



# The Role of Health Services in improving the Health Status of Children Under Five in Way Kanan District, Lampung Province

Sutarto Sutarto<sup>1</sup>, Ratna Dewi Puspitasari<sup>2</sup>, Winda Trijayanthi Utama<sup>3</sup>, and Reni Indriyani<sup>4</sup>

<sup>1,3</sup> Department of Community Medicine, Faculty of Medicine, University of Lampung, Lampung, Indonesia

<sup>2</sup> Department of Obstetrics and Gynaecology, Faculty of Medicine, University of Lampung, Lampung, Indonesia

<sup>4</sup>Tanjungkarang Ministry of Health Polytechnic, Lampung, Indonesia

\* sutarto@fk.unila.ac.id

**Abstract.** Introduction: Health services are an important factor in improving children's health status. Children's health is a pillar of sustainable community development, but in various regions of Indonesia, it is still a serious problem and challenge. This research aims to examine and analyze health services for toddlers in Way Kanan Regency. Method: The method uses analytical descriptive and case-control design. The main population is toddlers aged 2-3 years and biological mothers as respondents. Multistage cluster sampling method on 490 toddlers and analyzed using smart PLS. Results and Discussion: Low level of multicollinearity. The health status of children aged 0-2 years is influenced by 82% of parents' parenting patterns, health status during pregnancy, and the health of the home environment by 25%, 27%, and 30%, respectively. The greatest influence on the health of the home environment (30%). Conclusion: Socio-economic status and socio-cultural status, together with the health conditions of the toddler's home environment, the health status of pregnant women (when pregnant with toddlers), parenting patterns at the age of 0-2 years, and the health status of postpartum mothers. influence on improving the health status of toddlers aged 0-2 years in Way Kanan Regency.

**Keywords:** social, cultural, economic, parenting, child health.

## INTRODUCTION

Health services or care by health professionals is one of the important factors that can affect the health status of individuals and children. In particular, the health of children under five is a key pillar for sustainable community development [1]. However, in various parts of the world, including in many regions in Indonesia, health services or care by health professionals is one of the important factors that can affect the health status of individuals and children in particular [2]. The health of children under five is the main pillar of sustainable community development [3]. However, in various parts of the world, including in many regions in Indonesia. The issue of toddler health status remains a serious challenge in essence, the health status of toddlers reflects the well-being of society, and efforts to understand and address this problem become a profound struggle [4]. A healthy toddler child is not only an asset to the family but also a foundation for the growth and development of a resilient generation [5]. Despite this, some regions, including Way Kanan Regency in Lampung Province, still face serious challenges related to the health status of children under five.

Health data shows an increase in infectious diseases and a lack of public understanding regarding correct health practices for children under five [6] in Way Kanan District. Factors such as limited access to health services, lack of health counseling, and socioeconomic factors are the main factors contributing to the low health status of children under five in this area [7].

The Role of Health Services in Improving the Health Status of Children Under Five and one of the central problems faced by children under five is limited access to adequate health services [8]. In rural and remote areas, geographic distance is often a major barrier, making it difficult for parents or guardians to get their children to timely healthcare [9]. Maternal and Child Health is one of the world's top priorities, such as health services for pregnancy checks, postpartum examinations, giving iron tablets to pregnant women and women of productive age, and giving vitamin A to pregnant women and toddlers [1]. This maternal and child health program is responsible for health services and maintenance for pregnant women, childbirth, breastfeeding mothers, infants, toddlers, and preschool children [10].

The infant mortality rate in 2017 there were 24 cases; in 2018, there was a significant decrease of 10 cases, in 2019, there were 9 cases, and in 2020, there were no cases of death infant. There is no information on maternal and toddler deaths in 2017, in 2018 there were 13 cases of deaths consisting of neonatal (0-28 days) 8 cases, infants (0-11 months) 4 cases, children under five (12-59 months) 1 case; in 2019 there were 9 cases consisting of Neonatal (0-28 days) 7 cases, Infants (0-11 months) 2 cases, no cases in children under five (12-59 months) and in 2020 there were no deaths in toddlers [11].

A comprehensive approach to improving the health status of children under five requires that is available, so [12], [13], [14] the study of health services in Way Kanan District is important to identify the main obstacles faced by the community and health care providers to improve the health status of children under five.

The purpose of this study is to review and analyze existing health services in Way Kanan Regency with a focus on efforts to improve the health status of children under five. Through this approach, it is expected to identify policies or programs that need to be improved, as well as produce concrete recommendations to improve access and quality of health services for children under five.

## **SUBJECT AND METHOD**

The location of this research was conducted in Way Kanan Regency, Lampung Province, with data collection time in September 2019 and completion of research in March 2022. The study used analytical descriptive methods with a case-control design. The main population is toddlers aged 2-3 years who have biological mothers still alive and are recorded in health centers and their networks. Mothers of toddlers are a source of primary data related to the state of pregnancy, childbirth, and caring for the mass of toddlers aged 0-2 years. The sample size uses the case-control design sample size formula for testing the odds ratio hypothesis, the sample size can be minimal in a case group of 189 respondents. Comparison of cases and controls (1:1), resulting in a total sample of 378. To anticipate the shrinkage of the number of samples due to conditions at the research location, the number of respondents increased by 30%, so that the number of samples became 490 respondents.

Technical samples using the multistage cluster sampling method, with stages of selecting the location of the health centers based on the prevalence of cases, then the selection of the location of the health centers sample based on 3 (three) prevalence classes, namely high, medium, and low prevalence, each class is taken 4 (four) health centers, with consideration that the distribution of health centers samples can represent all districts. Selection of village locations by calculating the highest prevalence, and selecting at least 1 (one) village, and selection of case group sample subjects using the simple random sampling method and selection of control groups by adjusting the age of toddlers in the case group. List of names of children under five and their mothers who have been recorded at posyandu or health workers in their respective health centers areas.

Analysis using smart-pls version 3 with the number of latent variables 7 (seven), consisting of exogenous variables 2 variables and endogenous variables 5 variables. Evaluate measurement models, structural models, and model quality using formative measurement weights.

## **RESULTS AND DISCUSSION**

Way Kanan Regency is one of 15 regencies/cities in Lampung Province, which has an area of 3,921.63 km<sup>2</sup> or 11.11% of the area of Lampung Province. Way Kanan Regency has a northern border bordering South Sumatra Province; North Lampung Regency borders the south; Tulang Bawang Regency borders the east; and the west is bordered by West Lampung Regency [11]. The respondents of this study were biological mothers of toddlers spread across 27 villages in 9 (nine) sub-districts of Way

Kanan Regency. Then Table 1 provides information on the education level of respondents (biological mothers of toddlers), the most junior high school education levels (39.59%), the most education levels of higher education (5.1%), and age groups less and more than 30 years with the same relative proportion.

**Table 1.** Distribution of age groups and education of respondents (mothers of toddlers)

No	Characteristics of Respondents	Sum	
		n	%
A	Last education Respondent		
	Elementary Education	139	28,4
	Junior High School Education	194	39,6
	High School Education	132	26,9
	Education PT	25	5,1
B	Age Group of Respondents		
	Under 30 years old	265	54,1
	Age equal to or over 30 years	225	45,9
	Sum	490	100

Source: Processing of primary data

Stages of formative model evaluation through measurement and structural model evaluation. Evaluation of measurement models to ensure that indicators used in latent variables have valid and reliable status, using statistical values of weight and direction signification and collinearity assessment between indicators [15]. Evaluation of the measurement model using a formative measurement model on 7 (seven) latent variables there are 19 indicators with p-values above 0.05 so these 19 indicators are eliminated

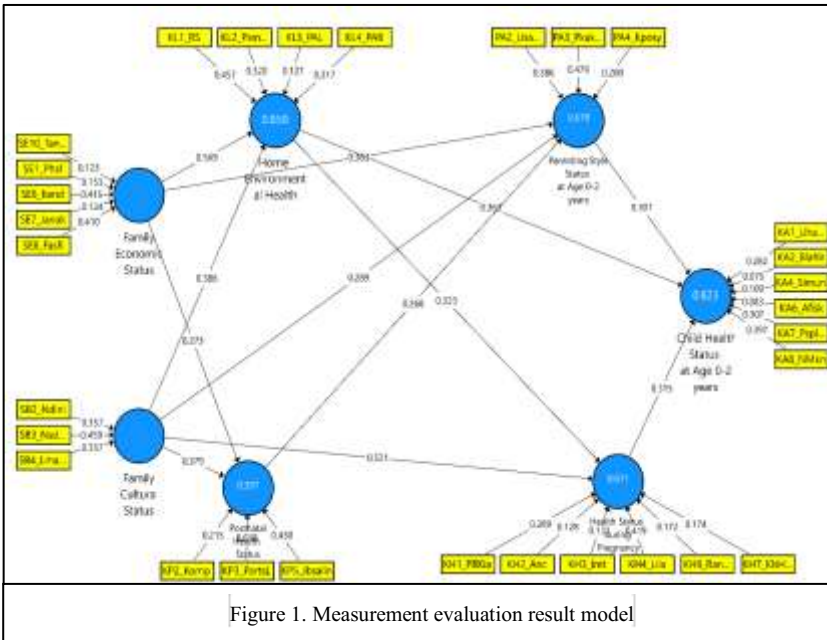


Figure 1. Measurement evaluation result model

from the initial model of 49 indicators. The results of the evaluation of the measurement model are in Figure 1.

