

Daftar Pustaka

- Abbas, F., Kumar, R., Mahmood, T., & Somrongthong, R. (2021). Impact of children born with low birth weight on stunting and wasting in Sindh province of Pakistan: a propensity score matching approach. *Scientific Reports*, 11(1). <https://doi.org/10.1038/s41598-021-98924-7>
- Abidah, S. N., & Novianti, H. (2020). Effect Of Exclusive Breastfeeding On Growth And Development Of Infants Aged 0-24 Months. *The 7th International Conference on Public Health*, 56–62. <https://doi.org/10.26911/the7thicph-FP.03.12>
- Adair, L. S. (2002). Early nutrition conditions and later risk of disease. In *The nutrition transition* (pp. 129-145). Academic Press.
- Agustin, L., & Rahmawati, D. (2021). Hubungan Pendapatan Keluarga Dengan Kejadian Stunting. *Indonesian Journal of Midwifery*, 4(1), 30–34. <http://jurnal.unw.ac.id/index.php/ijm>
- Ahmed, S. O. M., Hamid, H. I. A., Jothi Shanmugam, A., Tia, M. M. G., & Alnassry, S. M. A. (2023). Impact of exclusive breastfeeding on physical growth. *Clinical Nutrition Open Science*, 49, 101–106. <https://doi.org/10.1016/j.nutos.2023.04.008>
- Aida, Ade Nurul. (2019). Pengaruh Kondisi Sosial Ekonomi Terhadap Kejadian STunting di Indonesia. *Jurnal Budget*, 4(2), 125–140.
- Aisyah Putri, T., Anindita Salsabilla, D., & Kurniawan Saputra, R. (2021). The Effect of Low Birth Weight on Stunting in Children Under Five: A Meta Analysis. *Universitas Sebelas Maret Meta-Analysis*, 04, 496. <https://doi.org/10.26911/thejmch>
- Aisyah Putri, T., Anindita Salsabilla, D., & Kurniawan Saputra, R. (2021). The Effect of Low Birth Weight on Stunting in Children Under Five: A Meta Analysis. *Universitas Sebelas Maret Meta-Analysis*, 04, 496. <https://doi.org/10.26911/thejmch>
- Amaha, N. D., & Woldeamanuel, B. T. (2021). Maternal factors associated with moderate and severe stunting in Ethiopian children: analysis of some environmental factors based on 2016 demographic health survey. *Nutrition Journal*, 20(1). <https://doi.org/10.1186/s12937-021-00677-6>
- Anastasia, H., Hadju, V., Hartono, R., Manjilala, S., Sirajuddin, Salam, A., & Atmarita. (2023). Determinants of stunting in children under five years old in South Sulawesi and West Sulawesi Province: 2013 and 2018 Indonesian Basic Health Survey. *PLoS ONE*, 18(5 May). <https://doi.org/10.1371/journal.pone.0281962>
- Andersen, C. T., Stein, A. D., Reynolds, S. A., Behrman, J. R., Crookston, B. T., Dearden, K. A., Penny, M. E., Schott, W., & Fernald, L. C. H. (2016). Stunting in infancy is associated with decreased risk of high body mass index for age at 8 and 12 years of age. *Journal of Nutrition*, 146(11), 2296–2303. <https://doi.org/10.3945/jn.116.234633>

- Aprilia, D., Sulistijono, E., & Indrawan, I. W. A. (2022). The Effect of Low Birth Weight Incidence toward Stunting and Developmental Disorders of Toddlers. *EAS Journal of Nursing and Midwifery*, 4(2), 58–64. <https://doi.org/10.36349/easjnm.2022.v04i02.007>
- Aprilina, H. D., Nurkhasanah, S., & Hisbulloh, L. (2021). Mother's nutritional knowledge and behavior to stunting prevalence among children under two years old: case-control. *Bali Medical Journal*, 10(3 Special Issue), 1211–1215. <https://doi.org/10.15562/bmj.v10i3.2868>
- Arndt, A. (n.d.). *Stunting And Infectious Disease In Ethiopian And Stunting And Infectious Disease In Ethiopian And Zambian Children Zambian Children*. <https://digitalcommons.unl.edu/nutritionglobalresearch>
- Aryastami, N. K., Shankar, A., Kusumawardani, N., Besral, B., Jahari, A. B., & Achadi, E. (2017). Low birth weight was the most dominant predictor associated with stunting among children aged 12-23 months in Indonesia. *BMC Nutrition*, 3(1). <https://doi.org/10.1186/s40795-017-0130-x>
- Aryastami, N. K., Shankar, A., Kusumawardani, N., Besral, B., Jahari, A. B., & Achadi, E. (2017). Low birth weight was the most dominant predictor associated with stunting among children aged 12-23 months in Indonesia. *BMC Nutrition*, 3(1). <https://doi.org/10.1186/s40795-017-0130-x>
- Astuti, D. D., Handayani, T. W., & Astuti, D. P. (2020). Cigarette smoke exposure and increased risks of stunting among under-five children. *Clinical Epidemiology and Global Health*, 8(3), 943–948. <https://doi.org/10.1016/j.cegh.2020.02.029>
- Astuti, F. D., Azka, A., & Rokhmayanti, R. (2022). Maternal age correlation of stunting in children: Systematics review. *Journal of Maternal and Child Health*, 7(4), 479–448. <https://doi.org/10.26911/thejmch.2022.07.04.11>
- Azizah, A. M., Dewi, Y. L. R., & Murti, B. (2022). Meta-Analysis: Breastfeeding and Its Correlation with Stunting. *Journal of Maternal and Child Health*, 7(3), 334–345. <https://doi.org/10.26911/thejmch.2022.07.03.10>
- Barzilay, B., Shirman, N., Bibi, H., & Abu-Kishk, I. (2019). Newborn gender as a predictor of neonatal outcome in mixed gender twins born with very low birth weight. *BMC Pediatrics*, 19(1). <https://doi.org/10.1186/s12887-019-1713-2>
- Beal, T., Tumilowicz, A., Sutrisna, A., Izwardy, D., & Neufeld, L. M. (2018). A review of child stunting determinants in Indonesia. In *Maternal and Child Nutrition* (Vol. 14, Issue 4). Blackwell Publishing Ltd. <https://doi.org/10.1111/mcn.12617>
- Beal, T., Tumilowicz, A., Sutrisna, A., Izwardy, D., & Neufeld, L. M. (2018). A review of child stunting determinants in Indonesia. In *Maternal and Child Nutrition* (Vol. 14, Issue 4). Blackwell Publishing Ltd. <https://doi.org/10.1111/mcn.12617>
- Bella, A., Dartanto, T., Nurshadrina, D. S., Kusnadi, G., Moeis, F. R., Nurhasana, R., ... & Thabrany, H. (2022). Do parental Smoking Behaviors Affect Children's Thinness, Stunting, and Overweight Status in Indonesia?

Evidence from a Large-Scale Longitudinal Survey. *Journal of Family and Economic Issues*, 1-13. <https://doi.org/10.1007/s10834-022-09864-x>

- Bove, I., & Campoy, C. (2014). Smoking during Pregnancy: A Risk Factor for Stunting and Anemia in Infancy. *International Journal of School and Cognitive Psychology*, 1(3). <https://doi.org/10.4172/2469-9837.1000109>
- BPS. 2022. Laporan Indeks Khusus Penanganan Stunting. Jakarta; Badan Pusat Statistik
- Brooks, C. G., Spencer, J. R., Sprafka, J. M., Roehl, K. A., Ma, J., Londhe, A. A., He, F., Cheng, A., Brown, C. A., & Page, J. (2021). Pediatric BMI changes during COVID-19 pandemic: An electronic health record-based retrospective cohort study. *EClinicalMedicine*, 38. <https://doi.org/10.1016/j.eclinm.2021.101026>
- Bukari, M., Abubakari, M. M., Majeed, M., Abizari, A. R., Wemakor, A., & Atosona, A. (2020). Effect of maternal growth monitoring knowledge on stunting, wasting and underweight among children 0-18 months in Tamale metropolis of Ghana. *BMC Research Notes*, 13(1). <https://doi.org/10.1186/s13104-020-4910-z>
- Chaveepojnkamjorn, W., Songroop, S., Satitvipawee, P., Pitikultang, S., & Thiengwiboonwong, S. (2022). Effect of Low Birth Weight on Child Stunting among Adolescent Mothers. *Open Journal of Social Sciences*, 10(11), 177–191. <https://doi.org/10.4236/jss.2022.1011013>
- Chaveepojnkamjorn, W., Songroop, S., Satitvipawee, P., Pitikultang, S., & Thiengwiboonwong, S. (2022). Effect of Low Birth Weight on Child Stunting among Adolescent Mothers. *Open Journal of Social Sciences*, 10(11), 177–191. <https://doi.org/10.4236/jss.2022.1011013>
- Efevbera, Y., Bhabha, J., Farmer, P. E., & Fink, G. (2017). Girl child marriage as a risk factor for early childhood development and stunting. *Social Science and Medicine*, 185, 91–101. <https://doi.org/10.1016/j.socscimed.2017.05.027>
- Eliafiana, R., & Ferdi, T. (2022). Relationship between Mothers Birth Spacing and Incidence of Stunting in Children 24-59 months. *Jurnal Biomedika Dan Kesehatan*, 5(1). <https://doi.org/10.18051/JBiomedKes.2022>
- Fall, C. H. D., Sachdev, H. S., Osmond, C., Restrepo-Mendez, M. C., Victora, C., Martorell, R., Stein, A. D., Sinha, S., Tandon, N., Adair, L., Bas, I., Norris, S., Richter, L. M., Barros, F. C., Gigante, D., Hallal, P. C., Horta, B. L., Ramirez-Zea, M., Bhargava, S. K., ... Stein, A. (2015). Association between maternal age at childbirth and child and adult outcomes in the offspring: A prospective study in five low-income and middle-income countries (COHORTS collaboration). *The Lancet Global Health*, 3(7), e366–e377. [https://doi.org/10.1016/S2214-109X\(15\)00038-8](https://doi.org/10.1016/S2214-109X(15)00038-8)
- Fatima, S., Manzoor, I., Joya, A. M., Arif, S., & Qayyum, S. (2020). Stunting and associated factors in children of less than five years: A hospital-based study. *Pakistan Journal of Medical Sciences*, 36(3). <https://doi.org/10.12669/pjms.36.3.1370>

- Félix-Beltrán, L., Macinko, J., & Kuhn, R. (2021). Maternal height and double-burden of malnutrition households in Mexico: Stunted children with overweight or obese mothers. *Public Health Nutrition*, 24(1), 106–116. <https://doi.org/10.1017/S136898002000292X>
- Forh, G., Apprey, C., & Frimpomaa Agyapong, N. A. (2022). Nutritional knowledge and practices of mothers/caregivers and its impact on the nutritional status of children 6–59 months in Sefwi Wiawso Municipality, Western-North Region, Ghana. *Heliyon*, 8(12). <https://doi.org/10.1016/j.heliyon.2022.e12330>
- Ginting, R., Girsang, E., Sinaga, M., & Manalu, P. (2023). Barriers to Stunting Intervention at a Community Health Center: A Qualitative Study. *Jurnal Penelitian Pendidikan IPA*, 9(10), 8185–8191. <https://doi.org/10.29303/jppipa.v9i10.4656>
- Hadi, H., Fatimatasari, F., Irwanti, W., Kusuma, C., Alfiana, R. D., Ischaq Nabil Asshiddiqi, M., Nugroho, S., Lewis, E. C., & Gittelsohn, J. (2021). Exclusive breastfeeding protects young children from stunting in a low-income population: A study from eastern indonesia. *Nutrients*, 13(12). <https://doi.org/10.3390/nu13124264>
- Hartono, R. K., Hamid, S. A., & Hafizurrachman, M. (2019). Do the number of cigarettes smokes per day contribute to the incident of malignant cancer? *Asian Pacific Journal of Cancer Prevention*, 20(5), 1403–1408. <https://doi.org/10.31557/APJCP.2019.20.5.1403>
- Hilaire, M., Andrianou, X. D., Lenglet, A., Ariti, C., Charles, K., Buitenhuis, S., van Brusselen, D., Roggeveen, H., Ledger, E., Denat, R. S., & Bryson, L. (2021). Growth and neurodevelopment in low birth weight versus normal birth weight infants from birth to 24 months, born in an obstetric emergency hospital in Haiti, a prospective cohort study. *BMC Pediatrics*, 21(1). <https://doi.org/10.1186/s12887-021-02605-3>
- Huriah, T., & Nurjannah, N. (2020). Risk factors of stunting in developing countries: A scoping review. *Open Access Macedonian Journal of Medical Sciences*, 8(F), 155–160. <https://doi.org/10.3889/oamjms.2020.4466>
- Hutapea, R., Veronika, A., Manik, R. M., & Sinaga, D. (2022). 2087-3271 An Overview of Mother's Knowledge about Prevention of Stunting on Toddlers at Kasih Bunda Clinic Sunggal. In *Jurnal Eduhealth* (Vol. 13, Issue 01). <http://ejournal.seaninstitute.or.id/index.php/health>
- Ilmi Idrus, N., Zulkifli, A., Arsin, A. A., Ansariadi, Hidayanty, H., & Riskiyani, S. (2023). Determinants of Stunting in Children Aged 6-24 Months at Pambusuang Health Centre Working Area, Polewali Mandar Regency, Indonesia. *National Journal of Community Medicine*, 14(12), 842–848. <https://doi.org/10.55489/njcm.141220233435>
- Islam, S., Rana, M. J., & Mohanty, S. K. (2021). Cooking, smoking, and stunting: Effects of household air pollution sources on childhood growth in India. *Indoor Air*, 31(1), 229–249. <https://doi.org/10.1111/ina.12730>

