DAFTAR PUSTAKA

Abera, L., Dejene, T. dan Laelago, T. (2018) “Magnitude of stunting and its determinants in children aged 6-59 months among rural residents of Damot Gale district; Southern Ethiopia,” *BMC Research Notes*. BioMed Central, 11(1), hal. 1–6. doi: 10.1186/s13104-018-3666-1.

Adhikari, R. P. *et al.* (2019) “Determinants of stunting among children aged 0–59 months in Nepal: findings from Nepal Demographic and health Survey, 2006, 2011, and 2016,” *BMC Nutrition*. BMC Nutrition, 5(1), hal. 1–10. doi: 10.1186/s40795-019-0300-0.

Agedew, E. (2015) “Predictors of Chronic Under Nutrition (Stunting) Among Children Aged 6-23 Months in Kemba Woreda, Southern Ethiopia: A Community Based Cross-Sectional Study,” *Journal of Nutrition & Food Sciences*, 05(04). doi: 10.4172/2155-9600.1000381.

Akombi, B. J. *et al.* (2017) “Stunting and severe stunting among children under-5 years in Nigeria: A multilevel analysis,” *BMC Pediatrics*. BMC Pediatrics, 17(1), hal. 1–16. doi: 10.1186/s12887-016-0770-z.

Alam, M. A. *et al.* (2017) “Contextual factors for stunting among children of age 6 to 24 months in an under-privileged community of Dhaka, Bangladesh,” *Indian Pediatrics*, 54(5), hal. 373–376. doi: 10.1007/s13312-017-1109-z.

Almatsier, S. (2009) *Prinsip Dasar Ilmu Gizi*. Jakarta: Gramedia Pustaka Utama.

Amelia Halim, L., Warouw, S. M. dan Ch Manoppo, J. I. (2018) “Hubungan Faktor-Faktor Risiko Dengan Stunting Pada Anak Usia 3-5 Tahun Di Tk/Paud Kecamatan Tuminting,” *Jurnal Medik dan Rehabilitasi (JMR)*, 1(2), hal. 1–8. Tersedia pada: https://ejournal.unsrat.ac.id/index.php/jmr/article/view/22302.

Anggraini, N. D. (2019) “Analisis Faktor Resiko Kejadian Stunting Pada Anak Usia 12–59 Bulan Di Provinsi Nusa Tenggara Barat,” *Medical Technology and Public Health Journal*, 3(1), hal. 86–93. doi: 10.33086/mtphj.v3i1.649.

Annisa, N., Sumiaty, S. dan Tondong, H. I. (2019) “Hubungan Inisiasi Menyusu Dini dan ASI Eksklusif dengan Stunting pada Baduta Usia 7-24 Bulan,” *Jurnal Bidan Cerdas (JBC)*, 2(2), hal. 92. doi: 10.33860/jbc.v2i2.198.

Aryastami, N. K. *et al.* (2017) “Low birth weight was the most dominant predictor associated with stunting among children aged 12–23 months in Indonesia,” *BMC Nutrition*. BMC Nutrition, 3(1), hal. 1–6. doi: 10.1186/s40795-017-0130-x.

Atmarita (2012) “Masalah anak pendek di Indonesia dan implikasinya terhadap kemajuan negara,” *Gizi Indonesia*, 35 (2).

Batiro, B. *et al.* (2017) “Determinants of stunting among children aged 6-59 months at Kindo Didaye woreda, Wolaita Zone, Southern Ethiopia: Unmatched case control study,” *PLoS ONE*, 12(12), hal. 1–15. doi: 10.1371/journal.pone.0189106.

Beal, T. *et al.* (2018) “A review of child stunting determinants in Indonesia,” *Maternal and Child Nutrition*, 14(4), hal. 1–10. doi: 10.1111/mcn.12617.

Berhe, K. *et al.* (2019) “Risk factors of stunting (chronic undernutrition) of children aged 6 to 24 months in Mekelle City, Tigray Region, North Ethiopia: An unmatched case-control study,” *PLoS ONE*, 14(6), hal. 1–11. doi: 10.1371/journal.pone.0217736.

Chifdillah, N. A., Utami, K. D. dan Ratnawati (2019) “Tinggi Ibu Sebagai Determinan Stunting Pada Balita di Kalimantan Timur,” 2(5), hal. 337–347. doi: 10.19765/j.cnki.1002-5006.2019.01.010.

Chirande, L. *et al.* (2015) “Determinants of stunting and severe stunting among under-fives in Tanzania: Evidence from the 2010 cross-sectional household survey,” *BMC Pediatrics*. BMC Pediatrics, 15(1), hal. 1–13. doi: 10.1186/s12887-015-0482-9.

Christin dan Angelina, Agung Aji Perdana, H. (2019) “Faktor kejadian Stunting Balita berusia 6-23 bulan di Provinsi Lampung,” *Dunia Kesmas*, 7, hal. 6−8.

Dake, S. K. *et al.* (2019) “Predictors of stunting among children 6–59 months of age in Sodo Zuria District, South Ethiopia: a community based cross-sectional study,” *BMC Nutrition*. BMC Nutrition, 5(1), hal. 1–7. doi: 10.1186/s40795-019-0287-6.

Departemen Kesehatan Republik Indonesia (2007) “Pedoman Pemberian Makanan Bayi Dan Anak Dalam Situasi Darurat.” Tersedia pada: http://kebijakankesehatanindonesia.net/sites/default/files/file/KIA/mei2/program_terkait/pmba-situasi-darurat.pdf.

Depkes, R. (2006) *Pedoman Umum Pemberian Makanan Pendamping ASI (MP ASI)*. Jakarta.

Ditjen Kesmas, K. R. (2018) “Pedoman Strategi Komunikasi; Perubahan Perilaku dalam Percepatan Pencegahan Stunting di Indonesia,” hal. 80. Tersedia pada: http://kesmas.kemkes.go.id/assets/upload/dir_519d41d8cd98f00/files/Pedoman_strakom_pencegahan_stunting_1339.pdf.

Erfince, W. dan Minarni, W. (2019) “Hubungan Karakteristik Ibu Dengan Kejadian Stunting Baduta (7-24 Bulan) Relationship Between Maternal Characteristics With Children (7-24 Months) Stunting Incident Program Studi Kedokteran , Universitas Ciputra Departemen Kesehatan Masyarakat , Fakult,” hal. 83–93.

Fantay Gebru, K. *et al.* (2019) “Determinants of stunting among under-five children in Ethiopia: A multilevel mixed-effects analysis of 2016 Ethiopian demographic and health survey data,” *BMC Pediatrics*. BMC Pediatrics, 19(1), hal. 1–13. doi: 10.1186/s12887-019-1545-0.

Farah Okky Aridiyah1 , Ninna Rohmawati1, M. R. 1Bagian (2015) “Faktor-faktor yang Mempengaruhi Kejadian Stunting pada Anak Balita di Wilayah Pedesaan dan Perkotaan (The Factors Affecting Stunting on Toddlers in Rural and Urban Areas) Farah,” *Pustaka Kesehatan*, 3 (no.1). doi: 10.1007/s11746-013-2339-4.

Fikawati, Syafiq dan Karima (2016) *Gizi Ibu dan Bayi*. Jakarta: Rajawali Pers.

García Cruz, L. M. *et al.* (2017) “Factors associated with stunting among children aged 0 to 59 months from the central region of Mozambique,” *Nutrients*, 9(5), hal. 1–16. doi: 10.3390/nu9050491.

George, C. M. *et al.* (2014) “Risk factors for diarrhea in children under five years of age residing in Peri-urban Communities in Cochabamba, Bolivia,” *American Journal of Tropical Medicine and Hygiene*, 91(6), hal. 1190–1196. doi: 10.4269/ajtmh.14-0057.

Husaini (2001) *Makanan Bayi Bergizi*. Yogyakarta: Gadjah Mada.

Husnah, H. (2017) “Nutrisi Pada 1000 Hari Pertama Kehidupan,” *Jurnal Kedokteran Syiah Kuala*, 17(3), hal. 179–183. doi: 10.24815/jks.v17i3.9065.

Ibrahim, I. A. *et al.* (2019) “Analisis Determinan Kejadian Growth Failure (Stunting) Pada Anak Balita Usia 12-36 Bulan Di Wilayah Pegunungan Desa Bontongan Kecamatan Baraka Kabupaten Enrekang,” 11, hal. 50–64.

Ilma, N. N., Salimo, H. dan Pamungkasari, E. P. (2019) “Prevalence and Path Analysis on the Effects of Diarrhea and Life Course Determinants on Stunting in Children Under Two Years of Age in Kupang, East Nusa Tenggara,” *Journal of Maternal and Child Health*, 4(4), hal. 230–241. doi: 10.26911/thejmch.2019.04.04.02.

Irena, A. H., Mwambazi, M. dan Veronica Mulenga (2011) “Diarrhea is a major killer of children with severe acute malnutrition admitted to inpatient set-up in Lusaka, Zambia,” *Nutrition Journal*, 10(1), hal. 2–7.

Kemenkes, R. (2011a) *Panduan Sosialisasi Tatalaksana Diare Balita*. Direktorat Jenderal Pengendalian Penyakit dan Penyehatan LIngkungan.

Kemenkes, R. (2011b) *Panduan Sosialisasi Tatalaksana Diare Pada Balita*.

Kemenkes RI (2018) “Situasi Balita Pendek (Stunting) di Indonesia,” *Kementerian Republik Indonesia*, hal. 1163–1178.

Kementerian Kesehatan, R. (2017) *Profil Kesehatan Indonesia 2017*.

Kementerian Kesehatan, R. (2018) “Cegah Stunting itu Penting,” hal. 1–27.

Kementerian Kesehatan RI (2012) “PP No. 33 Th. 2012 Tentang ASI Eksklusif,” hal. 2–3.

Kementerian PPN/Bappenas (2018a) *Pedoman Pelaksanaan Intervensi Penurunan Stunting Terintegrasi di Kabupaten / Kota*.

Kementerian PPN/Bappenas (2018b) *Strategi NAsional Percepatan Pencegahan Anak Kerdil (Stunting)*.

Kementrian Kesehatan (2010) *Keputusan Menteri Kesehatan Republik Indonesia No : 1995/Menkes/SK/XII/2010 Tentang Standar Antropometri Penilaian Status Gizi Anak*, *Standar Antropometri Penilaian Status Gizi Anak*.

Khan, G. N. *et al.* (2016) “Prevalence and associated factors of malnutrition among children under-five years in Sindh, Pakistan: A cross-sectional study,” *BMC Nutrition*. BMC Nutrition, 2(1), hal. 1–7. doi: 10.1186/s40795-016-0112-4.

Kismul, H. *et al.* (2017) “Determinants of childhood stunting in the Democratic Republic of Congo: Further analysis of Demographic and Health Survey 2013-14,” *BMC Public Health*. BMC Public Health, 18(1), hal. 1–14. doi: 10.1186/s12889-017-4621-0.

Kodyat, B. A. (2014) “Pedoman Gizi Seimbang 2014. Permenkes RI No. 41 Tahun 2014,” *Persagi*, (41), hal. 1–83. Tersedia pada: https://file.persagi.org/share/8 Benny Kodyat - PGS 2014.pdf.

Kunaepah, U. *et al.* (2018) *Panduan Praktis Memberi Makan Bayi 6-12 Bulan*. Diedit oleh Priyo Sulistiyono. Kendal.

Lidia, F. dan Ernita (2019) "Hubungan Pemberian ASI Eksklusif dan Mp ASI Dini Dengan Kejadian Stunting Balita," *Jurnal Ilmu Kebidanan*, 8.

Lubis, F. S. M., Cilmiaty, R. dan Magna, A. (2018) "Hubungan Beberapa Faktor Dengan Stunting Pada Balita Berat Badan Lahir Rendah," *Jurnal Kesehatan Kusuma Husada*, hal. 13–18. doi: 10.34035/jk.v9i1.254.

M. Rizal Permadi (2016) "Hubungan Inisiasi Menyusu Dini Dan Air Susu Ibu Esklusif Dengan Kejadian Stunting Pada Anak Usia 6-24 Bulan di Kabupaten Boyolali," *הנוטע עלון*, 66, hal. 37–39.

Maryunani (2012) *Inisiasi Menyusu Dini, ASI dan Manajemen Laktasi*. Jakarta: TIM.

Mekonen, J., Addisu, S. dan Mekonnen, H. (2019) "Prevalence and associated factors of chronic undernutrition among under five children in Adama town, Central Ethiopia: A cross-sectional study design," *BMC Research Notes*. BioMed Central, 12(1), hal. 1–6. doi: 10.1186/s13104-019-4552-1.

