

## Empowerment of Great Parents in The Importance of Maintaining The Health of Early Childhood as A Strategy Towards Zero Stunting

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### Abstract

The number of stunting incidents is still found in the city of Surabaya. Stunting is a concern that needs to be addressed immediately because it concerns the quality of human resources. Stunting, apart from the risk of low physical growth and susceptibility to disease, also causes disrupted cognitive development which will affect children's intelligence and productivity levels in the future. The causative factors are lack of nutritional intake, infectious diseases, mothers' lack of knowledge about stunting, false parenting patterns, poor sanitation and hygiene, and poor health services as well as a lack of public awareness of children with stunting because they thought children still carry out normal activities. Method: from this phenomenon, health workers keep collaborating with the government and are expected to continue to support Great Parents School (SOTH) activities with an emphasis on empowering parents as participants, health education which aims to provide knowledge and information to parents so they can prevent and overcome the problem of stunting towards zero stunting. of the activities of this great parent empowerment program can be implemented and all participants' level of knowledge has increased, as indicated by: participants know about (a) routine activities carried out by parents to maintain health during pregnancy, when the child is still a baby and when the child is already big; (b) types of diseases that often occur in early childhood, and (c) how to treat diseases in early childhood. Conclusion: this community service activity is of course carried out because of support from various parties, and received a positive response from the community, of course, it has a very big influence in increasing public awareness in preventing stunting towards zero stunting.

**Keywords:** stunting; toddler; parent; toddler health

### Abstrak

Angka kejadian stunting masih banyak ditemukan di kota Surabaya. Stunting menjadi perhatian untuk segera ditangani karena menyangkut kualitas sumber daya manusia. Stunting selain berisiko menghambat pertumbuhan fisik dan kerentanan penyakit, juga menyebabkan hambatan perkembangan kognitif yang akan berpengaruh pada tingkat kecerdasan dan produktivitas anak di masa depan. Faktor penyebabnya adalah kurangnya asupan gizi, penyakit infeksi, kurangnya pengetahuan Ibu tentang stunting, pola asuh yang salah, sanitasi dan hygiene yang buruk dan rendahnya pelayanan kesehatan serta masih kurangnya kesadaran masyarakat terhadap anak dengan stunting karena mereka masih dapat beraktivitas secara normal. Metode : dengan melihat permasalahan ini, tenaga kesehatan bersama pemerintah diharapkan terus mendukung kegiatan

Sekolah Orang Tua Hebat (SOTH) dengan menitikberatkan pada pemberdayaan orangtua sebagai peserta, penyuluhan kesehatan yang bertujuan untuk memberikan pengetahuan dan informasi kepada orangtua agar dapat mencegah dan mengatasi masalah stunting menuju zero stunting. Hasil dan pembahasan : kegiatan program pemberdayaan orangtua hebat ini, dapat terlaksana dan seluruh tingkat pengetahuan peserta mengalami kenaikan, ditandai: peserta memiliki pengetahuan tentang: (a) kegiatan rutin yang dilakukan orang tua untuk menjaga kesehatan saat kehamilan, saat anak masih bayi dan saat anak sudah besar; (b) jenis-jenis penyakit yang sering terjadi pada anak usia dini, dan (c) cara penanganan penyakit pada anak usia dini. Kesimpulan : kegiatan pengabdian masyarakat ini tentunya berjalan karena dukungan dari berbagai pihak, serta mendapat respon animo positif dari masyarakat, tentunya sangat berpengaruh dalam meningkatkan kesadaran masyarakat dalam pencegahan stunting menuju *zero stunting*.

