

Raising Awareness of Balanced Nutrition among Pregnant Women to Prevent Stunting in Rural Samarinda, East Kalimantan

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ABSTRACT

*Stunting is a significant public health problem in Indonesia, including in East Kalimantan. **Purpose:** This study aims to identify factors that influence pregnant women's nutrition awareness in rural Samarinda and develop effective strategies to improve nutrition education to prevent stunting. **Methods:** The study used a qualitative and quantitative approach (mixed-methods) to obtain a comprehensive picture of the level of awareness and understanding of balanced nutrition among pregnant women. Qualitative in-depth interviews and observations were used to understand the social, cultural, and economic factors that contribute to the nutritional consumption patterns of pregnant women in rural South Indonesia. **Results:** The results showed that most pregnant women had moderate (45%) and low (30%) levels of nutritional awareness. Education level (60%) and family support (65%) had the highest influence on pregnant women, at 60% and 65%, respectively. **Conclusion:** The findings of the study suggest that nutrition interventions should not only be conducted from an educational aspect but also take into account social and cultural aspects to be more effective in improving pregnant woman's nutritional awareness and preventing stunting, especially through more intensive and community-based education.*

Keywords : *Stunting, Balanced Nutrition, Nutrition Consumption Pattern of Pregnant Women*



INTRODUCTION

Stunting is a significant public health problem in Indonesia, including in East Kalimantan. Stunting is not only a physical growth disorder due to chronic malnutrition, but also affects cognitive development, economic productivity, and the quality of human resources in the long term (Prameswari, 2024). One of the main factors causing stunting is the lack of adequate nutritional intake during pregnancy, which can be caused by limited access to nutritious food and low nutritional awareness of pregnant women (Limijadi & Devi, 2024).

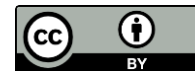
According to the Indonesian Nutrition Status Survey (SSGI) in 2024, the national stunting prevalence dropped to 19.8%, down from 21.5% in 2023. While this decline is commendable, it is still above the government's long-term target of 14.2% by 2029 as per the RPJMN (Kemenkes, 2025). The government emphasises the need for greater efforts and cross-sector collaboration, especially in provinces with the largest number of stunted children under five. East Kalimantan (Kaltim) shows a significant downward trend in stunting. Based on e-PPGBM data, the prevalence of stunting in East Kalimantan dropped to 18.3% by December 2023 and even reached 14.5% by June 2024. However, the Indonesian Health Survey (IHS) data for 2023 states a figure of 22.9%, down from 23.9% in 2022, indicating variations in data between sources. Factors such as limited access to health services, lack of education on balanced nutrition, and socio-economic factors contribute to the low awareness of pregnant women in consuming nutritious food (Fauzielly et al., 2024).

Balanced nutrition awareness is key in preventing stunting since pregnancy. Pregnant women need nutritional intake that includes macronutrients (carbohydrates, protein, and fat) and micronutrients (iron, folic acid, and calcium) to support optimal foetal growth (Moviana & Ardiyanti, 2024). However, various obstacles such as low education levels, lack of access to nutritional information, and socio-economic conditions are often barriers to raising this awareness, especially in rural areas (Permatasari et al., 2020).

In Samarinda, the social and cultural characteristics of the community also play an important role in the consumption patterns of pregnant women. Many people still rely on traditional diets that do not fulfil balanced nutritional needs, as well as cultural beliefs that can affect the food intake of pregnant women (Nahak et al., 2022). In addition, limited health services and nutrition education are also a challenge in improving the nutritional status of pregnant women and preventing stunting.

The government has implemented various programmes to improve the nutritional status of pregnant women, such as the provision of blood supplement tablets, nutrition counselling, and nutritious food assistance. However, the effectiveness of these programmes still needs to be improved, especially in reaching groups of pregnant women in rural areas with limited access to health services (Wahyuni & Sutarno, 2024). Increased collaboration between the government, health workers, and local communities could be an effective strategy to increase pregnant women's awareness and understanding of the importance of balanced nutrition.

In addition to government intervention, the role of family and community is also very important in improving the nutritional awareness of pregnant women. Support from husbands, family members, and community leaders can help educate pregnant women about the importance of consuming healthy and nutritious food during pregnancy. Studies show that community-based education programmes have a positive impact on improving pregnant women's nutrition knowledge and behaviour (Utami et al., 2024).



This study aims to identify factors that influence pregnant women's nutrition awareness in rural Samarinda and develop effective strategies to improve nutrition education to prevent stunting. The results of the study are expected to provide recommendations for local governments, health workers, and communities to improve nutrition interventions for pregnant women more effectively and sustainably. With a community-based approach and more intensive education, positive changes in consumption patterns and nutritional awareness of pregnant women in rural areas are expected, so that stunting rates can be significantly reduced in the future.