Mentari, S. dan Hermansyah, A. (2019) "Faktor-Faktor Yang Berhubungan Dengan Status Stunting Anak Usia 24-59 Bulan Di Wilayah Kerja Upk Puskesmas Siantan Hulu," *Pontianak Nutrition Journal (PNJ)*, 1(1), hal. 1. doi: 10.30602/pnj.v1i1.275.

Muldiasman, M. *et al.* (2018) "Can early initiation to breastfeeding prevent stunting in 6–59 months old children?," *Journal of Health Research*, 32(5), hal. 334–341. doi: 10.1108/JHR-08-2018-038.

Mzumara, B. *et al.* (2018) "Factors associated with stunting among children below five years of age in Zambia: evidence from the 2014 Zambia demographic and health survey," *BMC Nutrition*. BMC Nutrition, 4(1), hal. 1–8. doi: 10.1186/s40795-018-0260-9.

Nadiyah, Briawan, D. dan Martianto, D. (2014) "Faktor Risiko Stunting Pada Anak Usia 0—23 Bulan Di Provinsi Bali, Jawa Barat, Dan Nusa Tenggara Timur," *Jurnal Gizi dan Pangan*, 9(2), hal. 125–132. doi: 10.25182/jgp.2014.9.2.

Nasrul (2018) "PENGENDALIAN FAKTOR RISIKO STUNTING ANAK BADUTA DI SULAWESI TENGAH The Control Risk Factor Stunting Children Under Two Years in Central of Sulawesi," 8(September), hal. 131–146.

Nasrul, N. *et al.* (2015) "Faktor Risiko Stunting Usia 6-23 Bulan Di Kecamatan Bontoramba Kabupaten Jeneponto," *Media Kesehatan Masyarakat Indonesia Universitas Hasanuddin*, 11(3), hal. 139–146.

Ni`mah Khoirun dan Nadhiroh, S. R. (2015) “Faktor Yang Berhubungan Dengan Kejadian Stunting Pada Balita,” *Media Gizi Indonesia*, 10(1), hal. 13–19. Tersedia pada: http://e-journal.unair.ac.id/index.php/MGI/article/view/3117/2264.

Nkurunziza, S. *et al.* (2017) “Determinants of stunting and severe stunting among Burundian children aged 6-23 months: Evidence from a national cross-sectional household survey, 2014,” *BMC Pediatrics*. BMC Pediatrics, 17(1), hal. 1–14. doi: 10.1186/s12887-017-0929-2.

Nshimyiryo, A. *et al.* (2019) “Risk factors for stunting among children under five years: A cross-sectional population-based study in Rwanda using the 2015 Demographic and Health Survey,” *BMC Public Health*. BMC Public Health, 19(1), hal. 1–10. doi: 10.1186/s12889-019-6504-z.

Ntenda, P. A. M. dan Chuang, Y. C. (2018) “Analysis of individual-level and community-level effects on childhood undernutrition in Malawi,” *Pediatrics and Neonatology*. Elsevier Taiwan LLC, 59(4), hal. 380–389. doi: 10.1016/j.pedneo.2017.11.019.

Nugraheni, D. *et al.* (2020) “Asi Eksklusif Dan Asupan Energi Berhubungan Dengan Kejadian Stunting Pada Usia 6 – 24 Bulan Di Jawa Tengah,” *Journal of Nutrition College*, 9(2), hal. 106–113. doi: 10.14710/jnc.v9i2.27126.

Nur Hadibah Hanum (2019) “Hubungan Tinggi Badan Ibu dan Riwayat Pemberian MP-ASI dengan Kejadian Stunting pada Balita Usia 24-59 Bulan,” *Amerta Nutrition*, 3(2), hal. 78–84. doi: 10.2473/amnt.v3i2.2019.78-84.

de Onis, M. dan Branca, F. (2016) “Childhood stunting: A global perspective,” *Maternal and Child Nutrition*, 12, hal. 12–26. doi: 10.1111/mcn.12231.

Owais, A. *et al.* (2016) “Minimum acceptable diet at 9 months but not exclusive breastfeeding at 3 months or timely complementary feeding initiation is predictive of infant growth in rural Bangladesh,” *PLoS ONE*, 11(10), hal. 1–10. doi: 10.1371/journal.pone.0165128.

Par’i, H. M., Wiyono, S. dan Harjatmo, T. P. (2017) *Penilaian Status Gizi*.

Permatasari, D. F. dan Sumarmi, S. (2018) “Differences of Born Body Length, History of Infectious Diseases, and Development between Stunting and Non-Stunting Toddlers,” *Jurnal Berkala Epidemiologi*, 6(2), hal. 182. doi: 10.20473/jbe.v6i22018.182-191.

Permenkes (2016) “Peraturan Menteri Kesehatan Nomor 39 Tahun 2016 tentang Pedoman Penyelenggaraan Indonesia Sehat dengan Pendekatan Keluarga.”

Permenkes, R. (2020) *Peraturan Menteri Kesehatan Republik Indonesia Tentang Standar Antropometri Anak*.

Prasetyo, D. S. (2012) *Buku Pintar ASI Esklusif*. Diedit oleh M. Hani'ah. Yogyakarta: Diva Pers.

Prasetyono (2009) *Buku Pintar ASI Eksklusif Pengenalan, Praktik, dan kemanfaatan-kemanfaatannya*. Yogyakarta: Diva Press.

Proverawati, A. dan Rahmawati, E. (2012) *PHBS (Perilaku Hidup Bersih Sehat)*. Yogyakarta: Nuha Medica.

Purnama, R., & Purnama, R. (2019). (2019) "Hubungan Hygiene Dan Sanitasi Lingkungan," 10.

Rachmi, C. N. *et al.* (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), hal. 1–17. doi: 10.1371/journal.pone.0154756.

Rahayu, A., Km, S. dan Ph, M. (2018) *Buku Ajar Gizi 1000 Hari Pertama Kehidupan*.

Rakhmahayu, A., Dewi, Y. L. R. dan Murti, B. (2019) "Logistic Regression Analysis on the Determinants of Stunting among Children Aged 6-24 Months in Purworejo Regency, Central Java," *Journal of Maternal and Child Health*, 4(3), hal. 158–169. doi: 10.26911/thejmch.2019.04.03.03.

Rakotomanana, H. *et al.* (2017) "Determinants of stunting in children under 5 years in Madagascar," *Maternal and Child Nutrition*, 13(4). doi: 10.1111/mcn.12409.

Ramadhan, R., Ramadhan, N. dan Fitria, E. (2018) "Determinasi Penyebab Stunting di Provinsi Aceh," *Sel Jurnal Penelitian Kesehatan*, 5(2), hal. 68–76. doi: 10.22435/sel.v5i2.1595.

RI, D. (2005) *Pedoman Pelaksanaan Promosi Kesehatan Daerah*. Pusat Promosi Kesehatan Departemen Kesehatan RI.

RI, M. K. (2019) *PMK No. 28 Tahun 2019 Tentang AKG*.

Riksani, R. (2012) *Keajaiban ASI (Air Susu Ibu)*. Diedit oleh Lina Purnawanti. Jakarta Timur: Dunia Sehat.

Riskesdas (2018a) *Hasil Utama Riskesdes 2018*.

Riskesdas (2018b) *Laporan Nasional RISKESDAS 2018*, *Laporan Riskesdas Nasional 2018*.

RJPMN (2019) *Rencana Pembangunan Jangka Menengah Nasional (RJPMN)*.

Rosadi, D. *et al.* (2016) “Faktor Risiko Yang Berhubungan Dengan Kejadian Pendek Pada Anak Usia 6-24 Bulan,” *Jurnal Kesehatan Masyarakat*, 11(2), hal. 233. doi: 10.15294/kemas.v11i2.4512.

Rosha, B., Kumala Putri, D. dan Surya Putri, I. (2013) “Determinan Status Gizi Pendek Anak Balita Dengan Riwayat Berat Badan Lahir Rendah (Bblr) Di Indonesia (Analisis Data Riskesdas 2007-2010),” *Jurnal Ekologi Kesehatan*, 12(3 Sep), hal. 195–205. doi: 10.22435/jek.v12i3Sep.3866.195-205.

Ruth Sharon Apio, B. *et al.* (2019) “Socio-economic Inequality in Stunting among Children Aged 6-59 Months in a Ugandan Population Based Cross-sectional Study,” *American Journal of Pediatrics*, 5(3), hal. 125. doi: 10.11648/j.ajp.20190503.18.

Safitri, C. A. dan Nindya, T. S. (2017) “Hubungan Ketahanan Pangan dan Penyakit Diare dengan Stunting pada Balita 13-48 Bulan di Kelurahan Manyar Sabrangan , Surabaya Relations Food Security and Diarrheal Disease to Stunting in Under-Five Children Age 13-48 Months at Manyar Sabrangan , Mulyorejo,” *Amerta Nutrition*, 1(2), hal. 52–61. doi: 10.20473/amnt.v1.i2.2017.52-61.

Samuel *et al.* (2016) “FAKTOR-FAKTOR YANG BERHUBUNGAN DENGAN KEJADIAN STUNTING PADA ANAK USIA 12-23 BULAN THE FACTORS WHICH ARE ASSOCIATED WITH THE INCIDENCE OF STUTING IN THE AGE OF 12-23 MONTHS Magister Ilmu Gizi,” hal. 23–25.

Saputri, R. A. (2019) “Upaya Pemerintah Daerah Dalam Penggulangan Stunting di Provinsi Kepualauan Bangka Belitung,” hal. 152–168.

Setiawan, E., Machmud, R. dan Masrul, M. (2018) “Faktor-Faktor yang Berhubungan dengan Kejadian Stunting pada Anak Usia 24-59 Bulan di Wilayah Kerja Puskesmas Andalas Kecamatan Padang Timur Kota Padang Tahun 2018,” *Jurnal Kesehatan Andalas*, 7(2), hal. 275. doi: 10.25077/jka.v7i2.813.

Siringoringo, E. T. *et al.* (2020) “Karakteristik Keluarga Dan Tingkat Kecukupan Asupan Zat Gizi Sebagai Faktor Risiko Kejadian Stunting Pada Baduta,” *Journal of Nutrition College*, 9(1), hal. 54–62. doi: 10.14710/jnc.v9i1.26693.

Stewart, C. P. *et al.* (2013) “Contextualising complementary feeding in a broader framework for stunting prevention,” *Maternal and Child Nutrition*, 9(S2), hal. 27–45. doi: 10.1111/mcn.12088.

Sumardilah, D. S. dan Rahmadi, A. (2019) “Risiko Stunting Anak Baduta (7-24 bulan),” *Jurnal Kesehatan*, 10(1), hal. 93. doi: 10.26630/jk.v10i1.1245.

Supariasa, B. . dan Fajar (2012) *Penilaian Status Gizi*. Jakarta: EGC.

Suriana *et al.* (2012) “Determinan stunting anak 6 - 24 bulan di kabupaten timor tengah selatan,” *Penelitian Poltekkes Kemenkes Kendari*, hal. 1–10.

The Lancet (2013) *Executive Summary of the Lancet Maternal and Child Nutrition Series*, *The Lancet*.

Titaley, C. R. *et al.* (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(5). doi: 10.3390/nu11051106.

TNP2K (2018) “Penanganan Masalah Stunting di Indonesia,” in *Forum Ilmiah Tahunan IAKMI*.

Tobacco Control Support Centre (TCSC) Indonesia. Kendali Tembakau Tani (2010). Jakarta.

Torlesse, H. *et al.* (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*. BMC Public Health, 16(1), hal. 1–11. doi: 10.1186/s12889-016-3339-8.

Tsaralatifah, R. (2020) “Faktor yang berhubungan dengan kejadian stunting pada baduta di Kelurahan Ampel Kota Surabaya,” *Amerta Nutrition*, (December 2018), hal. 103–108. doi: 10.20473/amnt.

Upadhyay, H. P. dan Bhusal, M. K. (2017) “Statistical Analysis on Nutritional Status and its Associated Factors of Under Five Years Children in Nepal,” *Advanced Journal of Graduate Research*, 2(1), hal. 12–24. doi: 10.21467/ajgr.2.1.12-24.

Uwiringiyimana, V. *et al.* (2019) “Predictors of stunting with particular focus on complementary feeding practices: A cross-sectional study in the northern province of Rwanda,” *Nutrition*, 60, hal. 11–18. doi: 10.1016/j.nut.2018.07.016.

WHO/UNICEF (2004) *Joint Statement “Clinical Management of Acute Diarrhea.”*

WHO (2003) *Global Strategy for Infant and Young Child Feeding*.

Wijaya-Erhardt, M. (2019) “Nutritional status of Indonesian children in low-income households with fathers that smoke,” *Osong Public Health and Research Perspectives*, 10(2), hal. 64–71. doi: 10.24171/j.phrp.2019.10.2.04.