**Kata Kunci** : stunting; balita; orangtua; kesehatan balita

## INTRODUCTION

### GENERAL DESCRIPTION OF THE COMMUNITY, PROBLEMS AND TARGET SOLUTIONS

#### General description

Stunting is a global and national problem that still exists, especially in poor and developing countries (Mulyaningsih et al., 2021; Oktaviana et al., 2021). Stunting is a condition where children under five years of age experience delays in growth and development caused by various factors including poor nutrition, lack of psychosocial stimulation, infection, and even lack of maternal health education, especially in the first 1,000 days of a child's life (Beal et al., 2018; De Silva & Sumarto, 2018; Indonesian Ministry of Health, 2018). The impact of stunting on children is immediate and long-term, including increased morbidity and mortality rates, child growth and development, decreased learning abilities, increased infections and non-communicable diseases in adulthood, and decreased productivity (Beal et al., 2018). According to the Indonesian Nutrition Status Survey (SSGI), the prevalence of stunting in Indonesia decreased from 24.4% in 2021 to 21.6% in 2022 and in June 2023 to 17% (Department of Health, 2023; SSGI, 2023). However, this is still not in line with Indonesia's target of 14% in 2024 (Health Riskesdas, 2023). Meanwhile, the city of Surabaya in 2022 had a prevalence of 4.8% (923 stunted toddlers) and in 2023 there were only 651 stunted toddlers remaining (Surabaya City Government, 2023). This fact shows that attention is still needed so that stunted toddlers receive intervention so that they quickly graduate from stunting and prevent pre-stunting toddlers from becoming stunted. Family is the smallest unit of life, and children receive education first. The family education and care model has a dominant influence on children's development throughout their lives (Erlanti et al., 2016; Rasmini W., N., Wijana N., I., Sumertha W., 2018; Sofyan, 2019). Bennet et al's research reported that the knowledge and mental health status of parents, especially mothers, can influence the baby's growth and development. Other studies also show that maternal education is strongly associated with a lower risk of developmental delays. Therefore, promotive and preventive efforts can increase the family's ability to support health needs, the growth and development of family members, especially parents who have babies, is very important because the family is an important

component that can influence a person's health status (Oktaviana et al., 2021). Family education is very important and necessary because it is the basis that influences children's growth and development. Family education is always positively related to parents' ability to care for, educate, and care for their children from the time they are in the womb (age 0 years) (Erlanti et al., 2016; Silitonga & Yulastri, 2014; Suardi et al., 2019). This ability is obtained through various media, both through formal and informal education. In the context of non-formal education, one of the efforts that need to be made is to increase parents' knowledge and understanding of education, parenting, care, and nutrition for children through education and training for the first 1000 days of life (HPK). Referring to the "National Strategy for the Acceleration of Stunting Prevention 2018-2024", implementing nutritional interventions that are right on target and sensitive to pregnant women, children aged 0-2 years, or households with 1,000 HPK as priority targets (Choliq et al., 2020; Nurlaela Sari et al. al., 2023; Rahmadhita, 2020). Early childhood is the main stage and attention must be paid to development and growth in this period (Baharun & Iltiqiyah, 2021). Early childhood is also a vulnerable period for health problems (Sehat et al., 2018). Apart from that, children are also very sensitive to existing stimuli and can easily guide and instill positive habits, including clean and healthy living habits (Gani et al., 2013). Young children will face health problems when studying, and these problems must be overcome, which is also the first step in children's gradual growth and development. Clean and healthy living describes a form of creating conditions that are beneficial for individuals, groups, and citizens, thereby increasing the implementation of healthy living procedures and compliance with health protocols. Apart from that, it protects, maintains, and improves health (Sarinah Basri K, Ulfa Aulia, Vidya Ayianti Hadju, 2022). Every person must know clean and healthy living behavior because it greatly influences a person's behavior and lifestyle (Ratnasari, 2017). Initial efforts started with the role of parents in instilling a healthy lifestyle in children (Maulidia, A. & Hanifah, 2020). It is important to maintain a healthy lifestyle from an early age because children are susceptible to disease and their immune systems are not as strong as adults. Not only that, children often put their fingers in their mouths, whatever they hold or try to eat, without knowing whether the object is dirty or contains bacteria, even though the child is unable to maintain personal hygiene and health. Great Parents School, commonly known as SOTH, is one form of breakthrough in realizing zero stunting in Surabaya to improve parents' ability to care for children, especially children under five because the role of parents is very important and they are the place where their children learn. Being a parent means there is no time limit for learning. The more children grow and develop, the more different the way they are raised will be. Priority participants will be parents of pre-stunting toddlers. Because they need more attention so that their children do not become stunted. From this activity, apart from the psychological side, it can also be related to health and parenting patterns. Parents who take part in SOTH are given parenting knowledge, such as proper parenting patterns and providing nutritious food for children as an effort to prevent toddlers at risk of stunting. Based on the description above, efforts need to be made to empower great parents in maintaining the health of young children as a strategy towards zero stunting in the form of community service. This community service aims to increase knowledge and strengthen the role of great parents

through the School for Great Parents (SOTH) in Putat Jaya Subdistrict, Surabaya to prevent stunting to produce a great generation.

