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Original Research Article

The Relationship of Nutritional Parenting Patterns and the Nutritional Status of Stunting Toddler in Kupang District

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Abstract: ***Background*:** Stunting is a chronic malnutrition problem caused by an imbalance of nutritional needs and nutritional intake over a long period of time, one of which is influenced by nutritional parenting from caregivers to toddlers. Nutritional parenting practices in NTT are still a problem. ***Aim*:** To find out whether there is a relationship between nutritional parenting patterns and the nutritional status of stunted toddlers in Kupang Regency. ***Method*:** This study uses secondary data with analytic research type with cross sectional approach. Sampling using total sampling technique and obtained 70 toddlers as subjects. This study was analyzed univariately and bivariately using the Chi square test. The intervention program of the Community Care Network Foundation and Danone Institute is education to the community and procurement of public clean water taps. ***Results*:** There is no significant correlation between Complementary Foods nutritional parenting patterns and the nutritional status of stunted toddlers at WAZ with a p value = 0.694, WLZ or WHZ with a p value = 0.623, BAZ with a p value = 0.663. There is no significant correlation between first aid nutritional care for toddlers with diarrhea and the nutritional status of stunted toddlers at WAZ with a value of p = 0.155, WLZ or WHZ with a value of p = 0.679, BAZ with a value of p = 0,917. ***Conclusion*:** There is no relationship between nutritional parenting patterns and the nutritional status of stunted toddlers in Kupang district.

Keyword: Stunting, nutritional parenting patterns, toddlers.

INTRODUCTION

The toddler period is often referred to as the window of opportunity or the golden period which is a time when toddlers will experience rapid physical growth and social development. The growth and development experienced by toddlers will be influenced by nutritional intake and nutritional needs of the toddler.

One of the nutritional problems often experienced by toddlers is stunting. Stunting is a chronic malnutrition problem caused by an imbalance between nutritional needs and nutritional intake over a long period of time due to feeding that is not in accordance with the nutritional needs of toddlers. Low food intake, suffering from infectious diseases, the transition period from exclusive breastfeeding to weaning and improper complementary foods can be the cause of stunting toddlers. Stunting can occur starting from the fetus still in the womb and only appears when the child is two years old.

The results of the World Health Organization (WHO) survey in 2020 globally, around 144 million children under the age of 5 suffer from stunting, 47 million children are wasting and 14.3 million children are malnutrition. Based on reports from UNICEF, the World Health Organization and the World Bank show that in Southeast Asia there are 27.4% of children under 5 years of age are stunted, 8.2% are undernourished and 7.5% are overweight. The data collection results from the Indonesian Nutrition Status Study (SSGI) state that the

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prevalence of stunted toddlers in 2022 is 21.6%, and the prevalence of toddlers with malnutrition is 7.7%.

According to SSGI data in 2022, East Nusa Tenggara (NTT) is one of the provinces with the highest prevalence of stunting in Indonesia based on the HAZ indicator at 35.3%. In addition, in under-fives who are malnutrition, NTT is ranked 6th based on the WLZ or WHZ indicator at 10.7%. Based on stunting information by the Kupang Regency government for the period February 2023, the prevalence of stunting in West Kupang sub-district in Lifuleo Village is 13.4% with a total of 16 stunted toddlers. The prevalence of stunting in Tesabela village is 26.8% with a total of 33 stunted toddlers. The prevalence of stunting in Sumlili village is 6.7% with a total of 13 stunted toddlers. The prevalence of stunting in Bolok village is 9.7% with a total of 25 stunted toddlers.

One of the causes of nutritional problems in toddlers that often occur is poor parenting in the family. Parenting patterns intended in this case include the family's ability to pay attention to growing children in several aspects, namely physical, mental and social. Parenting in children can be applied through parental attention in the development of children towards excellent health conditions, such as parental attention to proper meal times and adequate nutritional intake, psychosocial practices, environmental hygiene and sanitation stimuli, and child care when sick.

