Percentage (%)	
1	Blood-increasing tablet consumption behavior	Knowledge	Poor	32	45.8
			Fair	19	27.1
			Good	19	27.1
		Attitudes	Poor	5	7.1
			Fair	48	68.6
			Good	17	24.3
		Actions	Poor	53	75.7
			Fair	4	5.7
			Good	13	18.6
2	Antenatal care examination behavior	Knowledge	Poor	16	22.9
			Fair	29	41.4
			Good	25	35.7
		Attitudes	Poor	5	7.2
			Fair	47	67.1
			Good	18	25.7
		Actions	Poor	42	60.0
			Fair	16	22.9
			Good	12	17.1
3	Animal protein consumption behavior	Knowledge	Poor	22	31.4
			Fair	26	37.1
			Good	22	31.4
		Attitudes	Poor	3	4.3
			Fair	56	80.0
			Good	11	15.7
		Actions	Poor	32	45.7
			Fair	27	38.6
			Good	11	15.7
Total			70	100	

Table 3. Relationship between prior related behavior in blood increasing tablets consumption and stunting incidents

	Prior related behavior in consuming blood supplement tablets		p	r
	Frequency	Percentage		
Poor	39	55.7	0.002	-0.360
Fair	22	31.4		
Good	9	12.9		
Total	70	100		

Based on Table 5, the results of the analysis using the Spearman Rank test were obtained with a value of $p=0.002$, this states that there is a significant relationship between prior related behavior in consuming animal protein and the incidence of stunting ($p<0.05$).

Table 4. Prior related behavior relationships in carrying out antenatal care examinations with stunting incidents

	Prior related behavior in carrying out Antenatal care examinations		p	r
	Frequency	Percentage		
Poor	39	55.7	0.004	-0.341
Fair	19	27.1		
Good	12	17.2		
Total	70	100		

Meanwhile, the r or Correlation Coefficient value in the table shows a value of -0.366 , which indicates that there is a weak and negative relationship with this variable. This negative coefficient indicates that the direction of the relationship between the two variables is not in the

same direction, which can be interpreted as if the prior related behavior in consuming animal protein improves, the incidence of stunting will decrease.

Table 5. Prior related behavior relationships in animal protein consumption with stunting incidents

	Prior related behavior in consuming animal protein		p	r
	Frequency	Percentage		
Poor	37	52.9	0.002	-0.366
Fair	26	37.1		
Good	7	10.0		
Total	70	100		

4. DISCUSSION

The incidence of stunting can be caused by mothers during their pregnancy experiencing anemia, pregnant women with anemia have a greater risk of experiencing postpartum difficulties and are more at risk of giving birth to low-weight babies (LBW). Low-weight babies are often unable to withstand the pressures of the new environment. This makes growth and development hampered and even damages their survival.⁽¹⁸⁾ Anemia itself occurs because a person lacks iron in their daily intake, in this case pregnant women need to consume at least 90 iron tablets during pregnancy, in addition to the pregnancy period it is also expected to take blood supplement tablets in adolescent girls to prevent anemia, which can trigger stunting in children in the future. However, in reality, there are still many mothers of toddlers who do not routinely or even do not take blood-added tablets during pregnancy or during adolescence.

Research conducted by Fentiana et al. (2022) entitled stunting, prenatal examination and consumption of blood supplement tablets for pregnant women in Indonesia, found that there was an association between consumption of blood supplement tablets in pregnant women with stunting in children aged 0-23 months ($p < 0.05$).⁽¹⁵⁾ Mothers who consumed less than 90 blood supplement tablets were 1.05 times more likely to have stunted children compared to mothers who consumed 90 or more blood supplement tablets.