## METHODS

This community service activity was carried out directly by STIKes lecturer William Booth Surabaya, students, and involved posyandu cadres in the Great Parents School (SOTH) activity on Saturday, July 29 2023 in Putat Jaya Village, Sawahan District, Surabaya City. This community service location was chosen because the number of pre-stunted toddlers in the area is quite high and there is a lack of access to health information among the community. In SOTH, great parents are asked to commit to attending 13 meetings according to the specified curriculum and syllabus. In this activity, STIKes William Booth contributed to providing teaching material from one of SOTH's basic competencies, namely about maintaining the health of early childhood, where achievement indicators include participants (parents who have early childhood) being able to maintain health during pregnancy, when the child is still a baby and when the child is already large, and can find out the types and treatments for diseases that often occur in early childhood so that it can increase the role of pre-stunting SOTH to become a nurturing school for families who have pre-stunting children. There were 25 respondents with the inclusion criteria: great parents who have pre-stunting toddlers and mothers who have toddlers, who want to be respondents and can read and write. Before being given intervention in the form of education, respondents were given a pre-test first. Then education was carried out using the lecture method, question, and answer, film screening, and practice for 120 minutes about routine activities carried out by parents to maintain health during pregnancy when the child is still a baby, and when the child is older, the types of diseases that often occur in children early childhood, how to treat diseases in early childhood. Education was carried out at the Putat Jaya Village RW Hall, Sawahan District, Surabaya using PowerPoint and leaflet media. At the end of the session, respondents were given a post-test to assess changes in mothers' knowledge after the education. A questionnaire consisting of positive questions with yes/no answers was used to assess the pre-test and post-test totaling 10 multiple choice items consisting of questions about routine activities carried out by parents to maintain health during pregnancy, when the child was still baby and when children are older, types of diseases that often occur in early childhood, how to treat diseases in early childhood. Each correct question is worth 1 point with a total score of 10 points and the lowest score is 0 points. Scores are divided into 3 categories of knowledge, namely good (score  $\geq 8$ ), sufficient (score 5-7), and poor (score 0-4) and the provision of homework carried out by great parents includes stimulating children's development according to the results of the Child Development Card (KKA), invites children and family members to work together to clean the house, invites children and other family members to exercise together. The following are the procedures for implementing community service:

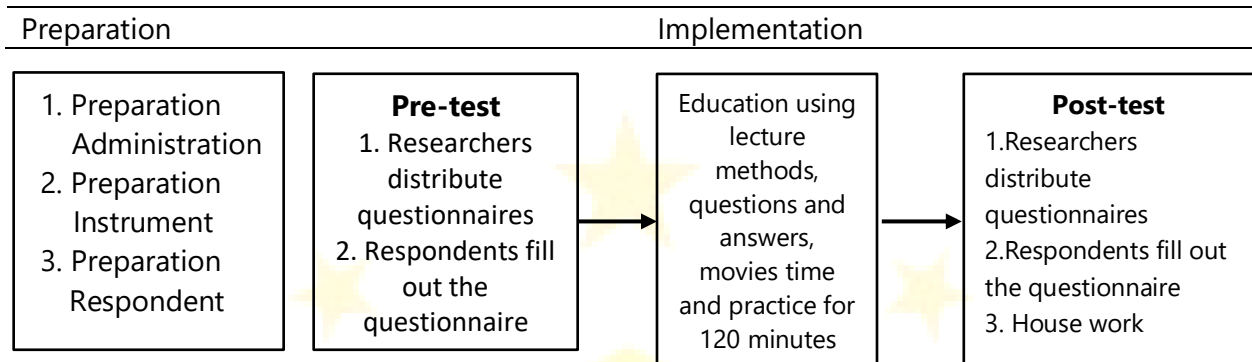


Figure 1. Flowchart of Community Service

## RESULTS AND DISCUSSION

The community service which was carried out on Saturday, July 29 2023 in Putat Jaya Village, Sawahan District, Surabaya City went smoothly. All respondents were 100% present, namely 25 people consisting of great parents who have children under five who are pre-stunting. Activities start from the preparation stage, namely administrative preparation (respondents fill out the attendance list), instrument preparation (complete questionnaires, leaflets, and educational materials), and respondent preparation. In the first stage, respondents were collected by the RW Hall and then given a questionnaire to fill out (pre-test). The second stage was the delivery of educational material delivered by the resource person for 120 minutes using the lecture method, film screening, and continued with a question and answer session. Respondents also received leaflets for learning materials. The third stage is that respondents are asked to fill out the questionnaire again (post-test) and provide homework assignments. Educational material that includes routine activities carried out by parents to maintain health during pregnancy, when the child is still a baby, and when the child is older, types of diseases that often occur in early childhood, how to treat diseases in early childhood is conveyed well and enthusiastically respondents were very high as evidenced by the large number of questions asked to the resource persons. The activity ended with a documentation and photo session between lecturers, students, posyandu cadres, and respondents. The results of providing education to parents can be seen in Table 1 where the respondents' knowledge has changed. Respondents who scored in the good category increased significantly from 7 respondents (24.3%) to 15 respondents (65.7%). Meanwhile, respondents in the moderate category experienced a change from 6 respondents (23.7%) during the pre-test to 7 respondents (24.3%) during the post-test. Changes in knowledge also occurred in respondents who scored in the less category, decreasing significantly, namely 12 respondents (52.0%) during the pre-test to 3 respondents (10%) during the post-test. These results indicate that there is a significant increase in respondents' knowledge.

Table 1: Knowledge of parents in maintaining health at an early age as a strategy towards zero stunting

| Categories | Before |      | After |      |
|------------|--------|------|-------|------|
|            | n      | %    | n     | %    |
| Good       | 7      | 24.3 | 15    | 65.7 |

|            |    |      |    |      |
|------------|----|------|----|------|
| Enough     | 6  | 23,7 | 7  | 24.3 |
| Not Enough | 12 | 52.0 | 3  | 10.0 |
| Total      | 25 | 100% | 25 | 100% |

Source: Primary Data, 2023

It is very important to provide health education about preventing stunting to pregnant women and mothers with newborn babies. Stunting can be prevented by increasing nutritional intake for mothers and babies and providing the best parenting patterns in the family. This health education also increases respondents' understanding of stunting prevention through mothers and their environment. Three main phases require optimal maternal role to prevent stunting in children during their golden years. These phases include the preconception phase, prenatal phase, and baby-toddler phase. The mother's various roles include providing nutrition for the mother, fetus, baby, and child, initiating early breastfeeding, providing special breast milk, and providing appropriate complementary foods for breast milk, optimizing the environment for the child's growth and development, optimizing family support, and avoiding various psychosocial factors that can be detrimental during a child's life, growth and development. The role of mothers in the golden phase is very important in preventing stunting in children. Even though at the time of fertilization there is no fetus, the mother's nutrition needs to be met from an early age so that the mother's body is ready to undergo the prenatal phase for fetal development, which then continues into the infant-toddler to adolescent phase (Saleh et al., 2021). Malnutrition in the mother during pregnancy causes stunted fetal growth, and infectious diseases in pregnancy can cause premature birth. These two things also contribute to the incidence of stunting. After birth, growth disorders often occur at the age of 3 months and are most prominent at the age of 6 – 18 months. Because during this period, young children are often attacked by infectious diseases such as diarrhea, which hurts their growth. Frequent consumption of microorganisms also causes damage to the small intestine known as environmental enteric dysfunction, even without clinical symptoms but can inhibit growth. Complementary foods for breast milk often do not provide sufficient nutrition and energy, thus hurting growth. Harmful exposures during pregnancy and the first 2 years of life, which are critical periods for growth and development, have led to programmatic focus on these "1,000 days" in the life cycle. Dietary interventions, including nutritional education and providing dietary supplements during pregnancy for malnourished women, result in increased fetal growth that positions newborns for healthier growth. Interventions in the first 2 years of life include the promotion of exclusive breastfeeding in the first 6 months of life and continuous breastfeeding for at least the first 2 years, nutritional counseling to ensure adequate complementary feeding, and, if necessary in food-insecure areas, provision of complementary foods breast milk. additional food to be given to children. Evidence shows that each intervention has a beneficial impact on child growth, but the impact is small compared to the level of stunting that occurs in disadvantaged groups. However, in recent years, declines in the prevalence of stunting in several low-income countries suggest that major improvements are possible thanks to socio-economic changes as well as specific infection control and dietary interventions (Black, 2018). The burden of malnutrition continues to be a concern for countries, especially those in the lower middle class, so the practice of managing proper nutrition during pregnancy and early childhood remains a

