



Stunting in Toddlers (6-60 Months): Parenting, Mother's Education, Infectious Diseases, and Breastfeeding

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Abstract

Stunting is a form of failure to thrive which reflects chronic and multidimensional nutritional problems. This study aims to analyze the relationship between a mother's education level, exclusive breastfeeding, and a history of infectious disease on stunting at the age of toddlers (6-60) months. The research design was cross-sectional with a purposive sampling technique. This study was conducted on mothers with toddlers aged (6-60) months in the working area of the Seberang Padang Health Center as many as 60 people. Data collection techniques in this study were through survey methods and direct interviews with mothers who have toddlers. Data were analyzed using the chi-square test. The results showed a significant relationship between exclusive breastfeeding (p-value = 0.001; 0.067) and a history of infectious disease (p-value = 0.028; 0.218) with stunting. However, there is no significant relationship between a mother's education level and stunting. This research finds that exclusive breastfeeding and a history of the disease are the risks of stunting. The need for special attention and improvement of health promotion and education programs for the Seberang Padang Health Center in preventing stunting in toddlers.

Introduction

One form of undernutrition based on height for age is stunting. Stunting is a form of growth failure that reflects chronic and multidimensional nutritional problems in the first 1000 days of life, affecting the human resources produced. In addition, TB/U describes a person experiencing chronic nutritional problems. Poverty, lifestyle, and parenting are some of the causes of a toddler experiencing stunting. Decreased cognitive function, increased mortality, and the future onset of metabolic syndrome diseases are considerable effects of stunting. Prolonged malnutrition will cause a person to experience growth failure or stunting (Thurstans et al., 2022, Beal et al., 2018).

The problem of stunting usually occurs in poor and developing countries (Achmad, 2022). Stunting can disrupt toddlers'

cognitive development in adulthood, reducing productivity and growing bodies that do not reach their adult potential (Koshy et al., 2022). "Window of opportunity" where the first two years of life are vital and short period and cannot be repeated, which is also a critical period in the growth and development of toddlers (World Health Organization, 2018). The main agenda of public health problems in the world is to reduce the prevalence of stunting by 2030 to 17.5% (Laksono et al., 2022).

Indonesia, like other developing countries, has common nutritional problems in infants and young children (Diana et al., 2022), such as stunting, wasting (Titaley et al., 2019), iron deficiency (Manikam, 2021), poverty (Hidayat and Erlyn, 2021), and low birth weight (Hayudanti et al., 2022). Malnutrition in the first two years of life can cause mortality and morbidity in childhood and is one of

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the preventable risk factors. Childhood malnutrition is still a health problem in Indonesia today. Stunting is a serious problem and is related to optimizing the quality of human resources (Wulandari et al., 2022).

The Global Health Observatory shows that of nearly 150 billion children under the age of 5 worldwide, 21.9% are still in the stunting category (World Health Organization, 2018). Indonesia is a country that has a high prevalence of stunting even compared to various countries in the South Asia region. Based on Riskesdas 2007, 2013, and 2018 data, the prevalence of stunting in Indonesia is 36.8%, 37.2%, and 30.8%. Although it has decreased, it is still above 20%, the threshold for stunting prevalence according to WHO, which is also still in the high category. It can illustrate that 1 in 3 babies born in Indonesia is stunted. In addition, the data also interpreted that 34 provinces and 541 cities in Indonesia have an average stunting prevalence rate between 17.6% - 42.3% (Kusrini and Laksono, 2020).

West Sumatra, based on the Rakerkesda (regional health work meeting) in 2019 and guided by WHO criteria 3 targets, undernutrition and malnutrition reducing by <10%, stunting by <20%, and thin and very thin by <5%.6 The prevalence of stunting in toddlers in West Sumatra based on Nutrition Status Monitoring (PSG) was 25.5% in 2016, and in 2017 it increased to 30.6%. The Padang City Health Office report found an increase in the incidence of stunting in Padang City. The prevalence of stunting in 2016 decreased from the previous year, although it was still above the World Health Organization (WHO) criteria threshold of 21.1% in 2018, it increased to 22.6%.

