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Research Article

THE RELATIONSHIP BETWEEN MATERNAL KNOWLEDGE AND STUNTING PREVENTION BEHAVIORS AMONG MOTHERS OF CHILDREN AGED 2–4 YEARS IN GAMPING I PUBLIC HEALTH CENTER WORKING AREA

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Abstract:

Background: Stunting is a chronic growth and neurodevelopmental impairment resulting from persistent maternal-child malnutrition originating from conception through early childhood. The age bracket of 2–4 years represents a vital continuation of the golden growth period where complementary feeding, dietary variety, infection control, and parental nurturing practices directly dictate growth trajectories. Maternal nutritional knowledge is considered the foundational catalyst shaping preventive child-rearing practices.

Objective: To analyze the empirical relationship between maternal knowledge levels and stunting prevention behaviors among mothers of children aged 2–4 years in the working area of Gamping I Public Health Center, Sleman Regency. Methods: This quantitative observational study employed an analytical cross-sectional survey design conducted in February 2026 across Ambarsari and Balitaria Integrated Health Posts (Posyandu). A total sample of 85 mothers of toddlers aged 2–4 years was recruited using total sampling. Primary data were gathered via structured questionnaires adapted from validated instruments (Guttman scale for knowledge and Likert scale for prevention behaviors). Data were evaluated through descriptive univariate analysis and bivariate Spearman's rank correlation.

Results: The majority of mothers exhibited a good level of knowledge (63.5%, n = 54), while 30.6% (n = 26) demonstrated moderate knowledge and 5.9% (n = 5) low knowledge. Similarly, maternal stunting prevention behaviors were predominantly categorized as good (61.2%, n = 52), followed by moderate (25.9%, n = 22) and poor (12.9%, n = 11). Bivariate Spearman rank correlation revealed a statistically significant, moderate positive relationship between maternal knowledge and stunting prevention behavior (Spearman's rho = 0.417, $p < 0.001$). Among mothers possessing good knowledge, 74.1% (n = 40) consistently practiced good stunting prevention behaviors, whereas 80.0% of mothers with poor knowledge displayed poor preventive practices.

Conclusion: Higher maternal knowledge is significantly and positively associated with superior stunting prevention behaviors among mothers of children aged 2–4 years. Community health centers must reinforce continuous, interactive nutritional education to empower maternal caregiving practices.

Keywords: Adolescents; Child stunting; Cross-sectional study; Maternal knowledge; Prevention behavior; Toddlers 2–4 years

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1. INTRODUCTION

Stunting represents an insidious, chronic nutritional disorder characterized by linear growth arrest defined anthropometrically as length- or height-for-age falling below minus two standard deviations (-2 SD) from the World Health Organization (WHO) child growth standards (Adang et al., 2023; WHO, 2024). Rather than reflecting mere short stature, stunting embodies systemic multi-organ impairment resulting from prolonged, cumulative maternal-infant malnutrition, recurrent infectious episodes, and deficient psychosocial stimulation originating from the critical first 1,000 days of life (HPK) (Adang et al., 2023; Widaryanti, 2021). Globally, epidemiological surveillance published by the WHO (2024) indicates that 150.2 million children under five years of age suffer from stunting, alongside 42.8 million experiencing acute wasting and 35.5 million affected by overweight, underscoring a persistent global malnutrition crisis (WHO, 2024). In Indonesia, national data from the Indonesian Nutritional Status Survey (Survei Status Gizi Indonesia [SSGI]) reported a national stunting prevalence of 19.8% in 2024 (Kementerian Kesehatan RI, 2024). At the provincial and regional tiers, the Special Region of Yogyakarta recorded a stunting prevalence of 17.4%, while Sleman Regency documented 17.3% (Kemenkes RI, 2024). Although reflecting progress toward national targets, these figures confirm that child undernutrition remains a substantial public health threat requiring sustained inter-sectoral mitigation.

While traditional public health strategies concentrate heavily on the first 1,000 days of life (from conception through 24 months), international developmental paradigms—including the WHO's evolving 8,000 Days of Life framework—emphasize that the toddlerhood period spanning ages 2 to 4 years represents an indispensable window of sustained vulnerability and golden opportunity (Widaryanti, 2021; Widyawati et al., 2023). Children aged 2–4 years undergo rapid neuromuscular development, social exploratory transitions, and complete dietary diversification away from breast milk toward family table foods. Epidemiological investigations demonstrate that numerous children transition into stunted phenotypes only after age two, provoked by chronic dietary micronutrient deficiencies, frequent diarrheal or respiratory illnesses, contaminated domestic water and sanitation, and suboptimal child-feeding practices (Widyawati et al., 2023). Consequently, sustaining aggressive growth monitoring and nutritional support through age 5 is imperative to prevent irreversible cognitive deficits, diminished educational attainment, and adult metabolic syndrome risks.

