

Analysis Of Positive Deviance Approach To Stunting Events In Kaili Tribe Toddlers In Donggala Regency, Province Central Sulawesi

¹Muhammad Pratama Aji Syahputra, ²Muhammad Syafar, ³Suriah, ⁴Ridwan Mochtar Thaha, ⁵Wahiduddin, ⁶Balqis

¹Master Program in the Department of Health Promotion, Faculty of Public Health, Hasanuddin University, Indonesia, muhammadpratamajisyahputra@gmail.com

^{2,3,4}Department of Health Promotion, Faculty of Public Health, Hasanuddin University, Indonesia

⁵Department of Epidemiology, Faculty of Public Health, Hasanuddin University, Indonesia

⁶Department of Health Administration and Policy, Faculty of Public Health, Hasanuddin University, Indonesia

Abstract

Stunting is a condition of growth failure in children due to malnutrition for a long time. The positive deviance approach plays an important role in the nutritional status of children. This study aims to analyze the positive deviance approach to the incidence of stunting in children under five from the Kaili tribe in Donggala Regency, Central Sulawesi Province. The method in this study uses mix methods with a sequential explanatory approach. The sampling technique in quantitative is cluster sampling and qualitative with purposive sampling technique. The sample in this quantitative study amounted to 279 people and research informants as many as 10 people. The results of this quantitative study showed that there was a relationship between feeding habits ($p = 0.004$), the habit of getting health services ($p = 0.000$), hygiene habits ($p = 0.000$), and parenting habits ($p = 0.000$) on the incidence of stunting in toddlers. The results of the qualitative research show that most mothers of children under five who have stunted or non-stunted children have different parenting habits and do not apply parenting habits originating from the Kaili tribe. It was concluded that the four factors, namely feeding habits, the habit of getting health services, hygiene habits and parenting habits had a relationship with the incidence of stunting in children under the Kaili tribe. It is recommended to the puskesmas through posyandu activities, namely cadres and health workers at the forefront to make a stunting prevention program by applying a positive deviance approach to nutrition improvement programs that lead to community empowerment.

Keywords: Stunting, Positive Deviance, Kaili Tribe.

Introduction

Stunting or often called stunted or short is a condition of failure to thrive due to chronic malnutrition and psychosocial stimulation and exposure to repeated infections in the First 1000 Days of Life (HPK) from fetus to child aged 2 years. The nutritional status of stunting is characterized by height for age below the standard deviation (<-2 SD). People do not realize that stunting is a serious problem

because not many people know the causes, impacts and prevention [1].

Stunting is a result of the accumulation of malnutrition in the long term, so that physical performance will be more pronounced at the age of 24-59 months. In this process, stunting will interfere with the development of children from early pregnancy to the age of four years in life, as an important determinant of child growth and development, and affect their

intelligence. Children who experience stunting are 9 times more likely to have an IQ score below the average when compared to children who are not stunted [2].

The World Health Organization (WHO) places Indonesia as the third country with the highest cases in Asia. Based on the 2018 Basic Health Research (Riskesdas) data, the stunting rate in Indonesia reached 30.8 percent. While the WHO target, the stunting rate should not be more than 20 percent. The Indonesian Ministry of Health hopes that the stunting rate can continue to fall by 3 percent every year, so that the 19% target in 2024 can be achieved [3].

Based on data from the World Health Organization (WHO) in 2017, in the Southeast Asian region the prevalence of stunting under five reached 22.2%. The prevalence of stunting under five in Indonesia in 2017 was 29.6%, in 2018 it rose to 30.8%, and in 2019 it fell again to 27.67%. Although the prevalence of stunting under five in Indonesia is still up and down, the standard set by WHO is 20%. If the prevalence of stunting exceeds 20%, it is said to be a chronic category of public health problem. From these data, it can be seen that around 8.9 million children in Indonesia experience growth that is not optimal or one in three children is stunted. Compared to several other neighboring countries, the prevalence of stunting under five in Indonesia is also high compared to Myanmar (35%), Vietnam (23%), Malaysia (17%), Thailand (16%) and Singapore (4%) [4].

The latest data from the 2019 Indonesia Health Profile shows that there are still 18 provinces with stunting proportions above the national average target of 27.67%. The province with the highest proportion is East Nusa Tenggara with the proportion of stunting under five at 43.82%. The prevalence of stunting in Central Sulawesi itself has increased and is included in 10 provinces with a high proportion of stunting under five, which is 31.26% and is a priority province to reduce stunting rates [5].

Data from the Health Office of Central Sulawesi Province in 2020, on mapping the prevalence of stunting for each region of Central Sulawesi, the case data for the highest incidence of stunting was in Donggala Regency at 27.1%, while the lowest was in Morowali Regency at 7.6%. Several other areas such as

Banggai Islands Regency (23%), Tojo Una-una Regency (22.7%), Banggai Laut Regency (22.5%), Sigi Regency (19%), Banggai Regency (17.9%), North Morowali District (17.4%), Poso District (16.8%), Palu City (14%), Buol District (11.7%), and Toli-toli District (9.8%) [6].

The prevalence of stunting under five in Donggala Regency in 2019 increased to 34.9%, then decreased in 2020 to 27.1%. Donggala Regency in the last 2 years has become the area with the highest prevalence of stunting under five in Central Sulawesi [6].

Nutritional problems can be prevented by identifying the root of the problems that occur in the community so that the handling of nutritional problems can be done fundamentally at the source of the problem. One approach that can be used in preventive and promotive efforts in society is the positive deviance approach. This approach is a model for changing people's behavior in improving nutritional status through positive behavior. Handling the nutritional status of poor families is very appropriate to do with this positive deviance approach. Positive Deviance is an approach to solving nutritional problems based on family and community by recognizing the habits of mothers of children with good nutrition and coming from poor families and being able to spread positive habits to mothers of children with poor nutrition. Positive habits in the family as the basis of the positive deviance approach are divided into 4 (four) habit patterns, namely feeding, parenting, hygiene and the habit of getting health services [7].

Many factors affect the nutritional status of children, both direct and indirect factors. Culture is one of the indirect factors that affect the nutritional status of children. Culture is one of the factors that influence the mother's attitude in undergoing her pregnancy, undergoing the delivery process, as well as in caring for toddlers. Culture, traditions, or habits that exist in society such as dietary restrictions, and wrong eating patterns can lead to the emergence of nutritional problems, especially for toddlers. This can have an impact on the growth and development of toddlers [8]. Based on the above background, the authors will analyze the Positive Deviance approach to the incidence of stunting in children under five

from the Kaili tribe in Donggala Regency, Central Sulawesi Province.

