Journal of Midwifery and Nursing, 5 (3) (2023) pp. 110-118

Published by: IOCSCIENCE

Journal of Midwifery and Nursing

Journal homepage: www.iocscience.org/ejournal/index.php/JMN

Factors affecting nutritional status in toddlers in Sumberejo Village Batu District Batu City

Susana Setyowati [1], Sayuti [2], Qotimah [3]

[1,2,3]Department of Midwifery, Politeknik Kesehatan Wira Husada Husantara Malang, Malang, Jawa Timur, Indonesia

ARTICLE INFO

Article history:

Received Aug 20, 2023
Revised Sept 18, 2023
Accepted Sept 20, 2023

Keywords:

Affecting;
Factors;
Nutritional Status;
Toddlers.

ABSTRACT

Nutritional status is a toddler's health condition which is assessed from physical form including height/weight. Indicators of nutritional status in children under five aged 2-5 years use Body Weight (BB) / Height (TB). The nutritional status of children under five is very important to know because it is an indicator of the quality of human resources that determines the level of community welfare. Toddlers who have good nutritional status are an important element in fulfilling nutritional needs, considering that nutrients function to produce energy, build and maintain tissue, regulate life processes in the body and meet the needs for growth and development of toddlers. The purpose of this study was to determine the factors that influence nutritional status in toddlers in Sumberejo Village, Batu District, Batu City. This study used an analytic survey research method with a case control approach, namely an analytic survey (research) involving how risk factors were studied using a retrospective approach. The sample in this study were mothers who had toddlers in Sumberejo Village, Batu District, Batu City, totaling 34 mothers. The results of data analysis show that family income (X2) The calculated X2 value is 20,864 <X2 table (3.84), knowledge (X3) The calculated X2 value is 20,864 <X2 table (3.84), history of infectious diseases (X5) The calculated X2 value is 20,864 < X2 table (3.84), Exclusive Breastfeeding (X6) X2 calculated value is 20,864 < X2 table (3.84), Nutrition Intake (X7) X2 calculated value is 20,864 < X2 table (3.84) with Asymp value. Sig. (2-sided) 0.000 <0.05 means that Ho is rejected and H6 is accepted, so it can be concluded that there is a significant effect on the nutritional status of toddlers (Y). While the education factor (X1) the X2 count value of mother's education is 2.391 < X2 table (3.84), parenting style (X4) The X2 count value is 2.391 < X2 table (3.84) with Asymp value. Sig. (2-sided) 0.122 > 0.05 means that there is no significant effect on the nutritional status of toddlers (Y).

Corresponding Author:

Susana Setyowati,
Department of Midwifery,
Politeknik Kesehatan Wira Husada Husantara Malang,
Jl. Kecubung No 2 Tlogomas Malang, Jawa Timur, 65144, Indonesia.
Email: susanasetyowati411@gmail.com

1. Introduction

Nutritional status is the state of health of toddlers which is assessed from physical shape including height / weight. Nutritional status indicators in toddlers aged 2-5 years using Body Weight (BB) / Height (TB) (Ladjin, Litriani, Sahamony, Kusumaningrum, Maulina, Siregar, Hubbansyah, Solikin, Silitonga, Soeyatno, Asyari, Sinaga, 2022). The nutritional status of toddlers is very important to know because it is one of the indicators of the quality of human resources that determine the level of community welfare. Toddlers who have good nutritional status as an important element in meeting nutritional needs, considering that nutrients function to produce energy, build and develop tissues, regulate life processes in the body and meet the needs for toddler growth and development (Oktavianis, 2022),(Andayani & Afnuhazi, 2022)

