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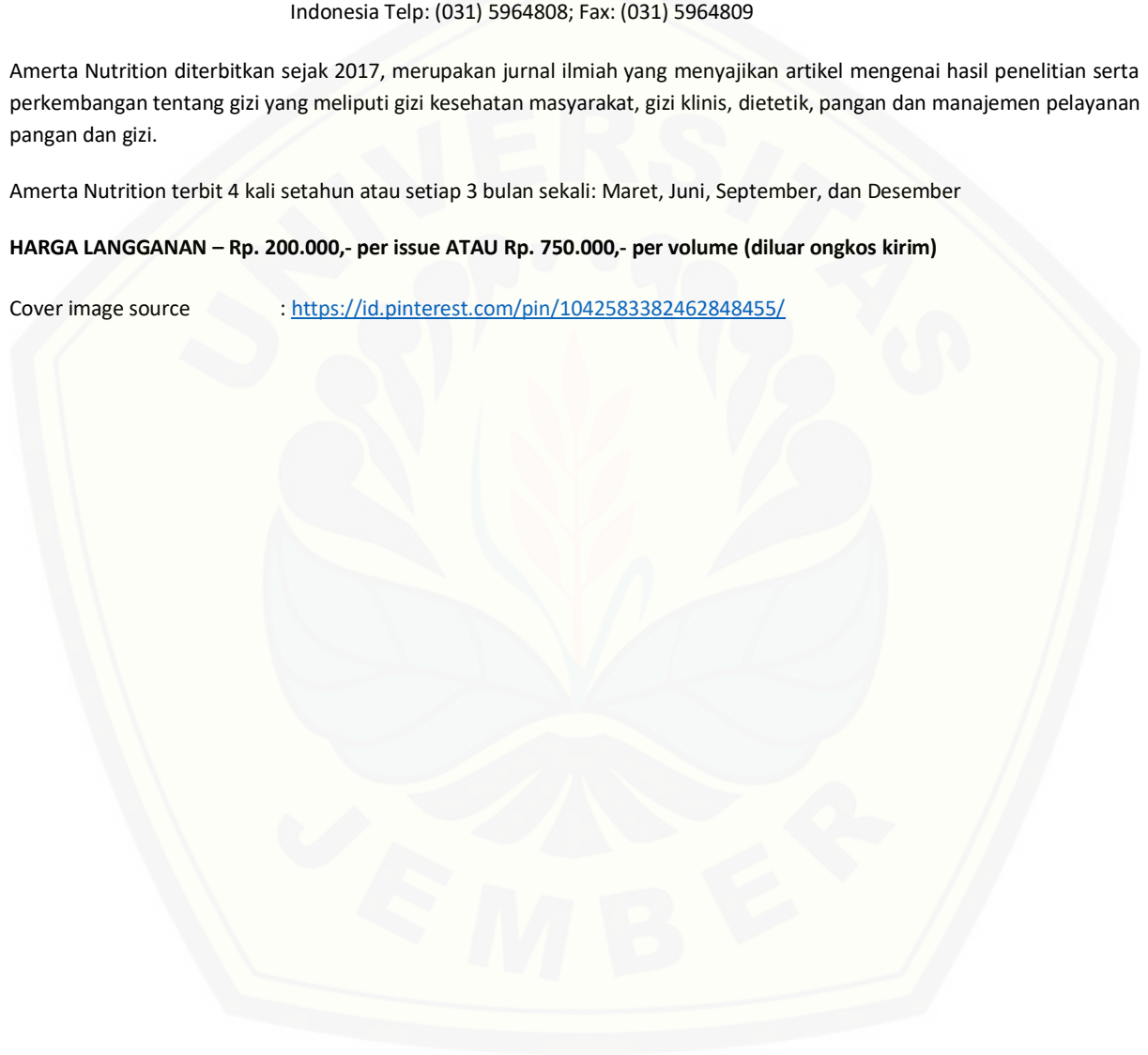
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Amerta Nutrition diterbitkan sejak 2017, merupakan jurnal ilmiah yang menyajikan artikel mengenai hasil penelitian serta perkembangan tentang gizi yang meliputi gizi kesehatan masyarakat, gizi klinis, dietetik, pangan dan manajemen pelayanan pangan dan gizi.