Methods

The method used in this research is to use quantitative and qualitative research together. The data analysis method is a mixed method research using a sequential method model. The sequential method used in this study is sequential explanatory, which begins with using quantitative methods and then qualitative research. The quantitative method used is an observational approach using a cross sectional study design with the aim of looking at the relationship between feeding habits, habits of getting health services, hygiene habits and parenting habits with the incidence of stunting in Toddlers of the Kaili Tribe in Donggala Regency, Central Sulawesi Province.

This research was conducted in Donggala Regency, Central Sulawesi Province. in January - March 2022. The population in this study were all mothers who had toddlers aged 24-59 months who were of Kaili ethnicity from poor families living in Donggala district. The sample in this study amounted to 279 respondents, namely with the criteria of mothers who have toddlers aged 24-59 months from poor families and coming from the Kaili tribe living in Donggala Regency.

Informants in this study are people who provide information about the situation and condition of the research setting. Research informants were mothers of stunting toddlers aged 24-59 months, mothers of normal toddlers aged 24-59 months and family/caregivers of toddlers aged 24-59 months. The data collection method is interviews and observations with the information to be obtained is in-depth information about parenting habits. And the instruments used were interview guides, tape recorders and writing instruments and cameras.

The data used are primary data, namely data taken from respondents regarding feeding habits, parenting habits, hygiene habits, and habits of obtaining health services obtained through questionnaires, in-depth interviews and observations, and the incidence of stunting in toddlers obtained from the results of measuring children's height. Secondary data includes population numbers and descriptions of

research sites obtained from the Donggala District Health Office, Donggala District Social Service, namely stunting prevalence data, the number of mothers with 24-59 months of toddlers and from poor families and recipients of the Family Hope Program.

The research instruments used in this study were questionnaires, interview guides and observation sheets about the Positive Deviance approach in the form of feeding habits, parenting habits, hygiene habits and habits of getting health services, as well as measuring instruments for height (meter) and weight (scales) of toddlers. to determine the incidence of stunting in toddlers.

Qualitative data collection techniques include structured interviews, namely interviews with mothers who act as respondents to collect quantitative data and in-depth interviews and observations, namely to collect qualitative data. In-depth interviews were conducted by collecting data obtained from informants, recorded using a recording device, then typed into a transcript for each informant grouped according to the variables studied. While the observations were made by direct observation aimed at checking the suitability and completeness between the list of questions and the data observed so that conclusions can be drawn based on theory.

Validity test means the extent to which the accuracy of the measuring instrument used in measuring the data in this study. The reliability test means the extent to which the measurement results are consistent even though repeated measurements are made with the same measuring instrument. The question is said to be reliability if the Cronbach Alpha value 0.6 then the question is reliable.

Data analysis in this study used univariate analysis to get an idea of the frequency distribution of respondents for each variable. Bivariate analysis was used to assess the relationship between the independent variables of feeding habits, parenting habits, hygiene habits, and health service habits with the dependent variable the incidence of stunting using the Chi-Square test. Multivariate analysis was used to determine the relationship between the independent variables and the dependent variable at a significance level of 95% (p-value

= 0.05). The analytical method used is multiple logistic regression.

The qualitative analysis used is a content analysis technique, by combining the results of in-depth interviews and observations and then drawing conclusions. There are 3 (three) steps in the data analysis process, namely Data Reduction, Data Display and Conclusion Drawing/Verification.

The validity of the data or validity in qualitative research lies in the belief that the researcher has accessed and represented accurately and refers to the selection of measurement methods that are able to represent what the statements in the measurement are. The approach taken to measure the validity of qualitative data is using triangulation. Triangulation is a combination of different data from various sources and different methods used in one study. The triangulation used in this research is source triangulation, method triangulation and data triangulation.

Results and Discussion

Univariate Analysis

Univariate analysis was used to analyze each variable descriptively. This analysis aims to determine the characteristics of each variable.

Table 1. Frequency Distribution of Individual Characteristics of Mother and Child

Variable	Frequency (n)	Percentage (%)
Mother's Age (Years)		
22-23	4	1,4
24-25	29	10,4
26-27	47	16,8
28-29	49	17,6
30-31	52	18,6
32-33	38	13,6
34-35	31	11,1
36-37	27	9,7
38	2	0,7
Maternal Education		
Elementary School	56	20,1
Junior School	48	17,2
High School	149	53,4
Diploma	7	2,5

Bachelor	19	6,8
Mom's Job		
House Wife	216	77,4
Self employed	31	11,1
Honorary	30	10,8
Midwife	2	0,7
Child's Age (Months)		
24-27	58	20,8
28-31	51	18,3
32-35	26	9,3
36-39	41	14,7
40-43	28	10,0
44-47	18	6,5
48-51	28	10,0
52-55	18	6,5
56-59	11	3,9

Source: Primary Data, 2022

Based on Table.1 Shows that the most maternal age is 30-31 years old, which is 52 people (18.6%) and the least maternal age is 38 years old, which is 2 people (0.7%). The most maternal education was to graduate from high school, which was 149 people (53.4%) and the least maternal education was D3, which was 7 people (2.5%). The most maternal occupations are Housewife, which is 216 people (77.4%) and the least occupation is Midwife, which is 2 people (0.7%). The most children's age is 24-27 months, which is 58 people (20.8%) and the least age of children is 56-59 months, which is 11 people (3.9%).

Table 2. Frequency Distribution Percentage of the variable under study

Variable	(n)	(%)
Feeding Habits		
Not Good Enough	63	22,6
Good	216	77,4
Habits of Getting Health Services		
Not Good Enough	96	34,4
Good	183	65,6
Hygiene Habits		
Not Good Enough	68	24,4
Good	211	75,6
Parenting Habits		
Not Good Enough	71	25,4
Good	208	74,6
Stunting		
<i>Stunting</i>	89	31,9
Usual	190	68,1

Source: Primary Data, 2022

Based on Table 2. It shows that the most feeding habits in toddlers are the Good category of 216 people (77.4%), and the least feeding habits in toddlers are the poor category of 63 people (22.6%). The habit of getting the most health services in toddlers is the Good category of 183 people (65.6%), and the habit of getting the least health services in toddlers is the bad category of 96 people (34.4%). The most hygiene habits in toddlers were the Good category of 211 people (75.6%), and the least hygiene habits in toddlers were the poor category of 68 people (24.4%). The most parenting habits in toddlers were the Good category of 208 people (74.6%), and the least hygiene habits in toddlers were the poor

category of 71 people (25.4%). Stunting in toddlers is the most normal category of 190 people (68.1%). And the fewest stunting in toddlers was the stunting category of 89 people (31.9%).