The number of malnourished children under five worldwide is 144 million children and malnutrition still accounts for one-third of all causes of child mortality worldwide. With the category of the number of (21.3%) toddlers with undernutrition and malnutrition, 47 million (6.9%) underweight toddlers, 38 million (5.6%) toddlers with overweight or overweight, while the prevalence of low weight in the world is 20 million (15.5%) every year and developing countries are the largest contributors to it around 96.5%. Indonesia is ranked 9th highest in the world regarding the incidence of low birth weight (Oktavianis, 2022). Basic health research (Riskesdas) from the Ministry of Health in 2018 reported the prevalence of KEP in Indonesia based on weight measurement against age of 17.7% with the percentage of underweight category of 13.0% and malnutrition category of 3.9%. Meanwhile, the target of the RPJMN (National Medium-Term Development Plan) in 2019 is 17 percent (Safitri et al., 2022)

The number of children under five who experience malnutrition worldwide is 144 million children and malnutrition is still the cause of one third of all causes of child death worldwide. With a category of 21.3% of children under five with malnutrition and malnutrition, 47 million (6.9%) were underweight, 38 million (5.6%) were over-nourished or overweight, while the prevalence of LBW in the world namely 20 million (15.5%) annually and developing countries being the biggest contributor, around 96.5%. Indonesia is ranked the 9th highest in the world regarding the incidence of LBW. Basic health research (Riskesdas) from the Ministry of Health in 2018 reported the prevalence of KEP in Indonesia based on a measurement of body weight for age of 17.7% with an underweight category of 13.0% and a severe malnutrition category of 3.9%. Meanwhile, the target of the 2019 RPJMN (National Medium Term Development Plan) is 17 percent. Then based on the results of Nutritional Status Monitoring (PSG). South Asia is the region with the largest prevalence of malnutrition in the world, which is 46%, then sub-Saharan Africa 28%, Latin America 7% and the lowest is in Central, Eastern Europe and the Commonwealth of Independent States (CEE/CIS). by 5% (Sigit, 2020). UNICEF reports that there are 167 million pre-school aged children in the world who suffer from malnutrition (underweight), mostly in South Asia (Ladjin, Litriani, Sahamony, Kusumaningrum, Maulina, Siregar, Hubbansyah, Solikin, Silitonga, Soeyatno, Asyari, Sinaga, 2022).

In Indonesia, it is recorded that 7.8 million of the 23 million children under five are suffering from stunting or around 35.6%. A total of 18.5% were in the very short category and 17.1% were in the short category. The highest stunting was in Central Sulawesi with a total of 16.9% and the lowest was in North Sumatra with 7.2%. In the National Medium Term Development Plan (RPJMN), the government is targeting to reduce the prevalence of stunting from initial status of 32.9% to 28. % in 2019 (9). According to the Indonesian Ministry of Health (2019) explained that Indonesia is in third place with the number of under-fives experiencing malnutrition around 30.8% of toddlers, while in East Java Province it is ranked sixth with 37.3% of malnourished children and in Batu City as many as 57,372 children under five were malnourished (Kemenkes R1, 2019)(Hanim, 2020).

One of the health indicators that is assessed as successful in achieving the SDGs is the nutritional status of children under five. The nutritional status of toddlers can be measured based on age, body weight (BB), height (TB). These three variables are presented in the form of three anthropometric indicators, namely: Body Weight according to Age (WW/U), Body Height according to Age (TB/U) and Body Weight according to Height (WW/TB). Based on Weigh Month data from districts/cities in 2021, the percentage of underweight toddlers (BB/U) is 9.8%, while the RPJMN target is 15%, the percentage of

stunted toddlers (TB/U) is 12.4% and the RPJMN target is 18. 4%, while the percentage of toddlers wasting is 8.0% and the RPJMN target is 7.8%. One of the indicators used to see the success of a nutrition program is weight for height (BB / TB), which indicates the existence of acute nutritional problems in a work area. The second indicator is height for age (TB/U) which indicates nutritional problems that have occurred over a long period of time (chronic/stunting) (Ladjin, Litriani, Sahamony, Kusumaningrum, Maulina, Siregar, Hubbansyah, Solikin, Silitonga, Soeyatno, Asyari, Sinaga, 2022).