- Karvonen, M., Saari, A., Sund, R., & Sankilampi, U. (2021). Maternal smoking during pregnancy and offspring head growth in comparison to height and weight growth up to 6 years of age: A longitudinal study. *Clinical Epidemiology*, *13*, 959–970. <https://doi.org/10.2147/CLEP.S327766>
- Kemenkes (2023). Hasil Survei Status Gizi Indonesia (SSGI) 2022. Jakarta: Kemenkes RI
- Kemenkes, R. (2018). Laporan Nasional Riskesdas 2018. *Jakarta: Kemenkes RI*, 154-166
- Khudri, G., Fadlyana, E., & Sylviana, N. (2016). Association between Exclusive Breastfeeding and Child Development. In *Althea Medical Journal* (Vol. 3, Issue 1).
- Kozuki, N., Katz, J., Lee, A. C. C., Vogel, J. P., Silveira, M. F., Sania, A., Stevens, G. A., Cousens, S., Caulfield, L. E., Christian, P., Huybregts, L., Roberfroid, D., Schmiegelow, C., Adair, L. S., Barros, F. C., Cowan, M., Fawzi, W., Kolsteren, P., Merialdi, M., ... Black, R. E. (2015). Short maternal stature increases risk of small for-gestational-age and preterm births in low and middle-income countries: Individual participant data meta-analysis and population attributable fraction. *Journal of Nutrition*, *145*(11), 2542–2550. <https://doi.org/10.3945/jn.115.216374>
- Kragel, E. A., Merz, A., Flood, D. M. N., & Haven, K. E. (2020). Risk factors for stunting in children under the age of 5 in rural guatemalan highlands. *Annals of Global Health*, *86*(1). <https://doi.org/10.5334/aogh.2433>
- 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*(17). <https://doi.org/10.3390/ijerph191710654>
- Lowe, M., Joof, M., & Rojas, B. M. (2019). Social and cultural factors perpetuating early marriage in rural Gambia: an exploratory mixed methods study. *F1000Research*, *8*.
- Maessen, S. E., Ahlsson, F., Lundgren, M., Cutfield, W. S., & Derraik, J. G. B. (2019). Maternal smoking early in pregnancy is associated with increased risk of short stature and obesity in adult daughters. *Scientific Reports*, *9*(1). <https://doi.org/10.1038/s41598-019-39006-7>
- Mahudeh, Rohmah, N., & Adriani, S. W. (2023). Correlation Between History of Infectious Disease with Stunting in Toddler. *Journal of Nursing Science Update (JNSU)*, *10*(2), 193–200. <https://doi.org/10.21776/ub.jik.2022.010.02.15>
- Mangala, A. K., Kenwa, K. W. M., Kenwa, M. M. L., Sakti, A. A. G. D. P. J., & Sawitri, A. A. S. (2018). Risk factors of stunting in children aged 24-59 months. *Paediatrica Indonesiana*, *58*(5), 205–212. <https://doi.org/10.14238/pi58.5.2018.205-12>

- Mediani, H. S., Hendrawati, S., Pahria, T., Mediawati, A. S., & Suryani, M. (2022). Factors Affecting the Knowledge and Motivation of Health Cadres in Stunting Prevention Among Children in Indonesia. *Journal of Multidisciplinary Healthcare*, 15, 1069–1082. <https://doi.org/10.2147/JMDH.S356736>
- Meilissa, Y., Nugroho, D., Luntungan, N. N. H. W., & Dartanto, T. (2022). The 2019 economic cost of smoking-attributable diseases in Indonesia. *Tobacco Control*. <https://doi.org/10.1136/tobaccocontrol-2021-056890>
- Miranti, Mutiarasari, D., Arsin, A. A., Hadju, V., Mallongi, A., Nur, R., Amri, I., Haruni, H., Wahyuni, R. D., Rahma, & Faris, A. (2020). Determinants of the incidence of stunting in the working area of Kinovaro Sigi Health Center. *Enfermeria Clinica*, 30, 246–252. <https://doi.org/10.1016/j.enfcli.2019.10.077>
- Mirayanti, N. K. A., & Juanamasta, I. G. (2020). Knowledge and attitude of Mothers about Stunting in Banjar Pengukuh Peguyangan Kangin Village Denpasar. *Jurnal Ners Dan Kebidanan (Journal of Ners and Midwifery)*, 7(3), 320–325. <https://doi.org/10.26699/jnk.v7i3.art.p320-325>
- Monroy De Velasco A. (1982). Consequences of early childbearing. *Draper Fund report*, (11), 26–27.
- Muchlis, N., Yusuf, R. A., Rusydi, A. R., Mahmud, N. U., Hikmah, N., Qanitha, A., & Ahsan, A. (2023). Cigarette Smoke Exposure and Stunting Among Under-five Children in Rural and Poor Families in Indonesia. *Environmental Health Insights*, 17. <https://doi.org/10.1177/11786302231185210>
- Mulianingsih, M., Nurmayani, W., Pratiwi, A., Rifky, N., & Safitri, H. (2021). Nutritional Status and Weight of Pregnant Women to Birth Weight (BBL) to Early Detection of Stunting. *STRADA Jurnal Ilmiah Kesehatan*, 10(1), 138–150. <https://doi.org/10.30994/sjik.v10i1.523>
- Muraro, A. P., Gonçalves-Silva, R. M. v., Moreira, N. F., Ferreira, M. G., Nunes-Freitas, A. L., Abreu-Villaça, Y., & Sichieri, R. (2014). Effect of tobacco smoke exposure during pregnancy and preschool age on growth from birth to adolescence: A cohort study. *BMC Pediatrics*, 14(1). <https://doi.org/10.1186/1471-2431-14-99>
- Muslimin, B., Lahming, Hasmyati, & Arsin, A. A. (2023). Risk Assessment and Control of Stunting in Makassar City, Indonesia. *Advances in Research*, 24(6), 21–29. <https://doi.org/10.9734/air/2023/v24i6980>
- Mutasa, K., Tome, J., Rukobo, S., Govha, M., Mushayanembwa, P., Matimba, F. S., Chiorera, C. K., Majo, F. D., Tavengwa, N. v., Mutasa, B., Chasekwa, B., Humphrey, J. H., Ntozini, R., Prendergast, A. J., & Bourke, C. D. (2022). Stunting Status and Exposure to Infection and Inflammation in Early Life Shape Antibacterial Immune Cell Function Among Zimbabwean Children. *Frontiers in Immunology*, 13. <https://doi.org/10.3389/fimmu.2022.899296>
- Nengsih, Titin Agustin, Bella Arisha, Yuliana Safitri. *Statistika Deskriptif dengan Program R. Jambi; Sonpedia Publishing Indonesia*

- Nubatonis, M. O., Olin, W., & Wali, A. (2022). The Effect of Feeding Patterns and History of Infectious Diseases on the Incidence of Stunting in Children Under Five in the Province of East Nusa Tenggara. *Global Journal of Health Science*, 14(8), 60. <https://doi.org/10.5539/gjhs.v14n8p60>
- Nur, T., Lukman, E., Anwar, F., Riyadi, H., Harjomidjojo, H., & Martianto, D. (2021). Birth Weight and Length Associated with Stunting among Children Under-Five in Indonesia. *J. Gizi Pangan*, 16, 99–108.
- Okta, N., Dokter, N., & Bsmi, R. (2020). *Stunting Pada Anak: Penyebab Dan Faktor Risiko Stunting Di Indonesia*. *Qawwam: Journal For Gender Mainstreaming* 14(1), 19. <https://doi.org/10.20414/Qawwam.v14i1.2372>
- Pangaribuan, I. K., Sari, I., Simbolon, M., Manurung, B., & Ramuni, K. (2020). Relationship between early marriage and teenager pregnancy to stunting in toddler at Bangun Rejo Village, Tanjung Morawa District, Tanjung Morawa, Deli Serdang 2019. *Enfermeria Clinica*, 30, 88–91. <https://doi.org/10.1016/j.enfcli.2019.11.028>
- Paul, P., Chouhan, P., & Zaveri, A. (2019). Impact of child marriage on nutritional status and anaemia of children under 5 years of age: empirical evidence from India. *Public Health*, 177, 95–101. <https://doi.org/10.1016/j.puhe.2019.08.008>
- Pellokila, M. R., & Picauly, I. (2023). The Influence Of Food Consumption, Exclusive Breastfeeding History, And Infective Diseases On Stunting Incidence; A Case-Control Study. *Journal of Namibian Studies*, 36, 160–173.
- Permenkes. 2020. Peraturan Menteri Kesehatan Republik Indonesia Nomor 2 Tahun 2020 tentang Standar Antropometri Anak. Jakarta: Menteri Kesehatan Republik Indonesia
- Prasetyo, Y. B., Permatasari, P., & Susanti, H. D. (2023). The effect of mothers' nutritional education and knowledge on children's nutritional status: a systematic review. In *International Journal of Child Care and Education Policy* (Vol. 17, Issue 1). Springer. <https://doi.org/10.1186/s40723-023-00114-7>
- Puji Pawenrusi, E., Dewi, C., Sani Silwanah, A., Rizary Kailem, E., Masyarakat, K., & Tinggi Ilmu Kesehatan Makassar, S. (n.d.). *Gambaran Kejadian Stunting Pada Balita Di Puskesmas Tanralili Kabupaten Maros Provinsi Sulawesi Selatan*. *Prosiding Forum Ilmiah Tahunan IAKMI (Ikatan Ahli Kesehatan Masyarakat Indonesia)*
- Qamarya, N., Hayati, Z., Kebidanan, A., Bima, S. M., Mandiri, S., Kota Bima -Nusa, B., & Barat, T. (2022). Science Midwifery The Relationship Between Cigarette Smoke Exposure With Acute Respiratory Infections (ARI) And Stunting In Bima 2022. In *Online) Science Midwifery* (Vol. 10, Issue 4). www.midwifery.iocspublisher.org Journalhomepage:www.midwifery.iocspublisher.org
- Quelhas, D., Kompala, C., Wittenbrink, B., Han, Z., Parker, M., Shapiro, M., Downs, S., Kraemer, K., Fanzo, J., Morris, S., & Kreis, K. (2018). The association between active tobacco use during pregnancy and growth outcomes of

- children under five years of age: A systematic review and meta-analysis. In *BMC Public Health* (Vol. 18, Issue 1). BioMed Central Ltd. <https://doi.org/10.1186/s12889-018-6137-7>
- Qurani, R. M., Karuniawaty, T. P., John, R. E., Wangiyana, N. K. A. S., Setiadi, Q. H., Tenglawan, J., Septisari, A. A., & Ihyauddin, Z. (2022). Correlation Between Maternal Factor And Stunting Among Children Of 6-12 Months Old In Central Lombok. *Journal of Public Health Research and Community Health Development*, 5(2), 107. <https://doi.org/10.20473/jphrecode.v5i2.23525>
- Rachmi, C. N., Agho, K. E., Li, M., & Baur, L. A. (2016). Stunting, underweight and overweight in children aged 2.0-4.9 years in Indonesia: Prevalence trends and associated risk factors. *PLoS ONE*, 11(5). <https://doi.org/10.1371/journal.pone.0154756>
- Rahayuwati, L., Komariah, M., Sari, C. W. M., Yani, D. I., Hermayanti, Y., Setiawan, A., Hastuti, H., Maulana, S., & Kohar, K. (2023). The Influence of Mother's Employment, Family Income, and Expenditure on Stunting Among Children Under Five: A Cross-Sectional Study in Indonesia. *Journal of Multidisciplinary Healthcare*, 16, 2271–2278. <https://doi.org/10.2147/JMDH.S417749>
- Rahma, I. M., & Mutalazimah, M. (2022). Correlation between Family Income and Stunting among Toddlers in Indonesia: A Critical Review. *International Conference on Health and Well-Being (ICHWB 2021)*, 78–86. <http://sinta.ristekbrin.go.id/>
- Rahman, M. (2016). Associação entre ordem de nascimento e desnutrição crônica em crianças: Estudo de uma amostra nacional representativa em Bangladesh. *Cadernos de Saude Publica*, 32(2). <https://doi.org/10.1590/0102-311X00011215>
- Raj, A., Saggurti, N., Winter, M., Labonte, A., Decker, M. R., Balaiah, D., & Silverman, J. G. (2010). The effect of maternal child marriage on morbidity and mortality of children under 5 in India: Cross sectional study of a nationally representative sample. *BMJ (Online)*, 340(7742), 353. <https://doi.org/10.1136/bmj.b4258>
- Ramadhan, Muhammad. 2021. *Metode Penelitian*. Surabaya; Cipta Media Nusantara
- Ravsanjanie, M. M., Pawitra, A. S., Diyanah, K. C., Zakaria, Z. A., & Marmaya, N. H. B. (2021). Utilization of Clean Water, Personal Hygiene of Toddler Caregivers, and Smoking Behavior of Family Members as Risk Factors for Cases of Stunting Toddlers. *JURNAL KESEHATAN LINGKUNGAN*, 13(1), 48. <https://doi.org/10.20473/jkl.v13i1.2021.48-56>
- Restiana, R. P., & Fadilah, T. F. (2023). Relationship Between Early Marriage and Incidence of Stunting in Children Aged 24-59 Months. In *Proceedings of the 3rd Borobudur International Symposium on Humanities and Social Science 2021 (BIS-HSS 2021)* (pp. 924–929). Atlantis Press SARL. https://doi.org/10.2991/978-2-494069-49-7_156