Furthermore, Table 2, on the collinearity indicator (VIF = Variance Inflation Factor) shows that no indicator has a VIF value above 0.5. A VIF value below 0.5 indicates that the variables have a low enough correlation with each other, to interpret the model more accurately and stable. In general, signs of significant multicollinearity provide confidence in the validity status and interpretability of statistical models that can provide accurate information on the relationships between variables in the model.

Table 2. Evaluation of Collinearity Indicators on each measurement indicator on each latent variable

No.	Indicators	Collinearity Indicator (VIF)	P-Values	Validity Status
1	KA1 Pregnancy age	2.283	0.000	Good
2	KA2 Born weight	1.626	0.012	Good
3	KA4 Status of childhood immunizations	1.913	0.001	Good
4	KA6 The child's physical activities	1.673	0.007	Good
5	KA7 Provision of Nutritional Supplements	1.886	0.000	Good
6	KA8 Lust meal	2.075	0.000	Good
7	KH1 Use of Maternal Child Health Books	1.729	0.000	Good
8	KH2 Pregnancy Examination	2.094	0.002	Good
9	KH3 Body Mass Index	1.377	0.000	Good
10	KH4 Arm Circumference Status	1.813	0.000	Good
11	KH6 History of anemia	1.950	0.000	Good
12	KH7 Pregnant Women Class	1.344	0.000	Good
13	KL1 Status Healthy Home	2.492	0.000	Good
14	KL2 Household Garbage Management	1.717	0.000	Good
15	KL3 Wastewater Management	1.395	0.000	Good
16	KL4 Clean Water Management	1.725	0.000	Good
17	KP2 Status Complications	1.475	0.007	Good
18	KP3 Spontaneous Birth	1.294	0.000	Good
19	KP5 Services during Maternity	1.314	0.000	Good
20	PA2 Weaned age	2.134	0.000	Good
21	PA3 Grandpa's nanny	1.980	0.000	Good
22	PA4 Activity to Posyandu	1.837	0.000	Good
23	SB2 Early Marriage	1.607	0.000	Good
24	SB3 Brothers Wedding	1.923	0.000	Good
25	SB4 Cultural prohibition of feeding	1.841	0.000	Good
26	SE10 Soil Ownership	1.732	0.002	Good
27	SE1 Household income	1.442	0.000	Good
28	SE6 Ownership of Vehicles	2.281	0.000	Good

29	SE7 Number of children	1.773	0.000	Good
30	SE8 Home Facilities	2.214	0.000	Good

To evaluate the measurement model, an inner collinearity value (VIF must be below 0.5) is used and has a significance value on the path in each indicator against its latent variable (p-value below 0.05 or t-value above 1.96).

A structural model is a process for evaluating the fit between the model built and the data used. This evaluation process is important to ensure that the results of the analysis produced are accurate and reliable. Evaluation of structural models on Smart PLS is carried out through several steps: inner collinearity test and significance test.

Then in structural evaluation which is a model evaluation between latent variables that have been measured and tested with the results of no collinearity indicator (VIF) above 5, and with the significance of the p-value path below 0.05 or the t-statistic value coefficient path of more than 1.96, the results in Table 3 and Figure 2.

Table 3. Evaluation of Collinearity Indicators on each path between latent variables

No	Paths on structural models	Inner VIF Value	P Values	Path Status
1	Kesling home → health status of children at the age of 0-2 years	2.725	0.000	Good
2	Kesling home → health status during pregnancy	4.274	0.000	Good
3	Parenting at the age of 0-2 years the child's health status at the age of 0-2 years→	3.724	0.000	Good
4	Cultural status → Home environmental health	3.853	0.000	Good
5	Cultural status → of parenting at the age of 0-2 years	4.091	0.000	Good
6	Cultural status → of health status during pregnancy	4.274	0.000	Good
7	Cultural → status postpartum health status	3.853	0.000	Good
8	Economic status → of home environmental health	3.853	0.000	Good
9	Economic status → of parenting at the age of 0-2 years	3.977	0.000	Good
10	Economic → status postpartum health status	3.853	0.000	Good
11	Health status during pregnancy → Health status of children at the age of 0-2 years	4.247	0.000	Good
12	Postpartum health status → parenting style at the age of 0-2 years	1.659	0.000	Good

In Table 3 there are 12 (twelve) paths between latent variables providing significant relationship/influence information and the inner VIF value below 0.5, so this model is a strong model status, illustrating the determinant model of the role of health centers

health services on children's health status at the age of 0-2 years. The evaluation of model quality can be seen from the values of R2, F2, and SMMR. [16], [17]

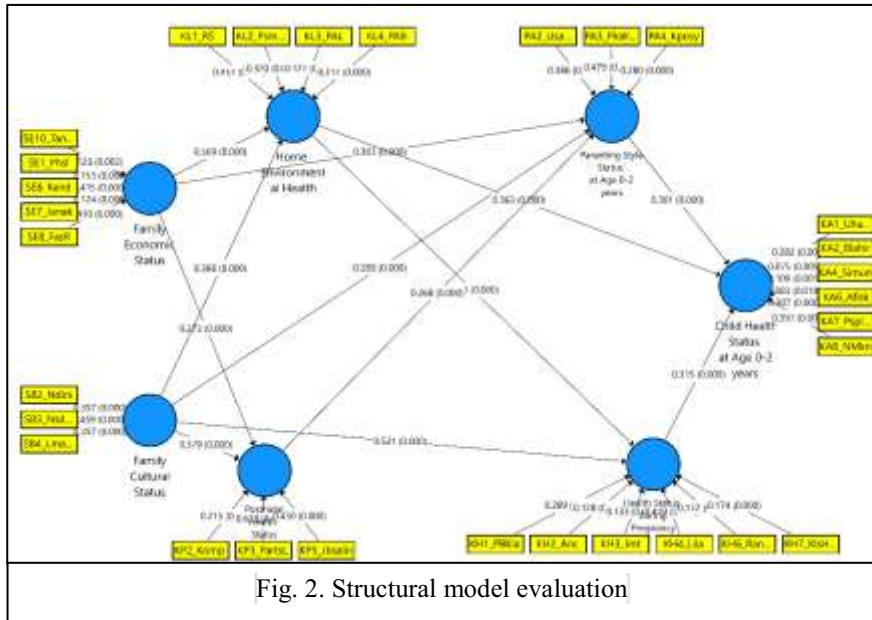


Fig. 2. Structural model evaluation

Table 4. The R2 value of each Latent variable describes the magnitude of the Effect

No.	Latent Variables	R Square (R2)	Line Coefficient	Correlation Coefficient	R Square Contribution
1	Children's Health Status at the age of 0-2 years	0.823			0.82
	Parenting at the age of 0-2 years		0.30	0.84	0.25
	Health Status During Pregnancy		0.32	0.85	0.27
	Kesling House		0.36	0.83	0.30
2	Home environmental health	0.850			0.85
	Cultural Status		0.39	0.88	0.34
	Economic Status		0.57	0.90	0.51
3	Parenting at the age of 0-2 years	0.678			0.68
	Cultural Status		0.29	0.77	0.22
	Economic Status		0.36	0.77	0.28
	Postpartum Health Status		0.27	0.66	0.18
4	Health Status During Pregnancy	0.671			0.67
	Cultural Status		0.52	0.80	0.42

No.	Latent Variables	R Square (R2)	Line Coefficient	Correlation Coefficient	R Square Contribution
5	Home environmental health	0.397	0.32	0.78	0.25
	Postpartum Health Status				0.40
	Cultural Status		0.38	0.61	0.23
	Economic Status		0.27	0.60	0.16

In Table 4, the variable of children's health status at the age of 0-2 years is influenced by 82% of the three main variables of parenting at the age of 0-2 years, health status during pregnancy and the health of the home environment respectively by 25%, 27%, and 30%. The influence of the 3 variables on the health status of children at the age of 0-2 years is generally relatively the same, although the influence of home environment health is higher (30%). The parenting variable influence is smaller than other variables (25%), this condition provides information on the health status of children 0-2 years is very close to the health status of the mother during pregnancy and is supported by the health condition of a good home environment [18], [19], [20].