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PENGANTAR

Dengan mengucapkan syukur kepada Tuhan Yang Maha Kuasa, akhirnya Supplementary Issue Vol. 6 Issue 1SP spesial 2nd Amerta Nutrition Conference (ANC) 2022 dapat diterbitkan. Amerta Nutrition Conference (ANC) 2022 merupakan kegiatan rutin tahunan yang diselenggarakan oleh Jurnal Amerta Nutrition, Departemen Gizi Kesehatan, Fakultas Kesehatan Masyarakat, Universitas Airlangga. Pada tahun 2022, penyelenggaraan ANC merupakan yang ke-2 kalinya, setelah pertama kali dilaksanakan pada tahun 2019. Tema besar yang diangkat dalam konferensi ini adalah "Pencegahan dan Penanggulangan Stunting Menuju Era Pasca Pandemi Covid-19 Guna Mewujudkan Generasi Emas 2045". Terdapat dua kegiatan utama dalam kegiatan ini, yakni *Call for Paper* dan Webinar Nasional. Adapun tujuan dari kegiatan ini adalah untuk menjangkau karya-karya terbaik dari mahasiswa dan civitas akademika berupa artikel terkini dan update dalam bidang gizi kesehatan, sesuai dengan tema yang telah ditentukan dimana karya selanjutnya akan diterbitkan di Jurnal Amerta Nutrition. Selain itu, 2nd Amerta Nutrition Conference 2022 dilaksanakan guna memperkenalkan Jurnal Amerta Nutrition kepada mahasiswa dan civitas akademika gizi dan kesehatan masyarakat secara lebih luas di Indonesia.

Supplementary Issue Vol. 6 Issue 1SP spesial 2nd Amerta Nutrition Conference (ANC) 2022 memuat seluruh artikel dari peserta terpilih yang mengikuti 2nd Amerta Nutrition Conference (ANC) 2022 khususnya bertema *stunting* dan *non-stunting*. Diharapkan karya ini menjadi daya ungkit pengembangan budaya menulis dan pengkajian ilmiah yang komunikatif serta sebagai daya pikat para pembaca dan penulis untuk berpartisipasi pada 2nd Amerta Nutrition Conference mendatang. Semoga pemikiran-pemikiran dan karya-karya yang ditampilkan Amerta Nutrition dapat memberikan manfaat dan memperkaya khasanah pengetahuan bagi pembaca.

Editor-in-Chief
Amerta Nutrition Journal



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RESEARCH STUDY

OPEN ACCESS

Study of Nutrition Food Access to Family With Stunting Toddlers in Stunting Countermeasures System in Lumajang Indonesia

Studi Akses Makanan Bergizi Keluarga dengan Balita Stunting pada Sistem Penanggulangan Stunting di Lumajang, Indonesia

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Keywords:

Stunting, Access, Nutritious food, Countermeasurements system

ABSTRACT

Background: The ability to access food according to needs is influenced by educational and knowledge factors, socio-cultural, geography, and economic factors. Overcoming stunting not only overcomes the problem of malnutrition but also must pay attention to the problem of affordability or access to nutritious food

Objectives: To analyze access to nutritious food in the prevention system stunting in Lumajang Regency

Methods: Qualitative research through a Case Study approach conducted in two villages in Lumajang Regency. The research informants consisted of key informants namely the Head of the Puskesmas, the main informants were mother with toddler Stunting and additional informants namely stakeholders related to stunting. Data processing and analysis using the Thematic Content Analysis method.

Results: Access to nutritious food that is less than optimal is caused by economic factors that are lacking, lack of knowledge of mothers of toddlers, malnutrition in toddlers, children's eating arrangements are not meeting nutritional adequacy, children's consumption in a day is lacking, families do not take action to overcome children's nutritional problems and poor sanitation and environmental health

Conclusions: Stunting in Lumajang Regency is the cause of which is access to nutritious food that is less than optimal so that it requires attention and cooperation from all parties to overcome it. The provision of education in the form of counseling needs to be carried out with multimethods and multi-media as well as integrated countermeasurements from all existing resources will accelerate the reduction of stunting cases in Lumajang Regency.

ABSTRAK

Latar Belakang: Kemampuan untuk mengakses pangan yang sesuai dengan kebutuhan dipengaruhi oleh faktor pendidikan dan pengetahuan, sosial budaya, geografi dan faktor ekonomi. Penanggulangan stunting bukan hanya mengatasi masalah kekurangan asupan gizi saja akan tetapi juga harus memperhatikan masalah keterjangkauan atau akses mendapatkan makanan bergizi

Tujuan: Menganalisis akses makanan bergizi dalam penanggulangan stunting di Kabupaten Lumajang.

Metode: Penelitian kualitatif melalui pendekatan Case Study (studi kasus) yang dilakukan di dua desa yang ada di Kabupaten Lumajang. Informan penelitian terdiri dari Informan kunci yaitu Kepala Puskesmas, Informan utama adalah Ibu Balita Stunting dan Informan tambahan yaitu stakeholder terkait stunting. Pengolahan dan analisis data menggunakan metode Analisis Isi Tema.