- Reza Vahlevi, I., Cortis Maigoda, T., & Rizal, A. (2023). The association between parenting style and nutritional knowledge of mother with the incidence of stunting children aged 7-24 months at the sawah lebar health center Bengkulu. *MOJ Biology and Medicine*, 8(3), 110–115. <https://doi.org/10.15406/mojbm.2023.08.00194>
- Ridwan, M, Sunarsih, & Sartini Risky. (2023). The Influence of Parents' Height and History of Infectious Diseases on Stunting Incidence Children in Wundulako District Kolaka Regency. *Waluya The International Science Of Health Journal*, 135–138.
- Rohmayanti, A., & Pujonarti, S. A. (2022). The Dominant Factors of Stunting Incidence in Toddlers (0-59 Months) in East Lombok Regency A Riskesdas Data Analysis 2018. *International Journal of Innovative Science and Research Technology*, 7. <https://doi.org/10.5281/zenodo.7470961>
- Rukmana, E., Purba, R., Nurfazriah, L. R., & Purba, E. M. (2022). The Correlation between Characteristics, Knowledge of Nutrition and Nutritional Status (H/A) among Children Aged 6-59 Months in Medan City. *BIO Web of Conferences*, 54. <https://doi.org/10.1051/bioconf/20225400012>
- Safaah, N., Yunitasari, E., Efendi, F., Sunanita, S., & Suhartono, S. (2022). Relationship between exclusive breastfeeding and stunting among children aged 2-5 years in Indonesia. *Gaceta Medica de Caracas*, 130, S1019–S1024. <https://doi.org/10.47307/GMC.2022.130.s5.21>
- Safitri, E., Khotimah, H., Hariyanti, T., Mayasari, D., Risyati, L., Nurwidyaningrum, V., Muslihah, N., Barlianto, W., Andarini, S., Siswanto, S., & Corebima, B. I. R. V. (2021). Non exclusive breastfeeding, infectious disease and sanitation as risk factors for stunted children in Pujon subdistrict, Malang, East Java, Indonesia. *AIP Conference Proceedings*, 2353. <https://doi.org/10.1063/5.0052805>
- Samuel, A., Osendarp, S. J. M., Feskens, E. J. M., Lelisa, A., Adish, A., Kebede, A., & Brouwer, I. D. (2022). Gender differences in nutritional status and determinants among infants (6–11 m): a cross-sectional study in two regions in Ethiopia. *BMC Public Health*, 22(1). <https://doi.org/10.1186/s12889-022-12772-2>
- 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(2), 90–97. <https://doi.org/10.3345/cep.2021.00094>
- Sari, K., & Sartika, R. A. D. (2021). The effect of the physical factors of parents and children on stunting at birth among newborns in indonesia. *Journal of Preventive Medicine and Public Health*, 54(5), 309–316. <https://doi.org/10.3961/jpmph.21.120>
- Sari, N., Manjorang, M. Y., Zakiyah, & Randell, M. (2021). Exclusive breastfeeding history risk factor associated with stunting of children aged 12–23 months. *Kesmas*, 16(1), 28–32. <https://doi.org/10.21109/KESMAS.V16I1.3291>

- Shah, S., Kanaan, M., Huque, R., Sheikh, A., Dogar, O., Thomson, H., Parrott, S., & Siddiqi, K. (2019). Secondhand smoke exposure in primary school children: A survey in Dhaka, Bangladesh. *Nicotine and Tobacco Research*, 21(4), 416–423. <https://doi.org/10.1093/ntr/ntx248>
- Shofifah, A., Lilis Sulistyorini, & Sarva Mangala Praveena. (2022). Environmental Sanitation At Home And History Of Infection Diseases As Risk Factors For Stunting In Toddlers In Drokilo Village, Kedungadem District, Bojonegoro Regency. *Jurnal Kesehatan Lingkungan*, 14(4), 289–295. <https://doi.org/10.20473/jkl.v14i4.2022.289-295>
- Sindhughosa, W. U., & Arimbawa, I. M. (2020). Association between parentsâ€™ body height with stunting in children ages 1-5 years old in Nagi Primary Health Care Working Area Larantuka City, East Flores, Indonesia. *Intisari Sains Medis*, 11(1), 315–319. <https://doi.org/10.15562/ism.v11i1.567>
- Sobrino, M., Guti rrez, C., Alarc n, J., D vila, M., & Cunha, A. J. (2017). Birth interval and stunting in children under five years of age in Peru (1996–2014). *Child: care, health and development*, 43(1), 97-103.
- st. Nurbaya, Hamdiyah, H., Nur Laela, Rosmawaty, R., & Resmawati, R. (2022). Pemanfaatan Bahan Lokal dalam Pembuatan Mp-Asi Sebagai Upaya Pencegahan Stunting di Desa Cenrana Kabupaten Sidrap. *ABDIKAN: Jurnal Pengabdian Masyarakat Bidang Sains Dan Teknologi*, 1(4), 436–441. <https://doi.org/10.55123/abdikan.v1i4.900>
- Sudirman, N. A., Utami Murti Pratiwi, Andi Irahmania Sakinah, & Purnamaniswaty Yunus. (2024). Hubungan ASI Eksklusif dengan Kejadian Stunting pada Balita 6-24 Bulan. *Alami Journal (Alauddin Islamic Medical) Journal*, 8(1), 1–7. <https://doi.org/10.24252/alami.v8i1.35655>
- Suhartanti, I., Mawaddah, N., & Marwan, L. (2023). History of Infectious Diseases in Toddlers and Frequency of Community Health Center Nutrition Services with Stunting Incidents. *Jurnal Kesehatan Komunitas Indonesia*, 3(3), 353–362. <https://doi.org/10.58545/jkki.v3i3.72>
- Sumantri. 2015. *Metode Penelitian Kesehatan*. Jakarta; Kencana Prenada Media Group
- Sumarsono, K. F. P., & Irwanto, I. (2022). The Influence Of Short Maternal Height On Stunting Children. *Indonesian Midwifery and Health Sciences Journal*, 6(1), 58–65. <https://doi.org/10.20473/imhsj.v6i1.2022.58-65>
- Sumiati, Arsin, A. A., & Syafar, M. (2020). Determinants of stunting in children under five years of age in the Bone regency. *Enfermeria Clinica*, 30, 371–374. <https://doi.org/10.1016/j.enfcli.2019.10.103>
- Sunaina Dhingra, & Prabhu L. Pingali. (2021). Effects of short birth spacing on birth-order differences in child stunting: Evidence from India. *PNAS*, 118, 1–8. <https://doi.org/10.1073/pnas.2017834118/-/DCSupplemental>
- Supadmi, S., Laksono, A. D., Kusumawardani, H. D., Ashar, H., Nursafingi, A., Kusrini, I., & Musoddaq, M. A. (2024). Factor related to stunting of children

- under two years with working mothers in Indonesia. *Clinical Epidemiology and Global Health*, 26. <https://doi.org/10.1016/j.cegh.2024.101538>
- Suzana Mediani, H., Hendrawati, S., Pahria, T., Mediawati, A. S., & Suryani, M. (2021). Factors Affecting the Knowledge and Motivation of Health Cadres on Stunting Prevention in Children in Indonesia. Preprints. <https://doi.org/10.20944/preprints202112.0312.v1>
- Syahputra Bukit, D., Yustina, I., Rochadi, K., & Zuska, F. (2023). The Correlation Of Mother's Knowledge And Mother's Behavior In Stunting Prevention Efforts In Tuntungan Village 2 Deli Serdang Regency. In *Int. J. Midwifery Res Bukit et al* (Vol. 3, Issue 1).
- Syeda, B., Agho, K., Wilson, L., Maheshwari, G. K., & Raza, M. Q. (2021). Relationship between breastfeeding duration and undernutrition conditions among children aged 0–3 Years in Pakistan. *International Journal of Pediatrics and Adolescent Medicine*, 8(1), 10–17. <https://doi.org/10.1016/j.ijpam.2020.01.006>
- Tang, X., Zhao, Y., Liu, Q., Hu, D., Li, G., Sun, J., & Song, G. (2022). The Effect of Risk Accumulation on Childhood Stunting: A Matched Case-Control Study in China. *Frontiers in Pediatrics*, 10. <https://doi.org/10.3389/fped.2022.816870>
- Thamrin, Y., Russeng, S., Saleh, L. M., Wahyuni, A., Jafar, N., Tahara, T., Yusri, I. K., Ismail, I., Bahtiar, A. M., & Ramadhani, A. T. (2023). Determinant Factors of Physical and Mental Health Problems of Adolescent Internet Users in High Schools in Makassar, Indonesia. *Journal of Law and Sustainable Development*, 11(11), e1691. <https://doi.org/10.55908/sdgs.v11i11.1691>
- Thompson, A. L. (2021). Greater male vulnerability to stunting? Evaluating sex differences in growth, pathways and biocultural mechanisms. In *Annals of Human Biology* (Vol. 48, Issue 6, pp. 466–473). Taylor and Francis Ltd. <https://doi.org/10.1080/03014460.2021.1998622>
- Toledo, G., Landes, M., van Lettow, M., Tippet Barr, B. A., Bailey, H., Crichton, S., Msungama, W., & Thorne, C. (2023). Risk factors for stunting in children who are HIV-exposed and uninfected after Option B+ implementation in Malawi. *Maternal and Child Nutrition*, 19(1). <https://doi.org/10.1111/mcn.13451>
- Torlesse, H., Cronin, A. A., Sebayang, S. K., & Nandy, R. (2016). Determinants of stunting in Indonesian children: Evidence from a cross-sectional survey indicate a prominent role for the water, sanitation and hygiene sector in stunting reduction. *BMC Public Health*, 16(1). <https://doi.org/10.1186/s12889-016-3339-8>
- Trisiswati, M., Mardiyah, D., & Maulidya Sari, S. (2021). Correlation Between History Of Low Birth Weight With Stunting Events In Pandeglang District. *Majalah Sainstekes*, 8(2), 61–070.
- Utami, R. A., Setiawan, A., & Fitriyani, P. (2019). Identifying causal risk factors for stunting in children under five years of age in South Jakarta, Indonesia.

- Enfermeria Clinica, 29, 606–611.
<https://doi.org/10.1016/j.enfcli.2019.04.093>
- Wahyudi, Kuswati Ani, & Taat Sumedi. (2022). Hubungan Pendapatan Keluarga, Jumlah Anggota Keluarga, Terhadap Stunting Pada Balita Umur 24-59 Bulan: A Literatur Review. *Jurnal of Bionursing*, 4(1), 63–69.
- Wahyuni Azis, A. S. F., Darmawansyah, D., Razak, A., Arifin, A., Syafar, M., & Mallongi, A. (2023). Analysis of Policy Implementation of The First 1000 Days of Life Program in Overcoming Stunting in Maros District. *Pharmacognosy Journal*, 15(3), 405–410.
<https://doi.org/10.5530/pj.2023.15.92>
- Wahyuni, S. (2021). *Factors Related to Stunting Events in Children* (Vol. 25). <http://annalsofrscb.ro>
- Wang, Y.-X., Li, Y., Rich-Edwards, J. W., Florio, A. A., Shan, Z., Wang, S., Manson, J. E., Mukamal, K. J., Rimm, E. B., & Chavarro, J. E. (2022). Associations of birth weight and later life lifestyle factors with risk of cardiovascular disease in the USA: A prospective cohort study. *EClinicalMedicine*, 51, 1–13. <https://doi.org/10.1016/j>
- Weatherspoon, D. D., Miller, S., Ngabitsinze, J. C., Weatherspoon, L. J., & Oehmke, J. F. (2019). Stunting, food security, markets and food policy in Rwanda. *BMC Public Health*, 19(1). <https://doi.org/10.1186/s12889-019-7208-0>
- Widarsa, K. T., Putu A. S. A., & Ni M. D. K. (2022). *Metode Sampling Penelitian Kedokteran dan Kesehatan*. Bali: Baswara Press
- Wu, H., Ma, C., Yang, L., & Xi, B. (2021). Association of Parental Height With Offspring Stunting in 14 Low- and Middle-Income Countries. *Frontiers in Nutrition*, 8. <https://doi.org/10.3389/fnut.2021.650976>
- Yani, D. I., Rahayuwati, L., Sari, C. W. M., Komariah, M., & Fauziah, S. R. (2023). Family Household Characteristics and Stunting: An Update Scoping Review. In *Nutrients* (Vol. 15, Issue 1). MDPI. <https://doi.org/10.3390/nu15010233>
- Yaya, S., Oladimeji, O., Odusina, E. K., & Bishwajit, G. (2022). Household structure, maternal characteristics and children's stunting in sub-Saharan Africa: Evidence from 35 countries. *International Health*, 14(4), 381–389. <https://doi.org/10.1093/inthealth/ihz105>
- Yesi Nurmallasari Anggunan, Tya Wihelmia Febriany. (2019) Hubungan Tingkat Pendidikan Ibu Dan Pendapatan Keluarga Dengan Kejadian Stunting Pada Anak Usia 6-59 Bulan. *Jurnal Kebidanan Malahayti*
- Yoosefi Lebni, J., Solhi, M., Ebadi Fard Azar, F., Khalajabadi Farahani, F., & Irandoost, S. F. (2023). Exploring the Consequences of Early Marriage: A Conventional Content Analysis. *Inquiry (United States)*, 60. <https://doi.org/10.1177/00469580231159963>
- Yusridawati. (2022). The Relationship of Knowledge and Mother's Attitude to Stunting Incidence in Kutelintang Village, Gayo Lues District Year 2022. *Science Midwifery*, 10(5), 2721–29453.

www.midwifery.iocspublisher.orgJournalhomepage:www.midwifery.iocspu
blisher.org

Zimmermann, E., Gamborg, M., Sørensen, T. I., & Baker, J. L. (2015). Sex differences in the association between birth weight and adult type 2 diabetes. *Diabetes*, *64*(12), 4220-4225.