Another nutritional issue is the food consumed by under-fives. The food intake of children under five depends almost entirely on their caregivers. The growth of children under five is influenced by the quality of food consumed, while the quality of the food depends on the parenting practices of the family. In feeding practices, it is not only the quantity, but also the quality that has an impact on nutritional status. The consequences of inadequate food intake during childhood, including stunting and wasting, can lead to susceptibility to infection and suboptimal cognitive development. Ultimately, under-five nutritional problems will arise as a result of poor feeding and parenting practices.

Feeding habits in toddlers with improper parenting and without giving attention, for example, lack of providing nutritious food and nutrition to toddlers and giving food too early for children that is not in accordance with portions. This is due to the lack of knowledge of parents since the child is still a baby. In addition, giving food too early can cause digestive disorders such as diarrhea, vomiting, and difficulty defecating. This can affect the nutritional status of toddlers.

Parenting with good feeding must be balanced with a balanced nutritional pattern, namely by fulfilling nutrients according to the needs of the toddler's body that can be obtained from daily food. Therefore, it is important for parents to provide nutritious food to toddlers so that they can grow optimally without having to experience nutritional problems.

Based on the background described above, the researchers conducted a study on the relationship between nutritional parenting and the nutritional status of stunted toddlers in Kupang Regency. This research is a study of an umbrella research entitled the effect of specific and sensitive nutrition interventions on the nutritional status of toddlers in Kupang District. This research uses secondary data from the Community Care Network Foundation and Danone Institute and there is no conflict of interest from the researchers or the foundation concerned.

METHODS

This research used analytic research with a "cross sectional" approach. This study has received ethical approval from the Faculty of Medicine and Veterinary Medicine, Universitas Nusa Cendana with Number: 82/UN15.16/KEPK/2023. This research was conducted in 4 villages in Kupang Regency, namely Lifuleo Village, Tesabela Village, Sumlili Village, and Bolok Village which will be conducted in August - September 2023 by processing secondary data from the Community Care Network Foundation and Danone Institute. The population in this research is stunting toddlers in Lifuleo Village, Tesabela Village, Sumlili Village, and Bolok Village, Kupang Regency, which is the intervention area of the subject who lives in the Community Care Network Foundation and Danone Institute program area. The sample in this research was stunted toddlers aged 6-59 months in Lifuleo Village, Tesabela Village, Sumlili Village, and Bolok Village, Kupang Regency who met the inclusion criteria. The sample amounted to 70 toddlers. The dependent variable in this study is data on the nutritional status of stunting toddlers. The independent variable in this study was nutritional parenting data. Data analysis was performed with the Chi Square test. This research data is secondary data taken using data collection forms in accordance with the data taken by the foundation that owns the data.

RESULT

Data characteristics come from secondary data obtained from questionnaires. The questionnaire was then filled out by respondents, namely mothers of toddlers. As for nutritional status data, the foundation took data from the local health center.

Table 1: Characteristics of Subjects

Characteristics	Frequency (n=70)	Percentage (%)
Gender		
Male	39	55,7
Female	31	44,3
Age (months)		
6-24 months	24	34,3
25-36 months	17	24,3
37-48 months	20	28,6
49-59 months	9	12,9

Based on the gender characteristics in Table 1, the number of male subjects was 39 subjects with a percentage of 44.3%, while female subjects were 31 subjects with a percentage of 55.7%.

The characteristics of the subjects based on the age of the subjects selected in the study found that most of the subjects were at the age of 6-24 months, totaling 24 people (34.3%). The age of the subjects with the least number was at the age of 49-59 months, totaling 9 people (12.9%). Toddlers aged 25-36 months numbered 17 people (24.3%), while toddlers aged 37-48 months were 20 people (28.6%).