Chronic malnutrition in toddlers is characterized by growth failure, metabolic disorders in toddlers, especially in the first 1000 days of life, and failure to develop or known as 3G, commonly known as stunting (Soliman et al., 2021). Several factors can affect the condition of toddlers later experiencing stunting, namely direct and indirect factors. Direct factors are maternal factors, genetic factors, infectious diseases, exclusive breastfeeding, and nutritional intake obtained from food consumed (Titaley et al., 2019). In addition to

direct factors, indirect factors of stunting are the level of education, the attitude of families, and maternal knowledge (Rachmawati et al., 2021).

Parenting during toddlerhood affects the development of toddler growth and development, both in terms of care, love, care, and how nutritional intake is obtained by the toddlers who are cared for by their mothers (Yang et al., 2021). Parenting and toddler care are affected by the mother's education level, which directly affects the occurrence of stunting in toddlers (Colo and Manongga, 2022). The mother's education level will affect the mother's knowledge and absorption of nutritional information.

Usually, mothers with a high level of education are better at absorbing information, so they have a good understanding than mothers with low education. Maternal nutrition knowledge can hinder nutrition improvement efforts in the family and community if it is not optimal. The provision of ingredients and the right meal menu for toddlers to improve nutritional status in toddlers will be different for mothers who have a high education compared to low education (Kusrini and Laksono, 2020).

Exclusive breastfeeding has been recommended by the World Health Organization (WHO) since 2001, where up to 6 months of age without complementary food and continued until the child is 2 years old. Exclusive breastfeeding is also stipulated in the Government Regulation (PP) of the Republic of Indonesia number 33 of 2012 that the Indonesian government guarantees the fulfillment of the right of infants to receive exclusive breastfeeding from birth until 6 months of age along with attention to infant growth and development and provides protection to mothers when providing exclusive breastfeeding to their babies. Globally, increasing breastfeeding rates can save the lives of more than 820,000 children under the age of 5 each year, most of whom (87%) are under the age of 6 months. In addition to improving child survival and protecting against life-threatening and chronic diseases, exclusive breastfeeding promotes healthy growth and early child development (UNICEF, 2018, Sari, 2022).

Infectious diseases in toddlers are one

of the factors that influence the incidence of stunting in toddlers (Santosa et al., 2022). Usually, most stunted toddlers have a higher rate of infectious diseases. The result of repeated infectious diseases can worsen nutritional status and trigger inflammation in the body and cause stunting. The first 2 years of age is a condition that is quite risky for children exposed to infectious diseases, frequency of diarrhea (Arini and Faradilah, 2020), and ARI are those that often occur in toddlers (Arini et al., 2020). Infectious diseases can interfere with growth, development, and toddlers' nutritional status. Disturbances in nutrient absorption, food intake that is not optimal, and elimination of useful nutrients for the body are the direct impacts caused by infectious diseases. Inadequate nutritional intake and infectious diseases are interrelated factors in causing stunting in toddlers directly (Fatimah and Wirjatmadi, 2018).

Community Health Center (CHC) Seberang Padang has the highest prevalence of stunting, based on the description, researchers are interested in knowing the relationship between maternal education level, exclusive breastfeeding, and history of infectious diseases on the nutritional status of toddlers in this case stunting in the working area of CHC Seberang Padang, Padang City.

Method

This research is explanatory research with a survey method and is quantitative research with a cross-sectional design approach where data collection is at the same time. The population of this study was mothers who had toddlers aged (6-60) months in the working area of IPS Seberang Padang, where the sample was part of the population of mothers who had toddlers aged (6-60) months by purposive sampling. The selected sample has met several criteria, namely inclusion and exclusion criteria. The number of samples in this study was 181 samples. The data used were the results of the nutrition program planning survey. Namely: age, education level, mother's occupation, and nutritional status of children under five.

In addition to secondary data, this study also used primary data collected through interviews using questionnaires. Data were

analyzed using SPSS 21 software. Bivariate analysis used the Chi-Square test. The expected value of less than five and or the expected value of each cell that is less than five should not be $\geq 50\%$ is a requirement of the chi-square test. Bivariate analysis by the Fisher Exact test was performed if the Chi-Square test conditions were not met.

Results and Discussion

The characteristics of this study sample were the mother's age, gender, nutritional status, and birth weight. The sample in this study was mothers with toddlers totaling 60 people. Table 1 shows that 60 sample in this study were dominated by mothers aged 20-34 or women of childbearing age (50%). The sample's distribution of the toddler group aged (6-60) months was almost half male (56.7%). While (20%) of toddlers in this study had to stunt nutritional status. Based on birth weight, there were more normal toddlers (80%) than those with LBW (20%). Table 1 below shows the distribution of sample characteristics in the Seberang Padang Health Center working area.