priority. The best way to support and improve such behavior depends on providing access to nutrient-rich foods, access to education, empowering women, controlling household resources, and greater father involvement in child care. The health and nutrition community also continues to be intensified, promoting healthy food, providing exclusive breastfeeding from 0-6 months, and continuing to breastfeed children until the age of 2 years. Emphasis on the importance of parental health and diet, even before conception, has a major influence on the health of the fetus during pregnancy and throughout its life. Partnerships between the public and private sectors in playing their roles ensure that knowledge and policies are implemented and coordinated well (Hoffman et al., 2019). Stunting prevention can also be done by reducing depression in mothers through stress management. Mothers need to know how to manage stress effectively both during pregnancy and after giving birth. This effort needs to be done because depressed mothers usually refuse to breastfeed their babies, are less responsive to the baby's signals, and tend not to listen to the advice of health workers or their families. When a mother is depressed, she neglects her health, her baby's health, and her baby's development. As a result, children do not receive nutrition and are at risk of stunting. Women with psychological disorders, such as depression or bipolar disorder, can affect maternal health and fetal growth, weight, and development, increasing the risk of giving birth to babies with several birth defects, such as microcephaly, CNS (Central Nervous System) problems, as well as triggering other pregnancy complications such as hypertension, gestational, premature birth, and dependency on hospital care (Mohamed et al., 2023). Apart from that, another thing that needs to be improved in preventing stunting is personal hygiene. Previous research states that stunting incidents in Indonesia are mostly found in slum and densely populated districts where access to clean water, sanitation, and personal hygiene is very lacking (Prambudi, 2020). Although nutritional status is still the main cause of stunting, there is evidence that environmental risk factors are also associated with stunting. The use of foodborne mycotoxin solid fuels, lack of adequate sanitation, dirty house floors, poor quality cooking fuel, and inadequate waste disposal are environmental risk factors that have a direct impact on children's growth (Vilcins et al., 2018). According to (Budge et al., 2019) also stated that 1 in every 4 (23%) children aged 5 years experience stunting throughout the world. This is because activities to prevent and overcome stunting, especially in areas, are very slow, not only from an inadequate diet, or diarrhea but other factors, namely EED (Enteric Environmental Dysfunction), an intestinal inflammation that often occurs in developing countries due to poor sanitation. Families need to know the factors that cause stunting, therefore education about stunting, nutrition, parenting, personal hygiene, and maternal depression needs to be provided. According to (Soviyati et al., 2023) in Education Health Promotion stated that socio-economic and sanitation influences through self-efficacy and social support have a significant influence on stunting prevention and control behavior, while parenting patterns through food or nutritional intake have a significant influence on the incidence of stunting. Variables that have a significant positive effect on stunting prevention and behavior directly are perceived vulnerability, perceived severity, perceived barriers, self-efficacy and social support, community organizing, and facilitators.

## CONCLUSION AND SUGGESTION

Stunting is still a major health problem for Indonesia with a prevalence of 17% in 2023. This community service shows that family-based health education, especially for parents of toddlers, has an effect on increasing parents' knowledge and insight about stunting in maintaining the health of early childhood. Health education can increase knowledge and strengthen the role of parents in providing care to children about the importance of routine activities carried out by parents to maintain health during pregnancy, when the child is still a baby, and when the child is older, the types of diseases that often occur in children early childhood, and how to treat diseases in early childhood in Putat Jaya Village, Sawahan District, Surabaya to prevent stunting towards zero stunting to produce a great generation.