Relationship between Nutritional Parenting and Nutritional Status

Tabel 2: Chi Square Test Results of the relationship between WAZ Nutritional Status and Nutritional Parenting

Nutritional Parenting (N=70)	Classification of Nutritional Status WAZ			Total	*P value*
	Very Underweight	underweight	Normal Body Weight		
Complementary Foods					
Good	10	25	21	56	0,694*
Bad	2	5	7	14	
First aid for toddler Diarrhea					
Good	12	29	24	65	0,155*
Bad	0	1	4	5	

Tabel 3: Chi Square test results of the relationship between nutritional status of WLZ or WHZ and nutritional parenting patterns

Nutritional Parenting (N=70)	Classification of Nutritional Status WLZ or WHZ					Total	*P value*
	Malnutrition	Under-nutrition	Good Nutrition	Over-nutrition	Obesity		
Complementary Foods							
Good	3	11	40	1	1	56	0,623*
Bad	0	4	9	1	0	14	
First aid for toddler Diarrhea							
Good	3	15	44	2	1	65	0,679*
Bad	0	0	5	0	0	5	

Tabel 4: Chi Square Test Results of the relationship between BAZ Nutritional Status and Nutritional Parenting

Nutritional Parenting (N=70)	Classification of Nutritional Status BAZ						Total	*P value*
	Mal-nutrition	Under-nutrition	Good Nutrition	Risk of Over-nutrition	Over-nutrition	Obesity		
Complementary Foods								
Good	2	6	45	1	1	1	56	0,663*
Bad	0	2	10	1	1	0	14	
First aid for toddler Diarrhea								
Good	2	8	50	2	2	1	65	*0,917
Bad	0	0	5	0	0	0	5	

The results of bivariate analysis between nutritional parenting and nutritional status of stunted toddlers found that all variables did not have a significant relationship. This is evidenced by the results of the Chi square statistical test obtained the p value of nutritional parenting of complementary foods with nutritional status WAZ (p = 0.694), nutritional parenting first aid in diarrhea toddlers with nutritional status WAZ (p =0.155), nutritional parenting of complementary foods with nutritional status WLZ or WHZ (p = 0.623), nutritional

parenting first aid in diarrhea toddlers with nutritional status WLZ or WHZ (p = 0.679), nutritional parenting of complementary foods with nutritional status BAZ (p = 0.663), nutritional parenting first aid in diarrhea toddlers with nutritional status BAZ (p = 0.917).

DISCUSSION

Research data were taken based on the prevalence of stunting toddlers. Based on stunting information by the Kupang Regency government for the period February 2023, the prevalence of stunting in West Kupang Sub-district in Lifuleo Village is 13.4% with a total of 16 stunted toddlers. The prevalence of stunting in Tesabela village is 26.8% with a total of 33 stunted toddlers. The prevalence of stunting in Sumlili village is 6.7% with a total of 13 stunted toddlers. The prevalence of stunting in Bolok village is 9.7% with a total of 25 stunted toddlers.

Based on the characteristics of the subject, most of them occurred in male toddlers. This may be due to the fact that male toddlers are generally more active than female toddlers. Boys are more active playing outdoors, such as running around, so they are more likely to come into contact with dirty environments and spend more energy, while their energy intake is limited.

Parenting patterns provided by parents, especially mothers, have a role in the incidence of malnutrition in toddlers because toddler food intake is fully regulated by the mother. Mothers with good parenting tend to have toddlers with normal nutritional status compared to mothers with poor parenting. In addition, problems with breastfeeding and low maternal knowledge can influence mothers to provide complementary foods.

In the data obtained, it was found that most subject parents gave complementary foods to toddlers starting at the age of 6 months. The reasons for giving complementary foods starting from the age of 6 months by parents to toddlers include it's time for complementary foods, to add nutrition to toddlers to stay healthy, fussy children because they are not given enough breast milk, so that they grow up quickly and recommendations from midwifes, so that it can be categorized as good nutritional parenting because parents of toddlers provide complementary foods on time. In addition, some of the subject's parents still provide complementary foods under the age of 6 months. Some of the reasons noted included crying children, lack of breast milk, to be healthy, time for complementary foods. It can be concluded that the mother's knowledge is still lacking so she does not know the right time to give complementary foods to toddlers. Therefore, toddlers who are given solids under the age of 6 months are categorized as malnourished. WHO together with the Ministry of Health and also the Indonesian Pediatric Association have emphasized that toddlers aged up to 6 months are only given exclusive breastfeeding. Therefore, solids can only be introduced to babies when they are 6 months old and above.