The health of the home environment is influenced by the variables of cultural status and economic status by 85%; each variable contributes to influencing the variables of Home environmental health by 34% and 51%. The influence of economic variables is greater than cultural variables, this condition provides information that sufficient availability of home environmental health facilities is a solution to improve the achievement of home environmental health programs. Furthermore, the use of home environmental health facilities that are influenced by local culture to improve the achievement of the use of home environmental health facilities can be done through non-formal education on the focus of equality of perceptions and attitudes supported by a local culture so that the behaviour of using home environmental health facilities is better [21].

In parenting status at the age of 0-2 years, 3 (three) variables of cultural status, economic status, and postpartum health status were influenced by 67.1%; each proportion of influence variables was 22%, 28%, and 18%. Largest on the variable of family economic status, it can be assumed that parenting status can be improved on the availability of materials and tools to improve parenting performance [22], [23]

**Table 5.** VIF (*variance inflation factor*) value of collinearity between variables

Variable	Home environmental health	Parenting at the age of 0-2 years	Children's health status at the age of 0-2 years	Health status during pregnancy	Postpartum health status
• Home environmental health			2.725	4.274	
• Parenting at the age of 0-2 years			3.724		
• Cultural status	3.853	4.091		4.274	3.853



Variable	Home environmental health	Parenting at the age of 0-2 years	Children's health status at the age of 0-2 years	Health status during pregnancy	Postpartum health status
• Economic status	3.853	3.977			3.853
• Health status during pregnancy			4.247		
• Postpartum health status		1.659			

Source: SmartPLS primary data processing, 2020

In Table 5, these results provide information about the level of multicollinearity between variables in the model. A high VIF value (VIF above 5) indicates the presence of significant multicollinearity. In this study, several variables showed a fairly high level of dependence but still below 5 (4,274) on the health status of children at the age of 0-2 years and the health status of mothers during pregnancy, cultural status with health status during pregnancy and the health of the home environment with health status during pregnancy. In contrast, some variables have relatively low VIFs, postpartum health status, and parenting.

Standardized Root Mean Square Residual (SRMR) is a measure used in the context of structural equation modelling (SEM) analysis to evaluate the extent to which a statistical model conforms to the observed data. The SRMR value reflects the extent of the difference between the observed value and the value predicted by the model after adjusting for the complexity of the model (Henseler & Schuberth, 2020; Jörg & Henseler, 2016). In this study, SRMR has a value of 0.059; it can be interpreted that a low SRMR value (close to zero) shows that the statistical model is well by the observed data.

Theio-economic factors have a significant indirect effect on the health status of children between the ages of 0 and 2. In the Figure 1 model, the socioeconomic status of the family has a direct effect on the health condition of the family environment by 85%, the parenting behavior of children aged 0-2 years by 67.8%, and the health status of postpartum mothers by 39.7%. From these data, the role of economic status is highest in improving the health status of the home environment, both physical facilities, sanitation, and behavior using good sanitation facilities. Improving parenting behavior of children aged 0-2 years and postpartum maternal health status are synergistic with improving socioeconomic status.

Social status determines health status through several intermediary factors. Through longitudinal studies, the risk of health problems is higher in low socioeconomic status groups. The causal effect of socioeconomic status has an indirect impact because of several determinants of health; people's socioeconomic status can determine a person's pattern of health behavior. Under living conditions, the prevalence of health problems is higher due to material, psychosocial, and behavioral factors [26]. Families with high socioeconomic status tend to have better access to resources and opportunities, education, health services, the environment, and better jobs. In contrast, low

socioeconomic status tends to have limited access to resources and decreases in health behaviors. Epidemiological studies show that low socioeconomic status tends to have higher health risks [26], [27], [28], [29].

Hendrik L. Blum's theory explains public health status and four main factors that can affect public health status, namely environment, lifestyle (human behavior), heredity and health services. The 4 factors are interrelated (*simultaneously*) in influencing the health status of a person or population. According to Blum, not only one pathway can determine whether the health of an individual or population is good, but health is determined through complex interactions [30]. In the environment, there are 4 (four) dimensions, physical, mental, social, and economic, that influence each other to realize the health level of a person, group, or community. Public health has an important role in efforts to improve the quality of human resources and economic development. An ecological balance between humans and the environment to ensure a healthy state in humans [31].

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In Figure 1, the path of improving children's health status at the age of 0-2 years is directly influenced by parenting, improving the health of the toddler home environment and health status when the mother gives birth and is indirectly influenced by family socioeconomic status, cultural status, and maternal health status during pregnancy. In the framework elements of the CSDH (Commission on Social Determinants of Health), socioeconomic status is broken down based on income, education, occupation, gender, race/ethnicity, and other factors. This socioeconomic status determines health status and reflects a person at a social level based on his social status, and each experiences differences in health status problems [26].

Economic status through family income plays a role in fulfilling clean water and sanitation facilities, and through education, the head of the family can improve personal hygiene behavior to avoid infectious diseases [32], [33], [34]. Sanitation facilities and poor hygiene behavior can indirectly reduce the health status of children at the age of 0-2 years, diarrheal diseases or other infectious diseases in children because poor environmental sanitation can interfere with the process of food absorption ([35]. *Environmental Enteric Dysfunction* = EED) children. This EED often occurs in areas of poor water supply and sanitation and low economic status [36], [37].

Interventions in infrastructure and facilities of clean water, sanitation, and inadequate personal hygiene behavior at the family level and this condition is closely related to family socio-economy so that personal hygiene - sanitation affects the health status of children at the age of 0-2 years [38], [39]. This is the reason for the success of interventions in clean water facilities, sanitation facilities, and personal hygiene behavior to improve the health status of children around the world [40], [41]. There are 3 main lines of relationship between clean water facilities, sanitation facilities, and poor personal hygiene behavior with children's health status at the age of 0-2 years, namely: recurrent episodes of diarrhea, soil-borne infections (worms), and environmental enteropathy [37]. Family latrines that do not meet health requirements have the potential to trigger several infectious diseases (diarrhea and worms) in children that will interfere with the absorption of nutrients in the process of digestion of food [42].

The leading indicators of socioeconomic status are depicted as family vehicle ownership and the health of the home environment. The main indicators are healthy home status and the health status of children on gestational age indicators; these indicators are taken into consideration in regional policy interventions on healthy home improvement in order and prioritized for families who do not have vehicles and bring environmental health services closer to people of low socioeconomic status. Another effort is to improve child health through improving pregnant women's health services in intensive pregnant women examination services.

Health status can be improved through improved sanitation and personal hygiene [43] including maternal health status during pregnancy. Pregnant women should always monitor the growth of their fetus through ANC examination [44], the implementation of ANC is accompanied by education about maternal nutritional intake during pregnancy so that good nutritional intake makes fetal nutrition fulfilled; therefore, nutritional needs for pregnant women are very important [44], [45]. Improving the health status and nutritional status of pregnant women needs to be supported by food sources and health services; if a pregnant woman with an arm

circumference of less than 23.5 cm, it is necessary [46] check the health of mothers during pregnancy (ANC) regularly so that the health status and nutritional status of pregnant women are monitored [47], [48]. A mother should plan her pregnancy through actively participating in mother's class activities [49], [50], [51], [52], [53], [54].

Husband support is part of social support, psychologically and attention will have an impact on harmony, appreciation, sacrifice, affection and empathy to reduce psychological disorders [55]. In addition, the psychology of women during pregnancy is influenced by age; the older the level of emotional maturity and maturity in solving a problem is, the higher the level of emotional maturity and maturity in solving a problem. Physiologically, the age of 20-35 years is the reproductive age physically ready to get pregnant because the reproductive organs are fully formed, and the complicating factors of labor and mortality are more common at the age of over 35 years [56].

Pregnant women choose not to antenatal for socioeconomic reasons, so the biological environment and social environment are strongly interrelated in the behavior of maternal health service utilization [57]. Pregnancy is a happy time for all members of the family, but pregnancy can also be a worry, so pregnant women need greater love [58].

The importance of a child's health status is influenced by the mother's environment, including poverty. The health status of children aged 0-2 years in communities in Southeast Asia is associated with low socioeconomic status. Malnourished mothers and impaired fetal growth are received [59] priority attention for health and sustainable development in Southeast Asia Every pregnant woman faces the risk of complications that can be life-threatening, so it is necessary to make ANC pregnancy visits at least 4 (four) visits during pregnancy and one visit during the first trimester [60]. Antenatal care (ANC) to detect early at high risk of pregnancy and childbirth and monitor the condition of the fetus [61].