Bivariate Analysis

Bivariate analysis is used to find out the relationship between two variables. The variables in question are dependent variables (Stunting) and independent variables (Feeding habits, habits of obtaining health services, hygiene habits, parenting habits). The following is the result of a bivariate analysis between dependent variables and independent variables.

Table 3. Relationship of Independent Variables with Dependent variables in Tribal Toddlers Kaili in Central Sulawesi

Variable	Stunting				Total		P-Value
	Stunting		No Stunting				
	n	%	n	%	N	%	
Feeding Habits							
Not Good Enough	30	33,7	33	17,4	63	22,6	0,004
Good	59	66,3	157	82,6	216	77,4	
Habits of Getting Health Services							
Not Good Enough	57	64,0	39	20,5	96	34,4	0,000
Good	32	36,0	151	79,5	183	65,6	
Hygiene Habits							
Not Good Enough	43	48,3	25	13,2	68	24,4	0,000
Good	46	51,7	165	86,8	211	75,6	
Parenting Habits							
Not Good Enough	49	55,1	22	11,6	71	25,4	0,000
Good	40	44,9	168	88,4	208	74,6	

Source: Primary Data, 2022

Based on table 3. The variable of feeding habits, the highest percentage is respondents who do not experience stunting and have good feeding habits, namely 157 people (82.6%) while the lowest percentage is respondents who experience stunting and have poor feeding habits. namely as many as 30 people (33.7%). Based on the results of the Chi-Square statistical test, the results of the P-Value are $0.004 < 0.05$. So H_a is accepted, meaning that

there is a relationship between feeding habits through the Positive Deviance approach and the incidence of stunting in children under five from the Kaili tribe from poor families in Central Sulawesi Province.

Based on the variable of habit of getting health services, the highest percentage is respondents who do not experience stunting and have the habit of getting health services in the good category as many as 151 people (79.5%) while the lowest percentage is respondents who

experience stunting and have the habit of getting health services in good category, namely as many as 32 people (36.0%). Based on the results of the Chi-Square statistical test, the results of the P-Value are $0.000 < 0.05$. So H_a is accepted, it means that there is a relationship between the habit of getting health services through a Positive Deviance approach with the incidence of stunting in children under five from the Kaili tribe from poor families in Central Sulawesi.

Based on the hygiene habits variable, the highest percentage of respondents were respondents who did not experience stunting and had good hygiene habits, namely 165 people (86.8%) while the lowest percentage were respondents who experienced stunting and had poor hygiene habits, namely 25 people. (13.2%). Based on the results of the Chi-Square statistical test, the results of the P-Value are $0.000 < 0.05$. So H_a is accepted, meaning that there is a relationship between hygiene habits through the Positive Deviance approach and the incidence of stunting in children under five from the Kaili tribe from poor families in Central Sulawesi Province.

Table 4. The most influential factors on the incidence of stunting

Variable	B	S.E.	Wald	Df	Sig.	Exp(B)
Feeding Habits	-0,103	0,373	0,076	1	0,783	0,902
Habits of Getting Health Services	1,055	0,351	9,054	1	0,003	2,873
Hygiene Habits	0,814	0,370	4,841	1	0,028	2,257
Parenting Habits	1,310	0,389	11,322	1	0,001	3,705
Constant	-4,369	0,800	29,817	1	0,000	0,013

Constant -4,369 0,800 29,817 1
0,000 0,013

Source: Primary Data, 2022

Based on table 4. Shows the value (B_0) = -4.369, the value of the logistic regression coefficient for the variable feeding habits (B_1) = -0.103, the habit of getting health services (B_2) = 1.055, hygiene habits (B_3) = 0.814, parenting habits (B_4) = 1.310. Variable feeding habits with P-value = 0.783. The variable of habit of getting health services with P-value = 0.003. The variable of hygiene habits with P-value = 0.028. Parenting habits variable with P-value = 0.001. It can be concluded that only the variable of feeding habits has no effect on the incidence of stunting and the variables of the habit of getting health services, hygiene habits, parenting habits have an influence on the incidence of stunting in children under five

Based on the parenting habits variable, it shows that the highest percentage is respondents who do not experience stunting and have good parenting habits, namely 168 people (88.4%) while the lowest percentage is respondents who do not experience stunting and have poor parenting habits, namely 22 people (11.6%). Based on the results of the Chi-Square statistical test, it was found that the P-Value was $0.000 < 0.05$, then H_a was accepted. This means that there is a relationship between parenting habits through the Positive Deviance approach and the incidence of stunting in children under five from the Kaili tribe from poor families in Central Sulawesi.

Multivariate Analysis

Multivariate analysis is used to find out the most influential factors and find out the magnitude of the relationship between independent variables to dependent variables at a meaningfulness level of 95% (p-value = 0.05).

of the Kaili tribe in Central Sulawesi. The most influential factor is the parenting habit variable with P value = 0.001 which has a P-value < 0.05 and Exp (B) = 3.705 > 1 , which is a risk factor. This means that parenting habits have a 3.705 times risk of causing stunting in children under five of the Kaili tribe in Central Sulawesi.

In-depth interview Variable Parenting Habits

Good parenting habits include positive interactions between children and mothers as primary caregivers and family or other people as substitute caregivers. This can help the emotional and psychological development of children. The interaction in question is verbal interaction with children, giving attention and affection, the division of tasks in the supervision and care of children, and the active role of fathers in child care. Psychosocial conditions such as the attachment of mother

and child are important factors so that children can grow and develop properly.

The results of interviews with research informants who have toddlers with normal nutritional status about the special treatment given by mothers to toddlers when sick. The following results were obtained:

"No, I never made that promise, for fear of getting used to it"

(ANR, 24 Years)

"Ee no, it teaches him (the child) how, eh, later it will become a habit, at least let's take medicine, let's be healthy, can play as usual, that's it and"

(RMS, 34 Years)

"Yeah, I told you later when Zafir is healthy, I'll buy him a car, so he's excited and"

(TS, 31 Years Old)

Furthermore, the same questions were asked to informants who had stunting toddlers regarding the special treatment given by mothers to toddlers when they were sick. The interview results were obtained as follows:

"Yes, if you recover, buy this later for you, buy a toy, but this hasn't been done yet, buy a bicycle"

(RA, 34 Years)

"Yeah, that's usually how it is, I promise to go for a walk, so he's excited to take medicine, so he gets better quickly"

(IK, 26 Years Old)

"No, because most of the children are in their memory, at least if they are promised, ah, I've recovered, where is this, where is the toy? if at that time there was no money, it was impossible to force it anyway, want to buy it, already made a promise to the child"

(FA, 26 Years)

Based on the results of interviews conducted with informants who have toddlers with normal nutritional status and stunting. The results showed that mothers who had children under five with normal dominant nutritional status did not give special treatment to children under five when they were sick. Meanwhile, mothers of

toddlers who have stunting toddlers tend to give special treatment to toddlers in the hope that their children will have the spirit to recover quickly.