Lampiran-lampiran

Lampiran 1. Formulir Persetujuan Informasi

INFORMED CONSENT

Judul Penelitian : Faktor Risiko Kejadian Stunting pada Anak Baduta (6-24 Bulan) di Kabupaten Maros
Peneliti : Pupin Astuti
Institusi : Universitas Hasanuddin
Kontak : 081775142323

Assalamu'alaikum Warahmatullahi Wabarakatuh

Kami mengundang Anda untuk berpartisipasi dalam penelitian kami yang bertujuan untuk memahami faktor-faktor yang berkaitan dengan stunting pada anak-anak. Partisipasi Anda dalam penelitian ini akan sangat berharga bagi kami untuk meningkatkan pemahaman tentang masalah ini dan mengambil langkah-langkah yang lebih baik untuk mencegah dan mengatasi stunting.

Keterlibatan Anda dalam penelitian ini sepenuhnya sukarela, dan Anda memiliki hak untuk tidak berpartisipasi atau menarik diri setiap saat tanpa konsekuensi apa pun. Kami akan menjaga kerahasiaan informasi yang Anda berikan dan hanya menggunakan data tersebut untuk tujuan penelitian. Identitas Anda akan dijaga kerahasiaannya, dan semua informasi yang Anda berikan akan diolah tanpa merinci data individu.

Kami ingin menekankan bahwa partisipasi Anda dalam penelitian ini akan membantu kami mendapatkan wawasan yang lebih baik tentang stunting pada anak-anak. Hasil penelitian ini juga dapat memberikan manfaat jangka panjang bagi masyarakat dalam pengembangan kebijakan dan program-program kesehatan.

Kami selalu siap menjawab pertanyaan atau kekhawatiran yang Anda miliki tentang penelitian ini. Jika Anda setuju untuk berpartisipasi, silakan tandatangani formulir ini. Jika Anda tidak setuju atau ingin menarik diri dari penelitian kapan saja, itu adalah hak Anda, dan hal tersebut tidak akan memiliki dampak negatif bagi Anda atau anak Anda.

Terima kasih atas pertimbangan Anda untuk berpartisipasi dalam penelitian ini.

Pupin Astuti

(Peneliti)

Setelah membaca penjelasan di atas, saya yang bertanda tangan di bawah ini:

Nama :

Umur :

Alamat :

No. HP :

dengan ini memberikan persetujuan saya untuk berpartisipasi dalam penelitian ini dan menyatakan bahwa saya telah memahami informasi di atas dan saya tahu bahwa partisipasi saya adalah sukarela.

Maros,2023

(.....)

Lampiran 2. Kuesioner Penelitian

A. Karakteristik Ibu

No. Responden :
 Nama/Inisial Responden :
 Pendidikan Ibu :
 Usia saat melahirkan anak :
 Usia saat menikah :
 Berat Badan Ibu : Kg
 Tinggi Badan Orang Tua : a. Ibu : cm b. Ayah :
 cm

B. Karakteristik Balita

Nama/Inisial Balita :
 Tanggal lahir/umur :
 Tinggi Badan Balita : cm
 Jenis Kelamin : L/P
 Anak ke.. : Dari.....Bersaudara
 Berat Badan saat Lahir : Kg
 Berat Badan Sekarang : Kg

1. Jarak kelahiran

- d. Berapa anak yang dimiliki keluarga ini (termasuk anak yang sedang di teliti)?
- 1 anak
 2 anak
 3 anak
 4 anak atau lebih
- e. Apakah Anda dapat memberikan informasi tentang jarak waktu (bulan atau tahun) antara anak ini (yang sedang di teliti) dengan anak sebelumnya (Jika ada anak sebelumnya)
- Ya, (Sebutkan jarak dalam bulan atau tahun):.....
 Tidak, ini anak pertama
- f. Jika anak ini (anak yang diteliti) adalah anak pertama, apakah ada rencana untuk memiliki anak lagi dalam waktu dekat?
- Ya
 Tidak
 Belum diputuskan

2. Riwayat Penyakit Infeksi

No	Pertanyaan	Ya	Tidak
1	Apakah anak ibu pernah menderita diare (dengan gejala buang air besar lebih dari 4	1	0

	kali sehari dengan konsisten cair kadang-kadang disertai muntah ataupun tidak)?		
2	Apakah anak ibu pernah menderita ISPA (dengan gejala batuk, pilej disertai atau tanpa demam)?	1	0
3	Apakah anak Ibu pernah mengalami Kecacingan (dengan gejala sakit perut, gatal di area anus, nafsu makan berkurang, badan kurus dan ruam pada pada kulit)?	1	0
4	Apakah anak Ibu pernah mengalami Malaria (dengan gejala demam tinggi, sakit kepala, nyeri tubuh, mual dan muntah, pusing dan kelemahan, menggigil, sesak nafas (kasus malaria berat))?	1	0
5	Berapa kali anak mengalami infeksi tersebut dalaam setahun terakhir?Kali	
6	Apakah ada perawatan medis yang diberikan pada saat anak mengalami infeksi?		

C. Karakteristik Rumah Tangga

Pendapatan Keluarga

1. Berapa total pendapatan bulanan keluarga Anda, termasuk semua sumber pendapatan seperti gaji, usaha, bantuan sosial, dan lainnya?
 - a. 2,5 - 3,5 Juta
 - b. 1,5 Juta - < 2,5 Juta
 - c. < 1,5 Juta
 - d. > 3,5 Juta
2. Sumber-sumber pendapatan utama keluarga
 - Gaji pekerjaan
 - Pertanian atau ternak
 - Usaha sendiri
 - Bantuan sosial (Contoh: PHK, bantuan pangan)
 - Lainnya:
3. Apakah keluarga anda menerima bantuan sosial atau program kesejahteraan sosial lainnya dari pemerintah?
 - a. Ya
 - b. Tidak

4. Apakah ada periode dimana keluarga Anda mengalami kesulitan keuangan yang signifikan atau kekurangan makanan dalam 1 tahun terakhir?
- Ya
 - Tidak

ASI Eksklusif

No	Pertanyaan	Ya	Tidak
1	Apakah ibu memberi ASI pertama kali keluar (kolostrum) saat bayi ibu lahir?	1	0 Alasan:
2	Apakah Ibu memberikan ASI saja kepada anak sampai umur 6 bulan?	1	0 Alasan:
3	Apakah Ibu memberikan makanan lain seperti pisang, susu botol, dan nasi lembek kepada bayi sebelum usia 6 bulan?	0 Alasan:	1

Paparan Asap Rokok di Dalam Keluarga

- Apakah salah satu anggota keluarga ada yang merokok?
 - Ya (Sebutkan:.....)
 - Tidak Ada
- Sudah berapa lama anggota keluarga tersebut merokok?
Jawab:
- Apakah pada saat hamil, ibu terpapar asap rokok dari anggota keluarga?
 - Ya
 - Tidak
- Apakah anggota keluarga merokok di dalam rumah?
 - Ya

- b. Tidak
- 5. Berapa banyak rokok yang dihabiskan setiap hari (rata-rata)?
 - a. < 3 batang
 - b. 3-10 batang
 - c. > 10 Batang
- 6. Apakah anak ibu terpapar asap rokok yang bersumber dari anggota keluarga?
 - a. Ya
 - b. Tidak
- 7. Apakah ketika salah satu anggota keluarga setelah merokok boleh langsung memeluk, mencium atau menggendong balita?
 - a. Ya
 - b. Tidak
- 8. Apakah ibu melarang anggota keluarga yang merokok untuk merokok di dekat anak ibu?
 - a. Ya
 - b. Tidak

Pengetahuan Ibu Tentang Stunting

Pertanyaan Pendahuluan:

1. **Apakah Ibu sudah tau tentang stunting sebelum anak (yang diteliti) sudah lahir?**
2. **Sejak kapan Ibu tau atau mendapatkan informasi tentang stunting?**

(Jika Ibu menjawab telah mengetahui stunting sebelum anak yang diteliti lahir, maka bisa dilanjutkan dengan pengisian kuesioner)

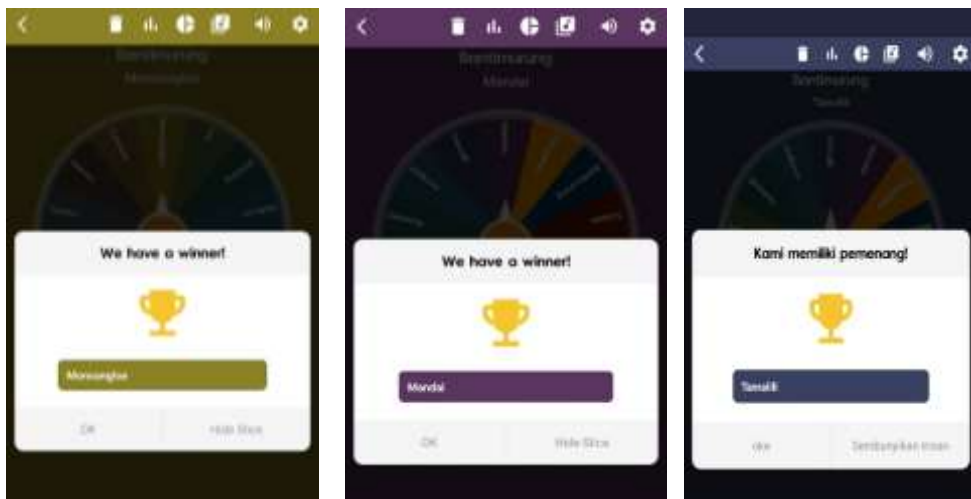
No	Pernyataan	Benar	Salah
1	Stunting merupakan gangguan pertumbuhan karena kekurangan gizi dalam jangka waktu yang lama terutama pada 1.000 Hari Pertama Kehidupan meliputi 270 hari selama kehamilan dan 730 hari pertama setelah bayi dilahirkan	1	0
2	Stunting baru akan terlihat ketika anak berusia kurang dari 2 tahun	1	0
3	Kurangnya akses air bersih dan sanitasi lingkungan dapat menjadi faktor penyebab stunting	1	0
4	Anak memiliki tubuh lebih pendek dibandingkan anak seusianya merupakan tanda dan gejala stunting	1	0
5	Anak yang mengalami stunting ketika dewasa akan berisiko mengalami berat badan berlebih	1	0

6	ASI Eksklusif (pemberian ASI saat bayi baru lahir sampai usia 6 bulan tanpa makanan tambahan lain) dapat mencegah anak mengalami stunting	1	0
7	Memantau pertumbuhan balita di posyandu merupakan upaya yang sangat strategis untuk mendeteksi dini terjadinya gangguan pertumbuhan	1	0
8	Menerapkan pola hidup bersih dan sehat (PHBS) dapat mencegah adanya stunting	1	0
9	Kegiatan Pemberian Makanan Tambahan (PMT) untuk balita perlu dilakukan untuk mencegah stunting	1	0
10	Kurangnya pengetahuan ibu mengenai kesehatan dan gizi sebelum dan pada masa kehamilan, serta setelah ibu melahirkan dapat menjadi faktor penyebab stunting	1	0