The classification of nutritional status assessments based on the Anthropometric Index is in accordance with the nutritional status categories in the WHO Child Growth Standards for children aged 0-5 years and The WHO Reference 2007 for children 5-18 years. Based on the 2021 Indonesian Nutritional Status Study (SSGI) conducted by the Health Research and Development Agency (Balitbangkes) of the Ministry of Health in collaboration with the Central Statistics Agency (BPS), it was found that the percentage of underweight (underweight and very underweight) in toddlers was 17%. . Meanwhile, based on data from the electronic Community-Based Nutrition Recording and Reporting Application (e-PPBGM) through the 2021 Nutrition Surveillance, it was found that 1.2% of toddlers were very underweight and 6.1% were underweight. The difference between SSGI data and e-PPBGM data is that SSGI data comes from a survey targeting households with children under five, while the data in e-PPGBM comes from data input carried out by community health center nutrition officers based on the results of weighing at the posyandu every month. So, e-PPGBM data can be viewed in cohorts down to the individual level based on name and address (by name & by address)(Jasmawati & Setiadi, 2020). Malnutrition in toddlers based on the Height for Age (TB/U) index includes the very short and short categories. The 2021 SSGI states that the percentage of stunted (very short and short) is 24.4%. Meanwhile, the e-PPBGM data shows that 2.7% of baduta are very short and 6.5% of baduta are short. East Java ranks number 19 in nutritional problems with the percentage of very low body weight and underweight among toddlers aged 0-23 months, namely 1.4% for very low body weight and 5.5% for underweight. Meanwhile, for toddlers aged 0-59 months, the presentation was 1.5% very underweight and 6.7% underweight. The nutritional status of toddlers in Malang Regency based on the BB/U, TB/U, and BB/TB indices was found to be 88,532 for toddlers aged 0-59 months with the category of malnutrition based on BB/U being 5% (4,379 toddlers), short toddlers as many as 7,861 toddlers (8.9%), 3,227 underweight toddlers (3.7%) (BPS 2022, 2020)(Ikhsanto, 2020)(Kemenkes R1, 2019)

Based on the latest data from the East Java Central Statistics Agency (BPS. 2021), the prevalence of undernourished toddlers aged 0-29 months in 2016 was 10.95%, in 2017 the prevalence of undernourished infants aged 0-29 months decreased to 9. 90%, in 2018 there was another increase in the nutritional prevalence of toddlers aged 2-29 months by 11.60. The figures in 2018 showed improvements in good nutrition in toddlers aged 0-29 months. In Malang Regency, based on data from the Malang District Health Service, the nutritional coverage of children under five was 43,766 with malnutrition status in 2019 of 2,867 children under five, amounting to 6.6% (Kemenkes R1, 2019).

Based on the description of the results of the previous research above and preliminary studies conducted in Sumberejo Village, Batu District, there are still many toddlers who experience problems with their nutritional status. Based on the results of initial observations of 20 toddlers, it was found that 15 toddlers had thin bodies, 3 toddlers had normal bodies and 2 toddlers had fat bodies. Toddlers who have thin bodies have malnutrition because they don't get nutritious and balanced nutritional intake, inappropriate parenting, lack of mother's knowledge, has a history of illness, the authors wish to research "Factors Influencing Nutritional Status in Toddlers in Sumberejo Village, Batu District, Batu City.

2. Research methods

The research design is the technical and operational steps that will be carried out in this study using an analytical survey research method with a case control approach, namely an analytic survey (survey) that concerns how risk factors are studied using a retrospective approach. This research was carried out in Sumberejo Village, Batu District, Batu City. The time of the research will be carried out from November 2022 to February 2023. The population in this study is all mothers who have children under five in

Sumberejo Village, Batu District, Batu City. With a sample of all mothers who have children under five in the village, totaling 34 mothers with the total sampling technique. The variables in this research are independent variables (independent variables) which are factors that influence nutritional status. And the dependent variable (dependent variable) is the nutritional status of toddlers. Data collection in this study used a survey method, namely a data collection method that used a questionnaire and was given to respondents to obtain data in the form of responses or responses from the sample. The questionnaire used in this study was in the form of a choice (closed ended item) which would be distributed to mothers of toddlers to filled in according to the answers to the questions in the questionnaire, Observation, namely by weighing toddlers' weight and height, Interviews, namely collecting data to find out things from respondents that are more in-depth by conducting interviews with mothers of toddlers, Documentation, namely by taking data on the number of toddlers in the village Sumberejo City of Stone. The data analysis used in this research is Chi Square or Chi Square statistical analysis of two samples to test the hypothesis. With a significance level of 5% and a confidence level of 95%). Significant level is the level of error that has been determined by the researcher.