Table 1. Characteristics of Stunted Toddlers and Families

Characteristics	Frequency (n)	Percentage (%)
Mother's Age		
<19 Years	1	1.7
20-34 Years	30	50
>35 Years	29	48,3
Gender		
Female	26	43.3
Male	34	56.7
Nutritional Status		
Normal	48	80
Stunting	12	20
Birth Weight		
< 2500	12	20
≥ 2500	48	80

Source: Primary Data,

Table 2 shows mothers with low education level have more stunted toddlers (23.1%) than those with high education (17.6%). Stunted toddlers are more common in mothers who do not provide exclusive breastfeeding (52.9%) than those who give exclusive breastfeeding (7%). Stunted toddlers with a history of infectious disease are (32.1%) more than toddlers who never had a history of infectious disease (9.4%). The Chi-Square statistical test showed a p-value <0.05 indicating a significant

relationship between exclusive breastfeeding and a history of infectious disease against stunted toddlers. In addition, the analysis also showed no significant relationship between the mother's education level

and the incidence of stunting. It can be explained by the results of statistical tests obtained by the value of $p > 0,05$.

Table 2. Relationship between Mother's Education Level, Exclusive Breastfeeding, and Infectious Diseases with the Incidence of Stunting in Toddlers Aged (6-60 months)

Variable	Incidence of Stunting				Total		POR (95%CI)	P-value
	Stunting		Normal		f	%		
	F	%	f	%				
Mother's Education Level								
Low	6	23.1	20	76.9	26	100	0.714 (0.201-2.54)	0.845
High	6	17.6	28	82.4	34	100		
Exclusive Breastfeeding								
Not Exclusive Breastfeeding	9	52.9	8	47.1	17	100	0.067 (0.015-0.302)	0.001
Exclusive Breastfeeding	3	7	40	93	43	100		
History of Infectious Disease								
Ever Infected	9	32.1	19	67.9	28	100	0.218 (0.52-0.912)	0.028
Never Infected	3	9.4	29	90.6	32	100		
Parenting Pattern								
Mother	7	9.2	69	90.8	76	100	3.94 (0.627-9.556)	0.001
Other than Mother	30	28.6	75	71.4	105	100		

*Chi-square test

Source: Primary Data,

Through bivariate analysis, it can be interpreted that the POR value = 0.067 which means that toddlers who do not get exclusive breastfeeding are at risk of stunting 0.067 times compared to toddlers who are given exclusive breastfeeding. The results of bivariate analysis also show that the POR value = 0.218 which explains that toddlers who have a history of infectious disease are at risk of 0.218 times experiencing stunting compared to toddlers who have never had a history of infectious disease.

Inadequate growth faltering and catch-up growth conditions illustrate the inability of the body to grow optimally, resulting in stunting. The best indicator of whether or not there are quality inequalities in achieving optimal under-five health is through linear growth curves by age. Unmet nutrition due to insufficient food and the emergence of infectious diseases are the direct and most frequent causes of growth failure in children under five. Stunting is a chronic malnutrition problem caused by a lack of nutritional intake for a long time, resulting in impaired growth and development in toddlers, this can be seen from lower or shorter height (short) than age standards (Kusrini and Laksono, 2020, Marbun et al., 2022).

Linear growth in early childhood is a strong marker of healthy growth, as it is associated with risk of morbidity, NCDs (non-

communicable diseases), mortality, learning capacity and productivity later in life. It is also closely related to child development in several domains including cognitive, sensory and motor skills and language. The WHO identifies poor maternal health and nutritional status, infectious diseases, and inadequate infant and young child feeding practices as causes of stunting in children under 5 years old (World Health Organization, 2018),(Huo et al., 2022).

The results of the analysis show that there is no relationship between maternal education level and the incidence of stunting in toddlers (6-60) months at CHC Seberang Padang. However, it can be seen that the lower the mother's education level, the toddler has a greater risk of stunting. Highly educated mothers are expected to have more insight and receive nutritional information more quickly. The incidence of stunting in toddlers is related to nutritional intake in toddlers. The daily intake of nutrients eaten by toddlers depends on the mother so the mother has a vital role in changing the intake of nutrients in toddlers. Mothers with a better level of knowledge are more likely to apply their knowledge in caring for their toddlers, especially by providing food that is in accordance with the nutrients needed by toddlers so that toddlers do not experience a lack of food intake. Mothers who have good knowledge are expected to apply it in their daily

lives (Marbun et al., 2022).