The provision of complementary foods can have a good impact on children's nutritional status and children's immunity. Based on research conducted by Fiti Nurjanah *et al*., there is a significant effect of complementary foods on children's nutritional status. This is in line with research conducted by Yeny Sulistyowati *et al*., who found a significant relationship between complementary feeding patterns and nutritional status in children. However, this is different from the results of research conducted by Dwi Kurnia Yuliyawati *et al*., in Semarang which found no relationship between complementary feeding patterns and nutritional parenting patterns with children's nutritional status. Of course, this is in line with the research conducted through the p value of the chi square test which found no significant relationship between complementary foods patterns and nutritional status in infants. The pattern of complementary foods in this study consists of correct complementary foods practices, seen from whether or not the feeding is appropriate for the age of the toddler, as well as the reasons for giving complementary foods. Fulfillment of complementary foods or nutritional needs in children can improve the quality of life of children, which is important in the survival, activity, and growth and development of children.

In the data on nutritional parenting patterns related to diarrhea, most parents of toddlers know oralit (oral rehydration therapy) as one of the first aid in diarrhea and know how to make and give it to toddlers when experiencing diarrhea, and take it to the hospital/midwife/doctor if diarrhea does not stop so it can be categorized as good nutritional parenting. Meanwhile, parents of toddlers who know about oralit (oral rehydration therapy), but do not know how to make it, do not give it when the toddler has diarrhea, and do not take the toddler to the nearest health facility if the diarrhea does not stop can be categorized as poor nutritional parenting. Some toddlers with poor nutrition parenting related to diarrhea, given guava leaf shoots, boiled pomegranate leaves and then given a drink to the toddler.

Diarrhea can affect the nutritional status of children under five because it can cause loss of fluids and electrolytes in the body, which can lead to dehydration and electrolyte balance disorders. In addition to fluid loss, diarrhea can also affect the absorption of nutrients in the body. When children experience diarrhea, the absorption of nutrients such as proteins, carbohydrates, vitamins, and minerals in the small intestine can be impaired. This can result in malnutrition, especially if children experience recurrent or chronic diarrhea. Based on research conducted at the Dr. H. Chasan Boesoirie Regional General Hospital, there is a relationship between diarrhea and nutritional status in toddlers. It was found that the more frequent diarrhea, the lower the

nutritional status of the child. This is also in line with research at the Rangkasbitung Community Health Center, which showed a relationship between nutritional status and the incidence of diarrhea in toddlers. Even research at the University Hospital of North Sumatra showed that the prevalence of nutritional status of children with diarrhea was mostly poor nutritional status. So that the handling of diarrhea becomes an interest to be considered. Especially the incidence of dehydration and electrolyte imbalance in the body which can cause various other disorders. Based on the research that has been done, there is no significant relationship between the practice of first aid for diarrhea, and toddlers brought to health facilities with the nutritional status of children. The same thing was also obtained from research conducted by Aliana R, *et al*., in Lubuk Village, Buaya, Padang City. This is because most mothers take quick and appropriate action in dealing with diarrhea by bringing treatment to health services such as midwifes/doctors and giving oralit/household fluids. This action will minimize the occurrence of electrolyte balance disorders in children because the main principle in the treatment of acute diarrhea is rehydration. The infrequency of diarrhea, the short duration of diarrhea, and the provision of appropriate countermeasures mean that diarrhea does not significantly affect the nutritional status of children under five.