3. **Analysis And Results**

This research describes the factors that influence the nutritional status of toddlers in Sumberejo Village, Batu District, Batu City. Based on the results of the questionnaire that was carried out on mothers who had 34 toddlers, some data was obtained about the characteristics of the respondents, namely age and occupation. Based on these results, the characteristics of the respondents can be described as follows:
General Data
Characteristics of respondents by age can be seen in the table below:

Table 1.
Respondent data based on age

Age of respondent	frequency	Presentase (%)
<18 year	3	8.8%
18-35ear	15	44.11%
>35 year	16	47.1%
Total	34	100%

Based on table 1 the majority of respondents aged > 35 years were 16 respondents (47.1%), the remainder were aged 18-35 years as many as 15 respondents (44.11%) and aged <18 years were 3 respondents (8.8%),The characteristics of respondents based on type of work can be seen in the table below, namely :

Table 2.
Respondent data based on type of work

type of work	Frequency	Persentase
Housewife	15	44.12%
Private	10	29.4%
Self-employed	5	14.7%
Civil Servant	4	11.8%
Total	34	100%

Based on table 2 the majority of respondents worked as housewives (IRT), namely 15 (44.12%), the rest worked privately as many as 10 respondents (29.4%), self-employed as many as 5 respondents (14.7%), and the rest worked as civil servants as many as 4 respondents (11.8%).

A. Special Data

Analysis of research data was used to measure "Factors Influencing Nutritional Status in Toddlers in Sumberejo Village, Batu Kota District, presented in the following table:

1. Education Factor

Table 3.
Analysis of the relationship between educational factors and nutritional status in toddlers

Mother"s education	Influencing nutritional status in toddlers		Total	Chi Square (X^2) Count	Chi Square (X^2) Table	Asymp. Sig. (2-sided)
	It is not in accordance with	in accordance				
Low	2	0	2			
Tall	14	18	32	2.391	3.84	0.122
Total	16	18	34			

Based on table 3 it can be seen that mother's education has no effect on nutritional status. This is supported by analysis using chi square, namely the calculated X2 value is 2.391 < Sig. (2-sided) 0.122 > 0.05 means that H0 is accepted and H1 is rejected.

2. Family income factor

Table 4.
Analysis of the relationship between family income factors and nutritional status of children under five

Family income	Influencing nutritional status in toddlers		Total	Chi Square (X^2) Count	Chi Square (X^2) Table	Asymp. Sig. (2-sided)
	It is not in accordance with	in accordance				
Insufficient	12	0	12			
Sufficient	4	18	22	20.864	3.84	0.000
Total	29	18	34			

In Table 4 above, family income has an effect on nutritional status. This is supported by analysis using chi square, namely the calculated X2 value is 20,864 < Sig. (2-sided) 0.000 < 0.05 means that H0 is rejected and H2 is accepted.

3. Knowledge factor

Table 5.
Analysis of the relationship between knowledge factors and the occurrence of nutritional status in toddlers

Knowledge	Influencing nutritional status in toddlers		Total	Chi Square (X^2) Count	Chi Square (X^2) Table	Asymp. Sig. (2-sided)
	It is not in accordance with	in accordance				
Not enough	12	0	12			
Good	4	18	22	20.864	3.84	0.000
Total	29	18	34			

In Table 5 above, maternal knowledge influences nutritional status. This is supported by analysis using chi square, namely the calculated X2 value is 20,864 < Sig. (2-sided) 0.000 < 0.05 means H0 is rejected and H3 is accepted.