Nutritional status is an indicator in determining the degree of child health, then good nutritional status can help the process of growth and development of children to reach optimal maturity, so that the improvement of family economic status will meet nutritional adequacy for endurance with the expected body to avoid all diseases. To detect early the risk of health problems in children, nutritional status monitoring is carried out [62]. Malnutrition during pregnancy that continues most children are less healthy when they are 0-2 years old [63].

Birth length describes the linear growth of the baby during the womb, a low linear size usually determines the status of lack of energy and protein during pregnancy. The problem of malnutrition begins with fetal growth retardation (*Intra Uterine Growth Retardation = IUGR*), in developing countries related to the nutritional status of mothers during pregnancy besides that there are other factors in the condition of mothers with hypertension. The relationship between birth length shows a direction directly proportional to the disruption [64] child health status at the age of 0-2 years [65].

In the concept of CSDH, the education of the head of the family will increase family income so that maternal health and children's education can be fulfilled, and they can meet the nutritional needs of the family with better health behavior patterns. The

approach to access health services can accelerate the progress of improving the health status of mothers and children in Way Kanan District. Appropriate parenting is a success factor for children's health status. Authoritative parenting is the most balanced and healthy parenting style because it feeds children by determining the food menu and gives them the opportunity to choose the foods, they like under parental supervision [66]. The problem of children's health status at the age of 0-2 years does not entirely occur in poor families. However, because of the role of parental parenting in feeding habits [67] parenting has a direct effect on children's health status. The phenomenon of increasing parenting behavior influences improving children's health status. Parenting style from parents is very important to the health status of children at the age of 0-2 years [68], [69]. Parenting in the family in the form of providing time, attention and support to meet the physical, mental and social needs of children in the family, manifested in terms of breastfeeding, complementary foods, psychosocial stimulation, hygiene practices and environmental sanitation, care for children in sick conditions in the form of health practices at home and health service search patterns [67]. Toddlers whose parenting style is not good have a greater likelihood of experiencing poor child health status than toddlers who get good parenting, including good feeding. Parenting is the interaction of attitudes and behaviors of parents with children, seen in discipline in children, emotions and parents controlling their children in everyday life [70], [71].

Good family parenting can improve the health status of children by implementing balanced and quality feeding to help children grow well and maintain their health. Ensure children get adequate nutritional intake from protein, carbohydrates, fats, vitamins, and minerals. Parenting style is to maintain the cleanliness of the house and the surrounding environment to prevent infectious diseases. The application of suitable and adequate sleep patterns every day helps children in physical and mental health [72], [73], [74].

Toddler-feeding parenting is mostly inappropriate; mothers do not pay attention to the nutritional needs of toddlers, follow family food parenting and utilize food ingredients available in the household, and only follow the wishes of children without forcing meals or not looking for other food variations [75]. Good parenting by always expressing affection (hugging, kissing, giving praise) and supervising so that children feel cared for and more confident [76] (Iwo et al., 2021). Parenting has an important role in improving children's health. Some parenting behaviors that parents can do include providing a balanced and quality menu, including the intake of carbohydrates, proteins, fats, vitamins, and minerals needed by the child's body. Providing adequate water intake to maintain fluid balance in the child's body, parents can ensure that their child consumes enough water every day [77], [78]. Teach healthy living habits such as washing hands before eating, eating a clean and safe diet, and exercising regularly. Avoid behaviors that harm children's health such as smoking, consuming alcohol, and illegal drugs. Providing attention and affection can help improve a child's well-being and strengthen the emotional bond between parent and child [77], [79].

Usually, pregnancy is a happy moment for mothers, husbands, and other family members, but pregnancy can also be a concern, especially for pregnant women. Pregnant women must get greater love from their families [58] so that the birth of children moments in accordance with the wishes of their extended family, which is on

the child's health status at the age of 0-2 years [80]. Some economic factor interventions carried out to improve the health status of children at the age of 0-2 years are supplementary feeding programs (SFP) for pregnant women and children under five. SFP provides additional nutritional intake for mothers and children, which can help improve the quality and quantity of food intake. SFP can also be provided through social assistance programs tailored to the social and economic conditions of the local community. The program to increase the accessibility of nutritious food is one of the programs to increase the production of highly nutritious and cheap local food to increase the availability and accessibility of nutritious food in the region [81], [82].

Families of higher socioeconomic status have more resources to gain access to health facilities, including access to specialists, high-quality prenatal care, and modern medical facilities and promote healthier living behaviors due to higher education. The risk of Diabetes mellitus in pregnant women occurs a lot in the family history or had Diabetes mellitus before pregnancy; this complication can have a good impact on the mother and fetus so that the child born with macrosomia baby and a baby high risk of hypoglycemia [83]. Pregnancy exercises tend to be practiced by established socioeconomic status, so it is beneficial to reduce the risk of gestational diabetes and its complications. It can also help maintain cardiovascular fitness and physical conditioning needed for childbirth, as well as prevent and alleviate musculoskeletal conditions such as back and pelvic pain. Flexibility gymnastics, three times a week for 40-60 minutes, can reduce the risk of gestational diabetes mellitus [84].

Increasing knowledge of pregnant women related to health status during pregnancy and the safe delivery process is a strategy to reduce complications and mortality of mothers, infants and toddlers [85]. The role of parents in parenting is very important, the quality of interaction between parents and children, proper eating habits, and adequate breastfeeding. Despite the high socioeconomic status of the family can obtain proper nutrition for the child. Although the family provides proper nutrition for the child, environmental and public health factors are also very important to improve the health status of children at the age of 0-2 years [86], [87].

Maternal parenting has a major contribution in meeting the lack of energy and protein so that through good parenting can optimize the physical, mental and health development of children [88]. Parenting when children are exposed to infectious diseases is an important factor affecting the child's health status. Parenting is one of the direct causes of family socioeconomics [43]. Parents have an important role in shaping the behavior of their children, and this parenting style includes attitudes and behavior patterns towards children. Authoritative parenting is characterized by positive reinforcement to children to monitor and improve children's health behaviors. In contrast, authoritative parenting tends to prioritize children's health behaviors, and parents force children to obey [89]. Access to nutritious foods and a high intake of vitamins and minerals will increase food diversity and animal protein sources [90].

One of the factors that contribute to the health status of children at the age of 0-2 years is the low economic status of the family because they cannot meet the nutritional needs of their children. Several studies have shown that improving a family's economic status can improve a child's health status at ages 0-2 because the need for nutritious food, health care, sanitation, and education is met. Access to resources, increasing

family income, and improving healthy living behaviors can improve children's health status at the age of 0-2 years [91], [92], [93].

The health status of children reflects the health status of the nation because children are the next generation of the nation, and their abilities can be developed for future development [94]; the health status of these children can describe their growth and development. Child health is an important form of human capital. Healthy children can live longer and get a longer education so that they become productive humans and get a higher income. Public policies that favor family issues and promote child health will ensure access to child health care and screenings. Child growth and development are two things that have different meanings [95]. Growth is a change in physical aspects (quantity). At the same time, development is related to the maturation of organ functions resulting from the interaction of the maturity of the central nervous system with organs, which is influenced by the environment, hormones and heredity [62].

The child's health status is described from the child's history of infectious diseases. Children who are sick with an infection for a long time which is usually characterized by appetite disorders and vomiting, so nutritional intake does not match their needs [96]. People's cultural habits can affect the state of environmental health (34%) and parenting behavior (22%), pregnant women (42%), and maternity mothers (23%), which in turn can affect the health status of children (82.3%) (Table 4). Cultural habits such as open defecation, burning garbage, or using harmful chemicals can pollute the environment and have an impact on human health. For example, the disposal of human waste can cause pollution of clean water to the community, including chemical waste that can damage water and soil quality. Cultural habits in parenting can also affect children's health. For example, the habit of raising children by giving unbalanced food or not paying attention to sanitary hygiene can make children vulnerable to infections and nutritional problems. Cultural habits in the care of pregnant and maternity mothers can affect the health of both the mother and the baby born. For example, the habit of believing certain myths or traditions that are not supported by scientific evidence can cause risks to the health of the mother and baby, such as not getting enough prenatal examinations or not performing safe childbirth measures [97], [98], [99], [100].

The health of the home environment refers to environmental conditions around the house that can affect the health of its residents, which includes aspects such as indoor air quality, water quality, sanitation, hygiene, noise, and the presence of harmful substances such as lead or asbestos. Poor home environment conditions can lead to health problems, such as respiratory infections, allergies, asthma, cancer, poisoning, and other health problems. Conversely, a healthy home environment can improve the health and well-being of its residents. Efforts to improve the health of the home environment include home humidity control, improved home air ventilation, maintenance of sanitation and hygiene, use of safe materials, noise reduction, and reduction of exposure to harmful substances [101].