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## REFERENCES

- Baharun, H., & Iltiqoiyah, L. (2021). *Manajemen Pembelajaran melalui Pendekatan BCCT dalam Meningkatkan Multiple intelligences Anak*. 5(2), 1368–1381. <https://doi.org/10.31004/obsesi.v5i2.781>
- Beal, T., Tumilowicz, A., Sutrisna, A., Izwardy, D., & Neufeld, L. M. (2018). A review of child stunting determinants in Indonesia. *Maternal & Child Nutrition*, 14(4), e12617. <https://doi.org/10.1111/mcn.12617>
- Black, R. E. (2018). *Causes of Stunting and Preventive Dietary Interventions in Pregnancy and Early Childhood*. 89, 105–113. <https://doi.org/10.1159/000486496>
- Budge, S., Parker, A. H., Hutchings, P. T., & Garbutt, C. (2019). *Environmental enteric dysfunction and child stunting*. 0(0), 1–14. <https://doi.org/10.1093/nutrit/nuy068>
- Choliq, I., Nasrullah, D., & Mundakir, M. (2020). Pencegahan Stunting di Medokan Semampir Surabaya Melalui Modifikasi Makanan Pada Anak. *Humanism: Jurnal Pengabdian Masyarakat*, 1(1), 31–40. <https://doi.org/10.30651/hm.v1i1.4544>
- De Silva, I., & Sumarto, S. (2018). Child Malnutrition in Indonesia: Can Education, Sanitation and Healthcare Augment the Role of Income? *Journal of International Development*, 30(5), 837–864. <https://doi.org/10.1002/jid.3365>
- Dinas Kesehatan. (2023). *Target Pemerintah 2023: Turunkan Stunting Jadi 17 Persen*. <https://news.republika.co.id/berita/rpszd2349/target-pemerintah-2023-turunkan-angka-stunting-jadi-17-persen>
- Erlanti, M. S., Mulyana, N., & Wibowo, H. (2016). Teknik Parenting Dan Pengasuhan Anak Studi Deskriptif Penerapan Teknik Parenting Di Rumah Parenting Yayasan Cahaya Insan Pratama



- Bandung. *Prosiding Penelitian Dan Pengabdian Kepada Masyarakat*, 3(2).  
<https://doi.org/10.24198/jppm.v3i2.13686>
- Gani, H. A., Istiaji, E., & Pratiwi, P. E. (2013). *Perilaku Hidup Bersih Dan Sehat (PHBS) Pada Tatanan Rumah Tangga Masyarakat Using*. 25–35.
- Hoffman, D., Arts, M., & Bégin, F. (2019). *The “ First 1, 000 Days + ” as Key Contributor to the Double Burden of Malnutrition*. 08901, 8–11. <https://doi.org/10.1159/000503665>
- Kemendes RI. (2018). *Mengenal Stunting dan Gizi Buruk*. <https://promkes.kemkes.go.id/?p=8486>
- Kesehatan Riskesdas. (2023). *Prevalensi Stunting di Indonesia Turun ke 21,6% dari 24,4%*. <https://sehatnegeriku.kemkes.go.id/>
- Maulidia, A. & Hanifah, U. (2020). Peran edukasi orang tua terhadap PHBS PAUD selama masa pandemi covid-19. *Musamus Journal Of Primary*, 3(1), 35–44. <https://doi.org/10.35724/musjpe.v3i1.3078>
- Mohamed, M. A., Elhelbawy, A., Khalid, M., AbdAllatif, L. A., & Lialy, H. E. (2023). Effects of bipolar disorder on maternal and fetal health during pregnancy: a systematic review. *BMC Pregnancy and Childbirth*, 23(1), 617. <https://doi.org/10.1186/s12884-023-05924-8>
- Mulyaningsih, T., Mohanty, I., Widyarningsih, V., Gebremedhin, T. A., Miranti, R., & Wiyono, V. H. (2021). Beyond personal factors: Multilevel determinants of childhood stunting in Indonesia. *PloS One*, 16(11), e0260265. <https://doi.org/10.1371/journal.pone.0260265>
- Nurlaela Sari, D., Zisca, R., Widyawati, W., Astuti, Y., & Melysa, M. (2023). Pemberdayaan Masyarakat dalam Pencegahan Stunting. *JPKMI (Jurnal Pengabdian Kepada Masyarakat Indonesia)*, 4(1), 85–94. <https://doi.org/10.36596/jpkmi.v4i1.552>
- Oktaviana, W., Keliat, B. A., Wardani, I. Y., & Pratiwi, A. (2021). Effectiveness of health education and infant therapeutic group therapy on babies aged 0-6 months to prevent stunting risk factors: mother depression. *Journal of Public Health Research*, 11(2). <https://doi.org/10.4081/jphr.2021.2740>
- Pemerintah Kota Surabaya. (2023). *Wali Kota Sebut Jumlah di Surabaya Tersisa 651 Balita*. <https://www.suarasurabaya.net/kelanakota/2023/wali-kota-sebut-jumlah-stunting-di-surabaya-tersisa-651-balita/>
- Prambudi. (2020). *Spending Better to Reduce Stunting in Indonesia*. <https://thedocs.worldbank.org/en/doc/891771592968143965-0070022020/original/IDPERSpendingbettertoreducestuntinginIndonesia.pdf>
- Rahmadhita, K. (2020). Permasalahan Stunting dan Pencegahannya. *Jurnal Ilmiah Kesehatan Sandi Husada*, 11(1), 225–229. <https://doi.org/10.35816/jiskh.v11i1.253>
- Rasmini W., N., Wijana N., I., Sumertha W., I. (2018). Pengasuhan Holistik Berlandaskan Tri Hita Karana Dalam Mengembangkan Karakter Anak Usia Dini. *Jurnal Pendidikan Usia Dini*, 30(1), 116–120. <http://jesoc.com/wp->