11	Anak yang mengalami stunting ketika dewasa berpeluang menderita penyakit tidak menular seperti hipertensi (darah tinggi), jantung, diabetes (penyakit gula), kanker dll	1	0
12	Kurangnya pelayanan kesehatan untuk ibu selama masa kehamilan (ANC) menjadi faktor penyebab stunting	1	0
13	Periode 1.000 Hari Pertama Kehidupan meliputi 270 hari selama kehamilan dan 730 hari pertama setelah bayi dilahirkan merupakan periode emas atau kritis yang menentukan kualitas kehidupan anak	1	0
14	Akibat kekurangan gizi pada periode 1.000 Hari Pertama Kehidupan bersifat permanen dan sulit untuk diperbaiki	1	0
15	Pencegahan stunting dapat dilakukan dengan upaya mencukupi kebutuhan gizi sejak anak dalam kandungan hingga usia dua tahun	1	0

16	Dalam jangka panjang anak yang mengalami stunting akan memengaruhi prestasi belajar	1	0
17	Stunting tidak dapat disembuhkan. Namun, dapat dicegah	1	0
18	Imunisasi dasar lengkap pada bayi dan anak akan mencegah stunting	1	0
19	Stunting dapat diperbaiki ketika bayi sudah lahir	1	0
20	Pola asuh ibu yang kurang baik menjadi penyebab stunting	1	0

Lampiran 3. Hasil Randomisasi wilayah penelitian menggunakan *Spin the wheel*



Lampiran 4. Standar Tinggi Badan Anak Kementerian Kesehatan Indonesia

Tabel 2. Standar Panjang Badan menurut Umur (PB/U)

Anak Laki-Laki Umur 0 - 24 Bulan

Umur (bulan)	Panjang Badan (cm)						
	-3 SD	-2 SD	-1 SD	Median	+1 SD	+2 SD	+3 SD
0	44.2	46.1	48.0	49.9	51.8	53.7	55.6
1	48.9	50.8	52.8	54.7	56.7	58.6	60.6
2	52.4	54.4	56.4	58.4	60.4	62.4	64.4
3	55.3	57.3	59.4	61.4	63.5	65.5	67.6
4	57.6	59.7	61.8	63.9	66.0	68.0	70.1
5	59.6	61.7	63.8	65.9	68.0	70.1	72.2
6	61.2	63.3	65.5	67.6	69.8	71.9	74.0
7	62.7	64.8	67.0	69.2	71.3	73.5	75.7
8	64.0	66.2	68.4	70.6	72.8	75.0	77.2
9	65.2	67.5	69.7	72.0	74.2	76.5	78.7
10	66.4	68.7	71.0	73.3	75.6	77.9	80.1
11	67.6	69.9	72.2	74.5	76.9	79.2	81.5
12	68.6	71.0	73.4	75.7	78.1	80.5	82.9
13	69.6	72.1	74.5	76.9	79.3	81.8	84.2
14	70.6	73.1	75.6	78.0	80.5	83.0	85.5
15	71.6	74.1	76.6	79.1	81.7	84.2	86.7
16	72.5	75.0	77.6	80.2	82.8	85.4	88.0
17	73.3	76.0	78.6	81.2	83.9	86.5	89.2
18	74.2	76.9	79.6	82.3	85.0	87.7	90.4
19	75.0	77.7	80.5	83.2	86.0	88.8	91.5
20	75.8	78.5	81.4	84.2	87.0	89.8	92.6
21	76.5	79.4	82.3	85.1	88.0	90.9	93.8
22	77.2	80.2	83.1	86.0	89.0	91.9	94.9
23	78.0	81.0	83.9	86.9	89.9	92.9	95.9
24 *	78.7	81.7	84.8	87.8	90.9	93.9	97.0

Keterangan: * Pengukuran panjang badan dilakukan dalam keadaan anak telentang

Tabel 9. Standar Panjang Badan menurut Umur (PB/U)
Anak Perempuan Umur 0-24 Bulan

Umur (bulan)	Panjang Badan (cm)						
	-3 SD	-2 SD	-1 SD	Median	+1 SD	+2 SD	+3 SD
0	43.6	45.4	47.3	49.1	51.0	52.9	54.7
1	47.8	49.8	51.7	53.7	55.6	57.6	59.5
2	51.0	53.0	55.0	57.1	59.1	61.1	63.2
3	53.5	55.6	57.7	59.8	61.9	64.0	66.1
4	55.6	57.8	59.9	62.1	64.3	66.4	68.6
5	57.4	59.6	61.8	64.0	66.2	68.5	70.7
6	58.9	61.2	63.5	65.7	68.0	70.3	72.5
7	60.3	62.7	65.0	67.3	69.6	71.9	74.2
8	61.7	64.0	66.4	68.7	71.1	73.5	75.8
9	62.9	65.3	67.7	70.1	72.6	75.0	77.4
10	64.1	66.5	69.0	71.5	73.9	76.4	78.9
11	65.2	67.7	70.3	72.8	75.3	77.8	80.3
12	66.3	68.9	71.4	74.0	76.6	79.2	81.7
13	67.3	70.0	72.6	75.2	77.8	80.5	83.1
14	68.3	71.0	73.7	76.4	79.1	81.7	84.4
15	69.3	72.0	74.8	77.5	80.2	83.0	85.7
16	70.2	73.0	75.8	78.6	81.4	84.2	87.0
17	71.1	74.0	76.8	79.7	82.5	85.4	88.2
18	72.0	74.9	77.8	80.7	83.6	86.5	89.4

Umur (bulan)	Panjang Badan (cm)						
	-3 SD	-2 SD	-1 SD	Median	+1 SD	+2 SD	+3 SD
19	72.8	75.8	78.8	81.7	84.7	87.6	90.6
20	73.7	76.7	79.7	82.7	85.7	88.7	91.7
21	74.5	77.5	80.6	83.7	86.7	89.8	92.9
22	75.2	78.4	81.5	84.6	87.7	90.8	94.0
23	76.0	79.2	82.3	85.5	88.7	91.9	95.0
24 *	76.7	80.0	83.2	86.4	89.6	92.9	96.1

Keterangan: * Pengukuran PB dilakukan dalam keadaan anak telentang

Lampiran 5. Surat Izin Penelitian dari Fakultas



KEMENTERIAN PENDIDIKAN, KEBUDAYAAN,
RISET DAN TEKNOLOGI
UNIVERSITAS HASANUDDIN
FAKULTAS KESEHATAN MASYARAKAT
Jl. Perintis Kemerdekaan Km.10 Makassar 90245, Telp.(0411) 585658,
e-mail : fkm.unhas@gmail.com, website: https://fkm.unhas.ac.id/

Nomor : 26957/UN4.14.1/PT.01.04/2023
Lamp. : ---
Hal : Permohonan Izin Penelitian
Yth. : Kepala Dinas Penanaman Modal dan Pelayanan Terpadu Satu Pintu
Cq. Bidang Penyelenggaraan Pelayanan Perizinan
Provinsi Sulawesi Selatan
Di
Tempat

Dengan hormat, kami sampaikan bahwa mahasiswa Program Pascasarjana Fakultas Kesehatan Masyarakat Universitas Hasanuddin yang tersebut di bawah ini :

Nama : Pupin Astuti
Nomor Pokok : K012212032
Program Studi : S2 Ilmu Kesehatan Masyarakat

Bermaksud melakukan penelitian dalam rangka persiapan penulisan tesis dengan judul **"Faktor Risiko Kejadian Stunting Pada Anak Usia Baduta (6-24 Bulan) di Kabupaten Maros"**

Pembimbing Utama : Prof. Dr. drg. Andi Zulkifli, M.Kes
Pembimbing Pendamping : Prof. Dr. drg. A. Arsunan Arsin, M.Kes, CWM

Waktu Penelitian : November - Desember 2023

Sehubungan dengan hal tersebut kami mohon kebijaksanaan Bapak/Ibu kiranya berkenan memberi izin kepada yang bersangkutan.

Atas perhatian dan kerjasamanya, disampaikan terima kasih.

Makassar, 14 November 2023
an. Dekan.

Wakil Dekan Bidang Akademik dan Kemahasiswaan,



Dr. Wahiduddin, SKM, M.Kes.
NIP 197604072005011004

Tembusan Yth.:

1. Dekan Fakultas Kesehatan Masyarakat Unhas;
2. Arsip.

Lampiran 6. Surat Izin Penelitian dari PTSP



PEMERINTAH PROVINSI SULAWESI SELATAN
DINAS PENANAMAN MODAL DAN PELAYANAN TERPADU SATU PINTU
 JL.Bougenville No.5 Telp. (0411) 441077 Fax. (0411) 448936
 Website : <http://smap-new.sulselprov.go.id> Email : ptsp@sulselprov.go.id
 Makassar 90231

Nomor	: 29567/S.01/PTSP/2023	Kepada Yth.
Lampiran	: -	Bupati Maros
Perihal	: <u>Izin penelitian</u>	

di-
Tempat

Berdasarkan surat Dekan Fak. kesehatan Masyarakat UNHAS Makassar Nomor : 26957/UN4.14.1/PT.01.04/2023 tanggal 14 November 2023 perihal tersebut diatas, mahasiswa/peneliti dibawah ini:

N a m a	: PUPIN ASTUTI	
Nomor Pokok	: K012212032	
Program Studi	: Ilmu Kesehatan Masyarakat	
Pekerjaan/Lembaga	: Mahasiswa (S2)	
Alamat	: Jl. P. Kemerdekaan Km., 10 Makassar	

PROVINSI SULAWESI SELATAN

Bermaksud untuk melakukan penelitian di daerah/kantor saudara dalam rangka menyusun Tesis, dengan judul :

" FAKTOR RISIKO KEJADIAN STUNTING PADA ANAK USIA BADUTA (6-24 BULAN) DI KABUPATEN MAROS SULAWESI SELATAN "

Yang akan dilaksanakan dari : Tgl. 20 November s/d 20 Desember 2023

Sehubungan dengan hal tersebut diatas, pada prinsipnya kami *menyetujui* kegiatan dimaksud dengan ketentuan yang tertera di belakang surat izin penelitian.

Demikian Surat Keterangan Ini diberikan agar dipergunakan sebagaimana mestinya.

Diterbitkan di Makassar
Pada Tanggal 16 November 2023

**KEPALA DINAS PENANAMAN MODAL DAN PELAYANAN TERPADU
SATU PINTU PROVINSI SULAWESI SELATAN**

	ASRUL SANI, S.H., M.Si. Pangkat : PEMBINA TINGKAT I Nip : 19750321 200312 1 008
---	--

Tembusan Yth

1. Dekan Fak. kesehatan Masyarakat UNHAS Makassar di Makassar;
2. Peringatan.

Lampiran 7. Kode Etik



KEMENTERIAN PENDIDIKAN, KEBUDAYAAN
RISET, DAN TEKNOLOGI
UNIVERSITAS HASANUDDIN
FAKULTAS KESEHATAN MASYARAKAT
Jln. Perintis Kemerdekaan Km.10 Makassar 90245, Telp.(0411) 505555,
E-mail : fm.unhas@gmail.com, website: <https://km.unhas.ac.id/>

REKOMENDASI PERSETUJUAN ETIK

Nomor: 5910/MUN4.14.1/TP.01.02/2023

Tanggal: 06 November 2023

Dengan ini Menyatakan bahwa Protokol dan Dokumen yang Berhubungan dengan Protokol berikut ini telah mendapatkan Persetujuan Etik:

No. Protokol	271023032254	No. Sponsor Protokol	
Peneliti Utama	Pupin Astuti	Sponsor	Pribadi
Judul Peneliti	Faktor Risiko Kejadian Stunting pada Anak Baduta (6-24 Bulan) di Kabupaten Maros		
No. Versi Protokol	1	Tanggal Versi	27 Oktober 2023
No. Versi PSP	1	Tanggal Versi	27 Oktober 2023
Tempat Penelitian	Kabupaten Maros/Kec. Mandai, Kec. Marunggor, Kec. Bantimurung		
Judul Review	<input type="checkbox"/> Exempted <input checked="" type="checkbox"/> Expedited <input type="checkbox"/> Fullboard	Masa Berlaku 06 November 2023 Sampai 06 November 2024	Frekuensi review lanjutan
Ketua Komisi Etik Penelitian	Nama : Prof.Dr.Veni Hadju,M.Sc,Ph.D	Tanda tangan	 06 November 2023
Sekretaris komisi Etik Penelitian	Nama : Dr. Wahiduddin, SKM.,M.Kes	Tanda tangan	 06 November 2023

Kewajiban Peneliti Utama :

1. Menyerahkan Amandemen Protokol untuk persetujuan sebelum di implementasikan
2. Menyerahkan Laporan SAE ke Komisi Etik dalam 24 jam dan dilengkap dalam 7 hari dan Laporan SUSAR dalam 72 jam setelah Peneliti Utama menerima laporan
3. Menyerahkan Laporan Kemajuan (progress report) setiap 6 bulan untuk penelitian resiko tinggi dan setiap setahun untuk penelitian resiko rendah
4. Menyerahkan laporan akhir setelah Penelitian berakhir
5. Melaporkan penyimpangan dari protokol yang disetujui (protocol deviation/violation)
6. Mematuhi semua peraturan yang ditetapkan

Lampiran 8. Surat Izin Penelitian dari Pemerintah Kabupaten Maros



IZIN PENELITIAN Nomor: 500/XIP/DPMPPTSP/2023

BASAR HUKUM :