Winowatan, G., Malonda, N. S. H. dan Punuh, M. I. (2017) “Hubungan Antara Berat Badan Lahir Anak Dengan Kejadian Stunting Pada Anak Batita Di Wilayah Kerja Puskesmas Sonder Kabupaten Minahasa,” *Kesmas*, 6(3).

Wolde, M., Berhan, Y. dan Chala, A. (2015) “Determinants of underweight, stunting and wasting among schoolchildren,” *BMC Public Health*, 15(1), hal. 1–9. doi: 10.1186/s12889-014-1337-2.

Wulandari, Rahayu, F. dan Darmawansyah (2017) “Hubungan Sanitasi Lingkungan dan Riwayat Penyakit Infeksi Dengan Kejadian Stunting di Wilayah Kerja Puskesmas Kerkap Kabupaten Bengkulu Utara,” 14(2), hal. 2628–2637.

Zahrial, D. P. dan Mangiri, Y. (2015) *Makanan Pendamping ASI*. Diedit oleh A. T. Palupi. Jakarta: Asha Book.

LAMPIRAN

PEMERINTAH KABUPATEN LUWU TIMUR
DINAS PENANAMAN MODAL DAN PELAYANAN TERPADU SATU PINTU
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M A L I L I, 92981

Malili, 10 Maret 2020

Nomor : 038/DPMPTSP/III/2020
Lampiran : -
Perihal : Izin Penelitian

Kepada
Yth 1. Camat Malili
2. Camat Towuti
3. Camat Wasponda
Di -
Kab. Luwu Timur

Berdasarkan Surat Rekomendasi Tim Teknis Tanggal 10 Maret 2020 Nomor 038/III/KesbangPol/2020, tentang Izin Penelitian.

Dengan ini disampaikan bahwa yang tersebut namanya di bawah ini:

Nama : Karaaeng Mabe Parenreng
Alamat : Jl. Rajawali No 65 Ds. Wasuponda Kec. Wasuponda
Tempat/Tgl Lahir : Wasuponda / 10 Januari 1983
Pekerjaan : PNS
Nomor Telepon : 085242174813
Nomor Induk Mahasiswa : K013182087
Program Studi : Kesehatan Masyarakat - (S2)
Lembaga : UNIVERSITAS HASANUDDIN

Bermaksud melakukan Penelitian di daerah/instansi Bapak/Ibu sebagai syarat penyusunan Tesis dengan Judul:

"Determinan Kejadian Stunting pada Anak Usia 6-23 Bulan di Daerah Lokus dan Non Lokus di Kabupaten Luwu Timur"

Mulai 10 Maret 2020 s.d. 4 Mei 2020

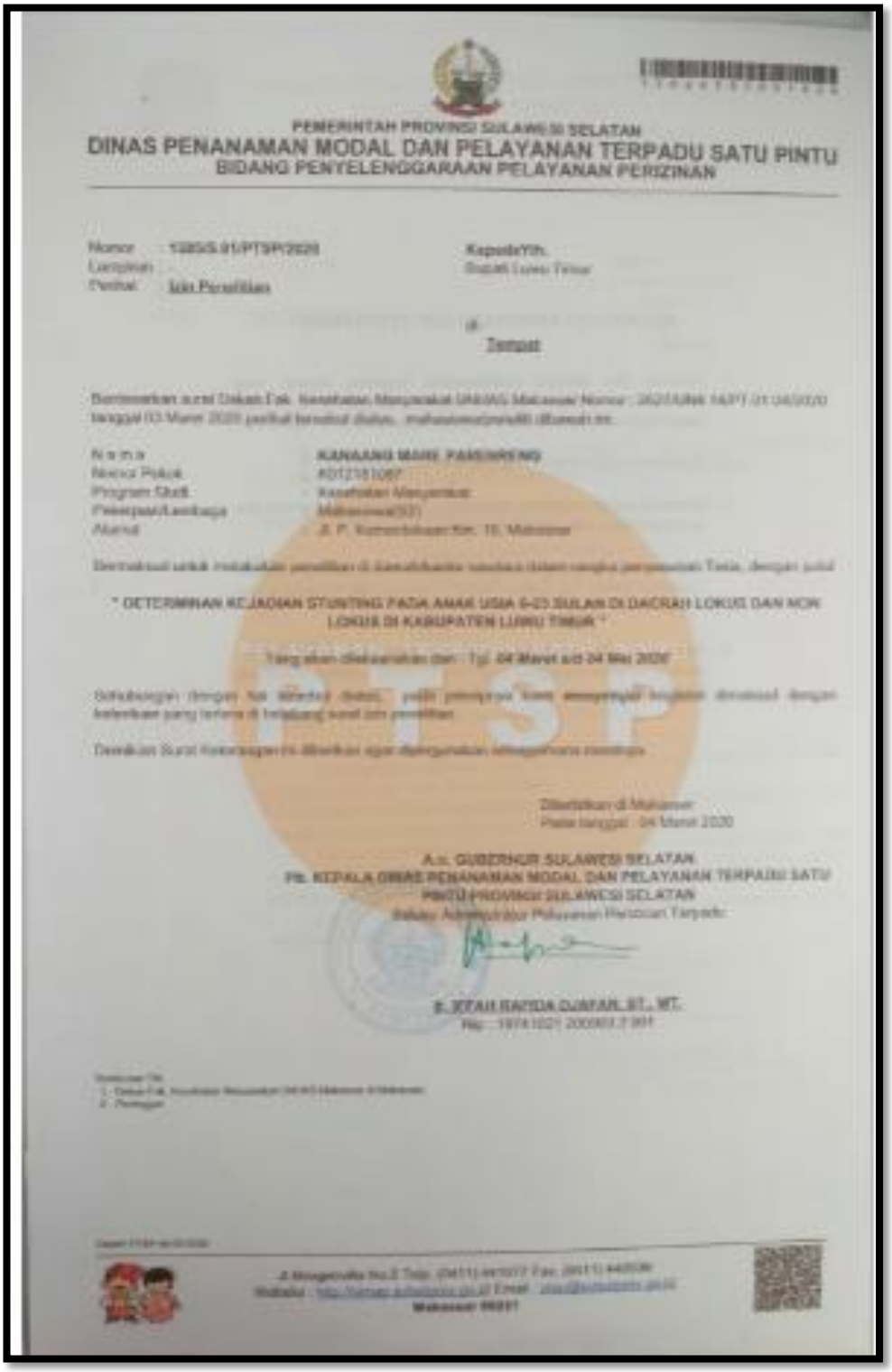
Sehubungan hal tersebut di atas, pada prinsipnya Pemkab Luwu Timur dapat menyetujui kegiatan tersebut dengan ketentuan:

1. Sebelum dan sesudah melaksanakan penelitian, kepada yang bersangkutan harus melapor kepada pemerintah setempat.
2. Penelitian tidak menyimpang dari izin yang diberikan.
3. Mentaati semua Peraturan Perundang-Undangan yang berlaku, serta mengindahkan adat istiadat Daerah setempat.
4. Menyerahkan 1 (satu) eksemplar copy hasil "Laporan Kegiatan" selambat-lambatnya 7 (tujuh) hari setelah kegiatan dilaksanakan kepada Bupati Luwu Timur Cq. Kepala Dinas Penanaman Modal dan PTSP Kabupaten Luwu Timur.
5. Surat izin akan dicabut kembali dan dinyatakan tidak berlaku apabila ternyata pemegang surat izin tidak mentaati ketentuan tersebut di atas.

Demikian disampaikan untuk diketahui.

A.n Bupati Luwu Timur
Kepala DPMPTSP

Andi Habil Unru,SE
Pangkat : Pembina Tk.I
Nip. : 19641231 198703 1 208



PEMERINTAH PROVINSI SULAWESI SELATAN

DINAS PENANAMAN MODAL DAN PELAYANAN TERPADU SATU PINTU

BIDANG PENYELENGGARAAN PELAYANAN PERIZINAN

Nomor : 1385/S.01/PTSP/2020

Lampiran :

Perihal : Izin Penelitian

Kepada Yth.

Bupati Luwu Timur

di

Tempat

Berdasarkan surat Dekan Fak. Kesehatan Masyarakat UNHAS Makassar Nomor : 2623/UN4.14.3/PT.01.04/2020 tanggal 03 Maret 2020 perihal tersebut diatas, mahasiswa/peneliti dibawah ini :

N a m a	KANAANG MARE PASSINRINGI
Nomor Pokok	P0721181067
Program Studi	Kesehatan Masyarakat
Pekerjaan/Lembaga	Mahasiswa(S2)
Alamat	Jl. P. Kemerdekaan Km. 10, Makassar

Bermaksud untuk melakukan penelitian di Kabupaten/Kota sesuai dengan rangka penyusunan Tesis, dengan judul

" DETERMINAN KEJADIAN STUNTING PADA ANAK USIA 6-23 BULAN DI DAERAH LOKUS DAN NON LOKUS DI KABUPATEN LUWU TIMUR "

Yang akan dilaksanakan dari : Tgl. 04 Maret s/d 04 Mei 2020

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

Demikian Surat Keterangan ini diberikan agar dipergunakan sebagaimana mestinya.

Diterbitkan di Makassar
Pada tanggal : 04 Maret 2020

A.n. GUBERNUR SULAWESI SELATAN
PB. KEPALA DINAS PENANAMAN MODAL DAN PELAYANAN TERPADU SATU PINTU PROVINSI SULAWESI SELATAN
Selaku Administrator Pelayanan Perizinan Terpadu

ir. SYAH RAPIDA DJAFAR, ST., MT.
Pkt. : 19761021 200003 2 001

Tembusan Yth.
1. Dekan Fak. Kesehatan Masyarakat UNHAS Makassar di Makassar
2. Peneliti

LEMBAR PENJELASAN UNTUK RESPONDEN

Assalamu'alaikum Warahmatullahi wabarakatuh

Mohon maaf saya menyita waktu Bapak/Ibu beberapa menit. Saya Kanaang Mabe Parenreng, Mahasiswa Program Magister Kesehatan Masyarakat Universitas Hasanuddin Konsentrasi Gizi bermaksud untuk meminta data/informasi kepada Bapak/Ibu terkait dengan penelitian tesis saya dengan judul "Determinan Kejadian Stunting Pada Anak Usia 6-23 bulan di Daeerah Lokus dan Non Lokus di Kabupaten Luwu Timur**"**

Tujuan penelitian ini adalah untuk mengetahui faktor determinan kejadian stunting di daerah lokus dan non lokus di Kabupaten Luwu Timur. Penelitian ini bersifat sukarela. Saya selaku peneliti akan menjaga kerahasiaan identitas dan informasi yang akan diberikan oleh Bapak/Ibu jika bersedia menjadi responden, sehingga saya sangat berharap Ibu menjawab pernyataan dengan jujur tanpa keraguan. Jika Ibu ingin jawaban yang diberikan tidak diketahui orang lain, maka wawancara singkat bisa dilakukan secara tertutup.

Bila selama penelitian ini berlangsung atau saat wawancara singkat responden ingin mengundurkan diri karena sesuatu hal (misalnya: sakit atau ada keperluan lain yang mendesak) maka responden dapat mengungkapkan langsung kepada peneliti. Hal-hal yang tidak jelas dapat menghubungi saya **(Kanaang Mabe Parenreng / 085242174611)**.

Malili, Maret 2020

Peneliti,

Kanaang Mabe Parenreng

DETERMINAN KEJADIAN STUNTING PADA ANAK USIA 6-23 BULAN DAERAH LOKUS DAN NON LOKUS DI KABUPATEN LUWU TIMUR

FORMULIR KESEDIAAN PENGUKURAN ANTROPOMETRI DAN WAWANCARA BAGI IBU

Saya telah mendapatkan penjelasan secara rinci dan mengerti mengenai Survey yang dilakukan oleh Peneliti Universitas Hasanuddin dan Saya mengerti bahwa partisipasi saya dilakukan secara sukarela dan saya dapat menolak atau mengundurkan diri sewaktu-waktu tanpa sanksi apapun.

Tanggal Kesediaan : _____ / Maret / 2020

Nama Informan : _____

Umur : _____

Jenis Kelamin : _____

Pekerjaan : _____

Alamat : _____

Tlp/HP : _____

Tanggal ……..