This is in accordance with statements from key informants, namely health promotion officers and nutrition officers who said that with special treatment given by parents, it is hoped that children who are sick have their own spirit or energy to be able to recover, but still look at the economic conditions of the people. parents and also do not get used to it to children. Here are the results of the interview:

"Ee, actually it doesn't become, what is it called, it's not something that can't be done, because where these sentences encourage children to be able to recover with rewards from their parents to give encouragement to their children to recover, with the hope from their mother earlier that this child can a kind of energy of its own, so that the child can try to recover. But that sentence looks again at the economic condition of his parents."

(E, 49 Years)

The results of interviews with research informants who have toddlers with normal nutritional status about whether good care for children is important. The following results were obtained:

"It's important, I think that if the parenting is not good, it will cause something like, if I give an example, maybe the way we take care of maybe what the child wants, don't be too obedient, I'm afraid when he (the child) grows up, if we can't afford what he wants want, we'll be in trouble"

(ANR, 24 Years)

"It's important, because the toddler period 0-8 years is what period, mm, that's the period of his growth, right, so that's very important, meaning that he was formed from there, actually not from 0 months, but from when he was still in the womb, so until the age of 8 years, to shape him like that, so and, because surely what we do with him now, that's what he will remember later "

(RMS, 34 Years)

"It's important, why, eh, a child the same age as my child should be worthy of being cared for, guarded"

(TS, 31 Years Old)

Furthermore, the same question was asked to informants who have stunting toddlers regarding whether good parenting for children is important. The interview results were obtained as follows:

"Yes, it's important, yes, if not that way of upbringing, at most, like a child often gets sick, the first thing is from the food, you must not eat anything, sweet things, like chocolate, limited, because it makes you less appetite children"

(FA, 26 Years)

"It's important, because it's so that he (the child) is given attention too, it's important to pay attention to the baby, if we ignore it, the personality will be different again, if we pay attention, the size is also good, the development is good"

(IK, 26 Years Old)

"It's important for sure, so that the progress is good, how else can it be"

(RA, 34 Years)

Based on the results of interviews conducted with informants who have toddlers with normal nutritional status and stunting. It was found that all informants said that good care for toddlers is important, because with good parenting, it can help the growth and development of toddlers.

This is also in accordance with the statement of the key informant, namely the family (surrogate caregiver) of toddlers who said that it was important to provide good care for children, especially during the toddler years because the effective age of parents playing with children, only until the age of 8 years and also with Providing good parenting can also affect the growth of toddlers. Here are the results of the interview:

"It's very important, because I've read that it turns out that children's dominant time with their parents is only 8 years old, after 8 years old he starts to get used to his friends, people around him except his family, friends, school friends, then growing up he already knows the opposite sex, it turns out that our playing age

with children is only up to the age of 8 years, so I am the maximum, for example getting up in the morning I have to play with him (child), should he still not take a bath I invite him to play, if I come home from work, I take it to play, I think that under 5 years old it is mandatory and, because there are still many parents out there, those who wake up early, go to work, their children are still sleeping, those who come home late at night, their children are already sleeping, so quality time with their children it's a little bit".

(M, 33 Years)

The results of interviews with research informants who have toddlers with normal nutritional status about how parenting habits come from the Kaili tribe. The interview results were obtained as follows:

"Actually there is, only if I don't, usually parents first when babies want to sleep under the swing using a mirror, there are also like plants when they are put on pins or needles"

(ANR, 24 Years)

"Nothing, usually my grandmothers used to do that, but if I'm not around, it's just food taboos"

(RMS, 34 Years)

"Usually when the child is sick, the custom of the Kaili ee tribe does exist, the name is bali, only if I don't want to do that"

(TS, 31 Years Old)

Furthermore, the same question was asked to informants who have stunting toddlers related to the parenting habits of the Kaili tribe. The results of the interview are as follows:

"If I'm not around, it's usually the Kaili people when their child is sick, in Bali, it's like treatment"

(RA, 34 Years)

"I don't want it, if my parents used to be like that, eh"

(FA, 26 Years)

"This is the modern era, so my father and I, if our child is sick, I immediately take him to the puskesmas, so that he knows the disease"

(IK, 26 Years Old)

Based on the results of interviews conducted with informants who have toddlers with normal nutritional status and stunting. The results show that there are several parenting habits originating from the Kaili tribe, such as when you want to put a toddler to sleep on a swing, a mirror and some plants are put into a pin or a needle and placed under the swing. In terms of traditional medicine, some Kaili tribal communities organize 'Bali' traditional medicine events for the sick Kaili tribal community. However, all informants, both those who have toddlers with normal nutritional status and stunting, do not apply the parenting habits that come from the Kaili tribe.

This is also in accordance with the statements of key informants, namely health promotion officers and nutrition officers who stated that some parenting habits originating from the Kaili tribe such as calling certain people to calm the child when the child cries and putting a mirror under the swing when the child wants to sleep. However, such habits are no longer practiced by mothers in this day and age, but sometimes they are still applied by mothers of toddlers who still receive intervention from their closest family. Here are the results of the interview:

"Usually, when children cry, their parents call them to calm them down, because that has become a belief, for example, this parent comes when the child is crying, then he holds on to it, it could be that this fussy child cries. because he was sleepy, but his mother was probably still busy with other things, so he didn't think about it, then the second most likely he was crying from a health perspective because there were problems with his limbs, maybe he had a stomach ache, and the like .. but when he called people keep blowing, actually it has nothing to do with crying children.. It's just that our belief is from the Kalili tribe, for example, if we put a mirror under the swing, so as not to be disturbed by spirits... but that was then, now I have seen for myself that young mothers of this generation no longer wear such clothes, except for those who used to be or in the house there are still parents, surely I still act like that"

(E, 49 Years)

The relationship of feeding habits with the incidence of stunting.

The habit of feeding in a healthy way, providing nutritious food and managing the portion of food that will be spent will improve the nutritional status of children. Good food for infants and toddlers must meet age-appropriate energy adequacy standards, a balanced nutritional menu pattern with available food ingredients. Children's eating habits and tastes, forms and portions of food that are adapted to the child's condition and pay attention to personal and environmental hygiene. Good feeding habits include feeding frequency, interlude feeding, consideration of choosing the type of food, complete feeding, timing and method of feeding [9].