Environmental health inside and outside the house can have an impact on children's health, which can be in the form of death or diarrhea. Programs on improving sanitation facilities can reduce the risk of diarrheal death in children [102]. Poor environmental hygiene and non-fulfilment of health requirements can cause various types of environment-based diseases. Infectious diseases and other acute diseases can cause

impaired health status (Maliga et al.,[103]. The adverse effects of diarrheal infections can be reduced or eliminated by improving sanitation facilities to improve the health status of children at the age of 0-2 years [42].

Fetal health improves through improving the nutritional status of pregnant women's health so that children are born with a normal weight and birth length. ANC (*antenatal care*) visits for pregnant women who are less than 4 (four) visits tend to give birth to babies with low birth weight; ANC examination detects side effects that will arise during pregnancy, such as premature rupture of membranes and premature labor [104]. Factors that can increase the prevalence of postpartum depression include abortion, low birth weight, premature birth, unplanned pregnancy, and never having ANC. Early identification and treatment during postpartum care can reduce the impact of postpartum depression, and emphasis is placed on mothers having follow-up ANC [105]. Risk factors are not diagnosed during pregnancy due to not attending ANC, so low ANC visits become medical and obstetric risk factors, as well as undetected infectious diseases [104].

Pregnant women and nursing mothers choose not to do proper antenatal and postnatal; some reasons are cultural habits that are traditionally related to socioeconomic and political development, thus signaling the biological environment and social environment are strongly interrelated in the behavior of maternal health care utilization [57]. Usually, pregnancy is a happy time for pregnant women, husbands, and other family members, but pregnancy can also be a concern. Pregnant women have a greater need for affection and love without sexual activity [58].

Nutritional problems in pregnant women in Indonesia cannot be separated from local cultural factors because these beliefs and taboos are related to some foods that will be consumed by pregnant women (Rafsanjani, 2018). Infectious diseases in pregnant women due to poor sanitary personal hygiene are a factor causing the decline in maternal health status during pregnancy because they interfere with the nutritional intake of pregnant women, and infectious diseases will worsen the state of malnutrition because of malnutrition will be more susceptible to infectious diseases [96]. For this reason, infectious diseases must be handled as early as possible, which will help improve nutrition by improving sanitation facilities and hygiene behavior. Improving access to clean water and sanitation is essential to prevent infectious diseases, can help reduce health costs and increase productivity, thereby reducing poverty [82].

The decision to determine health services for pregnant women and during childbirth is carried out by parents or in-laws, so that women are powerless in determining attitudes, and these hereditary heritage values are closely related to the personal experiences of parents, thus influencing attitudes in carrying out the concept of child health and reproductive health. Improving the health status of pregnant women can be done by improving maternal health services during pregnancy through ANC services and management of chronic diseases in pregnant women [106].

The health of the home environment refers to environmental conditions around the house that can affect the health of its residents, which includes aspects such as indoor air quality, water quality, sanitation, hygiene, noise, and the presence of harmful substances such as lead or asbestos. Poor home environment conditions can lead to health problems, such as respiratory infections, allergies, asthma, cancer, poisoning,



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Maternity mothers who use maternity waiting homes have low labor complications and one strategy for coping with labor complications [108]. Babies of mothers with diabetes are at risk of complications so early screening of asymptomatic pregnant women in every mother-child health service needs to be screened [109]. Major's research report (2019) recommends the development and implementation of intervention packages to prevent and manage complications, postpartum hemorrhage, so it is necessary to review clinical practices to improve the prevention and management of complications [110]. The frequency of delivery with major complications is dystocia, severe pre-eclampsia, eclampsia, placental retro hematoma, placenta previa, uterine rupture, severe anemia, postpartum hemorrhage, puerperal endometritis, factors associated with these complications are marital status, pregnancy status, number of prenatal consultations, place of a prenatal visit, the reason for hospital admission and type of admission [111].

Child health screening is a means to reduce the risk of disease. It involves clinical anamnesis and examination of the head (hair, eyes, nose, teeth and mouth, ears, neck), skin and nail examination, and weight [112]. However, the birth attendant will not carry out screening of the baby when caring for the baby after delivery [113].

In socio-culture, it can affect the level of knowledge and behavior, parenting, and feeding habits in toddlers. The factor causing the low health status of children at the age of 0-2 years is in the form of habits in parenting with limited sanitation facilities and health services [114]. Socio-culture can influence behavior patterns in babies who are given early complementary foods by believing that the baby grows up quickly and assuming that the more they eat the fatter they will make their parents proud [115]. Taboos against eating certain foods and misconceptions about food consumption can be attributed to the incidence of malnutrition. This role is important to know the adequacy of nutrition or diet of nursing mothers and patterns in infants and toddlers. The taboo against food in public no longer gets the attention of the crowd. The understanding of food restrictions that they know includes taboos during breastfeeding to give food when breastfeeding, thus affecting the health status of their children. There are foods that children should not consume according to their cultural beliefs [116].

Parenting is an important aspect of child development; parents need knowledge and skills to provide proper parenting, parenting knowledge in the form of caring for children and developing children's potential. Culture can affect aspects of education, so cultural values should not be ignored, and positive traditional cultural values should be upheld [117]. Parents take effective and constructive actions while nurturing children to ensure maintained growth and development. The role of culture in health behavior can be a support or can even worsen health behavior. The behavior of exclusive breastfeeding from cultural views that have been passed down from generation to generation so that breastfeeding mothers are practicing the culture according to the recommendations [118].

The health status of the mother can influence the importance of fetal growth. Local habits that do not support health are one of the causes of impaired fetal growth and postnatal health in the community, so malnourished mothers and impaired fetal growth receive priority attention in health and sustainable development programs in Southeast Asia [59]. Culture influences every aspect of education, so cultural values should not be ignored, and positive traditional cultural values should be upheld. Parents take effective and constructive actions while nurturing children to ensure maintained growth and development [117]. The biggest influence is the culture about the prohibition of mothers during pregnancy, culture has occurred from generation to generation [119]. Pregnant women and breastfeeding mothers choose not to do antenatal and postnatal, for some reasons are cultural (habits) that are hereditary, so they do not use health services [57].

Culture influences the health of pregnant women, because habits, and norms, can determine decisions and actions taken by pregnant women. The diet of pregnant women can differ in culture about taboos or certain recommendations in choosing food. In some cultures, spicy foods are considered bad for pregnant women, on the other hand, some cultures may advise pregnant women to eat certain foods that are considered to provide health benefits during pregnancy. Traditional medicine can be part of the culture in some societies, including herbal medicine, acupuncture, and other alternative medicine methods. Some pregnant women may choose traditional medicine as an alternative or complement to conventional medical care. Families can play an important role in culture in providing support and care to expectant mothers. Families can also play a role in making health decisions, such as choosing a place of delivery or the type of medical care to receive. Cultural beliefs and values also influence pregnant women's perceptions of pregnancy and health. Some cultures may have certain beliefs about pregnancy and birth, which can influence decisions about health care during pregnancy. To promote the health of pregnant women, it is necessary to take an approach that is based on local culture. This will help improve the effectiveness of health interventions and support sustainable behavior change; therefore, understanding the relationship between culture and maternal health is essential in designing health programs that are effective and responsive to local cultural needs [120], [121].

Children with a smaller than average birth size, premature birth compared to full-term babies, young maternal age at childbearing, and lower social status are at risk of decreased child health status at age 0-2 years (Upadhyay & Srivastava, 2016). Pregnant women and breastfeeding mothers choose not to do proper antenatal and postnatal; some reasons are cultural/habitual, which are traditionally related to socioeconomic and political development, thus signaling the biological environment and social environment are strongly intertwined in the behavior of maternal health service utilization [57].

## CONCLUSION

Socioeconomic status has a major influence, together with the quality of environmental health facilities in toddler homes and good parenting behavior, which

positively improves child health status, parenting behavior, the health status of pregnant women, and postpartum maternal health status. Likewise, socio-cultural status, together with other factors, will improve home environmental health facilities, child health status, parenting behavior, the health status of pregnant women, and postpartum maternal health status will further improve the health status of children aged 0-2 years.

Cultural status can improve the health status of pregnant women, postpartum maternal status, and parenting by identifying local customs/cultures down and down to become local wisdom. The act of prohibiting eating eggs and advising pregnant women to eat for two people should be the additional amount that pregnant women need to eat, adjusting to weight and height, and gestational age. In general, pregnant women need additional calories every day. Additional calories can be obtained from some healthy snacks such as fruit, boiled eggs, and so on. Pregnant women are strongly discouraged from improving the health status of children aged 0-2 years.