In the domestic caregiving environment, the mother acts as the primary health arbiter, nutritional manager, and developmental nurturer for preschool children. Maternal knowledge regarding balanced dietary composition, age-appropriate complementary feeding schedules, food hygiene, immunization compliance, and growth chart interpretation serves as a crucial cognitive prerequisite shaping daily caregiving behaviors (Andini et al., 2024; Ustina et al., 2021). According to behavioral health models, individuals possessing comprehensive health literacy are significantly more likely to formulate favorable health attitudes and execute proactive preventive actions (Notoatmodjo, 2018; Sugiri et al., 2024). In Sleman Regency, diagnostic baseline audits conducted on 15 November 2025 at Gamping I Community Health Center (Puskesmas Gamping I) identified an active population of 584 toddlers aged 2–4 years, among whom 18.0% (n = 106) were stunted, 28.0% (n = 164) underweight, and 8.3% (n = 49) wasted. Posyandu Ambarsari (49 toddlers) and Posyandu Balitaria (36 toddlers) exhibited the highest localized clustering of child malnutrition, recording an aggregate stunting rate of 11% and underweight rate of 13%, highlighting urgent localized caregiving vulnerabilities.

Prior empirical research consistently affirms a positive link between maternal knowledge and stunting prevention. Darmayanti et al. (2025) reported a significant correlation (r = 0.541, p

= 0.000) between maternal knowledge and stunting mitigation in Kediri, while Sari et al. (2022) and Arnita et al. (2020) demonstrated that formal maternal education directly governs positive child-feeding practices. Similarly, recent community studies by Santi et al. (2025) and Suarsuh et al. (2025) confirmed that maternal nutritional literacy enhances child growth monitoring. Nonetheless, critical empirical gaps persist: the overwhelming majority of existing Indonesian studies focus strictly on infants under two years (baduta, 0–24 months) or pregnant women, leaving empirical evaluations exploring mothers of toddlers aged 2–4 years—who face distinct challenges of food neophobia, toddler picky eating, and peer snack contamination—underexamined.

Therefore, this study aimed to determine and analyze the empirical relationship between maternal knowledge levels and stunting prevention behaviors among mothers of children aged 2–4 years in the working area of Puskesmas Gamping I, Sleman Regency. The resulting evidence provides public health midwives, nutritionists, and community health centers with baseline data to formulate targeted nutritional counseling and reinforce community Posyandu interventions.

2. METHODS

2.1 Research Design

This study used a quantitative correlational analytical survey research design utilizing a cross-sectional approach. This design was selected to measure, examine, and quantify the statistical relationship between the independent variable (maternal knowledge level) and the dependent variable (stunting prevention behavior) measured concurrently at a single point in time without administering experimental interventions.

2.2 Research Population and Sample

The study involved 85 mothers of toddlers aged 24–48 months registered at Posyandu Ambarsari (n = 49) and Posyandu Balitaria (n = 36), within the Gamping I Community Health Center area. Total sampling was applied, involving all eligible mothers. Inclusion criteria included biological mothers who had lived in the study area for at least six months, attended Posyandu sessions with their toddlers, and provided informed consent. Mothers with acutely ill children with severe congenital anomalies, acute psychiatric illness, or incomplete questionnaires were excluded.

2.3 Research Setting and Time

The research was conducted across two community health posts within the working area of Gamping I Community Health Center, Sleman Regency, Special Region of Yogyakarta, Indonesia: Posyandu Ambarsari on 4 February 2026, and Posyandu Balitaria on 7 February 2026.

2.4 Research Procedures

The research procedure followed four systematic phases: preparatory, ethical clearance, field data collection, and statistical synthesis. Following ethical clearance, researchers coordinated with village health cadres. During routine Posyandu weigh-in days, eligible mothers were approached, informed of the study objectives, assured of confidentiality, and guided through self-administered questionnaires in a private consultation corner. Questionnaires were reviewed immediately upon completion.