METHODS

This study used a qualitative and quantitative approach (mixed-methods) to obtain a comprehensive picture of the level of awareness of balanced nutrition among pregnant women and the factors that influence it. Quantitative survey methods were used to measure the level of nutritional knowledge and awareness of pregnant women, while qualitative in-depth interviews and observations were used to understand the social, cultural, and economic factors that contribute to the nutritional consumption patterns of pregnant women in rural Samarinda. This study was conducted in several villages in rural Samarinda, East Kalimantan, with the study population consisting of pregnant women as well as health workers such as midwives, posyandu cadres, and nutrition officers who play a role in nutrition education and awareness.

The sampling technique in the quantitative approach used stratified random sampling with a minimum number of respondents of 100 pregnant women to obtain representative data. Meanwhile, in the qualitative approach, purposive sampling was used to select 10-15 key informants consisting of pregnant women, health workers, and community leaders who are involved in maternal nutrition issues. Data were collected through questionnaires to measure the level of awareness and understanding of balanced nutrition among pregnant women, in-depth interview guidelines to explore social, economic, and cultural factors that influence nutrition consumption patterns, and field observations to observe food consumption patterns and access to nutritious food sources in rural Samarinda. Documentation studies were also conducted by analysing secondary data from government reports, journals, and policies related to nutrition for pregnant women and stunting.

Data were analysed quantitatively and qualitatively. Data from the questionnaires were analysed using descriptive statistical methods and correlation tests to see the relationship between pregnant women's level of nutrition awareness and their socio-economic factors. Meanwhile, data from interviews and observations were analysed using thematic analysis techniques to identify patterns and key themes related to nutrition awareness among pregnant women. This study also took into account ethical aspects, including obtaining *informed consent* from all participants before data collection, maintaining confidentiality and anonymity of respondents' data, and avoiding potential conflicts of interest by remaining neutral and objective in interpreting the results of the study.

Some limitations that may be encountered in this study include respondents who are less cooperative in filling out questionnaires or providing information, limited access to remote rural areas that affect the data collection process, and cultural factors and local beliefs that may affect respondents' openness in discussing consumption patterns and nutritional awareness. Nonetheless, this study is expected to provide in-depth insights into the factors that influence the nutritional



awareness of pregnant women in rural Samarinda and provide applicable recommendations to improve nutrition interventions to prevent stunting.

RESULTS

Based on the research that has been conducted, the following are the results of the data analysis regarding the level of nutritional awareness of pregnant women and the factors that influence their nutritional consumption patterns.

1. Nutrition Awareness Level of Pregnant Women

Table 1. Nutrition Awareness Level of Pregnant Women in Rural Samarinda

Nutrition Awareness Category	Number of Respondents (N=100)	Percentage (%)
High	25	25%
Medium	45	45%
Low	30	30%

The results of the analysis showed that the majority of pregnant women (45%) had a moderate level of nutritional awareness. As many as 30% of respondents still had low nutrition awareness, indicating the need for further education. Only 25% had a high level of awareness, indicating that understanding of balanced nutrition still needs to be improved among pregnant women in rural Samarinda.

2. Factors Affecting Nutritional Awareness of Pregnant Women

Table 2. Factors Affecting Nutritional Awareness of Pregnant Women

Factors	High Influence (%)	Medium Effect (%)	Low Influence (%)
Education Level	60	30	10
Access to Nutrition Information	50	35	15
Socio-Cultural Factors	40	45	15
Economic Conditions	55	30	15
Family Support	65	25	10

Education and family support had the highest influence on pregnant women's nutrition awareness, at 60% and 65% respectively. Economic factors and access to nutrition information also play an important role. Meanwhile, socio-cultural factors have a considerable influence, especially in traditional food consumption patterns that can affect the fulfilment of balanced nutrition.

3. Relationship Between Nutritional Awareness Level and Nutritional Consumption Pattern



Table 3. Relationship Between Nutrition Awareness Level and Nutrient Consumption Patterns

Nutrition Awareness Category	Protein consumption ($\geq 2x$ a day)	Vegetable & Fruit Consumption ($\geq 3x$ a day)	Iron & Folic Acid Consumption (Supplements)
High	80%	85%	90%
Medium	60%	65%	70%
Low	40%	35%	50%

A higher level of nutritional awareness is directly proportional to nutritious food consumption patterns. Pregnant women with high nutrition awareness had better consumption of protein, vegetables, fruits, and iron and folic acid supplements compared to pregnant women with low nutrition awareness. This confirms the importance of nutrition education in improving healthy consumption patterns.