Pewawancara

_____

Data Rumah Tangga			
1	No ID Rumah Tangga		
2	Nama Kepala Keluarga		
3	Jumlah anggota keluarga yang menetap 4 bulan terakhir: (6 bulan BPS)	_____ orang	
4	Jumlah anak:		
	0-5 bulan	Orang	
	6-11 bulan	Orang	
	12-23 bulan	Orang	
	24-59 bulan	Orang	
	≥ 5 tahun	Orang	
5	Pendidikan : 1. Ibu 2. Bapak	01. Tidak pernah sekolah 05. SMA/MA/sederajat 02. Tidak tamat SD/MI 06. Diploma 03. Tamat SD/MI 07. Universitas 04. SMP/MTs/sederajat	
6	Jenis pekerjaan utama : 1. Ibu 2. Bapak	01. Petani 09. Supir 02. Petani penggarap 10. Tukang kayu 03. Pedagang/penjual 11. Nelayan 04. Buruh harian 12. Pengrajin 05. Peg. Negeri 13. Wiraswasta 06. Peg. Swasta 14. Ibu rumah tangga 07. Tukang becak/gerobak 15. Lainnya, sebutkan! 08. Tukang Perahu 88. Tidak bekerja	
7	Tempat yang digunakan untuk BAB:	1. Kakus milik sendiri 2. Kakus umum 3. Sungai/empang/laut 4. Semak-semak/tempat terbuka 5. Lainnya, sebutkan!	
9	Sumber Air Minum (Air Bersih):	*1.* Empang/sungai/waduk 5. Mata air *2.* Sumur bersemen 6. Pompa tangan *3.* Sumur tidak bersemen 7. Airledeng/PAM *4.* Tadah air 8. Lainnya, sebutkan!	
10	Jarak jamban/septic tank ke sumber air minum(Air Bersih):	_____ meter	
11	Berapa kali keluarga ini makan dalam sehari (makanan utama)?	1. 1 kali 3. 3 kali 2. 2 kali 4. > 3 kali	
12	Apakah ada anggota rumah tangga yang merokok ?	1. Tidak 2. Ya	
13	Berapa rata-rata pendapatan keluarga setiap bulan (dari seluruh anggota RT yang memperoleh penghasilan) ?		
14	Berapa rata-rata Pengeluaran keluarga setiap bulan (dari seluruh anggota RT yang memperoleh penghasilan) ?		

Identitas Responden			
15	Nama anak		
16	Tanggal lahir anak		
17	Jenis kelamin		
18	Berapa berat badan anak saaat dilahirkan?	1. Tahu 2. Tidak tahu	
19	Berapa panjang badan anak saat dilahirkan?	1. Tahu 2. Tidak tahu	
20	Nama Responden		
	Hubungan Dengan Anak : 1. Ibu 2. Bapak 3. Kakek / Nenek 4. Lainnya		
Hasil Pengukuran Antropometri			
21	Ibu : Berat badan Tinggi badan		
	Anak : Berat badan Pajang badan		
Pemberian Kolostrum			
22	Apakah ibu melakukan kontak pertama dengan anak ibu untuk inisiasi menyusui dini ?	0. Tidak ingat 1. Ingat(…….Jam) 2. Tidak 3. Tidak Tahu	
23	Apakah anak ibu diberi ASI pertama yang kekuningan/pertama keluar (kolostrum)	0. Tidak 1. Ya → Lanjutkan Ke No.25	
24	Jika tidak diberi kolostrum, kenapa? (Jelaskan)	1. Khawatir dengan kualitas ASI 2. ASI tidak keluar 3. Keluarga melarang 4. Diberi susu formula 5. Ibu sakit/tidak bersama bayi 6. Lainnya, Sebutkan !	
25	Berapa Banyak Kolostrum yang diberikan	0. Tidak Tahu 1. Semua 2. Sebagian 3. Sedikit	
ASI Esklusif			
26	Apakah Ibu memberikan ASI ?	0. Tidak 1. Ya	
27	Berapa kali anak menyusu dalam sehari?	_____ kali	
28	Berapa lama sekali menyusu ?	_____ menit	
29	Apakah ibu masih menyusui saat ini?	0. Tidak 1. Ya	
30	Apakah ibu menyusui anak ibu hingga usia 6 bulan tanpa memberikan makanan/minuman lain selain ASI?	0. Tidak 1. Ya	
31	Pada umur berapa anak ibu berhenti minum ASI?	_____Bulan	

32	Jika sudah berhenti, apa alasan ibu tidak memberikan ASI lagi?	1. Anak sudah besar 2.Ibu tidak bisa menyusui karena tidak tinggal dengan anak 3. ASI tidak keluar 4. Anak tidak mau 5. Ibu sakit 6. lainnya, sebutkan !_____	

Pemberian MP ASI			
33	Dalam 24 jam terakhir apakah anak ibu diberi makanan selain ASI	0. Tidak 1. Ya _____ Kali	
34	Jika ya, kapan pertama kali anak ibu mendapatkan MP ASI?	(_____Bln) (_____ Mgg)	
35	Apa jenis makanan yang diberikan untuk pertama kalinya? *Jawaban Boleh Lebih dari satu	1. Nasi 2. Pisang 3. Bubur beras 4. Bubur tepung 5. Bubur instan dari pabrik (SUN, Promina, dll) 6. Bubur susu 7. Biskuit 8. Buah 9. Telur 10. Lainnya, Sebutkan !	
36	Mengapa makanan pendamping harus diberikan pada usia tersebut ? *Jawaban Boleh Lebih dari satu	1. Anak lapar 2. Direkomendasikan oleh bidan 3. Direkomendasikan oleh keluarga/kerabat 4. Direkomendasikan tetangga 5. Keinginan ibu sendiri 6. Kebiasaan sosial 7. Kebiasaan keluarga 8. Saatnya memberikan makanan pendamping 9. Lainnya, Sebutkan !_____ 10. Tidak tahu	
37	Berapa jenis bahan makanan dasar yang diberikan kepada anak?	1. 1 jenis 2. 2 jenis 3. 3 jenis 4. 4 ienis Lainnya, Sebutkan!	
38	Jenis makanan apa yang ibu berikan kepada anak ?	1. Makanan Lumat 2. Makanan Lembik 3. Makanan Biasa / Keluarga 4. Lainnya, Sebutkan !	
39	Berapa kali ibu memberikan makanan utama kepada anak dalam sehari ?	1. 1 x / hari 2. 2x / hari 3. 3 x / hari 4. Lainnya, Sebutkan !	
40	Berapa kali ibu memberikan makanan selingan kepada anak dalam sehari?	1. 1 x / hari 2. 2x / hari 3. 3 x / hari Lainnya, Sebutkan !	

41	Berapa banyak makanan yang ibu berikan kepada anak ?	1. 2-3 sdm 2. ½ mangkok kecil 3. ¾ mangkok kecil 4. 1 mangkok kecil 5. Lainnya, sebutkan!	
Praktik Mencuci Tangan			
42	Apakah ibu mencuci tangan sebelum dan sesudah melakukan sesuatu	0. Tidak 1. Kadang-kadang 2. Selalu	
43	Apakah ibu membiasakan mencuci tangan anak sebelum dan sesuadah makan ?	0. Tidak 1. Kadang-kadang 2. Selalu	
44	Apakah ibu menggunakan sabun ketika mencuci tangan?	0. Tidak 1. Kadang-kadang 2. Selalu	
45	Apakah ibu menggunakan air mengalir ketika mencuci tangan?	Tidak 1. Kadang-kadang 2. Selalu	
Riwayat Penyakit Diare			
46	Apakah dalam 2 minggu terakhir anak mengalami diare ? Jika ya Berapa kali anak menderita diare ?	0.Tidak 1.Ya_____ Kali	
47	Apakah ibu tahu penyebab penyakit diare?	0.Tidak 1.Ya	
48	Ketika anak ibu sakit (2 minggu terakhir), apakah ibu memberikan obat/ ?	0. Tidak 1. Ya	
49	Apakah anak ibu pernah mendapatkan imunisasi?	0. Tidak 1. Ya	
50	Jenis imunisasi : 1. BCG 2. DPT 1 3. DPT 2 4. DPT 3 5. Polio 1 6. Polio 2 7. Polio 3 8. Polio 4 9. Campak 10. a.Hepatitis B0 b.Hepatitis B1 c.Hepatitis B2 d. Hepatitis B3 11. Lainnya, sebutkan! *Data harus berdasarakan Buku KIAx	 0.Tidak 1.Ya 2.Tidak Tahu 0.Tidak 1.Ya 2.Tidak Tahu 0.Tidak 1.Ya 2.Tidak Tahu 0.Tidak 1.Ya 2.Tidak Tahu 0.Tidak 1.Ya 2.Tidak Tahu 0.Tidak 1.Ya 2.Tidak Tahu 0.Tidak 1.Ya 2.Tidak Tahu 0.Tidak 1.Ya 2.Tidak Tahu 0.Tidak 1.Ya 2.Tidak Tahu 0.Tidak 1.Ya 2.Tidak Tahu 0.Tidak 1.Ya 2.Tidak Tahu 0.Tidak 1.Ya 2.Tidak Tahu 0.Tidak 1.Ya 2.Tidak Tahu 0.Tidak 1.Ya 2.Tidak Tahu	

Food Recall :

Berikan penjelasan gambaran apa saja yang dimakan dan diminum oleh anak ibu selama 24 jam terakhir, baik yang dimakan/minum di rumah ataupun di luar rumah.

a) Ketika anak ibu bangun pada pagi hari kemarin, apakah anak ibu langsung mengkonsumsi sesuatu ? jika ya: jelaskan apa saja yang dimakan/minum anak anda pada saat itu. Probing: ada yang lain ? sampai responden mengatakan tidak ada lagi .Jika tidak, lanjut kepertanyaan b).

b) Apa yang dilakukan anak ibu setelah bangun dipagi hari ? apakah anak ibu makan/ minum pada saat itu ?

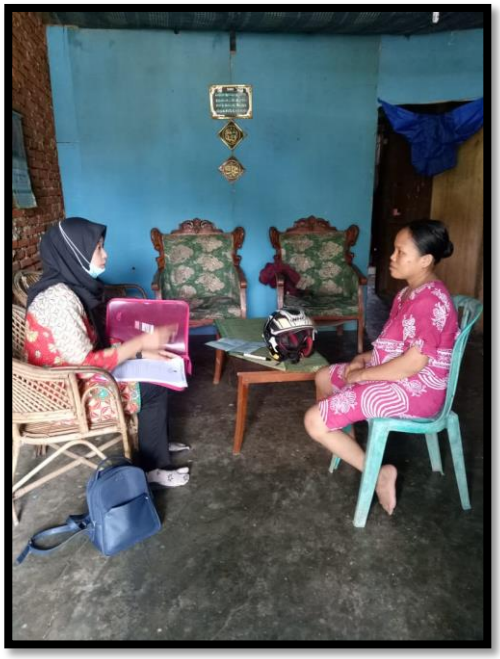
Jika ya : apa yang dimakan/ minum anak ibu pada saat itu. Probing : ada yang lain ? sampai responden mengatakan tidak ada lagi.

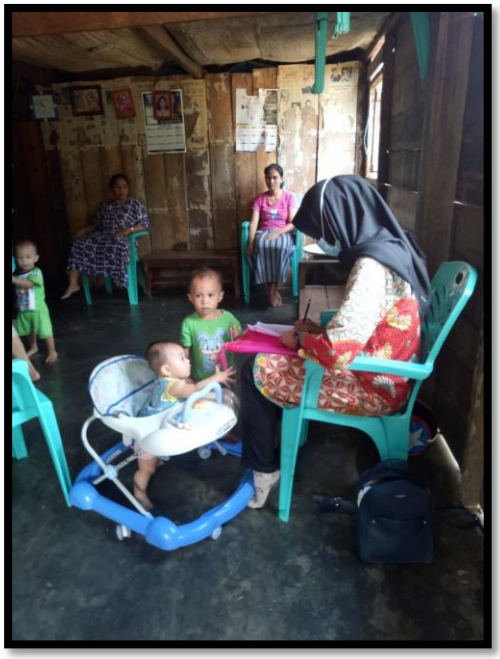
Ulangi pertanyaan b) di atas sampai responden mengatakan anaknya pergi tidur sampai keesokan harinya.