Hasil: Akses makanan bergizi yang kurang optimal disebabkan karena faktor ekonomi yang kurang, kurangnya pengetahuan ibu balita, kurang gizi pada balita, pengaturan makan anak kurang memenuhi kecukupan gizi, konsumsi anak dalam sehari kurang, keluarga tidak melakukan tindakan untuk mengatasi masalah gizi anak serta sanitasi dan kesehatan lingkungan yang kurang

Kesimpulan: Stunting di Kabupaten Lumajang yang menjadi penyebab diantaranya adalah akses makanan bergizi yang kurang optimal sehingga memerlukan perhatian dan kerja sama dari semua pihak untuk menanggulangnya. Pemberian edukasi dalam bentuk penyuluhan perlu dilakukan dengan multi metode dan multimedia serta penanggulangan yang terintegrasi dari semua sumberdaya yang ada akan mempercepat dalam penurunan kasus stunting di Kabupaten Lumajang

Kata kunci: Stunting, Akses, Makanan bergizi, Sistem penanggulangan

INTRODUCTION

One of the countries that has a triple of nutritional problems consisting of stunting, wasting and overweight is Indonesia. Every country in the world has a nutritional-problems that are single burden, double burden and triple burden. Based on the data from The Global Nutrition Report 2018 it is known that the condition of children under five years old in the world is 22.2% (150.8 million) were stunted, 7.5% (50.5 million) were wasted, and 5.6% (38.3 million) were overweight. While in Indonesia the nutritional status of children under five years old 30.8% were stunted, 10.2% were wasted, and 8.0% were overweight ¹. Indonesia belongs to five country with the highest number of stunting children.

Access to nutritious food for children under five years old is one of the factors that makes children become insufficient for their nutritional needs. Currently access to nutritious food is an interesting issue because based on several studies it is found that the cause of stunting is due to lack of access to nutritious food. Many factors can influence the occurrence of nutritional problems, one of which is the problem of adequate nutrition for children. Current conditions that still occur in Indonesia are where Indonesian food consumption for meat, fruit and vegetable food is still low while for grain food is still very high with a distribution of 25% of grains, 21.74% of fruits and vegetables, 15, 49% of meat and 9.81% of beans ². Based on Riskesdas data 2018 also showed that 95.5% of Indonesia's population lacks consumption of fruit and vegetables ¹.

The ability to access food according to needs is influenced by factors of education and knowledge, socio-culture, geography and economic factors so that it cannot afford food that is in accordance with needs, besides that it also does not know nutritious food that can be affordable with its capabilities. These four factors are very supportive of the ease of getting access to nutritious food ³.

Prevention Stunting not only addresses the problem of nutrient deficiency, but also must pay attention to the problem of affordability or access to nutritious food, so that Indonesia has a national strategy in accelerating the prevention of stunting by establishing several policies and programs such as a national movement to accelerate nutrition improvement within the framework of 1000 HPK (Day First Life) and established through presidential regulation number 42 of 2013, prevention of stunting with integrated interventions that include specific interventions and sensitive interventions and also decides the five pillars of prevention stunting consisting of commitment and vision of leadership, national campaigns and communication of behavior change, convergence, coordination and central, regional and village program consolidation, nutrition and food security and monitoring and evaluation ⁴.

Stunting has now become national priority contained in the Sustainable Development Goals (TPB) document and also the national planning document, with strategies being implemented to improve nutrition surveillance, increase access and quality of health and nutrition services, increase promotion of community behavior about nutrition, increase the role the

community in improving nutrition and strengthening the role of cross sectors in the implementation of sensitive interventions.

This is very relevant for the problem of affordability in the fulfillment or purchase of nutritious food that cannot be solved by the health element alone but requires the role of elements outside health and also requires policies and regulations related to implementation in the sensitive interventions referred to above. The purpose of this research is to analyze access to nutritious food in the prevention system stunting in Lumajang Regency.

METHODS

This study was a *qualitative method* with a case study approach (*Case Study*) which aims to analyze more deeply about access to nutritious food in the prevention system *stunting* in Lumajang Regency. The data collection technique was carried out through the *Indepth Interview*. The key informants were the head of the puskesmas and the main informant were the mother of toddlers *stunting* and FGD (*Focus Group Discussion*) on additional informants were *stakeholders* related to *stunting*. The informants in this study consisted of 2 key informants, 4 main informants and 29 additional informants. Additional informants in this study consisted of the Village Head, Lurah, Chairperson of the TP-PKK Village, PKH Assistance, Posyandu Cadre, Village Midwife, Village Nurse, Aisyiyah Chair, Muslimat Chair, Babinsa, Chief of People's Welfare, Nutritionist, Village Apparatus and Modin. Data collection was carried out using in-depth interview techniques using interview guidelines and the results were recorded with a voice recorder which was then copied in the interview transcript.