4. Parenting Factors

Table 6.
Analysis of the relationship between parenting style factors and nutritional status in toddlers.

Parenting	Influencing nutritional status in toddlers	Total	Chi Square (X^2) Count	Chi Square (X^2) Table

	It is not in accordance with	in accordance				Asymp. Sig. (2-sided)
Not enough	2	0	2			
Good	14	18	32	2.391	3.84	0.122
Total	16	18	34			

In Table 6 above, parenting style has no effect on nutritional status. This is supported by an analysis using chi square, namely the calculated X2 value is 2,391 < X2 table (3.84) meaning that there is no significant relationship between parenting style and nutritional status in toddlers and the Asymp value. Sig. (2-sided) 0.222 < 0.05 means that H0 is accepted and H4 is rejected.

5. Factors History of infectious diseases

Table 7.
Analysis of the relationship between infectious disease history factors and nutritional status in toddlers.

History of infectious diseases	Influencing nutritional status in toddlers		Total	Chi Square (X^2) Count	Chi Square (X^2) Table	Asymp. Sig. (2-sided)
	It is not in accordance with	in accordance				
Often	12	0	12			
Never	4	18	22	20.864	3.84	0.000
Total	16	18	34			

In Table 7 above, a history of infectious disease influences nutritional status. This is supported by an analysis using chi square, namely the calculated X2 value is 20,864 < X2 table (3.84) meaning that there is a significant relationship between the history of infectious diseases and the nutritional status of toddlers and the Asymp value. Sig. (2-sided) 0.033 < 0.05 means H0 is rejected and H5 is accepted.

6. Exclusive Breast Milk Factor

Table 8.
Analysis of the relationship between exclusive breastfeeding factors and nutritional status in toddlers.

Exclusive Breast MilkAsi Eksklusif	Influencing nutritional status in toddlers		Total	Chi Square (X^2) Count	Chi Square (X^2) Table	Asymp. Sig. (2-sided)
	It is not in accordance with	in accordance				
No	12	0	12			
Yes	4	18	22	20.864	3.84	0.000
Total	16	18	34			

In Table 8 above, exclusive breastfeeding has an effect on nutritional status. This is supported by an analysis using chi square, namely the calculated X2 value is 20,864 < X2 table (3.84) meaning that there is a significant relationship between exclusive breastfeeding on the nutritional status of toddlers and the Asymp value. Sig. (2-sided) 0.000 < 0.05 means H0 is rejected and H6 is accepted.

7. Nutrition intake factor

Table 9.
Analysis of the relationship between nutritional intake and nutritional status in toddlers.

Nutrition intake	Influencing nutritional status in toddlers		Total	Chi Square (X^2) Count	Chi Square (X^2) Table	Asymp. Sig. (2-sided)
	It is not in accordance with	in accordance				

No	12	0	12			
Yes	4	18	22	20.864	3.84	0.000
Total	16	18	34			

In Table 9 above that Nutrition Intake affects nutritional status. This is supported by analysis using chi square, namely the calculated X2 value is 20,864 < Sig. (2-sided) 0.000 < 0.05 means that H0 is rejected and H6 is accepted.

Discussion

The calculated X2 value is 20,391 < Sig. (2-sided) 0.122 > 0.05 means H0 is accepted and H1 is rejected. The level of parental education is closely related to whether or not the food menu is served well or not because this really influences thinking patterns and healthy living behavior in serving the family food menu and in choosing health care, if education is low, knowledge about healthy living and how to maintain cleanliness. , food and drink are not yet well understood. Insufficient knowledge about the benefits of nutritious food can influence food consumption patterns, this can be caused by a lack of information so that errors can occur in understanding nutritional needs (Alhamid et al., 2021). Education is not only obtained from formal education at school but can be obtained from non-formal education, for example from providing counseling by health workers (Narishma et al., 2022)(Hasrul & Nurdin, 2020). The calculated X2 value is 20,864 < X2 table (3.84), meaning there is a significant relationship between family income and nutritional status in toddlers and the Asymp value. Sig. (2-sided) 0.000 < 0.05 means that H0 is rejected and H2 is accepted. The statement above is in accordance with the theory which states that in general family income if the economic level rises, the quantity and type of food tends to improve too, but the quality of food does not improve much if cash crops are used. Cash crops replace household food production and other income may be used to buy food or food products of high nutritional quality. In other words, the better the income or economic level of a family or even a community, the better the food consumed, namely high nutritional value (Sampouw, 2021)(Sundari & Khayati, 2020). Income can affect changes in nutritional status because the provision of nutritious food requires a lot of funding. Therefore, communities with high economic conditions are usually able to meet the nutritional needs of their families compared to communities with low economic conditions (Hasrul & Nurdin, 2020),(Narishma et al., 2022)