The results of the researcher's analysis show that taking blood supplement tablets during pregnancy and

adolescence is very important to prevent anemia which can lead to stunting in the future. Mothers who do not routinely consume blood supplement tablets during pregnancy and adolescence are likely to have a higher risk of giving birth to stunted toddlers compared to mothers who routinely consume blood supplement tablets during pregnancy and adolescence. However, there are still many pregnant women and adolescent girls who do not take blood tablets for several reasons such as, do not like the taste, feel nauseous and even vomit when taking blood tablets, this causes pregnant women and adolescent girls to be reluctant to take blood tablets.

Antenatal care visits are one of the risk factors for stunting. Antenatal care itself is supervision before childbirth which specifically focuses on the growth and development of the fetus in the womb.⁽¹⁹⁾ Routine antenatal care checks have the aim of minimizing maternal mortality and monitoring fetal health, this is one of the efforts to prevent stunting during pregnancy. This visit is carried out at least 6 times during pregnancy, namely 2 times in the 1st trimester, 1 time in the 2nd trimester, and 3 times in the 3rd trimester. The number of antenatal visits can exceed 6 times as needed, especially if there are complaints, diseases, or pregnancy disorders.⁽²⁰⁾

Hutasoit et al.'s research (2020) entitled antenatal care visits are related to the incidence of stunting is in line with this, this study shows that there is a significant relationship between antenatal care visits and the incidence of stunting, as shown by a very low p value of $p = 0.000$ ($p < 0.05$).⁽²¹⁾ This correlation shows a moderate relationship, characterized by a correlation coefficient value of 0.389.

The results of the researcher's analysis show that conducting routine antenatal care checks during pregnancy according to the schedule, which is at least 6 times during pregnancy, needs to be done to monitor the growth and development of the baby in the womb, which can be handled immediately if there are problems found. But in reality there are still many pregnant women who do not do routine checks, some of the reasons said are because many of them are pregnant outside of marriage, which causes them to be embarrassed to check their pregnancy, besides that there are still many who have the idea that pregnancy checks are only to find out the sex of the baby in the womb, so they choose to check their pregnancy only in the third trimester.

One of the causes of stunting is the lack of intake of essential nutrients such as protein from animal and plant sources, as well as iron from before to after birth, contributing to undernutrition in babies born, which can then lead to stunted growth in children. Animal protein provides a variety of essential nutrients such as amino acids, minerals and vitamins needed to support optimal growth and development in children.⁽¹¹⁾

Research conducted by Sindhughosa et al. (2023), with the title animal protein intake associated with stunting in children aged 1-5 years in the work environment of the Nagi Health Center, Larantuka City, East Flores Regency showed the results that there was a significant relationship between animal protein and the incidence of stunting, with a p value greater than 0.01 and a confidence interval between 0.651 to 1.809.⁽²²⁾ Protein intake from animal sources has a greater impact on the risk of stunting when compared to protein intake from plant sources.

The results of the researcher's analysis show that consuming animal protein is very important during pregnancy, because animal protein contains amino acids, vitamins and minerals needed by babies in the womb for their development and growth. In fact, many pregnant women do not consume animal protein during their pregnancy, ranging from economic aspects that do not allow them to consume meat every day, have allergies to certain types of meat, to having beliefs or beliefs that are the reason why mothers do not consume meat during their pregnancy.

5. CONCLUSION

The hypothesis of this study is that there is a relationship between prior related behavior and the incidence of stunting in the Abang I Community Health Center Work Area, Karangasem Regency in 2024. Based on the research results, it can be concluded that prior related behavior in consuming blood supplement tablets, providing antenatal care and consuming animal protein has a significant relationship with the incidence of stunting in the Abang I Community Health Center Work Area, Karangasem Regency.

The limitations of this study are that the variables used in this study do not represent all the factors that influence the incidence of stunting from maternal factors such as the behavior of visiting the integrated service post in a month, the behavior of mothers in exclusive breastfeeding, and the second This study is

restropective, which is to explore the history of maternal behavior during the previous pregnancy, where the quality of the data obtained is greatly influenced by the memory of the respondent.