2.5 Data Collection Techniques

Primary data collection was executed using structured self-administered paper questionnaires. Collected data included respondent demographic indicators (maternal age, toddler age in months, maternal employment status, and highest formal educational

attainment) alongside psychometric scales measuring maternal knowledge and stunting prevention behaviors.

2.6 Research Instruments

The instruments were adapted from validated questionnaires by Iffatul Mutiah (2022). Maternal knowledge was assessed using a dichotomous Guttman scale covering stunting concepts, causes, nutritional needs, and prevention. Stunting prevention behavior was measured using a 4-point Likert scale covering breastfeeding, complementary feeding, meal scheduling, growth monitoring, immunization, and hygiene. Both variables were categorized as good (76–100%), moderate (56–75%), and poor (< 56%).

2.7 Data Analysis

Data were processed and analyzed using SPSS software. Descriptive univariate statistics established absolute frequencies (f) and relative percentages (%) for demographic profiles and categorical variable scores. Because both variables represented ranked ordinal classifications, bivariate hypothesis testing was conducted using Spearman's rank correlation (Spearman's rho) at a statistical significance threshold of alpha = 0.05.

2.8 Scope and Limitations of the Research

The study's scope was delimited to mothers of toddlers aged 2–4 years attending two community Posyandu posts in Sleman. Methodological limitations include total sampling restricted to 85 mothers in two localized posts, reliance on self-report questionnaires susceptible to recall and social desirability bias without direct observational dietary audits.

2.9 Ethical Considerations

The study was conducted in strict accordance with the ethical principles of the Declaration of Helsinki. Formal ethical approval was issued by the Health Research Ethics Committee of Universitas 'Aisyiyah Yogyakarta (KEP-UNISA) under Approval Certificate Number: No. 5191/KEP-UNISA/I/2026, dated 29 January 2026. Signed informed consent was obtained from all participating mothers prior to questionnaire administration.

3. RESULTS AND DISCUSSION

3.1. Result

Table 1. Socio-Demographic Characteristics of Mother Respondents and Toddlers (n = 85)

No	Characteristic Domain	Classification / Category	Frequency (f)	Percentage (%)
1	Maternal Age	< 30 years old	23	27.1
		30 – 40 years old	56	65.9
		> 40 years old	6	7.1
2	Toddler Age	24 – 36 months	58	68.2
		37 – 48 months	27	31.8
3	Maternal Employment	Unemployed	55	64.7
		Employed / Working	30	35.3
4	Educational Attainment	Primary School	2	2.4
		Junior High School	8	9.4
		Senior High School	41	48.2
		Higher Education	34	40.0

Source: Primary research survey data, Puskesmas Gamping I Sleman, 2026.

As detailed in Table 1, The findings showed that most mothers were aged 30–40 years (65.9%), and most toddlers were aged 24–36 months (68.2%). The majority of mothers were

unemployed or homemakers (64.7%). Regarding education, nearly half had completed senior high school (48.2%), followed by higher education (40.0%).

Table 2. Univariate Distribution of Maternal Knowledge and Stunting Prevention Behaviors (n = 85)

Research Variable	Category / Classification	Frequency (f)	Percentage (%)	Operational Interpretation
Maternal Knowledge Level (X)	Good	54	63.5	Comprehensive understanding of stunting
	Moderate / Fair	26	30.6	Partial understanding of stunting
	Poor / Low	5	5.9	Substantial knowledge deficits
Stunting Prevention Behavior (Y)	Good	52	61.2	Consistent adherence to preventive practices
	Moderate / Fair	22	25.9	Inconsistent adherence to preventive practices
	Poor / Low	11	12.9	Poor adherence to preventive practices

Source: Primary research survey data, Puskesmas Gamping I Sleman, 2026.

Univariate analysis (Table 2) showed that most respondents had good maternal knowledge of stunting (63.5%), while 30.6% had moderate knowledge and 5.9% had poor knowledge. Regarding stunting prevention behavior, the majority demonstrated good behavior (61.2%), followed by moderate (25.9%) and poor behavior (12.9%).