This study will be presented in an exploratory analysis by observation and in-depth interviews (*Indepth Interview*), document review and FGD (*Focus Group Discussion*) to explore deeper into the access nutritious food as the cause of *stunting* in tackling the problem of *stunting* in Lumajang. Data processing and analysis in this study uses the *Thematic Content Analysis* (content analysis) method, which is data collection, data reduction, data verification and is presented in the form of explorative analysis. Triangulation used in this study is to use source triangulation which consists of key informants, key informants and additional informants and technical triangulation through *Indept Interview* and *Focus Group Discussion*. Research ethics using Informed Consent, Anonymity and *Ethical Clearance* from the Faculty of Dentistry, University of Jember No. 533 / UN25.8 / KEPK / DL / 2019.

RESULTS AND DISCUSSION

Results of the analysis of access to nutritious food in this study obtained results, among others:

A Lack of Economy Factors

This lack of economic factors causes a lack of access to nutritious food for toddlers. Economic factors that are lacking will make access to nutritious food difficult to obtain, with the ability to possess ultimately provide food according to ability, this causes the child to

experience nutritional problems, in addition to the inability of the mother or family to buy enough nutritious food but also the inability of the family in buying food preparations at home that can be accessed at any time for the fulfillment of children's nutrition. As stated by the informant in the interview excerpt below.

" .. if you work with my sister ... digging up the grave, swollen with low income, you have to pay a lot of money. I work it ... digging the grave, if the income is uncertain because there is no salary ...if you eat it sometimes you are still confused, still lending and borrowing with neighbors. rice and vegetables if there is more money to buy tempeh or eggs for your child " (IU4, 67 years).

These economic problems make the family helpless to respond to the advice of officers or cadres when counseling, it is not because they do not want to but because the family not being able to fulfill it. The study by Setiawan *et al* also supports on factors economic as a cause *stunting* the research results suggest that the level of family income had a significant association with the incidence of *stunting* ⁵. In addition, the family also do not have land that can be used to meet family's nutritional needs, for example, to grow vegetables such as spinach, beans, mustard greens etc. As stated Informed by the informant in the following interview excerpt.

"...No, we don't have a yard. Yes, only this house is occupied by all, we are here all seven people ... he he a lot huh. yes, this house only has no yard for planting or raising livestock. So yes ... you have to buy everything, even if you don't buy vegetable else... what... "(IU3, 32 years)

This study is in line with previous research by Yulestari known that the results of statistical tests show that there is a significant relationship between economic status with events *stunting* ⁶. Income is one indicator that determines the economic status, the household wealth index is a risk factor *stunting* ⁷. Meanwhile, based on data from the *Joint Child Malnutrition Estimates* in 2018, countries with middle to upper income can reduce *stunting* up to 64%, while in lower middle countries only reduce around 24% from 2000 to 2017 ⁸.

Poor Toddler's Mother Knowledge

Knowledge is an indirect cause of cases *stunting*, referring to the framework that causes problems *stunting* in Indonesia ². Factors that influence knowledge are age, education, and experience. The more age, the level of maturity and strength of a person will be more mature in thinking, learning, and working so that knowledge will increase. As stated by the informant in the following interview excerpt :

"..... The problem of access to nutrition is because of economic factors so that the family cannot afford to buy food to meet the nutritional adequacy of their children, well besides economic factors are knowledge factors, with this minimal knowledge families are unable to choose to buy food that is high nutritional content but

cheap and easy to get. So the knowledge factor is very important so that mothers are able to choose food ingredients for their children that suit their needs " (IK1, 55 Years).

Nutrition knowledge is often influenced by the level of education that has an impact on the role in the preparation of family meals, as well as child care and care. In this research, knowledge factor is caused by the lack of education (elementary school education) so that with less education it will be difficult to receive information properly. There was a statistically significant relationship between the level of mother's knowledge about toddler nutrition and the nutritional status of toddlers ⁹.

This study also showed that lack of knowledge would have an impact on parents feeding their children not according to their needs, as stated by the informants in the following interview excerpt.

"...If you eat it just once a day, the child doesn't want to eat it (mother shows the food), this is what mom eat 1 time, 2 tablespoons, yes, rice and vegetables sometimes with tempe. But what is often the same as vegetables ... " (IU1, 25 years)

Counseling must be given to parents of toddlers to be able to increase parental knowledge about child nutrition, counseling in the sense of general social science studies the systems and processes of change in individuals and society so that changes can be realized better as expected. The results of this research the same with the research by Azrimaidaliza *et al* (2021) that showed parenting, especially eating patterns and *stunting* status were related to the development of children aged 12-36 months with *stunting* ¹⁰.