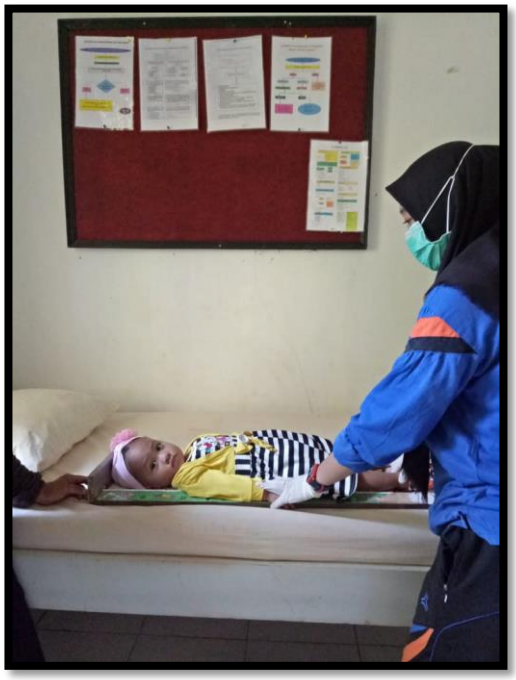
Jika responden menyebutkan makanan yang di campur seperti bubur, probing : Apa saja bahan yang terkandung dalam makanan tersebut

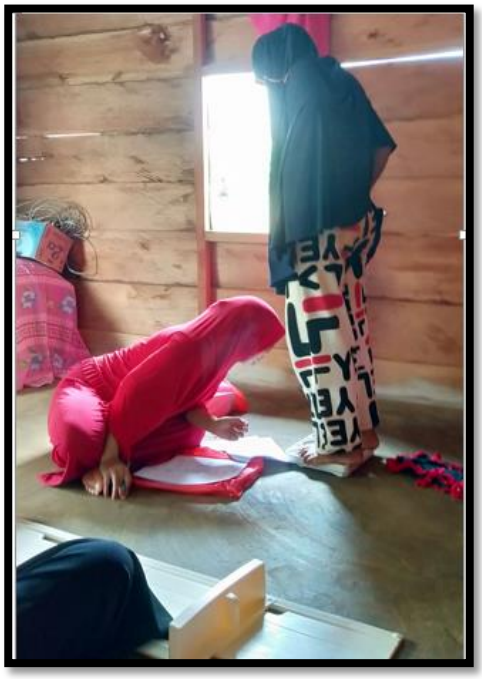
Waktu	Jenis Makanan	Bahan Makanan	URT	Gram

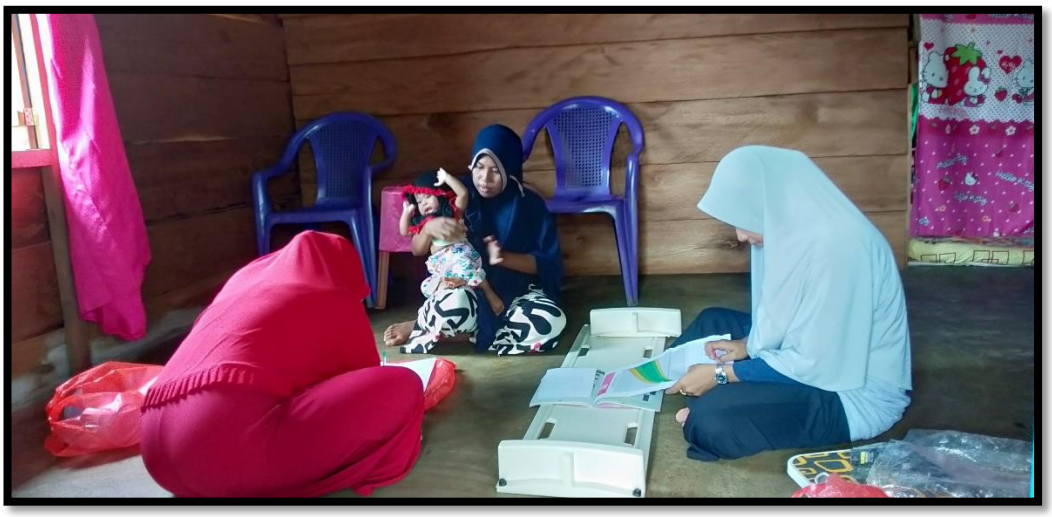
DOKUMENTAS KEGIATAN

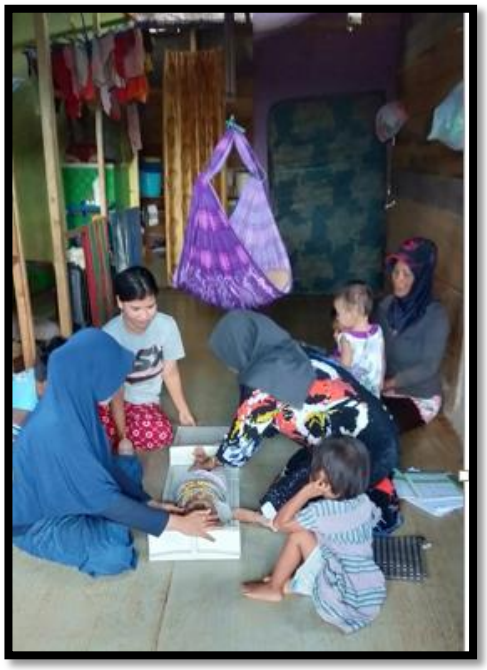


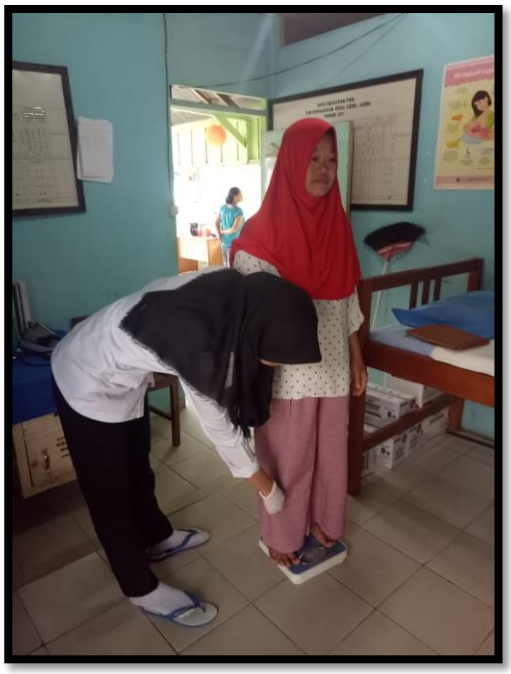


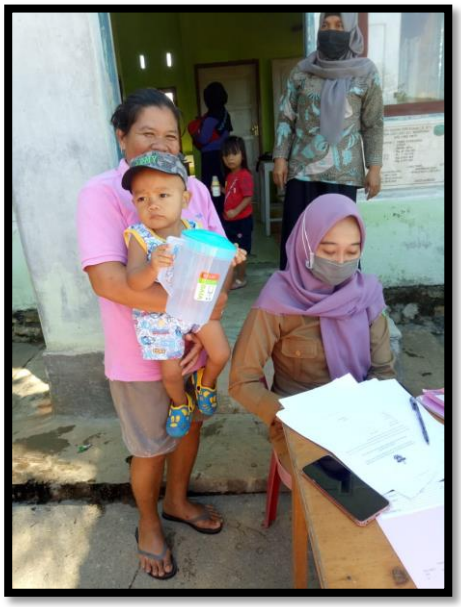


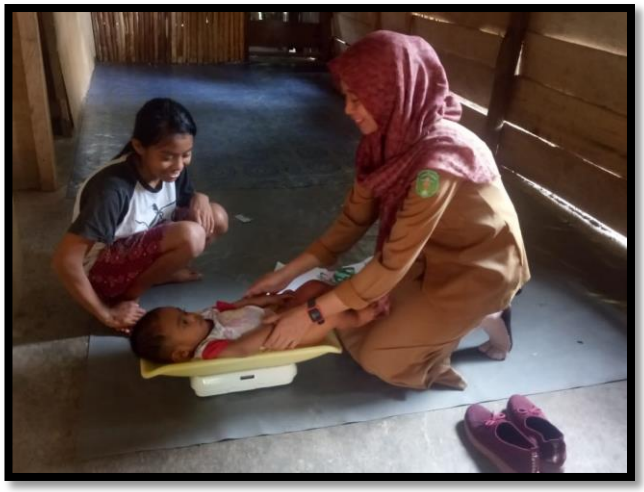


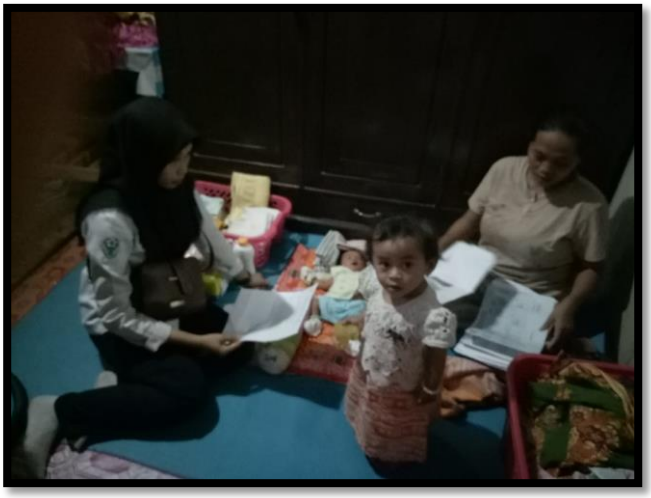












HASIL ANALISIS DATA LOKUS

1. Analisis Univariat (Tabel Frekuensi)

Jumlah anggota keluarga

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Sedikit	40	39.2	39.2	39.2
	Banyak	62	60.8	60.8	100.0
	Total	102	100.0	100.0	

Pendidikan ibu

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Rendah	39	38.2	38.2	38.2
	Tinggi	63	61.8	61.8	100.0
	Total	102	100.0	100.0	

Pekerjaan ibu

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Bekerja	11	10.8	10.8	10.8
	Tidak bekerja	91	89.2	89.2	100.0
	Total	102	100.0	100.0	

Anggota RT Yang Merokok

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Tidak	43	42.2	42.2	42.2
	Ya	59	57.8	57.8	100.0
	Total	102	100.0	100.0	

Pendapatan RT sesuai UMK Luwu Timur Tahun 2020 (Rp 3.145.186)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Rendah	49	48.0	48.0	48.0
	Tinggi	53	52.0	52.0	100.0
	Total	102	100.0	100.0	

Tinggi badan ibu

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Stunting	19	18.6	18.6	18.6
	Normal	83	81.4	81.4	100.0
	Total	102	100.0	100.0	

Praktik cuci tangan

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Tidak / kadang-kadang	55	53.9	53.9	53.9
	Selalu	47	46.1	46.1	100.0
	Total	102	100.0	100.0	

Kriteria Zscore (Status Gizi)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Stunting	44	43.1	43.1	43.1
	Normal	58	56.9	56.9	100.0
	Total	102	100.0	100.0	

Umur anak

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	6-11 bulan	45	44.1	44.1	44.1
	12-17 bulan	33	32.4	32.4	76.5
	18-23 bulan	24	23.5	23.5	100.0
	Total	102	100.0	100.0	

Jenis kelamin anak

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Laki-laki	55	53.9	53.9	53.9
	Perempuan	47	46.1	46.1	100.0
	Total	102	100.0	100.0	

Berat badan lahir anak

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	< 2.500 gram	9	8.8	8.8	8.8
	≥2.500 gram	93	91.2	91.2	100.0
	Total	102	100.0	100.0	

Panjang badan anak saat dilahirkan

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	< 48 cm	17	16.7	16.7	16.7
	≥ 48 cm	85	83.3	83.3	100.0
	Total	102	100.0	100.0	

IMD

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Tidak IMD	10	9.8	9.8	9.8
	IMD	92	90.2	90.2	100.0
	Total	102	100.0	100.0	

Pemberian Kolostrum

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Tidak mendapat kolostrum	8	7.8	7.8	7.8
	Mendapat kolostrum	94	92.2	92.2	100.0
	Total	102	100.0	100.0	

ASI eksklusif

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Tidak ASI Esklusif	37	36.3	36.3	36.3
	ASI Esklusif	65	63.7	63.7	100.0
	Total	102	100.0	100.0	

Frekuensi pemberian MP ASI

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Tidak sesuai	13	12.7	12.7	12.7
	Sesuai	89	87.3	87.3	100.0
	Total	102	100.0	100.0	

Riwayat penyakit diare

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Diare	8	7.8	7.8	7.8
	Tidak diare	94	92.2	92.2	100.0
	Total	102	100.0	100.0	

Imunisasi

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Tidak imunisasi	3	2.9	2.9	2.9
	Imunisasi	99	97.1	97.1	100.0
	Total	102	100.0	100.0	

Asupan energi

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Kurang	61	59.8	59.8	59.8
	Cukup	41	40.2	40.2	100.0
	Total	102	100.0	100.0	

Asupan protein

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Kurang	21	20.6	20.6	20.6
	Cukup	81	79.4	79.4	100.0
	Total	102	100.0	100.0	

Asupan lemak

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Kurang	74	72.5	72.5	72.5
	Cukup	28	27.5	27.5	100.0
	Total	102	100.0	100.0	

Asupan karbohidrat

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Kurang	57	55.9	55.9	55.9
	Cukup	45	44.1	44.1	100.0
	Total	102	100.0	100.0	