The health status of children aged 0-2 years is caused by many factors, including socioeconomic and cultural factors, such as pregnant women's health, maternity health, environmental health, and parenting of children aged 0-2 years. Through the main indicator of socioeconomic status, namely vehicle ownership status, efforts need to be made to improve the health status of children aged 0-2 years by bringing access to maternal and child health services and environmental health by the government closer to underprivileged communities, one of which is in the form of independent posyandu which health workers routinely foster.

Improving antenatal care (ANC) services for pregnant women through easy and affordable access to pregnant women's health services in every health service unit. Regular monitoring and good nutritional support for pregnant women by opening excellent maternal child health services at independent posyandu so that aspects of children's health status with indicators of body length and normal weight at birth will increase. Local governments make decisions on mandatory maternity care for health workers, by facilitating access to maternity services by health workers (midwives and doctors), especially in areas that are difficult to access, through increased incentives for maternity helpers in remote areas.

Improving children's health status through motivation and innovation so that posyandu visits increase, through increasing the role of posyandu in providing nutritious child food fortified results guaranteed by local governments, access to complete immunization, counselling and education by health workers and cadres. Zenk mineral fortification in SFP children under five (children under two years old).

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## References

- [1] R. K. Sari and D. Handayani, "Pemanfaatan Pelayanan Kesehatan pada Anak Indonesia: Pengaruh Kemiskinan dan Karakteristik Ibu," *Media Kesehatan Masyarakat Indonesia*, vol. 16, no. 3, 2020, doi: 10.30597/mkmi.v16i3.9709.
- [2] I. Indanah, S. Sukesih, F. Luthfin, and K. Khoiriyah, "Obesitas pada Balita," *Jurnal Ilmu Keperawatan dan Kebidanan*, vol. 12, no. 2, 2021, doi: 10.26751/jjikk.v12i2.1115.
- [3] S. Sugiarti, S. Sunarsih, D. S. Kohir, E. Rahmayati, and P. Purwati, "Efektivitas program positive deviance terhadap peningkatan status gizi balita melalui kegiatan pos gizi: Literature review," *The Journal of Mother and Child Health Concerns*, vol. 3, no. 1, 2023, doi: 10.56922/mchc.v3i1.336.
- [4] N. K. S. Julyantari and N. M. D. Kansa Putri, "Pengelompokan Status Gizi Balita Dengan Data Langsung Dan Data Tidak Langsung," *Jurnal Informasi dan Komputer*, vol. 10, no. 2, 2022, doi: 10.35959/jik.v10i1.288.
- [5] Eny Retna Ambarwati, "Pemberdayaan Keluarga melalui Asuhan Kebidanan Keluarga dalam Komunitas Sebagai Upaya Meningkatkan Status Kesehatan Keluarga," *Journal of Innovation in Community Empowerment*, vol. 1, no. 1, 2019, doi: 10.30989/jice.v1i1.199.
- [6] Ni Komang Sri Julyantari, I. K. Budiarta, and N. M. D. K. Putri, "Implementasi K-Means Untuk Pengelompokan Status Gizi Balita (Studi Kasus Banjar Titih)," *Jurnal Janitra Informatika dan Sistem Informasi*, vol. 1, no. 2, 2021, doi: 10.25008/janitra.v1i2.134.
- [7] I. Indrinawati and K. Widayati, "Gambaran Pelayanan Kesehatan Primer Pada Kejadian Stunting Di Wilayah Kecamatan Sukawati Kabupaten Gianyar," *Bali Health Published Journal*, vol. 3, no. 2, 2022, doi: 10.47859/bhpj.v3i2.21.
- [8] Nasriyah, Rusnoto, and Supriyanto, "Optimalisasi Perbaikan Gizi Keluarga Dalam Pencegahan Stunting Melalui Pemberdayaan Masyarakat," *Jurnal Pendidikan matematika*, vol. 4, no. 2, 2022.
- [9] M. Madekhan, "Tantangan Pembaruan Pendidikan di Indonesia," *Kuttub*, vol. 5, no. 2, 2021, doi: 10.30736/ktb.v5i2.702.
- [10] S. Sutarto, R. D. Puspita Sari, W. Trijayanthi Utama, R. Graharti, and R. Indriyani, "Pemberdayaan Kemitraan Dukun Beranak pada Pelayanan Kesehatan Ibu -Anak dalam Rangka Upaya Pencegahan Stunting di Desa Cipadang Kecamatan Gedong Tataan Kabupaten Pesawaran (Desa Binaan Fakultas Kedokteran – Universitas Lampung)," *Buguh: Jurnal Pengabdian Kepada Masyarakat*, vol. 2, no. 1, 2022, doi: 10.23960/buguh.v2n1.888.
- [11] Dinas Kesehatan Kabupaten Way Kanan, *Profil Kesehatan Kabupaten Way Kanan Tahun 2020*, vol. 21, no. 1. Blambangan Umpu, 2021.
- [12] Juliana Aritonang, "Analisis Formularium RSUD Cimacan Tahun 2017," *Jurnal Administrasi Rumah Sakit Indonesia*, vol. 3, no. 2, 2017, doi: 10.7454/arsi.v3i2.2215.
- [13] Guna Phantiasa and Leni Wijaya, "Pengaruh Pelayanan Pendaftaran Pasien Rawat Jalan terhadap Kepuasan Pasien di Puskesmas Plaju Palembang Tahun 2019," *Jurnal Kesehatan dan Pembangunan*, vol. 10, no. 19, 2020, doi: 10.52047/jkp.v10i19.57.
- [14] F. Fauziah and Susilawati, "Analisis tingkat kepuasan pasien peserta jaminan kesehatan nasional (JKN) di rumah sakit," *Jurnal Ilmiah Kesehatan*, vol. 1, no. 2, 2022.
- [15] G. D. Garson, "PARTIAL LEAST SQUARES (PLS-SEM) 2016 Edition," *Statistical Publishing Associates*, 2016.
- [16] G. D. Garson, *Partial Least Squares: Regression & Structural Equation Models*. 2018.

- [17] A. L. Vieira, "Assessment of Structural Model," 2011. doi: 10.1007/978-3-642-18044-6\_4.
- [18] N. Mappaware, N. Muchlis, and Samsualam, "Kesehatan Ibu dan Anak (Dilengkapi dengan Studi Kasus dan Alat Ukur Kualita... - Google Books," 2020.
- [19] Y. M. Dou, H. Yuan, and H. W. Tian, "Monkeypox virus: past and present," 2023. doi: 10.1007/s12519-022-00618-1.
- [20] M. R. Shahril *et al.*, "Results from the Malaysia 2022 report card on physical activity for children and adolescents," *J Exerc Sci Fit*, vol. 21, no. 1, 2023, doi: 10.1016/j.jesf.2022.11.001.
- [21] A. A.-Q. Savitri and Susilawati, "Hubungan sanitasi lingkungan dengan kejadian diare pada balita," *Jurnal Ilmiah Kesehatan*, vol. 1, no. 2, 2022.
- [22] M. Khosravi *et al.*, "Parenting styles, maladaptive coping styles, and disturbed eating attitudes and behaviors: a multiple mediation analysis in patients with feeding and eating disorders," *PeerJ*, vol. 11, 2023, doi: 10.7717/peerj.14880.
- [23] S. Purnama, A. Wibowo, B. S. Narmaditya, Q. F. Fitriyah, and H. Aziz, "Do parenting styles and religious beliefs matter for child behavioral problem? The mediating role of digital literacy," *Heliyon*, vol. 8, no. 6, 2022, doi: 10.1016/j.heliyon.2022.e09788.
- [24] Jörg and Henseler, "Testing moderating effects in PLS path models with composite variables For Authors Guest editorial," *Industrial Management & Data Systems Industrial Management*, vol. 116, no. 116, 2016.
- [25] J. Henseler and F. Schubert, "Using confirmatory composite analysis to assess emergent variables in business research," *J Bus Res*, vol. 120, 2020, doi: 10.1016/j.jbusres.2020.07.026.
- [26] Orielle Solar and Alec Irwin, *A Conceptual Framework for Action on the Social Determinants of Health*, vol. 2. 2010. doi: 10.1111/hsc.12840.
- [27] A. Maleki, E. Faghihzadeh, S. Youseflu, and S. Z. barjasteh, "Socio-economic inequalities in health-related quality of life among Iranian young people in the middle stage of adolescence: application of Health Equity Assessment Toolkit," *BMC Pediatr*, vol. 23, no. 1, pp. 1–9, 2023, doi: 10.1186/s12887-022-03815-z.
- [28] N. E. Adler and J. M. Ostrove, "Socioeconomic status and health: What we know and what we don't," *Ann N Y Acad Sci*, vol. 896, pp. 3–15, 1999, doi: 10.1111/j.1749-6632.1999.tb08101.x.
- [29] K. A. Matthews and L. C. Gallo, "Psychological perspectives on pathways linking socioeconomic status and physical health," *Annu Rev Psychol*, vol. 62, pp. 501–530, 2011, doi: 10.1146/annurev.psych.031809.130711.
- [30] F. Islam *et al.*, *Dasar-Dasar Kesehatan Lingkungan*, Satu. Denpasar, 2021.
- [31] G. Marizka and N. Faidati, "Analisis Dampak Lingkungan Aktivitas Produksi Industri Gula Bagi Kesehatan Masyarakat Di Desa Tirtonirmolo Kabupaten Bantul Daerah Istimewa Yogyakarta," *Journal of Social Politics and Governance (JSPG)*, vol. 2, no. 2, pp. 166–176, 2020, doi: 10.24076/jspg.v2i2.375.
- [32] K. F. Michaelsen, C. P. Stewart, K. G. Dewey, A. W. Onyango, and L. Iannotti, "Contextualising complementary feeding in a broader framework for stunting prevention," *Matern Child Nutr*, vol. 9, no. Sp2, pp. 27–45, 2015, doi: 10.1111/mcn.12088.
- [33] C. R. Titaley, C. L. Hunter, M. J. Dibley, and P. Heywood, "Why do some women still prefer traditional birth attendants and home delivery?: A qualitative study on delivery care services in West Java Province, Indonesia," *BMC Pregnancy Childbirth*, vol. 10, no. 43, pp. 2–14, 2010, doi: 10.1186/1471-2393-10-43.