Based on the discussion above, it can be concluded that there is no relationship between nutritional parenting and the nutritional status of stunted toddlers in Kupang district.

CONCLUSIONS

Based on the interpretation of WAZ nutritional status, 30 (42.9%) subjects were underweight, 28 subjects (40%) were normal weight, and 12 subjects (17.1) were very underweight. Based on the interpretation of WLZ or WHZ nutritional status, 3 subjects (4.3%) had malnutrition, 15 subjects (21.4%) had undernutrition, 49 subjects (70%) had good nutritional status, 2 subjects (2.9%) had overnutrition and 1 subject (1.4%) was obese. Based on the interpretation of BAZ nutritional status, 8 subjects (11.4%) had undernutrition, 55 subjects (78.6%) had good or normal nutritional status, as many as 2 subjects (2.9%) had malnutrition, risk of overnutrition and overnutrition status, and 1 subject (1.4) suffered from obesity. There is no significant relationship between nutritional parenting of complementary foods with nutritional status WAZ (p = 0.694). There is no significant relationship between nutritional parenting first aid in diarrhea toddlers with nutritional status WAZ (p = 0.155). There is no significant relationship between nutritional parenting patterns of complementary foods with nutritional status of WLZ or WHZ (p = 0.623). There is no significant relationship between nutritional parenting first aid in diarrhea toddlers with nutritional status WLZ or WHZ (p = 0.679). There is no significant relationship between nutritional parenting of complementary foods with nutritional status BAZ (p = 0.663). There is no significant relationship between nutritional parenting first aid in diarrhea toddlers with nutritional status BAZ (p = 0, 917).

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REFERENCES

1. Hasanah, L. N. (2023). Buku Gizi pada Bayi dan Balita; 9–17 p.
2. Review, A. (2020) Permasalahan *Stunting* dan Pencegahannya. *Jurnal Ilmu Kesehatan Sandi Husada*, *11*(1), 225–229.
3. Govender, I., Rangiah, S., Kaswa, R., & Nzaumvila, D. (2021). Malnutrition in children under the age of 5 years in a primary health care setting. *South African Fam Pract*, *63*(1), 1–6.
4. United Nations Children's Fund (UNICEF). (2021). Southeast Asia Regional Report on Maternal Nutrition and Complementary Feeding; p. 8.
5. Kementerian Kesehatan Republik Indonesia. (2022). Buku Saku Hasil Studi Status Gizi Indonesia (SSGI) Tahun 2022. In: Kemenkes RI [Internet]; p. 1–148. Available from: https://www.litbang.kemkes.go.id/buku-saku-hasil-studi-status-gizi-indonesia-ssgi-tahun-2021/
6. Sari, D. L., Nikmah, A. N., & Kadiri, U. (2020). Hubungan antara Pola Asuh dengan Status Gizi pada Balita. *J Mahasiwa Kesehatan*, *1*(2), 151–158.
7. Bella, F. D., Fajar, N. A., & Misnaniarti, M. (2020). Hubungan antara Pola Asuh Keluarga dengan Kejadian Balita *Stunting* pada Keluarga Miskin di Palembang. *J Epidemiologi Kesehatan Komunitas*, *5*(1), 15–22.
8. Masyudi, M., Mulyana, M., & Rafsanjani, T. M. (2019). Dampak pola asuh dan usia penyapihan terhadap status gizi balita indeks PB. *AcTion: Aceh Nutrition Journal*, *4*(2), 111-116.
9. Husnul, A. M. (2016). Hubungan Pola Asuh Gizi Ibu dengan Status Gizi Balita di Wilayah Kerja Puskesmas Lamper Tengah Kota Semarang. *JHE (Journal Health Education*, *1*(2).
10. Kadir, A. (2020). Pola Asuh Orang Tua (faktor Eksternal terhadap Prestasi Belajar Siswa). *J Media Informasi dan Komunikasi Ilmu*, *2*(2), 153–160.
11. Rahayu, I., & Jalinus, N. (2019). Kontribusi pengetahuan gizi ibu dan pola asuh gizi terhadap status gizi anak balita di Jorong Sungai Salak Kenagarian Koto Tangah Kecamatan Tanjung Emas Kabupaten Tanah Datar. *Jurnal Ilmu Sosial dan Humaniora*, *8*(2), 235-241.
12. Batubara, J. R., Bardosono, S., Irawati, A., & Salimar, S. (2019). Comparing The Anthropometric Measurements of Intra-Extra Uterine Period between Stunting and Non-stunting Children Aged 6-24 Months Old in Bogor Tengah Subdistrict, Bogor City, West Java. *World Nutrition Journal*, *3*(1), 1-7.
13. IDAI. (2018). Pemberian Makanan Pendamping Air Susu Ibu (MPASI).