The calculated X2 value is 20,864 <X2 table (3.84) meaning that there is a significant relationship between mother's knowledge of the nutritional status of toddlers and the Asymp value. Sig. (2-sided) 0.000 < 0.05 means that H0 is rejected and H3 is accepted. Knowledge of nutritional levels in various food ingredients, the use of food for family health can help mothers choose food ingredients that are not so expensive but have high nutritional value (Sundari & Khayati, 2020). Good mother's knowledge will tend to stimulate the mother's mindset to provide good food to her baby so as to improve nutritional status (Oktavianis, 2022). and mother's knowledge are the main factors that influence the nutritional status of toddlers (Hidayana, 2021).

The calculated X2 value is 2.391 < X2 table (3.84), meaning there is no significant relationship between parenting patterns on nutritional status in toddlers and the Asymp value. Sig. (2-sided) 0.222 <0.05 means that H0 is accepted and H4 is rejected. Parenting style has an important role in the incidence of stunting in toddlers. Parenting is a practice carried out by parents in maintaining health, providing food, emotional support and providing stimulation needed for children's growth and development. Good parenting style really supports achieving optimal nutritional status through parental care for children's growth and development (Lali Midu et al., 2021)(Utami & Septica, 2022).

The calculated X2 value is 20,864 < X2 table (3.84) meaning that there is a significant relationship between the history of infectious diseases on nutritional status in toddlers and the Asymp value. Sig. (2-sided) 0.033 < 0.05 means that H0 is rejected and H5 is accepted. Some infectious diseases that are factors causing malnutrition in children include infections in digestion including diarrhea, small intestine infections that occur due to not maintaining environmental cleanliness, and also worms (Margarita Harvin Dwi Oktaviani et al., 2022). In addition, it can be affected by respiratory tract infections, malaria,

inflammation, and also because of reduced appetite when the child suffers from infectious diseases. A study shows that a child who is undernourished experiences improved nutrition, namely weight gain after being given deworming therapy (Puspitasari, 2021).

The calculated X2 value is 20,864 < the X2 table (3.84) means that there is a significant relationship between exclusive breastfeeding on nutritional status in toddlers and Asymp values. Sig. (2-sided) 0.000 < 0.05 means that H0 is rejected and H6 is accepted. The same thing was also stated by Arifin in 2012 with the results of research which stated that the incidence of stunting was influenced by birth weight, nutritional intake of toddlers, breastfeeding, history of infectious diseases, nutritional knowledge of mothers of toddlers, family income, distance between births but the most dominant factor was breastfeeding(Setiadi et al., 2020). This means that exclusive breastfeeding to infants can reduce the possibility of stunting in toddlers, this is also stated in the 1000 HPK movement launched by the government of the Republic of Indonesia (Suharmanto, 2020)(Masyudi et al., 2019)(Alhamid et al., 2021).

The calculated X2 value is 20,864 < the table X2 (3.84) means that there is a significant relationship between Nutrient Intake on nutritional status in toddlers and Asymp values. Sig. (2-sided) 0.000 < 0.05 means that H0 is rejected and H6 is accepted. Measurement of food consumption is very important to know what you eat and it can be useful for measuring nutritional status and finding dietary factors that can cause malnutrition (Anggraeni et al., 2021). The level of consumption is determined more by the quality and quantity of food consumed. Food quality reflects the presence of nutrients needed by the body contained in food ingredients, while food quantity reflects the amount of each nutrient in a food, to achieve good nutritional conditions, the quality element must be fulfilled (Andayani & Afnuhazi, 2022)(Suharmanto, 2020).