This result is in line with the results of a study in Malawi which found that maternal knowledge was also a predictor of undernutrition in infants. Better maternal knowledge reduces the risk of undernutrition in infants. In line with the results of the Malawi study, findings in India also found the same thing. Women's education can reduce stunting in children under five. However, this study also shows that mothers with higher education also have stunted toddlers. The cause, for example, is that mothers are less active in Integrated Service Post (ISP) activities and routinely check the growth and development of toddlers so that the health of toddlers is less monitored (Walters et al., 2019, Pillai and Maleku, 2019). On the other hand, this study found two variables associated with stunting in toddlers (6-60) months in the Seberang Padang Community Health Center area. These variables included exclusive breastfeeding and infectious diseases.

The bivariate test results show that the exclusive breastfeeding variable affects stunting in toddlers, which is 0.067 times that toddlers who are given exclusive breastfeeding are at risk of stunting compared to toddlers who get exclusive breastfeeding. According to this study, research conducted in Pudun Jae Village, Padang Sidempuan City, shows that toddlers who do not receive exclusive breastfeeding have a 0.070 times greater risk of stunting than toddlers who receive exclusive breastfeeding (Hadi et al., 2023). Exclusive breastfeeding was also linked to stunting in toddlers, according to research conducted at Karanglewas Health Center ($p=0.004$) (Triana and Haniyah, 2020).

Exclusive breastfeeding has a significant association with stunting among children under five (6-60) months. Antibodies and calcium content in breast milk have high bioavailability and can help optimal absorption in bone formation in infants. Stunting can be prevented in several ways such as through exclusive breastfeeding. Providing nutritious food according to the needs of the body, getting used to clean behavior, doing physical activity, balancing energy expenditure and nutrient intake into the body, and monitoring child growth and development regularly are also

needed in preventing stunting in children. The first hour of birth, given exclusively for six months, and continued up to two years or beyond with safe and appropriate complementary feeding is one of the most powerful practices to improve child survival and well-being (UNICEF, 2018).

Furthermore, infectious diseases with stunting in toddlers through a history of infectious diseases can also be estimated. Explains how toddlers in Southern Pakistan with a history of tuberculosis infection have a significant ($p\text{-value} = 0.03$) relationship with the incidence of stunting in that area (Saleem et al., 2023). In Aileu Country, Timor Leste there is linear relationship between infectious diseases and low income family with stunting incident on toddlers (do Rosario Pacheco et al., 2017). Research conducted in the Curug village of Karawang also shows that there is a significant relationship between infectious diseases and the incidence of stunting. Children who have infectious diseases have a risk factor for stunting 0.521 times higher than children who do not experience infectious diseases (Linawati, 2022).

Toddlers who have a history of infectious diseases have a higher risk of stunting. Infections that occur repeatedly and for a long time have an impact on inhibiting child growth, so children become short compared to other normal children (Marniati and Andika, 2022). Moreover, there is an interaction between toddlers who have infections with malnutrition, where which can make appetite reduced, and the malabsorption of food nutrients, while the body's immune system decreases when experiencing malnutrition so that infectious diseases will get worse. The body's defense system will respond when experiencing infection by increasing pro-inflammatory cytokines, namely $TNF\alpha$, IL-1 (especially IL-1 β), and IL-6. Decreased chondrocyte proliferation by cytokines thus suppressing the growth of chondrocytes (Das et al., 2022). This study has the disadvantage that data from cross-sectional studies are observational in nature without temporal sequencing, making it difficult to make strong causal claims on the results of the study.

Conclusion

Based on the research conducted, exclusive breastfeeding and infectious diseases are significantly associated with the incidence of stunting in toddlers. However, there is no significant relationship between maternal education level and stunting. The need for special attention and increased health promotion and education programs for Community Health Center (CHC) Seberang Padang in preventing stunting in toddlers. Further research is needed by expanding the research area to capture more samples so that the data generated is better and the addition of other factors.