2. Analisis Biavariat (Crosstab)

Kriteria Zscore * Kategori jumlah anggota keluarga

			Kategori jumlah anggota keluarga		
			Sedikit	Banyak	Total
Kriteria Zscore	Stunting	Count	18	26	44
		% within Kriteria Zscore	40.9%	59.1%	100.0%
	Normal	Count	22	36	58
		% within Kriteria Zscore	37.9%	62.1%	100.0%
Total		Count	40	62	102
		% within Kriteria Zscore	39.2%	60.8%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.093[a]	1	.760		
Continuity Correction[b]	.010	1	.920		
Likelihood Ratio	.093	1	.760		
Fisher's Exact Test				.839	.459
Linear-by-Linear Association	.092	1	.761		
N of Valid Cases	102				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 17.25.
b. Computed only for a 2x2 table

Kriteria Zscore * Kategori pendidikan ibu

			Kategori pendidikan ibu		
			Rendah	Tinggi	Total
Kriteria Zscore	Stunting	Count	19	25	44
		% within Kriteria Zscore	43.2%	56.8%	100.0%
	Normal	Count	20	38	58
		% within Kriteria Zscore	34.5%	65.5%	100.0%
Total		Count	39	63	102
		% within Kriteria Zscore	38.2%	61.8%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.802[a]	1	.371		
Continuity Correction[b]	.476	1	.490		
Likelihood Ratio	.800	1	.371		
Fisher's Exact Test				.415	.245
Linear-by-Linear Association	.794	1	.373		
N of Valid Cases	102				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 16.82.
b. Computed only for a 2x2 table

Kriteria Zscore * Kategoti pekerjaan ibu

			Kategoti pekerjaan ibu		
			Bekerja	Tidak bekerja	Total
Kriteria Zscore	Stunting	Count	5	39	44
		% within Kriteria Zscore	11.4%	88.6%	100.0%
	Normal	Count	6	52	58
		% within Kriteria Zscore	10.3%	89.7%	100.0%
Total		Count	11	91	102
		% within Kriteria Zscore	10.8%	89.2%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.027[a]	1	.870		
Continuity Correction[b]	.000	1	1.000		
Likelihood Ratio	.027	1	.870		
Fisher's Exact Test				1.000	.558
Linear-by-Linear Association	.027	1	.870		
N of Valid Cases	102				

a. 1 cells (25.0%) have expected count less than 5. The minimum expected count is 4.75.
b. Computed only for a 2x2 table

Kriteria Zscore * Kategori pendapata RT sesuai UMK Luwu Timur 2020 (Rp 3.145.186)

			Kategori pendapatan rumah tangga sesuai UMK Luwu Timur Tahun 2020 (Rp 3.145.186)		
			Rendah	Tinggi	Total
Kriteria Zscore	Stunting	Count	23	21	44
		% within Kriteria Zscore	52.3%	47.7%	100.0%
	Normal	Count	26	32	58
		% within Kriteria Zscore	44.8%	55.2%	100.0%
Total		Count	49	53	102
		% within Kriteria Zscore	48.0%	52.0%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.556[a]	1	.456		
Continuity Correction[b]	.297	1	.586		
Likelihood Ratio	.556	1	.456		
Fisher's Exact Test				.549	.293
Linear-by-Linear Association	.550	1	.458		
N of Valid Cases	102				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 21.14.
b. Computed only for a 2x2 table

Kriteria Zscore * Kategori umur anak

			Kategori umur anak			
			6-11 bulan	12-17 bulan	18-23 bulan	
Kriteria Zscore	Stunting	Count	11	17	16	44
		% within Kriteria Zscore	25.0%	38.6%	36.4%	100.0%
	Normal	Count	34	16	8	58
		% within Kriteria Zscore	58.6%	27.6%	13.8%	100.0%
Total		Count	45	33	24	102
		% within Kriteria Zscore	44.1%	32.4%	23.5%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	12.772[a]	2	.002
Likelihood Ratio	13.151	2	.001
Linear-by-Linear Association	12.337	1	.000
N of Valid Cases	102		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 10.35.

Kriteria Zscore * Kategori JK Anak

			Kategori JK Anak		
			Laki-laki	Perempuan	Total
Kriteria Zscore	Stunting	Count	29	15	44
		% within Kriteria Zscore	65.9%	34.1%	100.0%
	Normal	Count	26	32	58
		% within Kriteria Zscore	44.8%	55.2%	100.0%
Total		Count	55	47	102
		% within Kriteria Zscore	53.9%	46.1%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	4.475[a]	1	.034		
Continuity Correction[b]	3.667	1	.055		
Likelihood Ratio	4.527	1	.033		
Fisher's Exact Test				.045	.027
Linear-by-Linear Association	4.431	1	.035		
N of Valid Cases	102				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 20.27.
b. Computed only for a 2x2 table

Kriteria Zscore * Kategori Berat badan lahir anak

			Kategori Berat badan lahir anak		
			< 2.500 gram	≥2.500 gram	Total
Kriteria Zscore	Stunting	Count	3	41	44
		% within Kriteria Zscore	6.8%	93.2%	100.0%
	Normal	Count	6	52	58
		% within Kriteria Zscore	10.3%	89.7%	100.0%
Total		Count	9	93	102
		% within Kriteria Zscore	8.8%	91.2%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.387[a]	1	.534		
Continuity Correction[b]	.073	1	.788		
Likelihood Ratio	.396	1	.529		
Fisher's Exact Test				.728	.400
Linear-by-Linear Association	.383	1	.536		
N of Valid Cases	102				

a. 1 cells (25.0%) have expected count less than 5. The minimum expected count is 3.88.
b. Computed only for a 2x2 table

Kriteria Zscore * Kategori panjang badan anak saat dilahirkan

			Kategori panjang badan anak saat dilahirkan		
			< 48 cm	≥ 48 cm	Total
Kriteria Zscore	Stunting	Count	8	36	44
		% within Kriteria Zscore	18.2%	81.8%	100.0%
	Normal	Count	9	49	58
		% within Kriteria Zscore	15.5%	84.5%	100.0%
Total		Count	17	85	102
		% within Kriteria Zscore	16.7%	83.3%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.128[a]	1	.721		
Continuity Correction[b]	.008	1	.929		
Likelihood Ratio	.127	1	.721		
Fisher's Exact Test				.792	.461
Linear-by-Linear Association	.127	1	.722		
N of Valid Cases	102				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 7.33.
b. Computed only for a 2x2 table

Kriteria Zscore * Kategori tinggi badan ibu

			Kategori tinggi badan ibu		
			Stunting	Normal	Total
Kriteria Zscore	Stunting	Count	9	35	44
		% within Kriteria Zscore	20.5%	79.5%	100.0%
	Normal	Count	10	48	58
		% within Kriteria Zscore	17.2%	82.8%	100.0%
Total		Count	19	83	102
		% within Kriteria Zscore	18.6%	81.4%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.170[a]	1	.680		
Continuity Correction[b]	.024	1	.876		
Likelihood Ratio	.170	1	.681		
Fisher's Exact Test				.799	.435
Linear-by-Linear Association	.169	1	.681		
N of Valid Cases	102				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 8.20.
b. Computed only for a 2x2 table

Kriteria Zscore * Kategori IMD

			Kategori IMD		
			Tidak IMD	IMD	Total
Kriteria Zscore	Stunting	Count	3	41	44
		% within Kriteria Zscore	6.8%	93.2%	100.0%
	Normal	Count	7	51	58
		% within Kriteria Zscore	12.1%	87.9%	100.0%
Total		Count	10	92	102
		% within Kriteria Zscore	9.8%	90.2%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.780[a]	1	.377		
Continuity Correction[b]	.299	1	.584		
Likelihood Ratio	.807	1	.369		
Fisher's Exact Test				.508	.297
Linear-by-Linear Association	.772	1	.379		
N of Valid Cases	102				

a. 1 cells (25.0%) have expected count less than 5. The minimum expected count is 4.31.
b. Computed only for a 2x2 table

Kriteria Zscore * Kategori Pemberian Kolostrum

			Kategori Pemberian Kolostrum		
			Tidak mendapat kolostrum	Mendapat kolostrum	Total
Kriteria Zscore	Stunting	Count	2	42	44
		% within Kriteria Zscore	4.5%	95.5%	100.0%
	Normal	Count	6	52	58
		% within Kriteria Zscore	10.3%	89.7%	100.0%
Total		Count	8	94	102
		% within Kriteria Zscore	7.8%	92.2%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	1.164[a]	1	.281		
Continuity Correction[b]	.500	1	.479		
Likelihood Ratio	1.231	1	.267		
Fisher's Exact Test				.461	.244
Linear-by-Linear Association	1.153	1	.283		
N of Valid Cases	102				

a. 2 cells (50.0%) have expected count less than 5. The minimum expected count is 3.45.
b. Computed only for a 2x2 table

Kriteria Zscore * Kategori pemberian ASI eksklusif

			Kategori pemberian ASI eksklusif		
			Tidak ASI Esklusif	ASI Esklusif	Total
Kriteria Zscore	Stunting	Count	24	20	44
		% within Kriteria Zscore	54.5%	45.5%	100.0%
	Normal	Count	13	45	58
		% within Kriteria Zscore	22.4%	77.6%	100.0%
Total		Count	37	65	102
		% within Kriteria Zscore	36.3%	63.7%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	11.175[a]	1	.001		
Continuity Correction[b]	9.828	1	.002		
Likelihood Ratio	11.260	1	.001		
Fisher's Exact Test				.002	.001
Linear-by-Linear Association	11.065	1	.001		
N of Valid Cases	102				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 15.96.
b. Computed only for a 2x2 table

Kriteria Zscore * Kategori frekuensi pemberian MP ASI

			Kategori frekuensi pemberian MP ASI		
			Tidak sesuai	Sesuai	Total
Kriteria Zscore	Stunting	Count	6	38	44
		% within Kriteria Zscore	13.6%	86.4%	100.0%
	Normal	Count	7	51	58
		% within Kriteria Zscore	12.1%	87.9%	100.0%
Total		Count	13	89	102
		% within Kriteria Zscore	12.7%	87.3%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.055[a]	1	.814		
Continuity Correction[b]	.000	1	1.000		
Likelihood Ratio	.055	1	.815		
Fisher's Exact Test				1.000	.521
Linear-by-Linear Association	.055	1	.815		
N of Valid Cases	102				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 5.61.
b. Computed only for a 2x2 table

Kriteria Zscore * Kategori praktik cuci tangan

			Kategori praktik cuci tangan		
			Tidak / kadang-kadang	Selalu	Total
Kriteria Zscore	Stunting	Count	28	16	44
		% within Kriteria Zscore	63.6%	36.4%	100.0%
	Normal	Count	27	31	58
		% within Kriteria Zscore	46.6%	53.4%	100.0%
Total		Count	55	47	102
		% within Kriteria Zscore	53.9%	46.1%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	2.939[a]	1	.086		
Continuity Correction[b]	2.292	1	.130		
Likelihood Ratio	2.963	1	.085		
Fisher's Exact Test				.110	.065
Linear-by-Linear Association	2.910	1	.088		
N of Valid Cases	102				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 20.27.
b. Computed only for a 2x2 table

Kriteria Zscore * Kategori anak mendapatkan imunisasi

			Kategori anak mendapatkan imunisasi		
			Tidak imunisasi	Imunisasi	Total
Kriteria Zscore	Stunting	Count	1	43	44
		% within Kriteria Zscore	2.3%	97.7%	100.0%
	Normal	Count	2	56	58
		% within Kriteria Zscore	3.4%	96.6%	100.0%
Total		Count	3	99	102
		% within Kriteria Zscore	2.9%	97.1%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.121[a]	1	.728		
Continuity Correction[b]	.000	1	1.000		
Likelihood Ratio	.124	1	.725		
Fisher's Exact Test				1.000	.603
Linear-by-Linear Association	.120	1	.729		
N of Valid Cases	102				

a. 2 cells (50.0%) have expected count less than 5. The minimum expected count is 1.29.
b. Computed only for a 2x2 table

Kriteria Zscore * Kategori riwayat penyakit diare

			Kategori riwayat penyakit diare		
			Diare	Tidak diare	Total
Kriteria Zscore	Stunting	Count	3	41	44
		% within Kriteria Zscore	6.8%	93.2%	100.0%
	Normal	Count	5	53	58
		% within Kriteria Zscore	8.6%	91.4%	100.0%
Total		Count	8	94	102
		% within Kriteria Zscore	7.8%	92.2%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.112[a]	1	.737		
Continuity Correction[b]	.000	1	1.000		
Likelihood Ratio	.114	1	.736		
Fisher's Exact Test				1.000	.520
Linear-by-Linear Association	.111	1	.739		
N of Valid Cases	102				

a. 2 cells (50.0%) have expected count less than 5. The minimum expected count is 3.45.
b. Computed only for a 2x2 table