Lack of Nutritional Content in Toddler Food

Nutrient intake in infants is very important in supporting growth in accordance with the growth chart so that does not occur *growth faltering* which can cause *stunting*. This was stated by the informant in the following FGD.

"... *stunting* is a condition of failure to thrive in children under five due to chronic malnutrition in particular in the first 1000 days of life ... the cause is due to malnutrition for quite a long time, starting from the mother who is malnourished until the child is born eat less nutrients " (IT21, 43 years).

The standard nutritional needs of children are in accordance with Permenkes number 75 concerning the Recommended Nutrition Adequacy Rates for the Indonesian people, where the recommended nutrients are macro nutrients and micro nutrients. Macro nutrients are chemicals that are indispensable in growth and development, and to carry out normal bodily functions. Macronutrients, or macro nutrients, play a large role in shaping the body's energy and throughout the metabolic process. While micronutrients are also useful for maintaining bodily functions and growth, in addition they tend to play a role in preventing disease ¹¹. There is a

significant relationship between energy intake and nutritional status (TB / U)¹². Besides that it also shows that consumption of macro nutrients such as protein, fat, and carbohydrate is related to nutritional status (TB / U), the less consumption of protein the 1.6 times greater risk for *stunting*¹³.

Macro and micro nutritional needs are equally important for growth and development and carry out normal bodily functions. There needs to be education about the nutritional needs of children according to their age stages intensively so that parents are able to choose good food ingredients for their children.

Children's Eating Arrangements Do Not Meet The Nutritional Adequacy Of Toddlers

In a day the child needs to eat 3 times a day, 1-2 times a snacks and ASI or milk 2-3 times. Do not make it a habit of children *snacking* because this will cause children not to feel hungry when meal time arrives. Meeting the nutritional needs of children every day must pay attention to the type, amount and schedule of eating which is often known as 3 J. Eating schedule must be arranged in such a way so that the child's nutritional needs are fulfilled and divided in the right time so as not to make the child's stomach empty too long.

In this study it was found that children's food did not meet the needs, this was stated by the informant in the interview excerpt below.

"...If you eat it just once a day, the child doesn't want to eat it (mother shows the food), this is mom eat 1 time, 2 tablespoons, yes, rice and vegetables sometimes with *tempe*. But often just the same vegetables. yes, sometimes rice tok [only] ..." (IU1, 25 years)

This research is supported by research from Nadimin which shows that the average nutrient intake of children under five *stunting* does not meet the RDA. This study also shows that based on observations on toddlers' families *stunting*, it is found that the consumption of children in a day is lacking, among other things the food consumed daily does not meet nutritional adequacy, provides children with inappropriate amounts and feeds children with frequency 1-2 times a day and not interspersed with healthy snacks between meals. There needs to be counselling to toddler and families about eating arrangements for children according to their age¹⁴.

Consumption Of Children In A Day Less

Children under five years old in a day consume food with less nutritional content then if done every day and for a long time will cause the child to experience nutrient deficiencies. As stated by the informant in the following interview excerpt.

"...*gnawing* *sekul*, sometimes *ulame* *gnawing* *eggs* *hehe* ... the main *wonten* do not *gnaw* do not *kelor* *niku*. *Mboten* *anu*, *mboten* *soroh* *nedohe*. [Yes, rice, sometimes the side dish is an egg *hehe* ... basically there is a vegetable, yes, the *moringa* vegetable. No, it's not hard to eat] ..." (IU4, 67 yr).

The results of research on the consumption of children in a day less are also supported by Mayangsari *et al* with the analysis shows that there is a significant difference between protein intake in *stunting* and non-*stunting* children¹⁵. Consumption of children in a day must meet the nutritional adequacy of the main is protein, because children are still in fast growth. Protein functions to build, maintain and repair body tissues, besides that protein also has an important role in growth. The results of this study are in line with research conducted by Vaozia and Nuryanto with the results of the study showing that protein intake is a risk factor for *stunting* in children aged 1-3 years¹⁶. Less consumption of children in one day in this study is due to lack of knowledge of mothers and also economic factors that are lacking, so in sensitive interventions it is important to do that is in the form of giving PMT, cash food assistance to meet the protein needs of toddlers, vegetable seed assistance to be planted in the yard for consumption by families as designed by TNP2K on the Role of Regions in the Convergence of Prevention of *Stunting*.