References

- Achmad, W., 2022. Social Reality Stunting Prevention In Cianjur District. *Jurnal Eduhealth*, 13, pp.467-477.
- Arini, D., & Faradilah, I., 2020. The Relationship Between The Incidence Of Stunting And The Frequency And Duration Of Diarrhea In Toddler In The Working Area Of Kenjeran Health Center In Surabaya. *Kemas: Jurnal Kesehatan Masyarakat*, 16, pp.233-240.
- Arini, D., Nursalam, N., Mahmudah, M., & Faradilah, I., 2020. The Incidence Of Stunting, The Frequency/Duration Of Diarrhea And Acute Respiratory Infection In Toddlers. *Journal Of Public Health Research*, 9.
- Beal, T., Tumilowicz, A., Sutrisna, A., Izwardy, D., & Neufeld, L.M., 2018. A Review Of Child Stunting Determinants In Indonesia. *Maternal & Child Nutrition*, 14, pp.E12617.
- Colo, A.L., & Manongga, S.P., 2022. Factors Affecting The Event Of Stunting In Children Age To 24-59 Months In Centro Saude Internamento Gleno, Municipiu Ermera, Timor-Leste. *Kesans: International Journal Of Health And Science*, 1, pp.765-775.
- Das, P., Jana, S., & Kumar Nandi, S., 2022. Biomaterial-Based Therapeutic Approaches To Osteoarthritis And Cartilage Repair Through Macrophage Polarization. *The Chemical Record*, 22, pp.E202200077.
- Diana, R., Rachmayanti, R. D., Khomsan, A., & Riyadi, H., 2022. Influence Of Eating Concept On Eating Behavior And Stunting In Indonesian Madurese Ethnic Group. *Journal Of Ethnic Foods*, 9, pp.1-11.
- Do Rosario Pacheco, C., Picauly, I., & Sinaga, M., 2017. Health, Food Consumption, Social Economy, And Stunting Incidency In Timor Leste. *Kemas: Jurnal Kesehatan Masyarakat*, 13, pp.261-269.
- Fatimah, N.S.H., & Wirjatmadi, B., 2018. Adequacy Levels Of Vitamin A, Zinc, Iron, And Frequency Of Infections Among Stunting And Non Stunting Children Under Five. *Media Gizi Indonesia*, 13, pp.168-175.
- Hadi, A.J., Antoni, A., Dongoran, I.M., & Ahmad, H., 2023. Analysis Model Of Toddlers Factor As Stunting Risk Predisposition Factor Due To Covid 19 In Stunting Locus Village Area Of Indonesia. *Journal Of Pharmaceutical Negative Results*, 14, pp.6-10.
- Hayudanti, D., Ehasari, R.K., Alristina, A.D., & Laili, R.D., 2022. Management Of Pregnant Women's Nutrition In Disaster Emergencies In Indonesia: A Systematic Review. *International Journal Of Advancement In Life Sciences Research*, 5, pp.19-26.
- Hidayat, B.A., & Erlyn, P., 2021. Stunting And Poverty Management Strategies In The Palembang City, Indonesia. *Randwick International Of Social Science Journal*, 2, pp.86-99.
- Huo, S., Wang, K., Liu, Z., Yang, Y., Hee, J. Y., He, Q., Takesue, R., & Tang, K., 2022. Influence Of Maternal Exposure To Mass Media On Growth Stunting Among Children Under Five: Mediation Analysis Through The Water, Sanitation, And Hygiene Program. *Jmir Public Health And Surveillance*, 8, pp.E33394.
- Koshy, B., Srinivasan, M., Gopalakrishnan, S., Mohan, V.R., Scharf, R., Murray-Kolb, L., John, S., Beulah, R., Muliyl, J., & Kang, G., 2022. Are Early Childhood Stunting And Catch-Up Growth Associated With School Age Cognition?—Evidence From An Indian Birth Cohort. *Plos One*, 17, pp.E0264010.
- Kusrini, I., & Laksono, A.D., 2020. Regional Disparities Of Stunted Toddler In Indonesia. *Indian J Forensic Med Toxicol*, 14, pp.1685-91.
- Laksono, A.D., Sukoco, N.E.W., Rachmawati, T., & Wulandari, R.D., 2022. Factors Related To Stunting Incidence In Toddlers With Working Mothers In Indonesia. *International Journal Of Environmental Research And Public Health*, 19, pp.10654.
- Linawati, N., 2022. Relationship Between Low Birth Weight And Infectious Diseases With Stunting In Children Aged 4 To 5 Years. *Indonesian Journal Of Multidisciplinary Science*, 1, pp.1020-1030.
- Manikam, N.R.M. 2021. Known Facts: Iron Deficiency In Indonesia. *World Nutrition Journal*, 5, pp.1-9.
- Marbun, R.M., Karina, S.M., Meilinasari, M., & Mulyo, G.P.E., 2022. Correlation Of