The results showed that the habit of feeding has a relationship with the incidence of stunting in children under five from the Kaili tribe from poor families. This is due to the lack of maximum exclusive breastfeeding for the first 6 months of life by Kaili tribe mothers in the Donggala Regency area. In addition, it is caused by giving complementary foods to breast milk too early in toddlers. Based on the results of interviews with respondents, mothers of toddlers provide additional food such as formula milk, honey, water and even feed bananas to toddlers before the age of 6 months. This happens because there is still a lack of knowledge of mothers, especially in terms of the benefits of breastfeeding, the benefits of breastfeeding, things that inhibit breast milk production, understanding of MP-ASI, the form, method and frequency of giving MP-ASI to toddlers. Mothers with poor nutritional knowledge tend to pay less attention to the food intake given to their children. So that children have the opportunity to become malnourished and end up being stunted children. This is in accordance with the theory [10] that the level of knowledge of mothers about nutrition is very supportive of the development and growth of children. Where in practice mothers are required to understand what are the factors that cause stunting tendencies.

Feeding habits have a relationship with the incidence of stunting in Kaili tribe toddlers also because the way the mother chooses the food menu for children is less nutritious and does not vary. This is due to the lack of knowledge of mothers about nutrition in food and the low level of the family's economy, so that the purchasing power of families for nutritious and

diverse foods is still very limited. Children in families with low economic status tend to consume less food in terms of quantity, quality, and variety. Therefore, the family's economic status indirectly affects the nutritional status of children.

This study was conducted in Sleman Regency, using a positive deviance approach to compare the behavior of families with low economic levels who have stunted and non-stunted children. It was found that families with children with normal nutritional status or not stunting tend to provide main meals and snacks 3 times a day, which has a four-star menu covering sources of carbohydrates, vegetable protein, animal protein, and vegetables with great nutritional value. Meanwhile, families who have children with stunting nutritional status only provide staple food and snacks 2 times a day with low nutrition. Families who have children with normal nutritional status also provide nutritious snacks for their children such as red bean porridge, green bean porridge, papaya and bananas. Meanwhile, families with stunted children only provide staple foods and low-nutrition snacks such as nuggets, fast food, and fried foods [11].

In line with the results of research conducted in remote mountain villages in Laos, using a positive deviance approach to compare the behavior of mothers who have children with normal nutritional status and stunting. It was found that mothers with stunting toddlers had poor feeding habits. Mothers provide food that is not optimal in terms of quantity and quality due to traditional eating habits, early breastfeeding and inappropriate breastfeeding practices. Inappropriate breastfeeding practices consist of more than half of mothers who do not give colostrum to their children. According to the tradition of the people in the village, colostrum is often considered dirty and unhealthy for toddlers. Even though the highest content in colostrum is antibodies that are ready to protect toddlers when they are still very weak [12].

The relationship between the habit of obtaining health services and the incidence of stunting.

The habit of getting health services is access to disease prevention and health care efforts such as immunization, weighing children, health and nutrition counseling, as well as good health

facilities such as health centers, midwives, doctors, and hospitals. Habits in an effort to get health services play a very important role in improving the nutritional status of children. Where mothers can use it to obtain correct health information. Efforts to increase the utilization of health services can be carried out in various ways, for example following nutrition and health counseling and nutritional counseling for toddlers [13].

The results showed that the habit of getting health services had a relationship with the incidence of stunting in children under five from the Kaili tribe from poor families. This is because the frequency of posyandu visits is not routine every month, and most respondents do not use posyandu as a health service facility, so mothers cannot know the nutritional status and growth of children. The level of attendance at an active posyandu has a major influence on monitoring nutritional status, and mothers of toddlers who come to the posyandu will get the latest information about health that is useful in determining a healthy lifestyle every day.

In accordance with the results of research conducted by Ridwan on the Anak Dalam tribal community in Terap Village, Batanghari Regency, which stated that the existence of posyandu, posbindu and other health service facilities was the most important thing in increasing awareness of the Anak Dalam tribal community. With the posyandu, the community will get information or education on health, nutrition, and personal hygiene, especially the health of toddlers [14].

Based on the results of interviews with respondents, it was also found that there were still many children under five who did not get complete immunizations. This is due to the low knowledge of mothers regarding the benefits of giving immunizations to toddlers, mothers of toddlers feel sorry for toddlers who cry and even toddlers get fever every time they come home from immunizations, causing families of toddlers to worry, so that children who think they are healthy do not need to be immunized. Mothers of toddlers do not know that by bringing their children for immunization, a mother has contributed to herd immunity. In other words, immunization has a dual responsibility dimension, namely providing protection to children from being exposed to infectious diseases and also has a high social

contribution, namely children who have been given immunizations and are immune, it will inhibit the development of diseases in toddlers.

Based on the results of interviews with respondents, that there are still many mothers of children under five who do not routinely perform prenatal care or antenatal care, so that mothers do not know whether pregnant women are seriously malnourished or not, mothers do not know the growth and development of the fetus. This is in accordance with the theory [15], that antenatal care is a planned program in the form of observation, education and medical treatment carried out on pregnant women, childbirth and postpartum with the aim of maintaining the pregnancy so that the mother is healthy and makes the baby born healthy, pregnancy and delivery process safe and satisfying. Antenatal care also helps monitor the risks that occur during pregnancy, reduce morbidity and mortality in both mother and fetus and plan optimal management of high-risk pregnancies.

The results of research conducted by Hardianty on mothers of children under five from the Madura tribe in Jember Regency used a positive deviance approach. The results showed that there was a significant relationship between the habit of getting health services and the incidence of stunting in toddlers aged 24-9 months. Mothers who have toddlers with normal nutritional status have the habit of getting good health services, mothers of toddlers regularly participate in posyandu activities and toddlers receive complete immunizations. Immunization status is important to prevent children from disease. The activeness of toddlers to the posyandu has a big influence on monitoring the development of toddlers [16].

Another study conducted on mothers of children under five in Klungkung Regency, Bali using a positive deviance approach. The results show that mothers of children under five with normal nutritional status have a habit of getting good health services compared to mothers who have stunting toddlers. Utilization of health services by mothers for their toddlers such as regular visits to the puskesmas in an effort to obtain information on the health of toddlers distributed by health workers [17].

However, the results of this study are not in line with the results of research, in the mother of Bugis children under five in Sidrap Regency, that the habit of getting health services is not related to the incidence of stunting in toddlers. This happens because people's access to health services is very easy to obtain because of the close distance between the village and the sub-district capital, the existence of smooth transportation facilities, the presence of health workers in charge of the village mostly living in the target villages and the existence of BPJS services. officers improve health services to remote areas.