1. Undang-Undang Republik Indonesia Nomor 18 tahun 2002 tentang Sistem Nasional Penelitian, Pengembangan, dan Penerapan Ilmu Pengetahuan Teknologi
2. Peraturan Menteri Dalam Negeri Nomor 7 Tahun 2014 tentang Perubahan Peraturan Menteri Dalam Negeri Nomor 64 Tahun 2011 tentang Pedoman Penerbitan Rekomendasi Penelitian
3. Rekomendasi Tim Teknis Izin Penelitian Dinas Penanaman Modal dan Pelayanan Terpadu Satu Pintu Kabupaten Maros Nomor: 556/XIREK-IPDPMPPTSP/2023

Dengan ini memberikan Izin Penelitian Kepada

Nama	PUPIN ASTUTI
Nomor Pokok	K012212032
Tempat/Tgl Lahir	SABANG / 23 Maret 1996
Jenis Kelamin	Perempuan
Pekerjaan	MAHASISWA (S2)
Alamat	JL. ADE IRMA HASUTION WING 44 MAKASSAR
Tempat Meneliti	KEC. MANDAI REC. TANPALELE KEC. MANDAI

Maksud dan Tujuan mengadakan penelitian dalam rangka Penulisan Tesis dengan Judul
**"FAKTOR RISIKO KEJADIAN STUNTING PADA ANAK USIA BABUTA (6-24 BULAN)
 DI KABUPATEN MAROS SULAWESI SELATAN"**

Lamanya Penelitian: 20 November 2023 s/d 30 Desember 2023

Dengan ketentuan sebagai berikut:

1. Mentaati semua peraturan perundang-undangan yang berlaku, serta menghormati Adab Islami di tempat
2. Penelitian tidak menyamping dan maksud yang dibuktikan.
3. Menyerahkan 1 (satu) contoh Foto Copy hasil penelitian kepada Dinas Penanaman Modal dan Pelayanan Terpadu Satu Pintu Kabupaten Maros.
4. Surat Izin Penelitian ini dinyatakan tidak berlaku, bilamana pemegang izin ternyata tidak mentaati ketentuan-ketentuan tersebut diatas.

Demikian Izin Penelitian ini diberikan untuk dipergunakan sebagaimana mestinya.



Maros, 20 November 2023.
KEPALA DINAS,

NURYADI S. Sos., M.A.P
 Pangkat : Pembina Tk. I
 Nip : 19741005 196803 1 010

Tembusan Kepada Yth.

1. Dekan Fakultas Kesehatan Masyarakat UNHAS di Makassar
2. Ansp

Lampiran 9. Analisis Statistik

Pendidikan Ibu * Stunting Crosstabulation

		Stunting		Total	
		Normal	Stunting		
Pendidikan Ibu	D3	Count	1	5	6
		% within Stunting	1.8%	8.9%	5.4%
	S1	Count	3	5	8
		% within Stunting	5.4%	8.9%	7.1%
	SD	Count	12	15	27
		% within Stunting	21.4%	26.8%	24.1%
	SMA	Count	21	23	44
		% within Stunting	37.5%	41.1%	39.3%
	SMP	Count	19	8	27
		% within Stunting	33.9%	14.3%	24.1%
Total		Count	56	56	112
		% within Stunting	100.0%	100.0%	100.0%

umur * Stunting Crosstabulation

		Stunting		Total	
		Normal	Stunting		
umur	<20	Count	4	4	8
		% within Stunting	7.1%	7.1%	7.1%
	20-35	Count	43	43	86
		% within Stunting	76.8%	76.8%	76.8%
	>35	Count	9	9	18
		% within Stunting	16.1%	16.1%	16.1%
Total		Count	56	56	112
		% within Stunting	100.0%	100.0%	100.0%

Usia saat melahirkan * Stunting Crosstabulation

		Stunting		Total	
		Normal	Stunting		
Usia saat melahirkan	<20	Count	5	6	11
		% within Stunting	8.9%	10.7%	9.8%
	20-35	Count	44	43	87
		% within Stunting	78.6%	76.8%	77.7%
	>35	Count	7	7	14
		% within Stunting	12.5%	12.5%	12.5%
Total	Count	56	56	112	
	% within Stunting	100.0%	100.0%	100.0%	

Usia saat menikah * Stunting Crosstabulation

		Stunting		Total	
		Normal	Stunting		
Usia saat menikah	<20	Count	39	19	58
		% within Stunting	69.6%	33.9%	51.8%
	20-35	Count	17	37	54
		% within Stunting	30.4%	66.1%	48.2%
	Total	Count	56	56	112
		% within Stunting	100.0%	100.0%	100.0%

IMT * Stunting Crosstabulation

		Stunting		Total	
		Normal	Stunting		
IMT	Underweight	Count	7	6	13
		% within Stunting	12.5%	10.7%	11.6%
	Normal	Count	37	33	70
		% within Stunting	66.1%	58.9%	62.5%
	Overweight	Count	12	17	29
		% within Stunting	21.4%	30.4%	25.9%
Total	Count	56	56	112	

	% within Stunting	100.0%	100.0%	100.0%
--	-------------------	--------	--------	--------

Usia (Bulan) * Stunting Crosstabulation

		Stunting		Total	
		Normal	Stunting		
Usia (Bulan)	6-12	Count	18	26	44
		% within Stunting	32.1%	46.4%	39.3%
	13-24	Count	38	30	68
		% within Stunting	67.9%	53.6%	60.7%
Total	Count	56	56	112	
	% within Stunting	100.0%	100.0%	100.0%	

Jenis Kelamin * Stunting Crosstabulation

		Stunting		Total	
		Normal	Stunting		
Jenis Kelamin	L	Count	32	24	56
		% within Stunting	57.1%	42.9%	50.0%
	P	Count	24	32	56
		% within Stunting	42.9%	57.1%	50.0%
Total	Count	56	56	112	
	% within Stunting	100.0%	100.0%	100.0%	

Urutan Anak * Stunting Crosstabulation

		Stunting		Total	
		Normal	Stunting		
Urutan Anak	Anak Pertama	Count	16	15	31
		% within Stunting	28.6%	26.8%	27.7%
	Anak Ke-2	Count	15	23	38
		% within Stunting	26.8%	41.1%	33.9%
	Anak Ke-3	Count	18	14	32
		% within Stunting			

		% within Stunting	32.1%	25.0%	28.6%
	Anak Ke-4 atau Lebih	Count	6	3	9
		% within Stunting	10.7%	5.4%	8.0%
	5.00	Count	0	1	1
		% within Stunting	0.0%	1.8%	0.9%
	6.00	Count	1	0	1
		% within Stunting	1.8%	0.0%	0.9%
Total		Count	56	56	112
		% within Stunting	100.0%	100.0%	100.0%

BBL * Stunting Crosstabulation

		Stunting		Total	
		Normal	Stunting		
BBL	BBLR	Count	13	4	17
		% within Stunting	23.2%	7.1%	15.2%
	Normal	Count	43	52	95
		% within Stunting	76.8%	92.9%	84.8%
Total	Count	56	56	112	
	% within Stunting	100.0%	100.0%	100.0%	

Diare * Stunting Crosstabulation

		Stunting		Total	
		Normal	Stunting		
Diare	Tidak	Count	37	37	74
		% within Stunting	66.1%	66.1%	66.1%
	Ya	Count	19	19	38
		% within Stunting	33.9%	33.9%	33.9%
Total	Count	56	56	112	
	% within Stunting	100.0%	100.0%	100.0%	

ISPA * Stunting Crosstabulation

			Stunting		Total
			Normal	Stunting	
ISPA	Tidak	Count	38	31	69
		% within Stunting	67.9%	55,4%	61.6%
	Ya	Count	18	25	43
		% within Stunting	32.1%	44,6%	38.3%
Total	Count	56	56	112	
	% within Stunting	100.0%	100.0%	100.0%	

Cacangan * Stunting Crosstabulation

			Stunting		Total
			Normal	Stunting	
Cacangan	Tidak	Count	52	52	104
		% within Stunting	92.9%	92.9%	92.9%
	Ya	Count	4	4	8
		% within Stunting	7.1%	7.1%	7.1%
Total	Count	56	56	112	
	% within Stunting	100.0%	100.0%	100.0%	

Total Pendapatan * Stunting Crosstabulation

			Stunting		Total
			Normal	Stunting	
Total Pendapatan	<1,5 Jt	Count	18	26	44
		% within Stunting	32.1%	46.4%	39.3%
	> 3,5 Jt	Count	7	2	9
		% within Stunting	5.4%	3.6%	8.0%
	1,5-<2,5 Jt	Count	19	24	43
		% within Stunting	33.9%	50.0%	38.4%
	2,5-3,5 Jt	Count	12	4	16
		% within Stunting	21.4%	12.5%	14.3%
Total	Count	56	56	112	

% within Stunting	100.0%	100.0%	100.0%
-------------------	--------	--------	--------

Kesulitan Keuangan dalam 1 tahun terakhir * Stunting Crosstabulation

			Stunting		Total
			Normal	Stunting	
Kesulitan Keuangan dalam 1 tahun terakhir	Tidak	Count	34	36	70
		% within Stunting	60.7%	64.3%	62.5%
	Ya	Count	22	20	42
		% within Stunting	39.3%	35.7%	37.5%
Total	Count	56	56	112	
	% within Stunting	100.0%	100.0%	100.0%	

Menerima Bantuan Sosial * Stunting Crosstabulation

			Stunting		Total
			Normal	Stunting	
Menerima Bantuan Sosial	Tidak	Count	41	46	87
		% within Stunting	73.2%	82.1%	77.7%
	Ya	Count	15	10	25
		% within Stunting	26.8%	17.9%	22.3%
Total	Count	56	56	112	
	% within Stunting	100.0%	100.0%	100.0%	

Kolostrum * Stunting Crosstabulation

			Stunting		Total
			Normal	Stunting	
Kolostrum	Tidak	Count	8	6	14
		% within Stunting	14.3%	10.7%	12.5%
	Ya	Count	48	50	98
		% within Stunting	85.7%	89.3%	87.5%
Total	Count	56	56	112	

% within Stunting	100.0%	100.0%	100.0%
-------------------	--------	--------	--------

ASI sampai 6 Bulan * Stunting Crosstabulation

			Stunting		Total
			Normal	Stunting	
ASI sampai 6 Bulan	Tidak	Count	15	12	27
		% within Stunting	26.8%	21.4%	24.1%
	Ya	Count	41	44	85
		% within Stunting	73.2%	78.6%	75.9%
Total	Count		56	56	112
	% within Stunting		100.0%	100.0%	100.0%

MPASI sebelum usia 6 bulan * Stunting Crosstabulation

			Stunting		Total
			Normal	Stunting	
MPASI sebelum usia 6 bulan	Tidak	Count	39	41	80
		% within Stunting	69.6%	73.2%	71.4%
	Ya	Count	17	15	32
		% within Stunting	30.4%	26.8%	28.6%
Total	Count		56	56	112
	% within Stunting		100.0%	100.0%	100.0%

Anggota Keluarga Merokok * Stunting Crosstabulation

			Stunting		Total
			Normal	Stunting	
Anggota Keluarga Merokok	Tidak	Count	17	22	39
		% within Stunting	30.4%	39.3%	34.8%
	Ya	Count	39	34	73
		% within Stunting	69.6%	60.7%	65.2%
Total	Count		56	56	112

% within Stunting	100.0%	100.0%	100.0%
-------------------	--------	--------	--------

Ibu Mengetahui Stunting Sebelum Melahirkan * Stunting Crosstabulation

			Stunting		Total
			Normal	Stunting	
Ibu Mengetahui Stunting Sebelum Melahirkan	Tidak	Count	25	26	51
		% within Stunting	44.6%	46.4%	45.5%
	Ya	Count	31	30	61
		% within Stunting	55.4%	53.6%	54.5%
Total	Count	56	56	112	
	% within Stunting	100.0%	100.0%	100.0%	

IMT * Stunting Crosstabulation

			Stunting		Total
			Normal	Stunting	
IMT	Underweight	Count	5	3	8
		% within Stunting	8.9%	5.4%	7.1%
	Normal	Count	35	33	68
		% within Stunting	62.5%	58.9%	60.7%
	Overweight	Count	16	20	36
		% within Stunting	28.6%	35.7%	32.1%
Total	Count	56	56	112	
	% within Stunting	100.0%	100.0%	100.0%	

Crosstab

	Stunting		Total
	Normal	Stunting	

Pengetahuan Ibu	Cukup	Count	32	20	52
		% within Stunting	57.1%	35.7%	46.4%
	Kurang	Count	24	36	60
		% within Stunting	42.9%	64.3%	53.6%
Total	Count	56	56	112	
	% within Stunting	100.0%	100.0%	100.0%	

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2- sided)	Exact Sig. (1- sided)
Pearson Chi-Square	5.169 ^a	1	.023		
Continuity Correction ^b	4.344	1	.037		
Likelihood Ratio	5.211	1	.022		
Fisher's Exact Test				.037	.018
Linear-by-Linear Association	5.123	1	.024		
N of Valid Cases	112				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 26,00.

b. Computed only for a 2x2 table

Tests of Homogeneity of the Odds Ratio

	Chi-Squared	df	Asymptotic Significance (2- sided)
Breslow-Day	.000	0	.
Tarone's	.000	0	.