- Characteristics, Maternal Nutrition Knowledge With Nutritional Status (H/A) In Baduta In Sumbang District, Banyumas Regency, Central Java, Indonesia. *Open Access Macedonian Journal Of Medical Sciences*, 10, pp.471-474.
- Marniati, M., & Andika, F., 2022. Determinant Of Stunting Incidence Factors In Toddlers Aged 23-59 Months In The Work Area Of The Padang Tiji Community Health Center, Pidie Regency. *Annals Of Medical And Health Sciences Research*, 2022.
- Pillai, V.K. & Maleku, A., 2019. Women's Education And Child Stunting Reduction In India. *J. Soc. & Soc. Welfare*, 46, pp.111.
- Rachmawati, P.D., Triharini, M., & Suciningtyas, P.D., 2021. The Contribution Of Family Functions, Knowledge And Attitudes In Children Under Five With Stunting. *Enfermeria Clinica*, 31, pp.S296-S300.
- Saleem, J., Zakar, R., Aadil, R.M., Butt, M.S., Mushtaq, F., Bukhari, G.M.J. & Fischer, F., 2023. Determinants Of Wasting, Stunting, And Undernutrition Among Children Under Five Years: Cross-Sectional Study In Southern Punjab, Pakistan. *Medrxiv*, 2023.
- Santosa, A., Arif, E.N., & Ghoni, D.A., 2022. Effect Of Maternal And Child Factors On Stunting: Partial Least Squares Structural Equation Modeling. *Clinical And Experimental Pediatrics*, 65, pp.90.
- Sari, A.L., 2022. Exclusive Breastfeeding As An Effort To Prevent Stunting In Toddlers. *Neuroquantology*, 20, pp.3668-3675.
- Soliman, A., De Sanctis, V., Alaaraj, N., Ahmed, S., Alyafei, F., Hamed, N., & Soliman, N., 2021. Early And Long-Term Consequences Of Nutritional Stunting: From Childhood To Adulthood. *Acta Bio Medica: Atenei Parmensis*, 92.
- Thurstans, S., Sessions, N., Dolan, C., Sadler, K., Cichon, B., Isanaka, S., Roberfroid, D., Stobaugh, H., Webb, P., & Khara, T., 2022. The Relationship Between Wasting And Stunting In Young Children: A Systematic Review. *Maternal & Child Nutrition*, 18.
- Titaley, C.R., Ariawan, I., Hapsari, D., Muasyaroh, A., & Dibley, M.J., 2019. Determinants Of The Stunting Of Children Under Two Years Old In Indonesia: A Multilevel Analysis Of The 2013 Indonesia Basic Health Survey. *Nutrients*, 11, pp.1106.
- Triana, N.Y. & Haniyah, S., 2020. Relationship Of Exclusive Breastfeeding, Complementary Feeding And Nutritional Intake With Stunting In Children In Karanglewas Health Center. *1st International Conference On Community Health (ICCH 2019)*, Atlantis Press, pp.74-78.
- UNICEF, 2018. *Breastfeeding: A Mother's Gift, For Every Child*. Unicef.
- Walters, C.N., Rakotomanana, H., Komakech, J.J., & Stoecker, B.J., 2019. Maternal Determinants Of Optimal Breastfeeding And Complementary Feeding And Their Association With Child Undernutrition In Malawi (2015–2016). *BMC Public Health*, 19, pp.1-12.
- World Health Organization, 2018. *Reducing Stunting In Children: Equity Considerations For Achieving The Global Nutrition Targets 2025*.
- Wulandari, R.D., Laksono, A.D., Kusri, I., & Tahangnacca, M., 2022. The Targets For Stunting Prevention Policies In Papua, Indonesia: What Mothers' Characteristics Matter?. *Nutrients*, 14, pp.549.
- Yang, Q., Yang, J., Zheng, L., Song, W., & Yi, L., 2021. Impact Of Home Parenting Environment On Cognitive And Psychomotor Development In Children Under 5 Years Old: A Meta-Analysis. *Frontiers In Pediatrics*, 9, pp.658094.