4. Conclusion

Based on the results of the study entitled Factors Affecting Nutritional Status in Toddlers in Sumberejo Village, Batu District, Batu City, it can be concluded that the family income factor (X2) X2 value calculated is 20,864<X2 table (3.84), knowledge factor (X3) The value of X2 count is 20.864<X2 table (3.84), factor history of infectious diseases (X5) The value of X2 count is 20.864 < X2 table (3.84), Exclusive Asi factor (X6) The value of X2 count is 20.864 < X2 table (3.84), Nutrient Intake factor (X7) The calculated X2 value is 20.864 < X2 table (3.84) with an Asymp value. Sig. (2-sided) 0.000 < 0.05 means that H0 is rejected and HI is accepted, so it can be concluded that these factors have a significant influence on nutritional status in toddlers (Y). While the Education factor (X1) value X2 count 2,391 < X2 table (3.84), parenting factor (X4) X2 value count is 2,391 < X2 table (3.84) with Asymp value. Sig. (2-sided) 0.122 > 0.05 means that these factors have no significant influence on nutritional status in toddlers (Y). From the results of this study, it is hoped that health workers can provide optimal and best services to the community, especially for toddlers so as to minimize the occurrence of problems about the nutritional status of toddlers. Furthermore, it can be used as material for reference and development of science about the nutritional status of toddlers and as an indifference and source of information for better further research

References

Alhamid, S. A., Carolin, B. T., & Lubis, R. (2021). STUDI MENGENAI STATUS GIZI BALITA. *Jurnal Kebidanan Malahayati*, *7*(1). https://doi.org/10.33024/jkm.v7i1.3068

Andayani, R. P., & Afnuhazi, R. (2022). Faktor-Faktor Yang Berhubungan Dengan Status Gizi Pada Balita. *JURNAL KESEHATAN MERCUSUAR*, *5*(2). https://doi.org/10.36984/jkm.v5i2.309

Anggraeni, L. D., Toby, Y. R., & Rasmada, S. (2021). Analisis Asupan Zat Gizi Terhadap Status Gizi Balita. *Faletehan Health Journal*, *8*(02). https://doi.org/10.33746/fhj.v8i02.191

BPS 2022. (2020). Catalog : 1101001. *Statistik Indonesia 2020*, *1101001*, 790. http s://www.bps.go.id/publication/2020/04/29/e9011b3155d45d70823c141f/statistik-indonesia-2020.html

Hanim, B. (2020). FAKTOR YANG MEMENGARUHI STATUS GIZI BALITA DI WILAYAH KERJA PUSKESMAS SIDOMULYO KOTA PEKANBARU. *JOMIS (Journal of Midwifery Science)*, *4*(1). https://doi.org/10.36341/jomis.v4i1.1118

Hasrul, H., & Nurdin, S. (2020). Pengaruh pengetahuan keluarga terhadap status gizi balita. *Jurnal Kebidanan Dan Keperawatan Aisyiyah*, *15*(2). https://doi.org/10.31101/jkk.797

Hidayana, W. S. (2021). Hubungan Karakteristik Ibu Dengan Status Gizi BalitaDi Kecamatan Lut Tawar Aceh Tengah. *Hubungan Karakteristik Ibu Dengan Status… FJK*, *1*(1).

Ikhsanto, jurusan teknik mesin L. N. (2020). *No 主観的健康感を中心とした在宅高齢者における 健康関連指標に関する共分散構造分析{Title}*. *21*(1), 1–9.

Jasmawati, & Setiadi, R. (2020). Faktor-Faktor Yang Mempengaruhi Status Gizi Balita. *Mahakam Midwifery Journal*, *5*(2).