14. Al Rahmad, A. H. (2017). Pemberian ASI dan MP-ASI terhadap pertumbuhan bayi usia 6–24 bulan. *Jurnal Kedokteran Syiah Kuala*, *17*(1), 4-14.
15. Sari, R. S., Solihat, L. L., Febriyana, L., Mardianti, M., Sari, M. P., Mirqotussyifa, M., ... & Nurlaelah, N. (2021). Meningkatkan Pengetahuan Mengenai Penanganan Diare Pada Anak Melalui Penyuluhan Kesehatan. *Selaparang: Jurnal Pengabdian Masyarakat Berkemajuan*, *4*(2), 70-73.
16. Silitonga, H. T. H., Wardaya, M., Sutanto, S. M., Pratomo, E. R., Adrianto, H., Lindarto, W. W., ... & Ulhaq, A. D. (2023). Peningkatan Pengetahuan tentang Penanganan dan Pencegahan Diare pada Anak melalui Penyuluhan dan Story Telling. *Bubungan Tinggi: Jurnal Pengabdian Masyarakat*, *5*(1), 361-367.
17. Indonesia, K. K. R. (2017). Penilaian Status Gizi. In: Penilaian Status Gizi.
18. Indonesia, M. K. R. (2020). Peraturan Menteri Kesehatan Republik Indonesia Nomor 2 Tahun 2020 Tentang Standar Antropometri Anak [Internet]. Kemenkes RI.
19. Yunianto, A., & Tasikmalaya, U. S. (2021). Hubungan Riwayat Penyakit dengan Status Gizi : Studi Cross Sectional. *J Ris Gizi*, *9*(1).
20. Maywita, E., Care NP-JH, 2019 U. (2019). Determinan Pengaruh Tingkat Pendidikan dan Pengetahuan Ibu dengan Kejadian *Stunting* Bayi 6-59 bulan. *Human Care*, *4*(3), 173–177.
21. Halida Thamrin, A. M. (2022). Faktor yang Berhubungan dengan Kejadian *Stunting* pada Bayi Usia 6-59 bulan. *J Penelitan Kesehatan*, *13*(1), 170–174.
22. Miller, J., Ritchie, B., Tran, C., Beggs, S., Lada, C. O., & Whetter, K. (2013). Seasonal variation in the nutritional status of children aged 6 to 60 months in a resettlement village in West Timor. *Asia Pacific Journal Clinical Nutrition*, *22*(3), 449–456. Available from: https://apjcn.nhri.org.tw/server/APJCN/22/3/449.pdf
23. Bkkbn. (2021). Buku pintar *stunting*.
24. Atikah Rahayu, S. K. M., Fahrini Yulidasari, M. P. H., S.KM. MP, Andini Octaviana Putri, S.KM., M.Kes Lia Anggraini, S. K. (2018). *Study Guide - Stunting* dan Upaya Pencegahannya; 81 p.
25. Khofiyah, N. (2019). Hubungan antara status gizi dan pola asuh gizi dengan perkembangan anak usia 6-59 bulan. *Jurnal Riset Kebidanan Indonesia*, *3*(1), 37–48.
26. Lestiarini, S., & Sulistyorini, Y. (2020). Perilaku Ibu pada Pemberian Makanan Pendamping ASI (MPASI) di Kelurahan Pegirian. *Indonesian Journal Healty Promoting Health Education*, *8*(1), 1–11.
27. Nurjanah, F., & Proborini, C. A. (2021). Hubungan Pola Asuh Gizi Ibu dengan Pemberian MP-ASI pada Balita Usia 6-24 Bulan. *Stethoscope*, *2*(1), 17–23.