In accordance with the discussion and conclusions above, the researcher provides suggestions in the form of: The results of this study are expected to be a guide for health workers at the Abang I Community Health Center to monitor and provide follow-up to all mothers or adolescent girls, so that they realize the importance of taking blood supplement tablets, undergoing antenatal care checks at least 6 times during pregnancy, and consuming animal protein to prevent stunting in toddlers. This can be done through regular coordination with the village or Abang I Community Health Center to increase counseling on the importance of blood supplement tablets for pregnant women and adolescent girls, the need for regular antenatal care check-ups, and the importance of protein consumption, especially animal protein, to prevent stunting in toddlers. and suggestions for further researchers, namely the need to add other variables that affect the incidence of stunting from maternal factors, such as visiting the integrated service post once a month, exclusive breastfeeding for 6 months.

Acknowledgement

The author would like to thank the Director of the Health Polytechnic, Ministry of Health, Denpasar, Chair of the Nursing Department, Health Polytechnic, Ministry of Health, Denpasar, Mr. and Mrs. Lecturer at the Nursing Department, Health Polytechnic, Ministry of Health, Denpasar, Abang I Community Health Center, and all respondents who participated in this research.

Funding Information

No funds received for this study.

Conflict of Interest

The authors declare no conflict of interest.

REFERENCES

1. Yuana N, Larasati Ta, Berawi KN. Analisis Multilevel Faktor Resiko Stunting di Indonesia: Sebuah Tinjauan Literatur. *Jurnal Aisyah: Jurnal Ilmu Kesehatan*. 2021;6(2):213–7. <http://dx.doi.org/10.30604/jika.v6i2.510>
2. Atala DD, Harahap DH, Surlianti S, Pertiwi C, Salsabila C, Derina D. Prevalensi dan Faktor Risiko Stunting pada