Kemenkes R1. (2019). Profil Kesehatan Indonesa 2019. In *Kementrian Kesehatan Republik Indonesia*. https://pusdatin.kemkes.go.id/resources/download/pusdatin/profil-kesehatan-indonesia/Profil-Kesehatan-indonesia-2019.pdf

Ladjin, Litriani, Sahamony, Kusumaningrum, Maulina, Siregar, Hubbansyah, Solikin, Silitonga, Soeyatno, Asyari, Sinaga, A. (2022). *Www.Penerbitwidina.Com Www.Penerbitwidina.Com*.

Lali Midu, Y. A., Putri, R. M., & Adi Wibowo, R. C. (2021). POLA ASUH IBU BERHUBUNGAN DENGAN STATUS GIZI PADA BALITA. *JURNAL ILMIAH KEPERAWATAN ALTRUISTIK*. https://doi.org/10.48079/vol4.iss2.74

Margarita Harvin Dwi Oktaviani, Agustina Sri Oktri Hastuti, & Christina Ririn Widianti. (2022). Faktor – Faktor yang Mempengaruhi Status Gizi Pada Balita. *I Care Jurnal Keperawatan STIKes Panti Rapih*, *3*(1). https://doi.org/10.46668/jurkes.v3i1.161

Masyudi, M., Mulyana, M., & Rafsanjani, T. M. (2019). Dampak pola asuh dan usia penyapihan terhadap status gizi balita indeks BB/U. *AcTion: Aceh Nutrition Journal*, *4*(2). https://doi.org/10.30867/action.v4i2.174

Narishma, V., Roselina, D., & Budiarto, A. (2022). Hubungan Karakteristik Orang Tua Terhadap Status Gizi Bayi Balita Desa Sungai Kitano Kabupaten Banjar. *Sari Pediatri*, *24*(2). https://doi.org/10.14238/sp24.2.2022.112-18

Oktavianis. (2022). Faktor-Faktor Yang Berhubungan Dengan Status Gizi Pada Balita Di Puskesmas Lubuk Kilangan. *Jurnal Human Care*, *1*(3).

Puspitasari, M. (2021). Literature Review: Penyakit Infeksi dengan Status Gizi Pada Balita. *Jurnal Kesehatan*, *14*(1). https://doi.org/10.32763/juke.v14i1.250

Safitri, E., Basriati, S., & Mulyani, S. (2022). Faktor-Faktor yang Mempengaruhi Kejadian Stunting terhadap Balita menggunakan Analisis Regresi Logistik. *Zeta - Math Journal*, *7*(2), 47–52. https://doi.org/10.31102/zeta.2022.7.2.47-52

Sampouw, N. L. (2021). HUBUNGAN ANTARA STATUS SOSIAL EKONOMI DENGAN STATUS GIZI BALITA DI KELURAHAN BUHA KECAMATAN MAPANGET KOTA MANADO. *Klabat Journal of Nursing*, *3*(1). https://doi.org/10.37771/kjn.v3i1.532

Setiadi, R., Kebidanan, J., Kemenkes Kalimantan Timur, P., Wolter Monginsidi No, J., Keperawatan, J., & Wolter, J. (2020). FAKTOR-FAKTOR YANG MEMPENGARUHI STATUS GIZI BALITA: SYSTEMATIC REVIEW. In *Mahakam Midwifery Journal* (Vol. 5, Issue 2).

Suharmanto, M. I. (2020). Hubungan Pemberian ASI Eksklusif dengan Status Gizi Balita. *Jk Unila*, *4*.

Sundari, S., & Khayati, Y. N. (2020). Analisis Hubungan Tingkat Pengetahuan Ibu Tentang Gizi dengan Status Gizi Balita. *Indonesian Journal of Midwifery (IJM)*, *3*(1). https://doi.org/10.35473/ijm.v3i1.343

Utami, S., & Septica, Q. W. (2022). Hubungan Pola Asuh Gizi Balita Dengan Status Gizi Anak Balita di Kelurahan Cipanengah Wilayah Kerja Puskesmas Cikundul Kota Sukabumi. *Jurnal Health Society*, *11*(1).