Kriteria Zscore * Kriteria asupan energi

			Kriteria asupan energi		
			Kurang	Cukup	Total
Kriteria Zscore	Stunting	Count	28	16	44
		% within Kriteria Zscore	63.6%	36.4%	100.0%
	Normal	Count	33	25	58
		% within Kriteria Zscore	56.9%	43.1%	100.0%
Total		Count	61	41	102
		% within Kriteria Zscore	59.8%	40.2%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.473[a]	1	.492		
Continuity Correction[b]	.234	1	.629		
Likelihood Ratio	.474	1	.491		
Fisher's Exact Test				.545	.315
Linear-by-Linear Association	.468	1	.494		
N of Valid Cases	102				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 17.69.
b. Computed only for a 2x2 table

Kriteria Zscore * Kriteria asupan protein

			Kriteria asupan protein		
			Kurang	Cukup	Total
Kriteria Zscore	Stunting	Count	12	32	44
		% within Kriteria Zscore	27.3%	72.7%	100.0%
	Normal	Count	9	49	58
		% within Kriteria Zscore	15.5%	84.5%	100.0%
Total		Count	21	81	102
		% within Kriteria Zscore	20.6%	79.4%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	2.115[a]	1	.146		
Continuity Correction[b]	1.457	1	.227		
Likelihood Ratio	2.097	1	.148		
Fisher's Exact Test				.216	.114
Linear-by-Linear Association	2.094	1	.148		
N of Valid Cases	102				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 9.06.
b. Computed only for a 2x2 table

Kriteria Zscore * Kriteria asupan lemak

			Kriteria asupan lemak		
			Kurang	Cukup	Total
Kriteria Zscore	Stunting	Count	31	13	44
		% within Kriteria Zscore	70.5%	29.5%	100.0%
	Normal	Count	43	15	58
		% within Kriteria Zscore	74.1%	25.9%	100.0%
Total		Count	74	28	102
		% within Kriteria Zscore	72.5%	27.5%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.170[a]	1	.680		
Continuity Correction[b]	.036	1	.850		
Likelihood Ratio	.170	1	.680		
Fisher's Exact Test				.823	.423
Linear-by-Linear Association	.169	1	.681		
N of Valid Cases	102				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 12.08.
b. Computed only for a 2x2 table

Kriteria Zscore * Kriteria asupan karbohidrat

			Kriteria asupan karbohidrat		
			Kurang	Cukup	Total
Kriteria Zscore	Stunting	Count	28	16	44
		% within Kriteria Zscore	63.6%	36.4%	100.0%
	Normal	Count	29	29	58
		% within Kriteria Zscore	50.0%	50.0%	100.0%
Total		Count	57	45	102
		% within Kriteria Zscore	55.9%	44.1%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	1.887[a]	1	.170		
Continuity Correction[b]	1.375	1	.241		
Likelihood Ratio	1.900	1	.168		
Fisher's Exact Test				.227	.120
Linear-by-Linear Association	1.869	1	.172		
N of Valid Cases	102				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 19.41.
b. Computed only for a 2x2 table

3. Analisis Multivariat (Regresi Logistik)

Hosmer and Lemeshow Test

Step	Chi-square	df	Sig.
1	2.089	6	.911

Variables in the Equation

		B	S.E.	Wald	df	Sig.	Exp(B)
Step 1[a]	Anggota_RT_Merokok(1)	.986	.460	4.602	1	.032	2.681
	KPASI(1)	-1.593	.474	11.312	1	.001	.203
	KPcc(1)	-.972	.463	4.411	1	.036	.378
	Constant	1.017	.437	5.419	1	.020	2.765

a. Variable(s) entered on step 1: Anggota_RT_Merokok, KPASI, KPcc.

HASIL ANALISIS DATA NON LOKUS

1. Analisis univariat (Tabel Frekuensi)

Jumlah anggota keluarga

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Sedikit	49	50.0	50.0	50.0
	Banyak	49	50.0	50.0	100.0
	Total	98	100.0	100.0	

Pendidikan ibu

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Rendah	41	41.8	41.8	41.8
	Tinggi	57	58.2	58.2	100.0
	Total	98	100.0	100.0	

Pekerjaan ibu

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Bekerja	17	17.3	17.3	17.3
	Tidak bekerja	81	82.7	82.7	100.0
	Total	98	100.0	100.0	

Anggota RT Yang Merokok

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Tidak	35	35.7	35.7	35.7
	Ya	63	64.3	64.3	100.0
	Total	98	100.0	100.0	

Pendapatan rumah tangga sesuai UMK Luwu Timur Tahun 2020 (Rp 3.145.186)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Rendah	69	70.4	70.4	70.4
	Tinggi	29	29.6	29.6	100.0
	Total	98	100.0	100.0	

Umur anak

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	6-11 bulan	41	41.8	41.8	41.8
	12-17 bulan	38	38.8	38.8	80.6
	18-23 bulan	19	19.4	19.4	100.0
	Total	98	100.0	100.0	

Jenis kelamin anak

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Laki-laki	50	51.0	51.0	51.0
	Perempuan	48	49.0	49.0	100.0
	Total	98	100.0	100.0	

Berat badan lahir anak

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	≥2.500 gram	98	100.0	100.0	100.0

Panjang badan anak saat dilahirkan

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	< 48 cm	61	62.2	62.2	62.2
	≥ 48 cm	37	37.8	37.8	100.0
	Total	98	100.0	100.0	

Tinggi badan ibu

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	< 150 cm	18	18.4	18.4	18.4
	≥150 cm	80	81.6	81.6	100.0
	Total	98	100.0	100.0	

IMD

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	IMD	77	78.6	78.6	78.6
	Tidak IMD	21	21.4	21.4	100.0
	Total	98	100.0	100.0	

Pemberian Kolostrum

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Tidak mendapat kolostrum	18	18.4	18.4	18.4
	Mendapat kolostrum	80	81.6	81.6	100.0
	Total	98	100.0	100.0	

Pemberian ASI eksklusif

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Tidak ASI Esklusif	32	32.7	32.7	32.7
	ASI Esklusif	66	67.3	67.3	100.0
	Total	98	100.0	100.0	

Frekuensi pemberian MP ASI

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Sesuai	45	45.9	45.9	45.9
	Tidak Sesuai	53	54.1	54.1	100.0
	Total	98	100.0	100.0	

Praktik cuci tangan

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Tidak / kadang-kadang	41	41.8	41.8	41.8
	Selalu	57	58.2	58.2	100.0
	Total	98	100.0	100.0	

Imunisasi

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Tidak	2	2.0	2.0	2.0
	Ya	96	98.0	98.0	100.0
	Total	98	100.0	100.0	

Riwayat penyakit diare

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Diare	17	17.3	17.3	17.3
	Tidak diare	81	82.7	82.7	100.0
	Total	98	100.0	100.0	

Asupan energi

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Kurang	68	69.4	69.4	69.4
	Cukup	30	30.6	30.6	100.0
	Total	98	100.0	100.0	

Asupan protein

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Kurang	24	24.5	24.5	24.5
	Cukup	74	75.5	75.5	100.0
	Total	98	100.0	100.0	

Asupan lemak

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Kurang	68	69.4	69.4	69.4
	Cukup	30	30.6	30.6	100.0
	Total	98	100.0	100.0	

Asupan karbohidrat

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Kurang	67	68.4	68.4	68.4
	Cukup	31	31.6	31.6	100.0
	Total	98	100.0	100.0	

Kriteria Zscore (Status Gizi)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Stunting	22	22.4	22.4	22.4
	Normal	76	77.6	77.6	100.0
	Total	98	100.0	100.0	

2. Analisis Bivariat (Crosstab)

Kriteria Zscore * Kategori jumlah anggota keluarga

			Kategori jumlah anggota keluarga		
			Sedikit	Banyak	Total
Kriteria Zscore	Stunting	Count	12	10	22
		% within Kriteria Zscore	54.5%	45.5%	100.0%
	Normal	Count	37	39	76
		% within Kriteria Zscore	48.7%	51.3%	100.0%
Total		Count	49	49	98
		% within Kriteria Zscore	50.0%	50.0%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.234[a]	1	.628		
Continuity Correction[b]	.059	1	.809		
Likelihood Ratio	.235	1	.628		
Fisher's Exact Test				.809	.405
Linear-by-Linear Association	.232	1	.630		
N of Valid Cases	98				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 11.00.
b. Computed only for a 2x2 table

Kriteria Zscore * Kategori pendidikan ibu

			Kategori pendidikan ibu		
			Rendah	Tinggi	Total
Kriteria Zscore	Stunting	Count	8	14	22
		% within Kriteria Zscore	36.4%	63.6%	100.0%
	Normal	Count	33	43	76
		% within Kriteria Zscore	43.4%	56.6%	100.0%
Total		Count	41	57	98
		% within Kriteria Zscore	41.8%	58.2%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.349[a]	1	.555		
Continuity Correction[b]	.119	1	.730		
Likelihood Ratio	.353	1	.552		
Fisher's Exact Test				.629	.368
Linear-by-Linear Association	.346	1	.557		
N of Valid Cases	98				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 9.20.
b. Computed only for a 2x2 table

Kriteria Zscore * Kategoti pekerjaan ibu

			Kategoti pekerjaan ibu		
			Bekerja	Tidak bekerja	Total
Kriteria Zscore	Stunting	Count	4	18	22
		% within Kriteria Zscore	18.2%	81.8%	100.0%
	Normal	Count	13	63	76
		% within Kriteria Zscore	17.1%	82.9%	100.0%
Total		Count	17	81	98
		% within Kriteria Zscore	17.3%	82.7%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.014[a]	1	.907		
Continuity Correction[b]	.000	1	1.000		
Likelihood Ratio	.014	1	.907		
Fisher's Exact Test				1.000	.564
Linear-by-Linear Association	.014	1	.907		
N of Valid Cases	98				

a. 1 cells (25.0%) have expected count less than 5. The minimum expected count is 3.82.
b. Computed only for a 2x2 table

Kriteria Zscore * Kategori anggota RT Yang Merokok

			Kategori anggota RT Yang Merokok		
			Tidak	Ya	Total
Kriteria Zscore	Stunting	Count	4	18	22
		% within Kriteria Zscore	18.2%	81.8%	100.0%
	Normal	Count	31	45	76
		% within Kriteria Zscore	40.8%	59.2%	100.0%
Total		Count	35	63	98
		% within Kriteria Zscore	35.7%	64.3%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	3.798[a]	1	.051		
Continuity Correction[b]	2.877	1	.090		
Likelihood Ratio	4.118	1	.042		
Fisher's Exact Test				.076	.042
Linear-by-Linear Association	3.759	1	.053		
N of Valid Cases	98				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 7.86.
b. Computed only for a 2x2 table

Kriteria Zscore * Kategori pendapatan RT sesuai UMK Luwu Timur Thn 2020 (Rp 3.145.186)

			Kategori pendapatan rumah tangga sesuai UMK Luwu Timur Tahun 2020 (Rp 3.145.186)		
			Rendah	Tinggi	Total
Kriteria Zscore	Stunting	Count	14	8	22
		% within Kriteria Zscore	63.6%	36.4%	100.0%
	Normal	Count	55	21	76
		% within Kriteria Zscore	72.4%	27.6%	100.0%
Total		Count	69	29	98
		% within Kriteria Zscore	70.4%	29.6%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.624[a]	1	.429		
Continuity Correction[b]	.276	1	.600		
Likelihood Ratio	.608	1	.436		
Fisher's Exact Test				.438	.295
Linear-by-Linear Association	.618	1	.432		
N of Valid Cases	98				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 6.51.
b. Computed only for a 2x2 table

Kriteria Zscore * Kategori umur anak

			Kategori umur anak			
			6-11 bln	12-17 bln	18-23 bln	Total
Kriteria Zscore	Stunting	Count	4	10	8	22
		% within Kriteria Zscore	18.2%	45.5%	36.4%	100.0%
	Normal	Count	37	28	11	76
		% within Kriteria Zscore	48.7%	36.8%	14.5%	100.0%
Total		Count	41	38	19	98
		% within Kriteria Zscore	41.8%	38.8%	19.4%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	8.337[a]	2	.015
Likelihood Ratio	8.496	2	.014
Linear-by-Linear Association	8.250	1	.004
N of Valid Cases	98		

a. 1 cells (16.7%) have expected count less than 5. The minimum expected count is 4.27.

Kriteria Zscore * Kategori JK Anak

			Kategori JK Anak		
			Laki-laki	Perempuan	Total
Kriteria Zscore	Stunting	Count	11	11	22
		% within Kriteria Zscore	50.0%	50.0%	100.0%
	Normal	Count	39	37	76
		% within Kriteria Zscore	51.3%	48.7%	100.0%
Total		Count	50	48	98
		% within Kriteria Zscore	51.0%	49.0%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.012[a]	1	.913		
Continuity Correction[b]	.000	1	1.000		
Likelihood Ratio	.012	1	.913		
Fisher's Exact Test				1.000	.553
Linear-by-Linear Association	.012	1	.914		
N of Valid Cases	98				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 10.78.
b. Computed only for a 2x2 table

Kriteria Zscore * Kategori Berat badan lahir anak

			Kategori Berat badan lahir anak	
			≥2.500 gram	Total
Kriteria Zscore	Stunting	Count	22	22
		% within Kriteria Zscore	100.0%	100.0%
	Normal	Count	76	76
		% within Kriteria Zscore	100.0%	100.0%
Total		Count	98	98
		% within Kriteria Zscore	100.0%	100.0%

Chi-Square Tests

	Value
Pearson Chi-Square	.[a]
N of Valid Cases	98

a. No statistics are computed because Kategori Berat badan lahir anak is a constant.