Relationship of hygiene habits with the incidence of stunting

Hygiene habits are a factor associated with the incidence of stunting in toddlers. The role of body hygiene, food and the environment in maintaining health will prevent infectious diseases in children. In general, the habit of personal hygiene and sanitation that can be done by mothers to toddlers is to bathe the baby twice a day. Washing hair, hands, feet and clothes must be clean, brushing teeth, maintaining food hygiene, and avoiding sources of disease transmission due to waste. Children's personal hygiene practices will affect children's linear growth through increased vulnerability to infectious diseases [9].

The results showed that the habit of feeding has a relationship with the incidence of stunting in children under five from the Kaili tribe from poor families. This is because the habit of parents in washing their hands with soap before interacting with toddlers is still very low. It was also found that when mothers wash their hands both before and after doing activities, mothers mostly do not comply with the recommendations recommended by WHO, namely washing hands using soap and running water. This condition can cause toddlers to be exposed to germs because the mother's hands are not clean. Mothers pay less attention to hygiene protection for children because after playing it is not recommended or getting toddlers to wash their hands. If this habit continues, toddlers will be easily infected with diseases.

Poor hygienic behavior is related to the emergence of infectious diseases that can

interfere with body weight. Based on the results of interviews with respondents, it was found that mothers rarely apply routine tooth brushing behavior to toddlers due to habits in the family that do not cultivate these habits, both parents and children. The history of bathing children in a day is also still not good, and the home environment is rarely cleaned. Families rarely clean their home environment, because tree leaves often fall into the yard, so they feel overwhelmed to clean their house every day. From the observations in the field, it was found that many children were allowed to play on the ground in their yard without wearing clothes and footwear.

The results of research conducted on families with low economic levels using a positive deviance approach, to compare the behavior of families who have stunted and non-stunted toddlers. Mothers who have toddlers with normal nutritional status have good hygiene habits. It was found that families with toddlers with normal nutritional status taught their children to brush their teeth while bathing and before going to bed, while stunting children only brushed their teeth when bathing. The habit of brushing teeth before bed and after bathing in toddlers with normal nutritional status is also a habit carried out by both parents, which is then applied to children until it becomes a habit for children. Families who have toddlers with normal nutritional status say that the habit of brushing teeth when bathing and before going to bed is one indicator of clean and healthy living behavior (PHBS) which must also be applied to children [11].

From the results of the interview, it was found that most of the reasons Kaili women did not use soap when washing their hands were economic limitations to prepare soap for use after each activity. According to theory [18] that high family income makes it easier to meet the needs of life, on the contrary low income will affect the purchasing power of the family towards their living needs. These limitations will increase the risk of a toddler experiencing stunting.

The results of research conducted in India in families with low economic levels but have toddlers with normal nutritional status using a positive deviance approach. The results showed that there was a significant relationship between hygiene habits and the incidence of

stunting in toddlers. Mothers who have toddlers with normal nutritional status have good hygiene habits. It can be seen that mothers practice strict hygiene practices, such as washing hands with soap in running water before interacting with children and before serving food to children. Mothers also routinely clean their breasts before giving breast milk to their children, regularly keep their children's bodies clean, and make proper waste disposal sites to inhibit the growth of flies or mice [19].

The Relationship of Parenting Habits with Stunting Events

Parenting habits are the ability of mothers as primary caregivers to provide time, attention, and support for children so that they can grow as well as possible physically, mentally, and socially. Good parenting habits in the form of attitudes and treatment of mothers in terms of their proximity to children, providing food, maintaining health, giving love and so on. This can help the emotional and psychological development of children. If care and care for toddlers is given appropriately, then the growth and development of toddlers will be maximized [20].

The results showed that parenting habits have a relationship with the incidence of stunting in children under five from the Kaili tribe from poor families. This is due to the habit of parents who do not supervise and accompany their children when eating. Children under five who receive poor quality of food care are likely to have high morbidity rates and poor nutritional status. This shows that parenting in accompanying children when eating is an important factor in the nutritional status and health of children under five.

Good parenting habits will prevent stunting in toddlers. The care provided by the mother in terms of feeding, accompanying the child when eating, persuading the child when the child does not want to eat, this will affect the growth and health of the child. If parenting is done correctly, then all the needs of the child will be met and the child will grow and develop optimally, meaning that stunting in children can be avoided. Good parenting habits also include the love given by parents to their children. The need for affection will develop a child's sense of love, spirituality, and independence and fulfill the need for security and comfort while

providing a sense of belonging and independence. Parental love will affect the process of child development. If parents always give love and attention, this will make children comfortable and close to their parents.

The results of the research conducted using a positive deviance approach in families with low economic levels and having toddlers with normal nutritional status and stunting. The results showed that there was a relationship between parenting habits and the incidence of stunting in toddlers. Families with toddlers with normal nutritional status have good parenting habits. This can be seen from the role of parents when they are with their children, and what parents do with their children before going to bed. Families who have toddlers with normal nutritional status have intelligence or motor training activities with their children. Before going to bed, families engage in interactive activities or two-way communication with their children. Meanwhile, families who have toddlers in the stunting category only let their children watch television or play cellphones before going to bed. It is also known that toddlers with stunting nutritional status are raised by other family members because their mothers are busy working [11].

The incidence of stunting in mothers of children under five from the Kaili tribe is also due to the fact that there are still many mothers who do not pay attention to toddlers when toddlers are near people who are smoking, mothers do not forbid people who are around toddlers not to smoke, and also mothers do not know that exposure to cigarette smoke is a risk factor for stunting in toddlers. In line with the results of research in the Dhaka District of Bangladesh, it was found that children who are often exposed to cigarette smoke have higher levels of nicotine content in the body than toddlers who are not exposed to cigarette smoke. This will affect the health of toddlers, one of which is growth. Nicotine in the body can reduce oxygen supply by 30-40% and can interfere with the absorption of several nutrients such as calcium, minerals, and vitamin C which are very important in growing children's height, especially toddlers. Thus, toddlers who are often exposed to cigarette smoke have a risk of experiencing stunting [21].

The results of in-depth interviews conducted by researchers related to why good parenting is important. It was found that good parenting during infancy will affect the growth and development of toddlers and also toddler age is the best age in forming a child's personality. This is reinforced by the statement of key informants who stated that parents who do not take care of their children well, there will be growth disorders in these children. A good parenting pattern is a picture of the positive interaction of children with the main caregivers who play a role in the emotional and psychological development of children so as to create normal child growth and development.

The results of this study are in line with the results of the study [22] which states that good care provided by parents has an influence on the incidence of stunting, this is because parents always accompany children and pay attention, especially in providing food that contains good nutrition to children, so that children are expected to have good nutritional status, and prevent the risk of stunting. In line with the results of research on mothers of children under five in South Africa and Malawi, that children who are given good care by their parents will reduce or prevent stunting in children [23].