content/uploads/2016/12/KC5\_37.pdf%0Ahttps://rwanda.savethechildren.net/sites/rwanda.savethechildren.net/files/library/Parenting\_Education\_Literacy\_Position\_Paper\_2014-07-18.pdf%0Ahttp://arxiv.org/abs/astro-ph/0005074

- Ratnasari, N. Y. (2017). *CLEAN AND HEALTHY LIFE BEHAVIOR ( PHBS ) IN NGADIROJO, WONOGIRI REGENCY*. 74–78.
- Saleh, A., Syahrul, S., Hadju, V., Andriani, I., & Restika, I. (2021). Role of Maternal in Preventing Stunting: a Systematic Review. *Gaceta Sanitaria*, 35 Suppl 2, S576–S582. <https://doi.org/10.1016/j.gaceta.2021.10.087>
- Sarinah Basri K, Ulfa Aulia, Vidya Ayianti Hadju, L. B. (2022). *MASYARAKAT BIDANG KESEHATAN Edukasi Kesehatan Perilaku Hidup Bersih dan Sehat di Sdn 2 Penganjang Health Education about Clean and Healthy Living Behavior*. July. <https://doi.org/10.36049/genitri.v1i1.56>
- Sehat, D. A. N., Sejak, P., Di, D., & Hargomulyo, D. (2018). *PENINGKATAN KESEHATAN MELALUI PERILAKU HIDUP BERSIH*. 2(1), 20–27.
- Silitonga, M., & Yulastri, L. (2014). Hubungan Pola Asuh Orangtua Dengan Agresivitas Anak Di Smpn 194 Jakarta Timur. *JKKP (Jurnal Kesejahteraan Keluarga Dan Pendidikan)*, 1(1), 7–11. <https://doi.org/10.21009/jkkp.011.02>
- Sofyan, I. (2019). Mindful Parenting: Strategi Membangun Pengasuhan Positif dalam Keluarga. *Journal of Early Childhood Care and Education*, 1(2), 41. <https://doi.org/10.26555/jecce.v1i2.241>
- Soviyati, E., Sulaeman, E. S., Sugihardjo, I., & Wiboworini, B. (2023). Effect of applying the health promotion model in stunting prevention and behavior control in Indonesia. *Journal of Education and Health Promotion*, 12, 227. [https://doi.org/10.4103/jehp.jehp\\_276\\_23](https://doi.org/10.4103/jehp.jehp_276_23)
- SSGI. (2023). Hasil Survei Status Gizi Indonesia. *Kementerian Kesehatan Republik Indonesia*, 77–77. <https://promkes.kemkes.go.id/materi-hasil-survei-status-gizi-indonesia-ssgi-2022>
- Suardi, I. P., Ramadhan, S., & Asri, Y. (2019). Pemerolehan Bahasa Pertama pada Anak Usia Dini. *Jurnal Obsesi: Jurnal Pendidikan Anak Usia Dini*, 3(1), 265. <https://doi.org/10.31004/obsesi.v3i1.160>
- Vilcins, D., Sly, P. D., & Jagals, P. (2018). Environmental Risk Factors Associated with Child Stunting: A Systematic Review of the Literature. *Annals of Global Health*, 84(4), 551–562. <https://doi.org/10.9204/aogh.2361>