Table 4. Correlation between Socioeconomic and Cultural Factors and Nutrition Awareness of Pregnant Women

Factor	Correlation Value (r)	Strength of Relationship
Education Level	0.68	Powerful
Family/Husband Support	0.71	Strong
Access to Nutrition Information	0.55	Medium
Socio-Cultural Factors	-0.48	Medium (negative)
Economic Condition	0.62	Strong

Notes: Pearson correlation test was used in this analysis. The r value ranges from -1 to +1, where values close to +1 indicate a strong positive correlation, and values close to -1 indicate a strong negative correlation.

The results of the analysis showed that there was a significant relationship between social, economic and cultural factors and the level of nutrition awareness of pregnant women. The most influential factors were family support ($r = 0.71$) and education level ($r = 0.68$), suggesting that family-based interventions and education are important strategies in improving nutrition awareness.

In contrast, cultural factors such as dietary restrictions showed a negative correlation with nutrition awareness ($r = -0.48$), meaning that the stronger the influence of traditional culture that is not based on nutrition science, the lower the nutrition awareness of pregnant women. Economic factors also play a major role ($r = 0.62$), indicating the need for more equitable and sustainable food aid policy support.

4. Interview Results Regarding Social, Cultural and Economic Factors



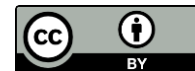
Table 5. Results of Qualitative Analysis of Social, Cultural, and Economic Factors in Nutrition Consumption Patterns of Pregnant Women

Factor Category	Key Findings from Interviews	Quote from Informant
Social	Lack of husband's role in supporting pregnant women's nutritional fulfilment. Many pregnant women rely on extended family decisions in their diet.	"My husband doesn't really interfere with food, I usually eat what the family prepares." (Pregnant Mother 3)
	There is limited nutrition education for pregnant women, especially in remote areas. Many pregnant women rely solely on information from their parents or elders.	"I only know from my mum that during pregnancy you can't eat certain foods like certain fish because it can make the baby big." (Pregnant Mother 7)
Culture	There are food restrictions that are still believed, such as the prohibition of eating certain fish because it is believed to affect the shape of the foetus.	"In our village, there are still people who believe that eating catfish can make babies slimy at birth." (Community Leader 2)
	The belief that traditional food is better than modern food or nutritional supplements provided by health workers.	"We trust local herbs and foods like rice porridge more red than mother's milk." (Pregnant Mother 5)
Economics	Economic difficulties cause pregnant women to prefer cheaper food even though it is less nutritious.	"Sometimes I just buy instant noodles because it's cheaper than buying meat or milk." (Pregnant Mother 9)
	Dependence on government assistance for nutrition, but the distribution of assistance is often uneven.	"Nutritious food assistance from the posyandu is not always enough, sometimes pregnant women do not get it." (Health worker 4)

The results of the interviews showed that social, cultural, and economic factors have a major influence on the nutritional consumption patterns of pregnant women in rural Samarinda:

- Social Factors:** The lack of husbands' role in supporting nutritional fulfilment and the lack of nutrition education lead pregnant women to rely on information from extended family or traditional elders, which often lacks nutritional knowledge.
- Cultural Factors:** There are still traditional food restrictions that hinder the fulfilment of balanced nutrition, such as the prohibition of eating certain fish. In addition, the preference for traditional foods over medical supplements is a challenge in nutrition education.
- Economic Factors:** Economic limitations make pregnant women prefer cheaper but less nutritious food, as well as dependence on government assistance, which is still unevenly distributed.

These findings suggest that nutrition interventions should not only be conducted from an educational aspect but should also consider social, cultural, and economic approaches to be more



effective in improving pregnant women's nutrition awareness and preventing stunting in rural Samarinda.

DISCUSSION

1. Nutrition Awareness Level of Pregnant Women

The results showed that the majority of pregnant women in rural Samarinda had moderate (45%) and low (30%) levels of nutritional awareness. This suggests that education about the importance of nutrition during pregnancy is still not optimal. According to a theory of health behaviour known as the 'Health Belief Model', a person's awareness of health issues is strongly influenced by how they perceive the benefits and risks of the actions they take (Utami & Rahmadhena, 2020). In this context, the low nutritional awareness of pregnant women is most likely caused by a lack of understanding of the long-term impact of stunting on children, as well as limited access to accurate information about balanced nutrition. Research by (Sirajuddin et al., 2021) shows that the nutritional literacy of pregnant women plays an important role in preventing stunting. Another study by (Fitriani et al., 2020) also confirmed that maternal nutritional status during pregnancy is directly related to the incidence of stunting in children.

Similar studies in the last five years have also shown that the level of education and access to information strongly influence the nutritional awareness of pregnant women. A study conducted by (Wahyuningsih & Liliana, 2024) found that mothers' level of knowledge about stunting prevention is closely related to the nutritional status of children under five.

The researcher's assumption is that the social and economic environment strongly influences pregnant women's mindset and awareness of nutrition. If nutrition education is conducted more intensively through a community-based approach and family support, the nutritional awareness of pregnant women can be significantly improved.