Tests of Conditional Independence

	Chi-Squared	df	Asymptotic Significance (2- sided)
Cochran's	5.169	1	.023
Mantel-Haenszel	4.305	1	.038

Under the conditional independence assumption, Cochran's statistic is asymptotically distributed as a 1 df chi-squared distribution, only if the number of strata is fixed, while the Mantel-Haenszel statistic is always asymptotically distributed as a 1 df chi-squared distribution. Note that the continuity correction is removed from the Mantel-Haenszel statistic when the sum of the differences between the observed and the expected is 0.

Mantel-Haenszel Common Odds Ratio Estimate

Estimate		2.400	
ln(Estimate)		.875	
Standard Error of ln(Estimate)		.388	
Asymptotic Significance (2-sided)		.024	
Asymptotic 95% Confidence Interval	Common Odds Ratio	Lower Bound	1.121
		Upper Bound	5.136
	ln(Common Odds Ratio)	Lower Bound	.115
		Upper Bound	1.636

The Mantel-Haenszel common odds ratio estimate is asymptotically normally distributed under the common odds ratio of 1,000 assumption. So is the natural log of the estimate.

Crosstab

		Stunting		Total	
		Normal	Stunting		
Usia Saat Melahirkan	Risiko Rendah	Count	46	45	91
		% within Stunting	82.1%	80.4%	81.3%
	Risiko Tinggi	Count	10	11	21
		% within Stunting	17.9%	19.6%	18.8%

Total	Count	56	56	112
	% within Stunting	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2- sided)	Exact Sig. (1- sided)
Pearson Chi-Square	.059 ^a	1	.809		
Continuity Correction ^b	.000	1	1.000		
Likelihood Ratio	.059	1	.809		
Fisher's Exact Test				1.000	.500
Linear-by-Linear Association	.058	1	.810		
N of Valid Cases	112				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 10,50.

b. Computed only for a 2x2 table

Tests of Homogeneity of the Odds Ratio

	Chi-Squared	df	Asymptotic Significance (2- sided)
Breslow-Day	.000	0	.
Tarone's	.000	0	.

Tests of Conditional Independence

	Chi-Squared	df	Asymptotic Significance (2- sided)
Cochran's	.059	1	.809
Mantel-Haenszel	.000	1	1.000

Under the conditional independence assumption, Cochran's statistic is asymptotically distributed as a 1 df chi-squared distribution, only if the number of strata is fixed, while the Mantel-Haenszel statistic is always asymptotically distributed as a 1 df chi-squared distribution. Note that the continuity correction is removed from the Mantel-Haenszel statistic when the sum of the differences between the observed and the expected is 0.

Mantel-Haenszel Common Odds Ratio Estimate

Estimate			1.124
ln(Estimate)			.117
Standard Error of ln(Estimate)			.485
Asymptotic Significance (2-sided)			.809
Asymptotic 95% Confidence Interval	Common Odds Ratio	Lower Bound	.435
		Upper Bound	2.907
	ln(Common Odds Ratio)	Lower Bound	-.833
		Upper Bound	1.067

The Mantel-Haenszel common odds ratio estimate is asymptotically normally distributed under the common odds ratio of 1,000 assumption. So is the natural log of the estimate.

Crosstab

Status Gizi	Risiko Rendah		Stunting		Total
			Normal	Stunting	
	Risiko Rendah	Count	54	18	72
		% within Stunting	96.4%	32.1%	64.3%
	Risiko Tinggi	Count	2	38	40
		% within Stunting	3.6%	67.9%	35.7%
Total		Count	56	56	112
		% within Stunting	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2- sided)	Exact Sig. (1- sided)
Pearson Chi-Square	50.400 ^a	1	.000		
Continuity Correction ^b	47.639	1	.000		
Likelihood Ratio	58.407	1	.000		
Fisher's Exact Test				.000	.000
Linear-by-Linear Association	49.950	1	.000		
N of Valid Cases	112				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 20,00.

b. Computed only for a 2x2 table

Tests of Homogeneity of the Odds Ratio

	Chi-Squared	df	Asymptotic Significance (2- sided)
Breslow-Day	.000	0	.
Tarone's	.000	0	.

Tests of Conditional Independence

	Chi-Squared	df	Asymptotic Significance (2- sided)
Cochran's	50.400	1	.000
Mantel-Haenszel	47.214	1	.000

Under the conditional independence assumption, Cochran's statistic is asymptotically distributed as a 1 df chi-squared distribution, only if the number of strata is fixed, while the Mantel-Haenszel statistic is always asymptotically distributed as a 1 df chi-squared distribution. Note that the continuity correction is removed from the Mantel-Haenszel statistic when the sum of the differences between the observed and the expected is 0.

Mantel-Haenszel Common Odds Ratio Estimate

Estimate			57.000
ln(Estimate)			4.043
Standard Error of ln(Estimate)			.775
Asymptotic Significance (2-sided)			.000
Asymptotic 95% Confidence Interval	Common Odds Ratio	Lower Bound	12.483
		Upper Bound	260.272
	ln(Common Odds Ratio)	Lower Bound	2.524
		Upper Bound	5.562

The Mantel-Haenszel common odds ratio estimate is asymptotically normally distributed under the common odds ratio of 1,000 assumption. So is the natural log of the estimate.

Crosstab

		Stunting		Total	
		Normal	Stunting		
Jenis Kelamin	Perempuan	Count	30	26	56
		% within Stunting	53.6%	46.4%	50.0%
	Laki-laki	Count	26	30	56
		% within Stunting	46.4%	53.6%	50.0%
Total	Count	56	56	112	
	% within Stunting	100.0%	100.0%	100.0%	

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2- sided)	Exact Sig. (1- sided)
Pearson Chi-Square	.571 ^a	1	.450		
Continuity Correction ^b	.321	1	.571		
Likelihood Ratio	.572	1	.449		
Fisher's Exact Test				.571	.285
Linear-by-Linear Association	.566	1	.452		
N of Valid Cases	112				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 28,00.

b. Computed only for a 2x2 table

Tests of Homogeneity of the Odds Ratio

	Chi-Squared	df	Asymptotic Significance (2- sided)
Breslow-Day	.000	0	.
Tarone's	.000	0	.

Tests of Conditional Independence

	Chi-Squared	df	Asymptotic Significance (2- sided)
Cochran's	.571	1	.450
Mantel-Haenszel	.319	1	.572

Under the conditional independence assumption, Cochran's statistic is asymptotically distributed as a 1 df chi-squared distribution, only if the number of strata is fixed, while the Mantel-Haenszel statistic is always asymptotically distributed as a 1 df chi-squared distribution. Note that the continuity correction is removed from the Mantel-Haenszel statistic when the sum of the differences between the observed and the expected is 0.

Mantel-Haenszel Common Odds Ratio Estimate

Estimate			1.331
ln(Estimate)			.286
Standard Error of ln(Estimate)			.379
Asymptotic Significance (2-sided)			.450
Asymptotic 95% Confidence Interval	Common Odds Ratio	Lower Bound	.634
		Upper Bound	2.798
	ln(Common Odds Ratio)	Lower Bound	-.456
		Upper Bound	1.029

The Mantel-Haenszel common odds ratio estimate is asymptotically normally distributed under the common odds ratio of 1,000 assumption. So is the natural log of the estimate.

Crosstab

		Stunting		Total	
		Normal	Stunting		
BBL	Normal	Count	49	45	94
		% within Stunting	87.5%	80.4%	83.9%
BBLR	BBLR	Count	7	11	18
		% within Stunting	12.5%	19.6%	16.1%
Total		Count	56	56	112
		% within Stunting	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2- sided)	Exact Sig. (1- sided)
Pearson Chi-Square	1.059 ^a	1	.303		
Continuity Correction ^b	.596	1	.440		
Likelihood Ratio	1.067	1	.302		
Fisher's Exact Test				.441	.220
Linear-by-Linear Association	1.050	1	.306		
N of Valid Cases	112				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 9,00.

b. Computed only for a 2x2 table

Tests of Homogeneity of the Odds Ratio

	Chi-Squared	df	Asymptotic Significance (2- sided)
Breslow-Day	.000	0	.
Tarone's	.000	0	.

Tests of Conditional Independence

	Chi-Squared	df	Asymptotic Significance (2- sided)
Cochran's	1.059	1	.303
Mantel-Haenszel	.590	1	.442

Under the conditional independence assumption, Cochran's statistic is asymptotically distributed as a 1 df chi-squared distribution, only if the number of strata is fixed, while the Mantel-Haenszel statistic is always asymptotically distributed as a 1 df chi-squared distribution. Note that the continuity correction is removed from the Mantel-Haenszel statistic when the sum of the differences between the observed and the expected is 0.

Mantel-Haenszel Common Odds Ratio Estimate

Estimate			1.711
ln(Estimate)			.537
Standard Error of ln(Estimate)			.526
Asymptotic Significance (2-sided)			.307
Asymptotic 95% Confidence Interval	Common Odds Ratio	Lower Bound	.611
		Upper Bound	4.795
	ln(Common Odds Ratio)	Lower Bound	-.493
		Upper Bound	1.568

The Mantel-Haenszel common odds ratio estimate is asymptotically normally distributed under the common odds ratio of 1,000 assumption. So is the natural log of the estimate.

Crosstab

		Stunting		Total	
		Normal	Stunting		
ASI Eksklusif	Menerima ASI	Count	48	25	73
		% within Stunting	85.7%	44.6%	65.2%
	Tidak Menerima ASI	Count	8	31	39
		% within Stunting	14.3%	55.4%	34.8%
Total	Count	56	56	112	
	% within Stunting	100.0%	100.0%	100.0%	

Chi-Square Tests

	Value	df	Asymptotic Significance (2- sided)	Exact Sig. (2- sided)	Exact Sig. (1- sided)
Pearson Chi-Square	20.811 ^a	1	.000		
Continuity Correction ^b	19.040	1	.000		
Likelihood Ratio	21.857	1	.000		
Fisher's Exact Test				.000	.000
Linear-by-Linear Association	20.625	1	.000		
N of Valid Cases	112				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 19,50.

b. Computed only for a 2x2 table

Tests of Homogeneity of the Odds Ratio

	Chi-Squared	df	Asymptotic Significance (2- sided)
Breslow-Day	.000	0	.
Tarone's	.000	0	.

Tests of Conditional Independence

	Chi-Squared	df	Asymptotic Significance (2- sided)
Cochran's	20.811	1	.000
Mantel-Haenszel	18.870	1	.000

Under the conditional independence assumption, Cochran's statistic is asymptotically distributed as a 1 df chi-squared distribution, only if the number of strata is fixed, while the Mantel-Haenszel statistic is always asymptotically distributed as a 1 df chi-squared distribution. Note that the continuity correction is removed from the Mantel-Haenszel statistic when the sum of the differences between the observed and the expected is 0.

Mantel-Haenszel Common Odds Ratio Estimate

Estimate			7.440
ln(Estimate)			2.007
Standard Error of ln(Estimate)			.467
Asymptotic Significance (2-sided)			.000
Asymptotic 95% Confidence Interval	Common Odds Ratio	Lower Bound	2.979
		Upper Bound	18.582
	ln(Common Odds Ratio)	Lower Bound	1.092
		Upper Bound	2.922

The Mantel-Haenszel common odds ratio estimate is asymptotically normally distributed under the common odds ratio of 1,000 assumption. So is the natural log of the estimate.

Crosstab

			Stunting		Total
			Normal	Stunting	
Urutan Kelahiran	Risiko Rendah	Count	50	52	102
		% within Stunting	89.3%	92.9%	91.1%
	Risiko Tinggi	Count	6	4	10
		% within Stunting	10.7%	7.1%	8.9%
Total	Count	56	56	112	
	% within Stunting	100.0%	100.0%	100.0%	

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.439 ^a	1	.508		
Continuity Correction ^b	.110	1	.740		
Likelihood Ratio	.442	1	.506		

Fisher's Exact Test				.742	.371
Linear-by-Linear Association	.435	1	.509		
N of Valid Cases	112				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 5,00.

b. Computed only for a 2x2 table

Tests of Homogeneity of the Odds Ratio

	Chi-Squared	df	Asymptotic Significance (2-sided)
Breslow-Day	.000	0	.
Tarone's	.000	0	.

Tests of Conditional Independence

	Chi-Squared	df	Asymptotic Significance (2-sided)
Cochran's	.439	1	.508
Mantel-Haenszel	.109	1	.741

Under the conditional independence assumption, Cochran's statistic is asymptotically distributed as a 1 df chi-squared distribution, only if the number of strata is fixed, while the Mantel-Haenszel statistic is always asymptotically distributed as a 1 df chi-squared distribution. Note that the continuity correction is removed from the Mantel-Haenszel statistic when the sum of the differences between the observed and the expected is 0.