- [34] M. Withers, N. Kharazmi, and E. Lim, "Traditional beliefs and practices in pregnancy, childbirth and postpartum: A review of the evidence from Asian countries," *Midwifery*, vol. 56, no. March 2017, pp. 158–170, 2018, doi: 10.1016/j.midw.2017.10.019.
- [35] F. Hafid, U. Djabu, Udin, and Nasrul, "Efek Program SBABS Terhadap Pencegahan Stunting Anak Baduta di Kabupaten Banggai dan Sigi," *Indonesian Journal of Human Nutrition*, vol. 4, no. 2, pp. 79–87, 2017, doi: 10.21776/ub.ijhn.2017.004.02.2.
- [36] S. Budge, A. H. Parker, P. T. Hutchings, and C. Garbutt, "Environmental enteric dysfunction and child stunting," *Nutr Rev*, vol. 77, no. 4, pp. 240–253, 2019, doi: 10.1093/nutrit/nuy068.
- [37] Dangour *et al.*, "Interventions to improve water quality and supply, sanitation and hygiene practices, and their effects on the nutritional status of children ( Review )," *Cochrane Public Health Group*, vol. 2013, no. 8, pp. 1–73, 2013, doi: 10.1002/14651858.CD009382.pub2.
- [38] A. J. Prendergast and J. H. Humphrey, "The stunting syndrome in developing countries," *Paediatr Int Child Health*, vol. 34, no. 4, pp. 250–265, 2014, doi: 10.1179/2046905514Y.0000000158.
- [39] B. Rahayu and S. Darmawan, "Hubungan karakteristik balita, orang tua, higiene dan sanitasi lingkungan terhadap stunting pada balita," *Binawan Student Journal*, vol. 1, no. 1, pp. 22–27, 2019.
- [40] Hoang Van Minh *et al.*, "The cost of implementing Vietnam's national plan of action for nutrition for 2017–2020," *AIMS Public Health*, vol. 6, no. 3, pp. 276–290, 2019, doi: 10.3934/publichealth.2019.3.276.
- [41] J. H. Humphrey, "Child undernutrition , tropical enteropathy , toilets , and handwashing," *The Lancet*, vol. 374, no. 9694, pp. 1032–1035, 2009, doi: 10.1016/S0140-6736(09)60950-8.
- [42] Sutarto, R. Indriyani, R. Dewi, P. Sari, and J. Surya, "Hubungan Kebersihan diri, Sanitasi, dan Riwayat Penyakit Infeksi Enterik (diare) dengan Kejadian Stunting pada balita usia 24-60 bulan," *Jurnal Dunia Kesmas*, vol. 10, no. 1, pp. 56–65, 2021.
- [43] I. Isnanto, H. Maryam, and I. C. Mahirawatie, "Determinan status gizi pada status kesehatan gigi anak usia sekolah: systematic literature review," *Journal of Dental Hygiene and Therapy*, vol. 2, no. 2, pp. 62–71, 2021, doi: 10.36082/jdht.v2i2.336.
- [44] Nurfatima, P. Anakoda, K. Ramadhan, C. Entoh, S. B. M. Sitorus, and L. W. Longgupa, "Perilaku Pencegahan Stunting pada Ibu Hamil Stunting," *Poltekita: Jurnal Ilmu Kesehatan*, vol. 15, no. 2, pp. 97–104, 2021, doi: 10.33860/jik.v15i2.475.
- [45] J. R. Harahap, E. Susilawati, and N. P. R. Daniati, "Hubungan Asupan Makanan Terhadap Kejadian Kekurangan Energi Kronis (Kek) pada Ibu Hamil di Puskesmas Simpang Tiga Kota Pekanbaru Tahun 2019," *Jurnal Ibu dan Anak*, vol. 7, no. 1, pp. 17–23, 2019.
- [46] B. Aramico, T. Sudargo, and J. Susilo, "Hubungan sosial ekonomi, pola asuh, pola makan dengan stunting pada siswa sekolah dasar di Kecamatan Lut Tawar , Kabupaten Aceh Tengah," *Jurnal Gizi Dan Dietetik Indonesia*, vol. 1, no. 3, pp. 121–130, 2013.
- [47] I. Nuraeni and H. Diana, "Karakteristik Ibu Hamil dan Kaitannya dengan Kejadian Stunting pada Balita di Kecamatan Tamansari Kota Tasikmalaya," *Media Informasi*, vol. 15, no. 1, pp. 10–15, 2019.
- [48] L. K. Zottarelli, T. S. Sunil, and S. Rajaram, "Influence of parental and socioeconomic factors in stunting in children under 5 years in Egypt," *Eastern Mediterranean Health Journal*, vol. 13, no. 6, pp. 1330–1342, 2007, doi: 10.26719/2007.13.6.1330.

- [49] E. L. Prado *et al.*, "Path analyses of risk factors for linear growth faltering in four prospective cohorts of young children in Ghana, Malawi and Burkina Faso," *BMJ Glob Health*, vol. 4, no. 1, pp. 1–11, 2019, doi: 10.1136/bmjgh-2018-001155.
- [50] S. Maryani, S. H. Respati, and O. P. Astirin, "Association Between Pregnant Woman Class and Pregnancy Complication in Tegal District, Central Java," *Journal of Maternal and Child Health*, vol. 01, no. 04, pp. 214–219, 2016, doi: 10.26911/thejmch.2016.01.04.02.
- [51] G. Stephen, M. Mgongo, T. Hussein Hashim, J. Katanga, B. Stray-Pedersen, and S. E. Msuya, "Anaemia in Pregnancy: Prevalence, Risk Factors, and Adverse Perinatal Outcomes in Northern Tanzania," *Hindawi*, vol. 11, no. 55, pp. 1–9, 2018, doi: 10.1155/2018/1846280.
- [52] H. Torlesse, A. A. Cronin, S. K. Sebayang, and R. Nandy, "Determinants of stunting in Indonesian children: Evidence from a cross-sectional survey indicate a prominent role for the water, sanitation and hygiene sector in stunting reduction," *BMC Public Health*, vol. 16, no. 1, pp. 1–11, 2016, doi: 10.1186/s12889-016-3339-8.
- [53] Z. Cheng, L. Shi, Y. Li, Y. Wang, and J. Zhang, "Using structural equation modelling to assess factors in influencing children's growth and nutrition in rural China," *Public Health Nutr*, vol. 21, no. 6, pp. 1167–1175, 2017, doi: 10.1017/S1368980017003494.
- [54] Ym. F. Young *et al.*, "Role of preconception nutrition in offspring growth and risk of stunting across the first 1000 days in Vietnam," *PLoS One*, vol. 71, no. Supplement 2, p. 538, 2017, doi: 10.1159/000480486.
- [55] A. Kurniarum, *Asuhan Kebidanan Persalinan dan Bayi Baru Lahir*. Jakarta: Pusdik SDM Kesehatan, 2016.
- [56] J. P. Pane, H. Saragih, A. Sinaga, and A. Manullang, "Kecemasan ibu hamil trimester III di masa pandemi covid 19 dalam menghadapi persalinan," *Jurnal Ilmu Keperawatan Jiwa*, vol. 4, no. 2016, pp. 461–468, 2021.
- [57] O. Olonade, T. I. Olawande, O. J. Alabi, and D. Imhonopi, "Maternal mortality and maternal health care in Nigeria: Implications for socio-economic development," *Open Access Maced J Med Sci*, vol. 7, no. 5, pp. 849–855, Mar. 2019, doi: 10.3889/oamjms.2019.041.
- [58] Rahmawati, A. P. Putra, D. J. Lestari, and M. Saripudin, "Ritual Budaya Selama Kehamilan Di Indonesia Sebagai Bentuk Local Wisdom Dukungan Sosial," *Prosiding Seminar Nasional Pendidikan FKIP Universitas Sultan Ageng Tirtayasa*, vol. 3, no. 1, pp. 502–514, 2020.
- [59] S. M. Dhaded *et al.*, "Preconception nutrition intervention improved birth length and reduced stunting and wasting in newborns in South Asia: The Women First Randomized Controlled Trial," *PLoS One*, vol. 15, no. 1, pp. 1–15, 2020, doi: 10.1371/journal.pone.0218960.
- [60] D. Afriani and E. Merlina, "Determinan kepatuhan ibu hamil melakukan pemeriksaan kehamilan," *Jurnal asuhan ibu & anak*, vol. 6, no. 1, pp. 1–7, 2021.
- [61] I. N. Sari, "Kunjungan antenatal care ditinjau dari pengetahuan ibu hamil tentang tanda bahaya kehamilan di Puskesmas Batu Aji Kota Batam tahun 2019," *Jurnal Sehat Masada*, vol. XV, no. 1, pp. 33–38, 2021.
- [62] Herlinadiyaningsih, *Ilmu Kesehatan Anak*. Palangka Raya: Kementerian Kesehatan RI, 2022.
- [63] D. F. Permatasari and S. Sumarmi, "Perbedaan panjang badan lahir, riwayat penyakit infeksi, dan perkembangan balita stunting dan non stunting," *Jurnal Berkala Epidemiologi*, vol. 6, no. 2, pp. 182–191, 2018, doi: 10.20473/jbe.V2I22014.196-205.
- [64] A. Rahmadi, "Hubungan Berat Badan Dan Panjang Badan Lahir Dengan Kejadian Stunting Anak 12-59 Bulan Di Provinsi Lampung," *Jurnal Keperawatan*, vol. XII, no. 2, pp. 209–218, 2016, doi: 10.1186/s12885-016-2290-5.