Table 3. Bivariate Cross-Tabulation and Spearman's Rank Correlation Between Maternal Knowledge and Stunting Prevention Behaviors (n = 85)

Maternal Knowledge Level	Stunting Prevention Behavior			Total Respondents	Statistical Test Results
	Good n (%)	Moderate n (%)	Poor n (%)		
Good (Baik)	40 (74.1%)	12 (22.2%)	2 (3.7%)	54 (63.5%)	Spearman's rho (r) = 0.417
Moderate / Fair (Cukup)	11 (42.3%)	10 (38.5%)	5 (19.2%)	26 (30.6%)	p-value = 0.000*
Poor / Low (Kurang)	1 (20.0%)	0 (0.0%)	4 (80.0%)	5 (5.9%)	(Significant at $\alpha < 0.05$)
Total Respondents	**52 (61.2%)**	**22 (25.9%)**	**11 (12.9%)**	**85 (100.0%)**	**Reject H0**

**Statistically significant at alpha < 0.05. Percentages in parentheses reflect within-category row proportions.*
Source: Processed SPSS correlation output, 2026.

Most respondents had good maternal knowledge (63.5%) and good stunting prevention behavior (61.2%). A moderate positive, statistically significant relationship was found between the two variables ($r_s = 0.417$; $p < 0.001$), indicating that better maternal knowledge was associated with better prevention behavior.

3.2 Discussion

The study revealed a significant moderate positive relationship between maternal knowledge and stunting prevention behaviors among mothers of children aged 2–4 years in

the working area of Puskesmas Gamping I Sleman (Spearman's rho = 0.417, p < 0.001). Among mothers with good knowledge, 74.1% demonstrated good preventive behaviors, whereas 80.0% of those with poor knowledge exhibited poor preventive practices. These findings indicate that adequate maternal knowledge contributes to better nutritional practices, appropriate complementary feeding, and consistent child healthcare.

These findings align with previous studies by Darmayanti et al. (2025), Santi et al. (2025), and Suarsuh et al. (2025), which reported significant associations between maternal knowledge and stunting prevention behaviors. Similar results were reported by Widaryanti (2021), Putri et al. (2022), and Mutingah and Rokhaidah (2021), emphasizing the importance of maternal health literacy in improving childcare practices and preventing nutritional deficiencies.

The relationship can be explained through Lawrence Green's PRECEDE-PROCEED Model and Pender's Health Promotion Model, which identify knowledge as an important predisposing factor influencing health behavior (Green & Kreuter, 2005; Notoatmodjo, 2018). Mothers with adequate knowledge are more likely to provide balanced nutrition, ensure appropriate feeding practices, and participate in regular growth monitoring. Furthermore, maternal characteristics, including age 30–40 years (65.9%) and senior high school or higher education (88.2%), may support better understanding and application of health information.

However, the moderate correlation (rho = 0.417) indicates that knowledge alone does not fully explain preventive behaviors. Approximately 25.9% of mothers with good knowledge still demonstrated moderate or poor practices, suggesting the influence of socioeconomic conditions, cultural beliefs, sanitation, and family support (Munthe et al., 2023; Widyawati et al., 2023). Therefore, stunting prevention programs should combine maternal education with family involvement, improved access to nutritious foods, and regular growth monitoring, particularly among children aged 2–4 years.

3.3 Implications

Primary healthcare centers (Puskesmas Gamping I) and village health cadres should formalize targeted interventions: (1) Transforming monthly Posyandu sessions into interactive nutritional cooking demonstrations and toddler feeding counseling rather than passive weighing; (2) Launching toddler nutritional masterclasses focusing on managing toddler food refusal and picky eating; (3) Facilitating home visits for mothers with poor knowledge; and (4) Promoting the 8,000 Days of Life continuum across primary care networks.

3.4 Research Contribution

This study provides empirical field documentation from Sleman Regency, documenting the quantitative relationship between maternal knowledge and preventive caregiving behaviors specifically in toddlers aged 2–4 years, contributing valuable baseline data to Indonesian midwifery and community health literature.

3.5 Limitations

Several limitations must be acknowledged: (1) Total sampling was restricted to 85 mothers across two Posyandu posts, limiting generalizability to broader rural or urban populations; and (2) Exclusive reliance on self-report questionnaires without direct observational dietary intake audits or child anthropometric verification.

3.6 Suggestions

Future inquiries should employ prospective cohort or randomized community intervention designs tracking child height velocity (HAZ scores) over 12 months, incorporate 24-hour

dietary recall logs and biochemical micronutrient assays (serum ferritin and zinc), and utilize structural equation modeling (SEM) to examine family support and socioeconomic status as mediating factors.