Mantel-Haenszel Common Odds Ratio Estimate

Estimate	.641
ln(Estimate)	-.445

Standard Error of ln(Estimate)			.675
Asymptotic Significance (2-sided)			.510
Asymptotic 95% Confidence Interval	Common Odds Ratio	Lower Bound	.171
		Upper Bound	2.408
	ln(Common Odds Ratio)	Lower Bound	-1.768
		Upper Bound	.879

The Mantel-Haenszel common odds ratio estimate is asymptotically normally distributed under the common odds ratio of 1,000 assumption. So is the natural log of the estimate.

Crosstab

			Stunting		Total
			Normal	Stunting	
Riwayat Penyakit Infeksi	Risiko Rendah	Count	47	13	60
		% within Stunting	83.9%	23.2%	53.6%
	Risiko Tinggi	Count	9	43	52
		% within Stunting	16.1%	76.8%	46.4%
Total	Count		56	56	112
	% within Stunting		100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	41.497 ^a	1	.000		
Continuity Correction ^b	39.092	1	.000		
Likelihood Ratio	44.630	1	.000		
Fisher's Exact Test				.000	.000
Linear-by-Linear Association	41.127	1	.000		
N of Valid Cases	112				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 26,00.

b. Computed only for a 2x2 table

Tests of Homogeneity of the Odds Ratio

	Chi-Squared	df	Asymptotic Significance (2- sided)
Breslow-Day	.000	0	.
Tarone's	.000	0	.

Tests of Conditional Independence

	Chi-Squared	df	Asymptotic Significance (2- sided)
Cochran's	41.497	1	.000
Mantel-Haenszel	38.743	1	.000

Under the conditional independence assumption, Cochran's statistic is asymptotically distributed as a 1 df chi-squared distribution, only if the number of strata is fixed, while the Mantel-Haenszel statistic is always asymptotically distributed as a 1 df chi-squared distribution. Note that the continuity correction is removed from the Mantel-Haenszel statistic when the sum of the differences between the observed and the expected is 0.

Mantel-Haenszel Common Odds Ratio Estimate

Estimate		17.274	
ln(Estimate)		2.849	
Standard Error of ln(Estimate)		.482	
Asymptotic Significance (2-sided)		.000	
Asymptotic 95% Confidence Interval	Common Odds Ratio	Lower Bound	6.713
		Upper Bound	44.450
	ln(Common Odds Ratio)	Lower Bound	1.904

Upper Bound	3.794
-------------	-------

The Mantel-Haenszel common odds ratio estimate is asymptotically normally distributed under the common odds ratio of 1,000 assumption. So is the natural log of the estimate.

Crosstab

		Stunting		Total	
		Normal	Stunting		
Paparan Asap Rokok	Risiko Rendah	Count	38	9	47
		% within Stunting	67.9%	16.1%	42.0%
	Risiko Tinggi	Count	18	47	65
		% within Stunting	32.1%	83.9%	58.0%
Total	Count	56	56	112	
	% within Stunting	100.0%	100.0%	100.0%	

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2- sided)	Exact Sig. (1- sided)
Pearson Chi-Square	30.832 ^a	1	.000		
Continuity Correction ^b	28.742	1	.000		
Likelihood Ratio	32.655	1	.000		
Fisher's Exact Test				.000	.000
Linear-by-Linear Association	30.557	1	.000		
N of Valid Cases	112				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 23,50.

b. Computed only for a 2x2 table

Tests of Homogeneity of the Odds Ratio

	Chi-Squared	df	Asymptotic Significance (2- sided)
Breslow-Day	.000	0	.
Tarone's	.000	0	.

Tests of Conditional Independence

	Chi-Squared	df	Asymptotic Significance (2- sided)
Cochran's	30.832	1	.000
Mantel-Haenszel	28.486	1	.000

Under the conditional independence assumption, Cochran's statistic is asymptotically distributed as a 1 df chi-squared distribution, only if the number of strata is fixed, while the Mantel-Haenszel statistic is always asymptotically distributed as a 1 df chi-squared distribution. Note that the continuity correction is removed from the Mantel-Haenszel statistic when the sum of the differences between the observed and the expected is 0.

Mantel-Haenszel Common Odds Ratio Estimate

Estimate		11.025	
ln(Estimate)		2.400	
Standard Error of ln(Estimate)		.463	
Asymptotic Significance (2-sided)		.000	
Asymptotic 95% Confidence Interval	Common Odds Ratio	Lower Bound	4.450
		Upper Bound	27.313
	ln(Common Odds Ratio)	Lower Bound	1.493
		Upper Bound	3.307

The Mantel-Haenszel common odds ratio estimate is asymptotically normally distributed under the common odds ratio of 1,000 assumption. So is the natural log of the estimate.

Crosstab

			Stunting		Total
			Normal	Stunting	
Pendapatan Keluarga	Pendapatan Tinggi	Count	19	6	25
		% within Stunting	33.9%	10.7%	22.3%
	Pendapatan Rendah	Count	37	50	87
		% within Stunting	66.1%	89.3%	77.7%
Total	Count	56	56	112	
	% within Stunting	100.0%	100.0%	100.0%	

Chi-Square Tests

	Value	df	Asymptotic Significance (2- sided)	Exact Sig. (2- sided)	Exact Sig. (1- sided)
Pearson Chi-Square	8.703 ^a	1	.003		
Continuity Correction ^b	7.415	1	.006		
Likelihood Ratio	9.053	1	.003		
Fisher's Exact Test				.006	.003
Linear-by-Linear Association	8.625	1	.003		
N of Valid Cases	112				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 12,50.

b. Computed only for a 2x2 table

Tests of Homogeneity of the Odds Ratio

Chi-Squared	df	Asymptotic Significance (2- sided)
-------------	----	--

Breslow-Day	.000	0	.
Tarone's	.000	0	.

Tests of Conditional Independence

	Chi-Squared	df	Asymptotic Significance (2- sided)
Cochran's	8.703	1	.003
Mantel-Haenszel	7.349	1	.007

Under the conditional independence assumption, Cochran's statistic is asymptotically distributed as a 1 df chi-squared distribution, only if the number of strata is fixed, while the Mantel-Haenszel statistic is always asymptotically distributed as a 1 df chi-squared distribution. Note that the continuity correction is removed from the Mantel-Haenszel statistic when the sum of the differences between the observed and the expected is 0.

Mantel-Haenszel Common Odds Ratio Estimate

Estimate		4.279	
ln(Estimate)		1.454	
Standard Error of ln(Estimate)		.516	
Asymptotic Significance (2-sided)		.005	
Asymptotic 95% Confidence Interval	Common Odds Ratio	Lower Bound	1.556
		Upper Bound	11.767
	ln(Common Odds Ratio)	Lower Bound	.442
		Upper Bound	2.465

The Mantel-Haenszel common odds ratio estimate is asymptotically normally distributed under the common odds ratio of 1,000 assumption. So is the natural log of the estimate.

Case Processing Summary

Unweighted Cases ^a		N	Percent
Selected Cases	Included in Analysis	112	100.0
	Missing Cases	0	.0
	Total	112	100.0
Unselected Cases		0	.0
Total		112	100.0

a. If weight is in effect, see classification table for the total number of cases.

Dependent Variable Encoding

Original Value	Internal Value
Normal	0
Stunting	1

Classification Table^{a,b}

	Observed	Predicted		Percentage Correct	
		Stunting			
		Normal	Stunting		
Step 0	Stunting	Normal	0	56	.0
		Stunting	0	56	100.0
Overall Percentage					50.0

a. Constant is included in the model.

b. The cut value is ,500

Variables in the Equation

	B	S.E.	Wald	df	Sig.	Exp(B)
Step 0 Constant	.000	.189	.000	1	1.000	1.000

Variables not in the Equation

		Score	df	Sig.	
Step 0	Variables	Pengetahuan Ibu	5.169	1	.023
		Status Gizi	50.400	1	.000
		ASI Eksklusif	20.811	1	.000
		Riwayat Penyakit Infeksi	41.497	1	.000
		Paparan Asap Rokok	30.832	1	.000
		Pendapatan Keluarga	8.703	1	.003
Overall Statistics		75.898	6	.000	

Omnibus Tests of Model Coefficients

		Chi-square	df	Sig.
Step 1	Step	106.240	6	.000
	Block	106.240	6	.000
	Model	106.240	6	.000

Model Summary

Step	-2 Log likelihood	Cox & Snell R Square	Nagelkerke R Square
1	49.025 ^a	.613	.817

a. Estimation terminated at iteration number 7 because parameter estimates changed by less than ,001.

Classification Table^a

		Predicted		
		Stunting		Percentage Correct
	Observed	Normal	Stunting	
Step 1	Stunting	49	7	87.5
	Normal	4	52	92.9
Overall Percentage				90.2

a. The cut value is ,500

Variables in the Equation

Step		B	S.E.	Wald	df	Sig.	Exp(B)	95% C.I. for EXP(B)	
								Lower	Upper
1 ^a	Pengetahuan Ibu	.696	.814	.731	1	.393	2.006	.407	9.887
	Status Gizi	3.810	1.034	13.564	1	.000	45.146	5.944	342.888
	ASI Eksklusif	1.900	.875	4.712	1	.030	6.686	1.203	37.173
	Riwayat Penyakit Infeksi	2.856	.863	10.938	1	.001	17.385	3.200	94.434
	Paparan Asap Rokok	2.018	.895	5.088	1	.024	7.527	1.303	43.478
	Pendapatan Keluarga	2.312	1.056	4.793	1	.029	10.090	1.274	79.912
	Constant	-20.171	4.325	21.751	1	.000	.000		

a. Variable(s) entered on step 1: Pengetahuan Ibu, Status Gizi, ASI Eksklusif, Riwayat Penyakit Infeksi, Paparan Asap Rokok, Pendapatan Keluarga.

Case Processing Summary

Unweighted Cases ^a		N	Percent
Selected Cases	Included in Analysis	112	100.0
	Missing Cases	0	.0
	Total	112	100.0
Unselected Cases		0	.0
Total		112	100.0

a. If weight is in effect, see classification table for the total number of cases.

Dependent Variable Encoding

Original Value	Internal Value
Normal	0
Stunting	1

Classification Table^{a,b}

	Observed	Predicted		Percentage Correct	
		Normal	Stunting		
Step 0	Stunting	Normal	0	56	.0
		Stunting	0	56	100.0
	Overall Percentage				50.0

a. Constant is included in the model.

b. The cut value is ,500

Variables in the Equation

	B	S.E.	Wald	df	Sig.	Exp(B)	
Step 0	Constant	.000	.189	.000	1	1.000	1.000

Variables not in the Equation

	Score	df	Sig.		
Step 0	Variables	Status Gizi	50.400	1	.000
		ASI Eksklusif	20.811	1	.000
		Riwayat Penyakit Infeksi	41.497	1	.000
		Paparan Asap Rokok	30.832	1	.000
		Pendapatan Keluarga	8.703	1	.003
	Overall Statistics	75.648	5	.000	

Omnibus Tests of Model Coefficients

		Chi-square	df	Sig.
Step 1	Step	105.493	5	.000
	Block	105.493	5	.000
	Model	105.493	5	.000

Model Summary

Step	-2 Log likelihood	Cox & Snell R	Nagelkerke R
		Square	Square
1	49.772 ^a	.610	.813

a. Estimation terminated at iteration number 7 because parameter estimates changed by less than ,001.

Classification Table^a

		Observed	Predicted		Percentage Correct
			Normal	Stunting	
Step 1	Stunting	Normal	50	6	89.3
		Stunting	5	51	91.1
Overall Percentage					90.2

a. The cut value is ,500

Variables in the Equation

Step	Status Gizi	B	S.E.	Wald	df	Sig.	Exp(B)	95% C.I.for	
								Lower	Upper
1		3.859	1.043	13.68	1	.000	47.42	6.137	366.4
1 ^a				3			6		78

ASI Eksklusif	1.721	.840	4.204	1	.040	5.592	1.079	28.990
Riwayat Penyakit Infeksi	2.963	.852	12.093	1	.001	19.358	3.644	102.833
Paparan Asap Rokok	2.157	.895	5.811	1	.016	8.646	1.497	49.954
Pendapatan Keluarga	2.428	1.049	5.355	1	.021	11.334	1.450	88.587
Constant	-19.509	4.244	21.128	1	.000	.000		

a. Variable(s) entered on step 1: Status Gizi, ASI Eksklusif, Riwayat Penyakit Infeksi, Paparan Asap Rokok, Pendapatan Keluarga.

Lampiran 10. Dokumentasi Kegiatan Penelitian



Lampiran 11. Biodata Penulis

Nama : Pupin Astuti
Tempat/Tanggal Lahir : Sabiano, 23 Maret 1998
Agama : Islam
Suku/Bangsa : Bugis/Indonesia
Alamat : Dusun IV Kowuna Desa Sabiano
E-mail : pupinastuti98@gmail.com
Nama Orang Tua :
Ayah : Nasir. R
Ibu : Sarita
Pendidikan : SDN 1 Sabiano; Tahun 2004-2010
SMPN 2 Wundulako; Tahun 2010-2013
SMAN 1 Wundulako; Tahun 2013-2016
Universitas Hasanuddin, Tahun 2017-2021
Universitas Hasanuddin, Tahun 2022-2024