The Family Does Not Take Action To Overcome The Child's Nutritional Problems

Next that makes access to food can not be obtained is the family does not take action to address child nutrition problems. The role of the family is very important in meeting the nutritional needs of toddlers. When children experience problems in fulfilling nutrition, especially nutritional problems, the family must also make an effort so that the fulfillment of nutrition for toddlers can be met and nutritional problems faced can be resolved. Families who do not make efforts to overcome the nutritional problem or the problem of meeting the nutritional needs of children, it will make the child can not be fulfilled his nutritional needs and the child will experience nutritional problems that are lack of nutrition, poor nutrition and *stunting*. As stated by the informants in the following interview.

"...yes, there isn't, anyway, he likes to hang around, playing [yes no, he just likes to eat, eating] all this time, he's never been checked, right, usually, a little kid doesn't want to eat, sometimes he also wants to eat. But I used to give honey, ma'am, said honey is good for children so they can be healthy ..." (IU2, 29 years).

Parental knowledge about nutrition and child nutrition problems and the impact caused by these conditions have an important role in the efforts of parents to overcome the problems faced by their children. Economic factors also have an influence on family efforts in overcoming their children's problems, due to the lack of economic ability of families to meet education about nutrition. Children with *stunting* need adequate stimulation and nutrition so that their motor development is optimal. One form is the baby must get the opportunity to interact with specific figures and are constantly on a regular basis, and be able to meet the needs of children quickly and accurately¹⁷.

This is corroborated by research conducted by Hati and Pratiwi showing that there is an effect of providing education on the provision of stimulation of

child growth and development of children with *stunting*. Parental knowledge has an influence on the efforts made in overcoming the child's nutritional problems. There is a need for education to improve family knowledge, interventions from all sectors need to be supported in support of efforts to be made by families and the need for cadres to support *stunting* ¹⁸.

Inadequate Sanitation and Environmental Health

As with other malnutrition problems, that direct *stunting* is caused by a lack of adequate nutrition and the threat of recurrent infectious diseases and these two things affect each other. Environmental sanitation can be a supporting factor for the development of infectious diseases. Poor sanitation and environmental health have a negative impact on people living in the environment, including children. Because, they can experience *environmental enteropathy* (EE), so it is difficult to absorb nutrients. The results of observations that are still lacking in this case are more on the adequacy of ventilation, lack of lighting and also environmental cleanliness, wherein the observation found 75% of houses are dirty, cramped, no incoming sunlight and residents of many people and PHBS habits are lacking. As stated by the following informant.

"... if there has been a lot of mention about the causes of *stunting*, there is something that has not been mentioned, namely sanitation, as we know that in this *darungan* village for latrines there are still those who do not have ODF, yet people here if they defecate in the river. I have been reminded often but still, and one more thing about *stunting* is due to lack of environmental cleanliness, environmental cleanliness is very important because dirty environment makes children often sick ... "(IT20, 48 Years).

The results of this study indicate that children under five families *stunting* have poor sanitation and environmental health. Environmental sanitation and hygiene factors have a great influence on the health of pregnant women and child development, because children under two years are susceptible to various infections and diseases. Frequent and continuous exposure to human and animal feces can cause chronic bacterial infections. There is a statistically significant relationship between families with protected water sources, protected drinking water sources, and distance to pollution sources with events *stunting* at Baduta and there is a significant relationship between defecation facilities, and the type of latrine used by family with *stunting* on under two years old children ¹⁹. The results of this study are also supported by Hafid, *et al* which states that the average height of the SBABS group is higher than the non SBABS group ²⁰.

The *logistic framework* of integrated intervention by the Ministry of PPN / Bappenas states that the possible cause of cases *stunting* is health and environmental health services so sensitive interventions that must be carried out are STBM (Community Based Total Sanitation) issues so that environmental health problems can be overcome and diseases caused by a bad

environment can be avoided, especially diarrhea because the condition is often sick will make more energy used for the process of fighting the disease so that children easily experience nutritional disorders and if in a long time will become *stunted* ². The achievement of environmental pillars could encourage increased achievement of social and economic pillars so it might directly and indirectly decrease the prevalence of undernutrition with a total of 5.09%²¹.

CONCLUSION

Access to nutritious food is less than optimal, this is due to a lack of economic factors, lack of knowledge of children under five, lack of nutrition in infants (macro and micro malnutrition), eating arrangements of children not meeting their needs, consumption of children in a day less, the family did not take actions to address child nutrition problems as well as poor sanitation and environmental health. In the context of education and promotion, it is necessary to provide multi-method counseling such as lectures, local arts, learning classes, and multi-media such as factor cards, snakes and ladders and ladders demo emo. Need help and assistance to families with toddlers *stunting*. Integrated Prevention of all available resources will accelerate the decrease in cases of *stunting* in Lumajang.

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CONFLICT OF INTEREST

There is no conflict of interest of this research.