However, the results of this study are not in line with research conducted on mothers of Bugis children from poor families in Enrekang Regency. It was found that good parenting habits had no effect on the incidence of stunting in toddlers. This is because even though the mother's parenting habits for toddlers are good, poor families have limitations in meeting their daily needs, so that maternal parenting habits do not affect the occurrence of stunting problems [24].

The results of in-depth interviews conducted with informants related to whether mothers encourage children to play with their peers, the results obtained that all mothers allow children to play with their peers, this is because they train children to interact with other people and children are still in the process of growth. This was also reinforced by the statement of key informants who said that parents should allow their children to play with other children. On the condition that they keep friends with their children, arrange children's play schedules, and

also so that children get used to interacting with other people.

The results of research conducted on families with low economic levels using a positive deviance approach. The results show that there is a difference between parenting habits applied by mothers who have toddlers with normal nutritional status and mothers who have toddlers with stunting categories. Parenting habits found in mothers of toddlers with normal nutritional status are the importance of stimulation in improving the nutritional status of toddlers. Stimulation of children's growth and development is done by providing games with the consideration that by playing children will learn from life. Play is one of the activities that provide stimulation to effective abilities. Giving this stimulation is something that is needed and important in the growth and development of children. Children's activities with peers will support their growth and development. Stimulation given to children will cause growth hormone stimulation, energy metabolism to be normal, and immune response to be better. Parenting habits that limit children in socializing and interacting with peers can hinder the child's growth and development process [25].

Another study was conducted using a positive deviance approach to mothers of children under five from poor families in the city of Palembang. The results showed that parenting habits were related to the incidence of stunting in toddlers. Mothers who have toddlers with normal nutritional status have good parenting habits compared to mothers who have stunting toddlers. The form of good parenting habits carried out by mothers is dominant parenting by the mother herself as the main caregiver and involving all family members in providing psychosocial stimulation through play activities and physical activities for toddlers. Meanwhile, mothers who have stunting toddlers state that toddlers are not allowed to play outside the home and parenting is carried out by mothers without the involvement of all other family members [9].

The results of in-depth interviews conducted by researchers related to the things most needed by a toddler. According to the informant, the most needed thing for a toddler is time for parents with their children, attention and affection from their parents. This is also in accordance with

the statement of the key informant who stated that the attention and affection from his parents were the most important things needed by a toddler. The babysitter (father of one of the toddlers) who is also a key informant said the same thing, that the most valuable time is when he can gather with his family. Children who get a lot of directed stimulation will develop faster than children who get less or even no stimulation. Attention and affection for children is an important stimulation at the beginning of a child's development, for example by inviting conversation, stroking, kissing, playing and others.

The results of in-depth interviews conducted by researchers related to the parenting habits of the Kaili tribe that mothers give to their children. The results showed that all mothers did not carry out parenting habits originating from the Kaili tribe for toddlers. However, these habits or beliefs are usually applied by the previous parents, such as in how to put children to sleep and also traditional medicine for children who are sick. This is in accordance with the statement of the key informant who said that there are still cultures or habits such as when a toddler cries, parents will call certain people to help silence their child, and also if the child wants to sleep on a swing, a mirror will be placed under it. the swing. However, these habits or beliefs are no longer practiced by mothers of toddlers today, this is only done by mothers of toddlers who still live with their parents who still hold on to the culture.

The local environment is a factor related to the values of the views of the people who are born and the habits that develop there, this will end up encouraging people to behave in accordance with cultural demands. As an example of a cultural pattern that has developed in some communities, namely food taboos or prohibitions on consuming certain types of food which have an impact on the health of the mother and child as well as other parenting habits. Parenting and culture cannot be separated, because culture is something that makes them valuable human beings and they believe in the culture they get, so that they can adapt in society [26].

The results of the study on Madurese mothers of toddlers, it was found that culture is one of the indirect factors that affect the nutritional status of children. Culture is one of the factors

that influence the mother's attitude in undergoing her pregnancy, the delivery process and in providing care for her child. Maternal care is not supported by cultural values because it follows the advice of parents, grandmothers or grandfathers, even though this goes against the advice made regarding the health of the child. Parents are considered to have experience in childcare, so all recommendations must be followed [27].

Conclusion

There is a relationship between feeding habits through a positive deviance approach and the incidence of stunting in children under five from the Kaili tribe from poor families. There is a relationship between the habit of getting health services through a positive deviance approach with the incidence of stunting in children from the Kaili tribe from poor families. There is a relationship between hygiene habits through a positive deviance approach and the incidence of stunting in children from the Kaili tribe from poor families. 4. There is a relationship between parenting habits through a positive deviance approach and the incidence of stunting in children from the Kaili tribe in poor families. Informants who have toddlers with normal nutritional status have different parenting habits with informants who have stunting toddlers such as caring for when toddlers are sick and how to treat children when they make mistakes and most mothers of toddlers who have stunted or non-stunted children do not apply parenting habits that come from ethnic groups. Kaili. 5. Parenting habits are the most influential factor on the incidence of stunting in children from the Kaili tribe from poor families.

Suggestion

Suggestions for the government, especially the health office, to pay more attention and have a high commitment to the nutritional status of children by ensuring specific nutrition interventions and sensitive nutrition interventions in the right village location and target group. Suggestions for health centers, in this case through posyandu activities, namely cadres and health workers at the forefront in order to further improve services in providing

assistance to mothers and toddlers by implementing an accelerated nutrition improvement program with the first 1000 days of life and making nutrition counseling programs that lead to empowerment community by utilizing the food potential that exists in the Kaili tribal community. Suggestions for the Kaili tribal community, in this case parents are to pay more attention to the nutritional needs of children by utilizing plant and animal foods, can provide better attention, guidance and care for children.