Kriteria Zscore * Kategori panjang badan anak saat dilahirkan

			Kategori panjang badan anak saat dilahirkan		
			< 48 cm	≥ 48 cm	Total
Kriteria Zscore	Stunting	Count	15	7	22
		% within Kriteria Zscore	68.2%	31.8%	100.0%
	Normal	Count	46	30	76
		% within Kriteria Zscore	60.5%	39.5%	100.0%
Total		Count	61	37	98
		% within Kriteria Zscore	62.2%	37.8%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.425[a]	1	.514		
Continuity Correction[b]	.162	1	.687		
Likelihood Ratio	.433	1	.511		
Fisher's Exact Test				.621	.348
Linear-by-Linear Association	.421	1	.516		
N of Valid Cases	98				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 8.31.
b. Computed only for a 2x2 table

Kriteria Zscore * Kategori tinggi badan ibu

			Kategori tinggi badan ibu		
			< 150 cm	≥150 cm	Total
Kriteria Zscore	Stunting	Count	3	19	22
		% within Kriteria Zscore	13.6%	86.4%	100.0%
	Normal	Count	15	61	76
		% within Kriteria Zscore	19.7%	80.3%	100.0%
Total		Count	18	80	98
		% within Kriteria Zscore	18.4%	81.6%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.423[a]	1	.515		
Continuity Correction[b]	.114	1	.735		
Likelihood Ratio	.447	1	.504		
Fisher's Exact Test				.756	.381
Linear-by-Linear Association	.419	1	.517		
N of Valid Cases	98				

a. 1 cells (25.0%) have expected count less than 5. The minimum expected count is 4.04.
b. Computed only for a 2x2 table

Kriteria Zscore * Kategori IMD

			Kategori IMD		
			IMD	Tidak IMD	Total
Kriteria Zscore	Stunting	Count	18	4	22
		% within Kriteria Zscore	81.8%	18.2%	100.0%
	Normal	Count	59	17	76
		% within Kriteria Zscore	77.6%	22.4%	100.0%
Total		Count	77	21	98
		% within Kriteria Zscore	78.6%	21.4%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.178[a]	1	.673		
Continuity Correction[b]	.016	1	.899		
Likelihood Ratio	.183	1	.669		
Fisher's Exact Test				.776	.462
Linear-by-Linear Association	.176	1	.675		
N of Valid Cases	98				

a. 1 cells (25.0%) have expected count less than 5. The minimum expected count is 4.71.
b. Computed only for a 2x2 table

Kriteria Zscore * Kategori Pemberian Kolostrum

			Kategori Pemberian Kolostrum		
			Tdk mendpt kolostrum	Mendapat kolostrum	Total
Kriteria Zscore	Stunting	Count	3	19	22
		% within Kriteria Zscore	13.6%	86.4%	100.0%
	Normal	Count	15	61	76
		% within Kriteria Zscore	19.7%	80.3%	100.0%
Total		Count	18	80	98
		% within Kriteria Zscore	18.4%	81.6%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.423[a]	1	.515		
Continuity Correction[b]	.114	1	.735		
Likelihood Ratio	.447	1	.504		
Fisher's Exact Test				.756	.381
Linear-by-Linear Association	.419	1	.517		
N of Valid Cases	98				

a. 1 cells (25.0%) have expected count less than 5. The minimum expected count is 4.04.
b. Computed only for a 2x2 table

Kriteria Zscore * Kategori pemberian ASI eksklusif

			Kategori pemberian ASI eks		
			Tdk ASI Esk	ASI Esklusif	Total
Kriteria Zscore	Stunting	Count	8	14	22
		% within Kriteria Zscore	36.4%	63.6%	100.0%
	Normal	Count	24	52	76
		% within Kriteria Zscore	31.6%	68.4%	100.0%
Total		Count	32	66	98
		% within Kriteria Zscore	32.7%	67.3%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.178[a]	1	.673		
Continuity Correction[b]	.027	1	.870		
Likelihood Ratio	.175	1	.675		
Fisher's Exact Test				.797	.429
Linear-by-Linear Association	.176	1	.675		
N of Valid Cases	98				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 7.18.
b. Computed only for a 2x2 table

Kriteria Zscore * Kategori frekuensi pemberian MP ASI

			Kategori frekuensi pemberian MP ASI		
			Sesuai	Tidak Sesuai	Total
Kriteria Zscore	Stunting	Count	13	9	22
		% within Kriteria Zscore	59.1%	40.9%	100.0%
	Normal	Count	32	44	76
		% within Kriteria Zscore	42.1%	57.9%	100.0%
Total		Count	45	53	98
		% within Kriteria Zscore	45.9%	54.1%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	1.982[a]	1	.159		
Continuity Correction[b]	1.357	1	.244		
Likelihood Ratio	1.980	1	.159		
Fisher's Exact Test				.225	.122
Linear-by-Linear Association	1.962	1	.161		
N of Valid Cases	98				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 10.10.
b. Computed only for a 2x2 table

Kriteria Zscore * Kategori praktik cuci tangan

			Kategori praktik cuci tangan		
			Tidak / kadang-kadang	Selalu	Total
Kriteria Zscore	Stunting	Count	14	8	22
		% within Kriteria Zscore	63.6%	36.4%	100.0%
	Normal	Count	27	49	76
		% within Kriteria Zscore	35.5%	64.5%	100.0%
Total		Count	41	57	98
		% within Kriteria Zscore	41.8%	58.2%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	5.540[a]	1	.019		
Continuity Correction[b]	4.445	1	.035		
Likelihood Ratio	5.494	1	.019		
Fisher's Exact Test				.027	.018
Linear-by-Linear Association	5.484	1	.019		
N of Valid Cases	98				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 9.20.
b. Computed only for a 2x2 table

Kriteria Zscore * Kategori anak mendapatkan imunisasi

			Kategori anak mendapatkan imunisasi		
			Tidak	Ya	Total
Kriteria Zscore	Stunting	Count	1	21	22
		% within Kriteria Zscore	4.5%	95.5%	100.0%
	Normal	Count	1	75	76
		% within Kriteria Zscore	1.3%	98.7%	100.0%
Total		Count	2	96	98
		% within Kriteria Zscore	2.0%	98.0%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.890[a]	1	.345		
Continuity Correction[b]	.008	1	.930		
Likelihood Ratio	.742	1	.389		
Fisher's Exact Test				.400	.400
Linear-by-Linear Association	.881	1	.348		
N of Valid Cases	98				

a. 2 cells (50.0%) have expected count less than 5. The minimum expected count is .45.
b. Computed only for a 2x2 table

Kriteria Zscore * Kategori riwayat penyakit diare

			Kategori riwayat penyakit diare		
			Diare	Tidak diare	Total
Kriteria Zscore	Stunting	Count	8	14	22
		% within Kriteria Zscore	36.4%	63.6%	100.0%
	Normal	Count	9	67	76
		% within Kriteria Zscore	11.8%	88.2%	100.0%
Total		Count	17	81	98
		% within Kriteria Zscore	17.3%	82.7%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	7.155[a]	1	.007		
Continuity Correction[b]	5.547	1	.019		
Likelihood Ratio	6.290	1	.012		
Fisher's Exact Test				.021	.012
Linear-by-Linear Association	7.082	1	.008		
N of Valid Cases	98				

a. 1 cells (25.0%) have expected count less than 5. The minimum expected count is 3.82.
b. Computed only for a 2x2 table

Kriteria Zscore * Kriteria asupan energi

			Kriteria asupan energi		
			Kurang	Cukup	Total
Kriteria Zscore	Stunting	Count	17	5	22
		% within Kriteria Zscore	77.3%	22.7%	100.0%
	Normal	Count	51	25	76
		% within Kriteria Zscore	67.1%	32.9%	100.0%
Total		Count	68	30	98
		% within Kriteria Zscore	69.4%	30.6%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.830[a]	1	.362		
Continuity Correction[b]	.421	1	.517		
Likelihood Ratio	.865	1	.352		
Fisher's Exact Test				.439	.262
Linear-by-Linear Association	.822	1	.365		
N of Valid Cases	98				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 6.73.
b. Computed only for a 2x2 table

Kriteria Zscore * Kriteria asupan protein

			Kriteria asupan protein		
			Kurang	Cukup	Total
Kriteria Zscore	Stunting	Count	6	16	22
		% within Kriteria Zscore	27.3%	72.7%	100.0%
	Normal	Count	18	58	76
		% within Kriteria Zscore	23.7%	76.3%	100.0%
Total		Count	24	74	98
		% within Kriteria Zscore	24.5%	75.5%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.119[a]	1	.730		
Continuity Correction[b]	.004	1	.950		
Likelihood Ratio	.117	1	.733		
Fisher's Exact Test				.781	.464
Linear-by-Linear Association	.118	1	.732		
N of Valid Cases	98				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 5.39.
b. Computed only for a 2x2 table

Kriteria Zscore * Kriteria asupan lemak

			Kriteria asupan lemak		
			Kurang	Cukup	Total
Kriteria Zscore	Stunting	Count	18	4	22
		% within Kriteria Zscore	81.8%	18.2%	100.0%
	Normal	Count	50	26	76
		% within Kriteria Zscore	65.8%	34.2%	100.0%
Total		Count	68	30	98
		% within Kriteria Zscore	69.4%	30.6%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	2.064[a]	1	.151		
Continuity Correction[b]	1.378	1	.240		
Likelihood Ratio	2.218	1	.136		
Fisher's Exact Test				.194	.118
Linear-by-Linear Association	2.043	1	.153		
N of Valid Cases	98				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 6.73.
b. Computed only for a 2x2 table

Kriteria Zscore * Kriteria asupan karbohidrat

			Kriteria asupan karbohidrat		
			Kurang	Cukup	Total
Kriteria Zscore	Stunting	Count	17	5	22
		% within Kriteria Zscore	77.3%	22.7%	100.0%
	Normal	Count	50	26	76
		% within Kriteria Zscore	65.8%	34.2%	100.0%
Total		Count	67	31	98
		% within Kriteria Zscore	68.4%	31.6%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	1.040[a]	1	.308		
Continuity Correction[b]	.577	1	.447		
Likelihood Ratio	1.087	1	.297		
Fisher's Exact Test				.436	.226
Linear-by-Linear Association	1.030	1	.310		
N of Valid Cases	98				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 6.96.
b. Computed only for a 2x2 table

3. Analisis Multivariat (Regresi Logistik)

Hosmer and Lemeshow Test

Step	Chi-square	df	Sig.
1	4.137	7	.764

Variables in the Equation

		B	S.E.	Wald	df	Sig.	Exp(B)
Step1[a]	Anggota_RT_Merokok (1)	1.031	.626	2.718	1	.099	2.805
	KPcc(1)	-1.045	.534	3.840	1	.050	.352
	KFrek_MPASI(1)	-.498	.547	.829	1	.363	.608
	KRPD(1)	-1.029	.635	2.626	1	.105	.357
	Constant	1.930	.508	14.405	1	.000	6.888

a. Variable(s) entered on step 1: Anggota_RT_Merokok, KPcc, KFrek_MPASI, KRPD.

Variables in the Equation

		B	S.E.	Wald	df	Sig.	Exp(B)
Step 1[a]	Anggota_RT_Merokok(1)	1.018	.622	2.683	1	.101	2.768
	KPcc(1)	-1.026	.529	3.764	1	.052	.358
	KRPD(1)	-1.191	.605	3.874	1	.049	.304
	Constant	1.714	.437	15.382	1	.000	5.553

a. Variable(s) entered on step 1: Anggota_RT_Merokok, KPcc, KRPD.

CURICULUM VITAE

A. **Data Pribadi**

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B. **Riwayat Pendidikan**

1. SD Negeri No. 292 Pae-pae (1989 - 1995)
2. SMP Negeri 1 Nuha (1995 - 1998)
3. SMA Negeri 1 Towuti (1998 - 2001)
4. Politehnik Kesehatan Jurusan Gizi Makassar (2001 – 2004)
5. Universitas Veteran Republik Indonesia (UVRI) Jurusan Gizi (2011 – 2013)
6. Program Studi Kesehatan Masyarakat, Program Pascasarjana Universitas Hasanuddin (2018-2020)