REFERENCES

1. Kementerian Kesehatan RI. Hasil Utama RISKESDAS 2018. Jakarta: Badan Penelitian & Pengembangan Kesehatan; 2018.
2. Kementerian PPN/Bappenas. Percepatan Penurunan Stunting 2020-2024. Jakarta: Direktorat Kesehatan dan Gizi Masyarakat Kementerian PPN/Bappenas; 2018.
3. Arlius A. Hubungan Ketahanan Pangan Keluarga dengan Status Gizi Balita (Studi di Desa Palasari dan Puskesmas Kecamatan Legok). J Ketahanan Nas. 2017;23(3):359-75.
4. Peraturan Presiden No.42 Tahun 2013. Peraturan Presiden No.42 Tahun 2013 tentang Gerakan Nasional Percepatan Perbaikan Gizi.
5. Setiawan E, Machmud R, Masrul. Faktor-Faktor yang Berhubungan dengan Kejadian Stunting pada Anak Usia 24-59 Bulan di Wilayah Kerja Puskesmas Andalas Kecamatan Padang. 2018;
6. Yulestari. Analisis Faktor-Faktor Sosio-Ekonomi dan Lingkungan Terhadap Kejadian Stunting pada Balita Usia 10-59 Bulan di Pulau Jawa Tahun 2010. Jakarta: Fakultas Kesehatan Masyarakat Universitas Indonesia; 2013.
7. Tiwari R, Ausman LM, Agho K. Determinant of Stunting and severe Stunting Among Under Fives: Evidence from the 2011 Nepal Demographic and Health Survey. BMC Pediatr.

- 2014;14(239).
8. Victoria C, Adair L, Fall C, Hallal P, Martorell L, Richter I, et al. Maternal and Child Undernutrition : Consequences for Adult health and Human Capital. *J List Elsevier*. 2018;371(9609):340–57.
 9. Susilowati E, Himawati A. Hubungan Tingkat Pengetahuan Ibu Tentang Gizi Balita dengan Status Gizi Balita di Wilayah Kerja Puskesmas Gajah 1 Demak. *J Kebidanan*. 2017;6(13):21–5.
 10. Azrimaidaliza, Fathia J, Zulkarnain A. The Association of Parenting and Stunting Status with Children Development Age 12-36 Months in the Work Area of Pauh Health Centre, Padang City. *J Amerta Nutr*. 2021;5(4):353–9.
 11. Permenkes R.I. Nomor 75 tahun 2013 tentang Angka Kecukupan Gizi yang dianjurkan bagi Bangsa Indonesia. Permenkes R.I. Nomor 75 tahun 2013 tentang Angka Kecukupan Gizi yang dianjurkan bagi Bangsa Indonesia.
 12. Prentice AM, Ward K., Golberg G., Jarjou L., Moore SE, Fulford A., et al. *Critical Windows For Nutritional Intervention Against Stunting*. USA: American Society for Nutrition; 2013.
 13. Ernawati F, Rosmalina Y, Permanasari Y. Pengaruh Asupan Protein Ibu Hamil Dan Panjang Badan Bayi Lahir Terhadap Kejadian Stunting Pada Anak Usia 12 Bulan Di Kabupaten Bogor. *Penelit Gizi dan Makanan*. 2013;36(1):1–11.
 14. Nadimin. Pola Makan, Keadaan Kesehatan Dan Supaan Zat Gizi Anak Balita Stunting Di Moncong Loe Kabupaten Maros Sulawesi Selatan. Makassar: Politeknik Kesehatan Kemenkes Makassar; 2018.
 15. Mayangsari E, Juffrie M, Nurani N, Sitaresmi MN. Asupan Protein, Kalsium dan Fosfor pada anak stunting dan tidak stunting usia 24-59 bulan. *J Gizi Klin Indones*. 2016;12(4).
 16. Vaozia S, Nuryanto. Faktor Risiko Kejadian Stunting Pada Anak Usia 1-3 Tahun. *J Nutr Collage*. 2016;5(4):314–20.
 17. Soetjiningsih. Perkembangan Anak dan Permasalahannya dalam Buku Ajar I Ilmu Perkembangan Anak dan Remaja. Jakarta: S.Agungseto; 2012. 86–90 p.
 18. Hati F., Pratiwi AM. The Effect Of Education Giving On The Parent's Behavior About Growth Stimulation In Children With Stunting, 2019. *NurseLine J*. 2019;4(1):12–20.
 19. Adiyanti M, Besral. Pola Asuh, Sanitasi Lingkungan dan Pemanfaatan Posyandu dengan Kejadian Stunting pada Baduta Di Indonesia. Jakarta: FKM Universitas Indonesia; 2014 p.
 20. Hafid F, Djabu U, Udin, Nasrul. Efek Program SBABS Terhadap Pencegahan Stunting Anak Baduta di Kabupaten Banggai dan Sigi. *Indonesian J Hum Nutr*. 2017;
 21. Khuzaimah U, Baliwati YF, Tanziha I. The Role of Sustainable Development Goals Pillar in Tackling Under nutrition in West Java Province. *J Amerta Nutr*. 2021;5(3):196–210.