28. Sulistyowati, Y., Utami, S., & Welasti, A. C. (2021). Pola Asuh Keluarga dan Pemberian MP ASI Dini dengan Status Gizi Balita di Kelurahan Cipayung Jakarta Timur. *Jurnal Bidang Ilmu Kesehatan*, *11*(2), 212–223. Available from: http://ejournal.urindo.ac.id/index.php/kesehatan
29. Dwi Kurnia Yuliyawati., & Dina Rahayuning, P. S. (2018). Hubungan Pola Pemberian MP-ASI dengan Status Gizi Bayi Usia 6-23 bulan, Studi Kasus di Kelurahan Langensari, Kecamatan Ungaran Barat, Kabupaten Semarang. *e-journal Kesehatan Masyarakat*, *6*(5), 1–23. Available from: http://ejournal3.undip.ac.id/index.php/jkm%0Abulan
30. Rosari, A., Rini, E. A., & Masrul, M. (2013). Hubungan Diare dengan Status Gizi Balita di Kelurahan Lubuk Buaya Kecamatan Koto Tangah Kota Padang. *Jurnal Kesehatan Andalas*, *2*(3), 11-115. Available from: http://jurnal.fk.unand.ac.id
31. Chandra Alim, M., Hasan, M., & En Mariska, N. U. (2021). Hubungan Diare dengan Status Gizi pada Balita di Rumah Sakit Umum Daerah Dr. H. Chasan Boesoirie. *Kieraha Medical Journal*, *3*(1), 1–6. Available from: https://ejournal.unkhair.ac.id/index.php/kmj%0Atersebar
32. Juhariyah, S. M. (2018). Hubungan Status Gizi dengan Kejadian Diare pada Balita di Puskesmas Rangkasbitung. *Jurnal Obstretika Scientia*, *6*(1), 219–230.
33. Lette, S., Wungouw, H. P. L., & Woda, R. R. (2019). Hubungan Pola Asuh dan Tingkat Pendidikan Ibu dengan Status Gizi Balita di Posyandu Melati Kelurahan Naimata Wilayah Kerja Puskesmas Penfui. *Cendana Medical Journal*, *16*(1), 35–43. Available from: https://ejurnal.undana.ac.id/index.php/CMJ/article/view/1500
34. Lada, C. O., Buntoro, I. F., Nurina, R. L., & Tarupadang, W. (2022). Aplikasi Akuaponik Pada Keluarga Dengan Balita Stunting Di Kabupaten Kupang. *Media Tropika: Jurnal Pengabdian Masyarakat*, *2*(1), 28–34.
35. Pemerintah Kabupaten Kupang. (2023). Informasi *Stunting*. Available from : https://www.kupangkab.go.id/Stunting-Kab-Kupang.html
36. Nenogasu, Y. D., Manongga, S. P., Lada, C. O., Lalel, H. J., & Data, F. U. (2020). The Nutritional Status of Young Pregnant Women and the Health of Newborns Affects the Growth of Children 6-24 Months in Kupang. *EAS J Nurs Midwifery*, *2*(6), 338–343. Available from: https://www.easpublisher.com/media/features_articles/EASJNM_26_338-343_FT.pdf
37. Kemenkes, R. I. (2019). Peraturan Menteri Kesehatan Republik Indonesia Nomor 28 Tahun 2019 Tentang Angka Kecukupan Gizi yang Dianjurkan Untuk Masyarakat Indonesia.

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