Ethical Statement

Health Research Ethics Committee, Faculty of Public Health, Hasanuddin University.

on Date : 10 December 2021 with the number: 10919/UN4.14.1/TP.01.02/2021, Protocol Number : 271021082034

References

- [1] Kemenkes, R. (2018a). Pedoman Strategi Komunikasi Perubahan Perilaku Dalam Percepatan Pencegahan Stunting Di Indonesia. Direktorat Jendral Kesehatan Masyarakat.
- [2] Arfines, P. P. & Puspitasari, F. D. (2017). Hubungan Stunting dengan Prestasi Belajar Anak Sekolah Dasar di Daerah Kumuh Kotamadya Jakarta Pusat. *Buletin Penelitian Kesehatan*, 45(1), 45–52.
- [3] Litbangkes. (2019). Menggembirakan, Angka Stunting Turun 3,1% dalam Setahun.
- [4] Apriluana, G. et al. (2018). Analisis Faktor-Faktor Risiko terhadap Kejadian Stunting pada Balita (0-59 Bulan) di Negara Berkembang dan Asia Tenggara. *Media Penelitian Dan Pengembangan Kesehatan*, 28(4), 247–256. <https://doi.org/10.22435/mpk.v28i4.472>.
- [5] Kementerian Kesehatan RI. (2020). Profil Kesehatan Indonesia Tahun 2019 (In Short T). https://doi.org/10.5005/jp/books/11257_5.
- [6] Dinas Kesehatan Sulawesi Tengah. (2020). Profil kesehatan Provinsi Sulawesi Tengah Tahun 2020. 1–222. <https://dinkes.sultengprov.go.id/wp->

- content/uploads/2018/06/profil-Dinkes-Sulteng-TA.-2019.pdf.
- [7] CORE. (2003). *Positive Deviance & Hearth : Sebuah Buku Panduan Pemulihan yang Berkesinambungan Bagi Anak Malnutrisi*.
- [8] Illahi, R. K. (2018). Gambaran Sosio Budaya Gizi Etnik Madura Dan Kejadian Stunting Balita Usia 24–59 Bulan Di Bangkalan. *Media Gizi Indonesia*, 11(2), 135. <https://doi.org/10.20473/mgi.v11i2.135-143>.
- [9] Fajar, N. A. (2020). Hubungan antara Pola Asuh Keluarga dengan Kejadian Balita Stunting pada Keluarga Miskin di Palembang. *Jurnal Epidemiologi Kesehatan Komunitas*, 5(1), 15–22. <https://ejournal2.undip.ac.id/index.php/jek/article/download/5359/3746>.
- [10] Wati, S. K. (2021). Pengaruh Faktor Ibu (Pengetahuan Ibu , Pemberian ASI-Eksklusif & MP-ASI) Terhadap Kejadian Stunting Pada Anak. *Journal of Health Science Community*, 2(1), 1–13. <https://thejhsc.org/index.php/jhsc/article/view/124>.
- [11] Sunardi, K. S. (2021). Positive Deviance Behavior in the Low Economic Status Family with Non-stunting Incidence in Sleman Regency, Yogyakarta, Indonesia. *Universal Journal of Public Health*, 9(6), 353–359. <https://doi.org/10.13189/UJPH.2021.090601>
- [12] Boulom, S. (2022). Understanding Discrepancies in Nutritional Outcomes Among Under-Fives in Laos: A Mixed-Methods Study Using the Positive Deviance Approach. *Food and Nutrition Bulletin*, 1–20. <https://doi.org/10.1177/03795721221096187>
- [13] Dewi, I. (2019). Faktor Yang Mempengaruhi Kejadian Stunting Pada Balita 24-60 Bulan Di Wilayah Kerja Puskesmas Lakudo Kabupaten Buton Tengah. *Jurnal Ilmiah Kesehatan Diagnosis*, 14(1), 85–90.
- [14] Ridwan, M. (2018). Model Pemberdayaan Suku Anak Dalam Bidang Kesehatan Di Kecamatan Batin Xxiv Kabupaten Batanghari. *Jurnal Kesmas Jambi (JKMJ)*, 2(2), 97–103.
- [15] Dinamara, N. (2021). Determinan Stunting Pada Baduta Di Wilayah Kerja Dinas Kesehatan Kota Ternate. *JGMI: The Journal of Indonesian Community Nutrition*, 10(2), 104–113.
- [16] Hardianty, R. (2019). Hubungan Pola Asuh Ibu Dengan Kejadian Stunting Anak Usia 24-59 Bulan Di Kecamatan Jelbuk Kabupaten Jember. In *Repository.Unej.Ac.Id*. <https://repository.unej.ac.id/handle/123456789/92181>.
- [17] Natanagara, I. G. C. W. (2022). Parenting Mothers with Stunting Toddlers at Banjankaran II Community Health Center: A Qualitative Study. *Indonesian Journal of Medical Reviews*, 2(4), 221–225.
- [18] Marbun, M. (2019). Hubungan Pengetahuan Ibu Hamil Dan Tingkat Ekonomi Tentang Kejadian Stunting Dipuskesmas Parapat Kecamatan Parapat Kabupaten Simalunguntahun 2019. *Jurnal Kesehatan Surya Nusantara*, 5(293).
- [19] Sabale, R. (2021). Utilizing “Positive deviance inquiry” to explore factors influencing child health: A qualitative study. *Journal of Education and Health Promotion*, January, 1–6. <https://doi.org/10.4103/jehp.jehp>.
- [20] Irma. (2020). Perbedaan Karakteristik Keluarga Dengan Kejadian Gizi Kurang Pada Balita Suku Bajo Dan Non Bajo Di Wilayah Pesisir Kota Kendari. *Jurnal Ilmiah Ilmu Kesehatan*, 8(1), 74–83.
- [21] Shah. (2019). Secondhand Smoke Exposure In Primary School Children : A Survey in Dhaka, Bangladesh. *Nicotine and Tobacco Research*, 4(21), 416–423.
- [22] Nurmalsari, Y., & Septiyani, D. F. (2019). Pola Asuh Ibu Dengan Angka Kejadian Stunting Balita Usia 6-59 Bulan. *Jurnal Kebidanan*, 5(4), 381–388.
- [23] Sherr, L. (2020). The food of life: an evaluation of the impact of cash grant receipt and good parenting on child nutrition outcomes in South Africa and Malawi. *Global Health Promotion*, 27(4), 131–140. <https://doi.org/10.1177/1757975920957598>.
- [24] Ibrahim, I. A. (2021). Hubungan Sosial Budaya Dengan Kejadian Stunting Pada Balita Usia 24-59 Bulan Di Desa Bone-Bone Kecamatan Baraka Kabupaten

- Enrekang Tahun 2020. *Public Health Nutrition Journal*, 1(1), 16–26.
- [25] Natanagara, I. G. C. W., & Lastiawan, I. K. B. (2022). Spinal Anesthesia Failure In Patients With Total Abdominal Hysterectomy With Anemia and Its Management: Case Report. *Jurnal Health Sains*, 3(3), 415-419.
- [26] Rafsanjani, T. M. (2018). ‘Pengaruh individu, dukungan keluarga dan sosial budaya terhadap konsumsi makanan ibu muda menyusui (Studi kasus di Desa Sofyan Kecamatan Simeulue Timur Kabupaten Simeulue)’. *Action: Aceh Nutrition Journal*, 3(2), 124
- [27] Yunitasari, E. (2021). Determinants of stunting prevention among mothers with children aged 6–24 months. *Open Access Macedonian Journal of Medical Sciences*, 9, 378–384. <https://doi.org/10.3889/oamjms.2021.6106>
- .