4. CONCLUSION

There is a statistically significant, moderate positive relationship between maternal knowledge levels and stunting prevention behaviors among mothers of children aged 2–4 years in the working area of Puskesmas Gamping I Sleman (Spearman's rho = 0.417, $p < 0.001$). The majority of mothers possessed good knowledge regarding stunting (63.5%) and demonstrated good stunting prevention behaviors (61.2%). Mothers who understand stunting etiology, clinical manifestations, and nutritional requirements are significantly more likely to maintain timely complementary feeding schedules, ensure balanced nutrient intake, and actively participate in growth monitoring.

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AUTHOR CONTRIBUTIONS STATEMENT

YP: Conceptualization, Methodology, Investigation, Data curation, Formal analysis, Writing—original draft. EF: Supervision, Validation, Methodology, Writing—review and editing, Project administration.

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REFERENCES

Adang, E., Ekulo, E., & Udus, U. (2023). Penyuluhan pencegahan stunting dengan media visual pada masyarakat desa. Jurnal Abdimas Indonesia, 5(2), 161–166. https://jurnal2.umku.ac.id/index.php/JAI/article/download/2275/1231?utm_

Agung, I. G., Widia, M., Muncan, P., & Sriasih, N. K. (2025). Perilaku ibu dalam upaya pencegahan stunting pada anak usia 6-24 bulan. Jurnal Gema Keperawatan, 18(2), 1–14. https://doi.org/10.36082/jgk.v18i2.1412

Andini, A., Kartika, I. D., Hasbi, B. E., & Jafar, M. A. (2024). Hubungan tingkat pengetahuan ibu tentang pemanfaatan daun kelor terhadap upaya pencegahan stunting pada anak usia 6

bulan–2 tahun di Puskesmas Mandai. INNOVATIVE: Journal of Social Science Research, 4(1), 5005–5016. https://doi.org/10.31004/innovative.v4i1.8912

Anggraeny, R., Thamrin, S., Hengky, H. K., Thasim, S., & Syawal. (2025). Optimasi integrasi health literasi ibu dalam pencegahan stunting pada anak balita. Jurnal Gizi Kerja dan Produktivitas, 6(1), 45–54. https://doi.org/10.52742/jgkp.v6i1.214

Arnita, S., Rahmadhani, D. Y., & Sari, M. T. (2020). Hubungan pengetahuan dan sikap ibu dengan upaya pencegahan stunting pada balita di wilayah kerja Puskesmas Simpang Kawat Kota Jambi. Jurnal Akademika Baiturrahim Jambi, 9(1), 6–14. https://doi.org/10.36565/jab.v9i1.149

Astuti, A. Z., & Putri, R. A. (2025). Pengetahuan ibu meningkatkan perilaku dalam pencegahan stunting pada anak bawah dua tahun. Journal of Holistics and Health Sciences, 7(2), 472–482. https://doi.org/10.35473/jhhs.v7i2.412

Black, R. E., Victora, C. G., Walker, S. P., Bhutta, Z. A., Christian, P., de Onis, M., Ezzati, M., Grantham-McGregor, S., Katz, J., Martorell, R., & Uauy, R. (2013). Maternal and child undernutrition and overweight in low-income and middle-income countries. The Lancet, 382(9890), 427–451. https://doi.org/10.1016/S0140-6736(13)60937-X

Darmayanti, R., Luqmanasari, E., & Widiyanto, E. (2025). Hubungan pengetahuan ibu dengan upaya pencegahan stunting pada balita di Desa Bangkok Kecamatan Gurah Kabupaten Kediri. Jurnal Ilmu Kesehatan, 13(2), 223–228. https://doi.org/10.32831/jik.v13i2.612

Dewi, P. A. D. V. (2025). Pengetahuan ibu tentang pemenuhan gizi seimbang dengan perilaku pencegahan stunting pada balita. Media Husada Journal of Nursing Science, 6(2), 104–109. https://doi.org/10.33475/mhjns.v6i2.766

Green, L. W., & Kreuter, M. W. (2005). Health program planning: An educational and ecological approach (4th ed.). McGraw-Hill.

Iffatul Mutiah. (2022). Hubungan pengetahuan ibu dengan perilaku pencegahan stunting pada anak usia 3-5 tahun (Skripsi). Universitas 'Aisyiyah Yogyakarta. https://repository.itskesicme.ac.id/id/eprint/6376/5/Skripsi.pdf?utm

Kausar, R. N. Al, Fauziyyah, W. T., & Pranata, S. (2024). Hubungan pengetahuan ibu dengan perilaku pencegahan stunting pada balita. Journal Nursing Research Publication Media, 3(1), 67–74. https://doi.org/10.55887/nrpm.v3i1.109

Kementerian Kesehatan Republik Indonesia. (2024). Hasil survei status gizi Indonesia (SSGI) tahun 2024. Badan Kebijakan Pembangunan Kesehatan Kementerian Kesehatan RI.