- Balita di Kelurahan Belawan II Kecamatan Medan Belawan. *Jurnal Ilmiah Universitas Batanghari Jambi*. 2023;23(2):1646. <http://dx.doi.org/10.33087/jiubj.v23i2.2991>
3. Mitra, Lita, Mardeni, Aditia NEO, Khairunisa R, Roza NT, Kartilian F, Putri TFS. Edukasi Pencegahan Stunting Pada 1000 Hari Pertama Kehidupan. Bndung: Widina Bhakti Persada Bandung. 2022.
 4. Indonesian Ministry of Health. Protein Hewani Cegah Stunting. Indonesian Ministry of Health. 2023. Available from: <https://ayosehat.kemkes.go.id/protein-hewani-cegah-stunting>
 5. Nurmalasari Y, Mustofa FL, Wulandari W. Faktor – faktor riwayat ibu yang menyebabkan terjadinya stunting pada balita usia 6-59 bulan di Lampung Tengah. *Holistik Jurnal Kesehatan*. 2020;13(4):301–5. <http://dx.doi.org/10.33024/hjk.v13i4.2062>
 6. Rosyid IA, Harsanti T. Faktor Ibu yang Memengaruhi Stunting Baduta di Kawasan Timur Indonesia Tahun 2018. *Seminar Nasional Official Statistics*. 2022;2022(1):255–64. <http://dx.doi.org/10.34123/semnasoffstat.v2022i1.1363>
 7. Terok KA, Pongantung H. Pencegahan Stunting Dengan Peningkatan Efikasi Diri Ibu Melalui Health Coaching Di Kelurahan Taratara. *Watson Journal Of Nursing*. 2023;1(2):16–27. Available from: <https://e-journal.stikesgunungmaria.ac.id/index.php/wjn/article/view/26>
 8. Ariwati VD, Khalda Q. Analisis Jalur Faktor-faktor yang Mempengaruhi Perilaku Pencegahan Stunting Menggunakan Health Promotion Model. *Journal of Health*. 2023;10(1):063–72. <http://dx.doi.org/10.30590/joh.v10n1.568>
 9. Nurfatimah N, Anakoda P, Ramadhan K, Entoh C, Sitorus SBM, Longgupa LW. Perilaku Pencegahan Stunting pada Ibu Hamil. *Poltekita: Jurnal Ilmu Kesehatan*. 2021;15(2):97–104. <http://dx.doi.org/10.33860/jik.v15i2.475>
 10. Pender NJ. *Health Promotion in Nursing Practice Seventh Edition*. London: Pearsons Education, Inc. 2019.
 11. Ministry of Health. Prevent Stunting with ABCDE. Ministry of Health, Indonesia. 2023. Available from: <https://ayosehat.kemkes.go.id/cegah-stunting-dengan-abcde>
 12. Rahayu A, Yulidasari F, Putri AO, Anggraini L. *Study Guide – Stunting Dan Upaya Pencegahannya Bagi Mahasiswa Kesehatan Masyarakat*. Yogyakarta: CV Mine. 2018
 13. SSGI (Survei Status Gizi Indonesia). Results of the Indonesian Nutrition Status Survey. Ministry of Health of the Republic of Indonesia. 2023;77-77. Available from: <https://promkes.kemkes.go.id/materi-hasil-survei-status-gizi-indonesia-ssgi-2022>
 14. Bali Provincial Health Office. Bali Province Health Profile 2022. Bali Provincial Health Office. 2022;1-23.
 15. Fentiana N, Tambunan F, Ginting D. Stunting, Pemeriksaan Kehamilan Dan Konsumsi Tablet Tambah Darah Ibu Hamil Di Indonesia: Analisis Data Riskesdas 2013. *Jurnal Keperawatan Suaka Insan (JKSI)*. 2022;7(2):133–8. <http://dx.doi.org/10.51143/jksi.v7i2.351>
 16. Mufida I. The Relationship of Protein Intake in Pregnant Mothers with the Incidence of Stunting in Toddlers in the Stunting Locus of North Lombok Regency. Bachelor Thesis, Faculty of Medicine, University of Mataram. 2023. Available from: <http://eprints.unram.ac.id/id/eprint/37846>
 17. Sholecha RP, Yunitasari E, Armini NKA, Arief YS. Analisis Faktor yang berhubungan dengan Pencegahan Stunting pada Anak Usia 2-5 Tahun berdasarkan Teori Health Promotion Model (HPM). *Pedimaternal Nursing Journal*. 2019;5(1):49. <http://dx.doi.org/10.20473/pmnpj.v5i1.12362>
 18. Sutanto A V, Fitriana Y. *Care in pregnancy*. Jakarta: Pustaka Baru Press. 2018.
 19. Yulizawati, Fitria H, Chairani Y. Continutty of care module (Review of care during pregnancy, maternity, postpartum, newborn and family planning). In *Continutty of Care (Review of Care in Pregnancy, Maternity, Postpartum, Newborn and Family Planning)*. –Sidoarjo: Indomedia Pustaka. 2021.
 20. Hutasoit M, Utami KD, Afriyiliani NF. Kunjungan Antenatal Care Berhubungan Dengan Kejadian Stunting. *Jurnal Kesehatan Samodra Ilmu*. 2020;11(1):38–47. <http://dx.doi.org/10.55426/jksi.v11i1.13>
 21. Sindhughosa WU, Sidiartha IGL. Asupan protein hewani berhubungan dengan stunting pada anak usia 1-5 tahun di lingkungan kerja Puskesmas Nagi Kota Larantuka, Kabupaten Flores Timur. *Intisari Sains Medis*. 2023;14(1):387–93. <http://dx.doi.org/10.15562/ism.v14i1.1708>
 22. Nurmalasari Y, Mustofa FL, Wulandari W. Faktor – faktor riwayat ibu yang menyebabkan terjadinya stunting pada balita usia 6-59 bulan di Lampung Tengah. *Holistik Jurnal Kesehatan*. 2020;13(4):301–5. <http://dx.doi.org/10.33024/hjk.v13i4.2062>