2. Factors Affecting Nutrition Awareness

The most influential factors on pregnant women's nutrition awareness were education level (60%) and family support (65%). Bronfenbrenner's (1979) social ecology theory asserts that a person's behaviour is strongly influenced by the interaction and context of their social environment, which consists of several layers of systems, namely microsystems, mesosystems, exosystems, macrosystems and chronosystems. In the context of pregnant women, the role of husbands and families included in the microsystem is very important to help choose healthy foods, because direct interactions in the family can affect the nutritional awareness and behaviour of pregnant women (Sugitanata, 2023).

Relevant research in the last five years supports this result. A study conducted by (Siregar et al., 2023) showed that comprehensive assistance to pregnant women can significantly improve stunting prevention behaviour. In addition, research (Wardani et al., 2022) revealed that mothers' perceptions of the risk of stunting also play a role in encouraging better prevention behaviour.

The researcher's assumption is that improving pregnant women's nutrition awareness should be done through a family and community-based approach. In addition to counselling pregnant women, it is important to involve husbands and families in nutrition education to make interventions more effective. In addition, increasing access to more accurate and scientifically-based



nutrition information is also needed so that pregnant women do not only rely on hereditary information.

3. Relationship between Nutrition Awareness Level and Nutrient Consumption Patterns

The study found that pregnant women with high nutrition awareness had better food consumption patterns than those with low nutrition awareness. As many as 80% of the mothers with high nutrition awareness consumed protein twice a day, while only 40% of the group with low nutrition awareness did so. Hasil ini sejalan dengan teori perilaku gizi yang menyatakan bahwa pemahaman seseorang tentang pentingnya nutrisi akan memengaruhi kebiasaan mereka mengonsumsi makanan.

In previous research, a study by (Shukri et al., 2023) showed that consumption of a diverse diet during pregnancy contributes to the prevention of stunting. In addition, a study by (Ibrahim et al., 2023) also confirmed that inadequate protein consumption patterns are at high risk of stunting in children.

The researchers' assumption is that an effective nutrition education intervention will have a direct impact on the food consumption patterns of pregnant women. Therefore, education programmes should be conducted more strategically, for example through nutrition classes for pregnant women, the use of social media to disseminate information, and the use of health workers as education facilitators in rural communities.

4. Social, Cultural, and Economic Factors in Nutrition Consumption Patterns

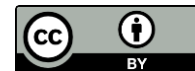
Interviews with various informants showed that social, cultural and economic factors have a significant influence on the nutritional consumption patterns of pregnant women. From the social aspect, most of the pregnant women interviewed expressed a lack of support from their husbands in fulfilling their nutritional needs during pregnancy. This was echoed by midwives and posyandu cadres, who stated that many husbands did not understand the importance of their role in supporting their wives' healthy diet during pregnancy.

Culturally, some pregnant women reported food restrictions that have been passed down from generation to generation, such as the prohibition of eating catfish because it is believed to adversely affect the health of the foetus. Posyandu cadres and nutrition workers confirmed that myths surrounding food are still widely believed in the community, which poses a challenge in providing proper nutrition education.

Meanwhile, economic factors are also a real barrier. Pregnant women with limited income tend to choose cheap and easily available foods, such as instant noodles, over more nutritious sources of animal or vegetable protein. Nutrition officers from the community health centres stated that they often encounter this condition in the field, and efforts to raise awareness and empower families' economy are an important part of nutrition interventions for pregnant women.

A recent study by (Ibrahim et al., 2023) showed that economic and cultural factors strongly influence the risk of stunting in early childhood. In addition, research by (Siagian & Ramschie, 2024) highlighted that mothers' level of nutritional knowledge also plays a role in shaping children's nutritional consumption patterns.

The researcher's assumption is that nutrition education programmes should not only be provided to pregnant women, but should also consider cultural and economic-based approaches.



The involvement of community leaders and health workers in delivering nutrition information in a way that is acceptable to the local community is crucial to changing healthier consumption patterns. In addition, nutrition assistance programmes should be better targeted to reach pregnant women who really need it

CONCLUSION

Based on the results of the study, it can be concluded that the nutritional awareness of pregnant women in rural Samarinda still needs to be improved, especially through more intensive and community-based education. Education, family support, and social and economic conditions play an important role in shaping pregnant women's nutritional awareness and consumption patterns. Therefore, a more holistic intervention with a multidimensional approach is needed to ensure that pregnant women receive optimal nutrition to prevent stunting.

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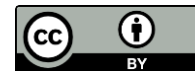
Hopefully, the results of this study can make a real contribution to efforts to prevent stunting through increasing the nutritional awareness of pregnant women in a sustainable and community-based manner.

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