Lukman, S. (2021). Faktor demografis untuk meningkatkan informasi, edukasi dan komunikasi kesehatan seksual dan reproduksi. Jurnal Kajian Komunikasi, 9(1), 66–78. https://doi.org/10.24198/jkk.v9i1.29812

Muncan, I. G. A. M. W. P., Sriarsih, N. K., & Rismawan, M. (2025). Hubungan tingkat pengetahuan dengan perilaku ibu dalam upaya pencegahan stunting pada anak balita usia 6-24 bulan. Jurnal Gema Keperawatan, 18(2), 1–14. https://doi.org/10.36082/jgk.v18i2.1425

Munthe, W. S., Atika, R. A., & Candra, A. (2023). Hubungan tingkat pengetahuan dan upaya pencegahan ibu dengan kejadian stunting. Media Kesehatan Masyarakat Indonesia, 5(4), 337–341. https://doi.org/10.35508/mkmi.v5i4.12450

Mutingah, Z., & Rokhaidah. (2021). Hubungan pengetahuan dan sikap ibu dengan perilaku pencegahan stunting pada balita. Jurnal Keperawatan Widya Gantari Indonesia, 5(2), 49–57. https://doi.org/10.52020/jkwgi.v5i2.3112

Notoatmodjo, S. (2018). Metodologi penelitian kesehatan (Edisi ke-3). Rineka Cipta.

Santi, N. K. A. P., Trisnadewi, N. W., & Resiyanthi, N. K. A. (2025). Hubungan tingkat pengetahuan ibu dalam pemberian gizi seimbang dengan upaya pencegahan stunting pada balita. Jurnal Kolaboratif Sains, 8(12), 8464–8473. https://doi.org/10.56338/jks.v8i12.9683

Suarsuh, A., Zahsya, E. D., & Winarni, L. M. (2025). Hubungan tingkat pengetahuan ibu terhadap perilaku pencegahan stunting pada balita di wilayah Puskesmas Mauk. JMM (Journal of Midwifery Madani), 2(1), 1–7. https://doi.org/10.34305/jmm.v2i1.1214

Sugiri, R. A., Cahyaningsih, H., Nursyamsiyah, Ariyanti, M., & Kusmiati, S. (2024). Pengetahuan ibu balita tentang stunting dan peran posyandu dalam pencegahan malnutrisi. Jurnal Keperawatan Indonesia, 4(1), 55–64. https://doi.org/10.34011/jkifn.v4i1.2166

Tendean, A. F., Ering, C. N., & Ponamon, J. F. (2025). Hubungan pengetahuan dan sikap ibu tentang 1000 hari pertama kehidupan (HPK) dengan perilaku pencegahan stunting. Klabat Journal of Nursing, 7(1), 46–56. https://doi.org/10.37771/kjn.v7i1.1092

Ustina, N., Mraini, G., Adyani, A., & Saputro, S. H. (2021). Hubungan tingkat pengetahuan ibu usia subur terhadap perilaku kesehatan di Puskesmas Dupak, Surabaya. Sinar Jurnal Kebidanan, 3(1), 1–12. https://doi.org/10.54123/sjk.v3i1.45

Widaryanti, R. (2021). Kesiapan penerapan program 8000 hari pertama kehidupan (HPK) di Kota Yogyakarta. Jurnal Jarlit, 17(2), 86–106. https://doi.org/10.36987/jarlit.v17i2.2140

Widyawati, S. A., Siswanto, Y., & Afandi, A. (2023). Faktor risiko penyebab stunting pada balita usia 6-36 bulan. Indonesian Journal of Midwifery (IJM), 6(2), 169–176. https://doi.org/10.35473/ijm.v6i2.2412

World Health Organization. (2023). WHO guideline for complementary feeding of infants and young children 6–23 months of age. World Health Organization. https://www.who.int/publications/i/item/9789240081864

World Health Organization. (2024). Levels and trends in child malnutrition: Key findings of the 2024 edition of the joint child malnutrition estimates. World Health Organization. https://www.who.int/publications/i/item/9789240098008