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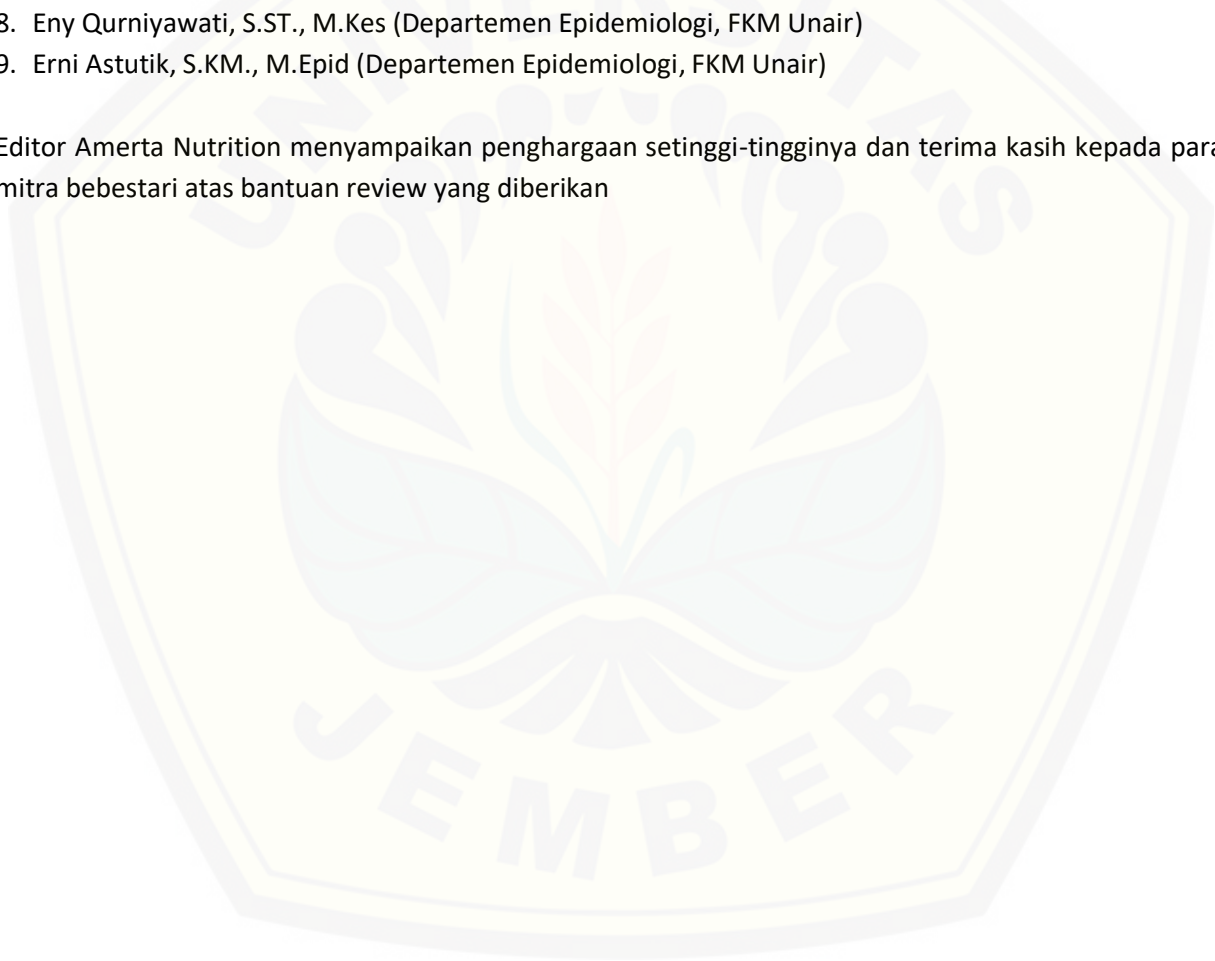
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Supplement Issue Volume 6 Issue 1SP (Tahun 2022)

Pada penerbitan Supplement Issue Volume 6 Issue 1SP Tahun 2022, seluruh naskah yang disumbangkan kepada Amerta Nutrition telah di telaah oleh mitra bestari (*peer reviewers*), berikut ini:

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Editor Amerta Nutrition menyampaikan penghargaan setinggi-tingginya dan terima kasih kepada para mitra bebestari atas bantuan review yang diberikan



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