- [65] A. Virnalia, M. Sugeng, and I. Mulyasari, "The Correlation Between Birth Length, Birth Weight and Exclusive Breastfeeding with The Incidence Of Stunting in Children Age Group 7-24 Months in Wonorejo Village, Pringapus District, Semarang Regency," *Jurnal Gizi Dan Kesehatan*, vol. 12, no. 27, pp. 49–58, 2020.
- [66] Y. Harlistyarintica and P. Y. Fauziah, "Pola Asuh Autoritatif dan Kebiasaan Makan Anak Prasekolah," *Jurnal Obsesi : Jurnal Pendidikan Anak Usia Dini*, vol. 5, no. 1, pp. 869–878, 2021, doi: 10.31004/obsesi.v5i1.617.
- [67] F. D. Bella, N. A. Fajar, and M. Misnaniarti, "Hubungan antara Pola Asuh Keluarga dengan Kejadian Balita Stunting pada Keluarga Miskin di Palembang," *Jurnal Epidemiologi Kesehatan Komunitas*, vol. 5, no. 1, pp. 15–22, 2020, doi: 10.14710/jekkk.v5i1.5359.
- [68] A. Iwo, A. Made, Ni Sukmandari, and C. W. Prihandini, "Hubungan Pola Asuh Orang Tua dengan Perkembangan Motorik Halus Anak Balita di Puskesmas Tampaksiring II," *Jurnal Keperawatan Terpadu*, vol. 3, no. 1, pp. 1–9, 2021.
- [69] R. Norfitri, "Pola asuh orang tua dan perkembangan anak pra sekolah," *Jurnal Ilmu Kesehatan Insan Sehat*, vol. 9, no. 1, pp. 15–19, 2021.
- [70] M. Masyudi, M. Mulyana, and T. M. Rafsanjani, "Dampak pola asuh dan usia penyapihan terhadap status gizi balita indeks BB/U," *Action: Aceh Nutrition Journal*, vol. 4, no. 2, p. 111, 2019, doi: 10.30867/action.v4i2.174.
- [71] M. R. Putri, "Hubungan Pola Asuh Orangtua dengan Status Gizi pada Balita di Wilayah Kerja Puskesmas Bulang Kota Batam," *Jurnal Bidan Komunitas*, vol. 2, no. 2, p. 96, 2019, doi: 10.33085/jbk.v2i2.4334.
- [72] U. P. Putrikrisia, "Masalah Stunting pada Anak: Gejala, Penyebab, dan Cara Mengatasinya," *Nestle: Health Science*, 2021.
- [73] E. Kurniasari, R. Nuzrina, and E. Y. Mulyani, "Perbedaan Status Gizi Balita Usia 12-36 Bulan Berdasarkan Pola Asuh dan Status Pekerjaan Ibu di Wilayah Kerja Puskesmas Jatimulya Kabupaten Bekasi Tahun 2016," *jurnal Ilmu-ilmu Kesehatan*, 2016.
- [74] 2023 Zerlina. M & Humayrah. W, "Hubungan kesadaran dan pengetahuan gizi serta kesadaran kesehatan terhadap status gizi siswa/i di SMA Negeri 4 Jakarta," *Hubungan kesadaran dan pengetahuan gizi serta kesadaran kesehatan terhadap status gizi siswa/i di sma negeri 4 jakarta*, vol. 12, no. 1, 2023.
- [75] S. Munawaroh *et al.*, "Edukasi Pencegahan Sindroma Metabolik sebagai Upaya Peningkatan Derajat Kesehatan Masyarakat," *Smart Society Empowerment Journal*, vol. 3, no. 1, 2023, doi: 10.20961/ssej.v3i1.71251.
- [76] J. O. Dada *et al.*, "Application of geographical information system and remote sensing for investigating malaria's footprint: a case study of Iwo Metropolis, Nigeria," *The Journal of Engineering and Exact Sciences*, vol. 9, no. 7, 2023, doi: 10.18540/jcecvl9iss7pp16473-01e.
- [77] A. Brown and M. Lee, "Maternal control of child feeding during the weaning period: Differences between mothers following a baby-led or standard weaning approach," *Matern Child Health J*, vol. 15, no. 8, pp. 1265–1271, 2011, doi: 10.1007/s10995-010-0678-4.
- [78] L. A. Daniels *et al.*, "The NOURISH randomised control trial: Positive feeding practices and food preferences in early childhood - A primary prevention program for childhood obesity," *BMC Public Health*, vol. 9, pp. 1–10, 2009, doi: 10.1186/1471-2458-9-387.
- [79] K. D. Hesketh and K. J. Campbell, "Interventions to prevent obesity in 0-5 year olds: An updated systematic review of the literature," *Obesity*, vol. 18, no. SUPPL. 1, pp. S27–S35, 2010, doi: 10.1038/oby.2009.429.



- [80] Retnaningtyas *et al.*, “Upaya Peningkatan Pengetahuan Ibu Hamil Melalui Edukasi Mengenai Tanda Bahaya Kehamilan Lanjut Di Posyandu Sampar,” *Adi Pengabdian Kepada masyarakat*, vol. 2, no. 2, pp. 25–30, 2022.
- [81] R. E. Black *et al.*, “Maternal and child undernutrition: global and regional exposures and health consequences,” *The Lancet*, vol. 371, no. 9608, pp. 243–260, 2008, doi: 10.1016/S0140-6736(07)61690-0.
- [82] S. Horton and R. H. Steckel, *Global economic losses attributable to malnutrition 1900-2000 and projections to 2050*. 2011.
- [83] K. A. A. P. Pramana, V. V. Wiguna, A. R. H. Hamid, and E. P. Wibowo, “Manajemen Kehamilan dengan Diabetes Melitus Gestasional,” *Jurnal Kedokteran Unram*, vol. 10, no. 3, pp. 711–715, 2022.
- [84] A. Marcherya, Rodiani, and A. Y. Prabowo, “Khasiat Senam Hamil Sebagai Terapi dan Pencegahan Diabetes Melitus Gestasional,” *Majority*, vol. 7, no. 2, pp. 273–277, 2018.
- [85] D. Himalaya, “Penerapan program perencanaan persalinan dan pencegahan komplikasi (P4K),” *Journal Of Midwifery*, vol. 8, no. 1, pp. 1–10, Jun. 2020, doi: 10.37676/jm.v8i1.1027.
- [86] Ratri Kartikasami, Zahroh Shaluhiah, and Bagoes Widjanarko, “Analisis Perilaku Hidup Bersih dan Sehat (PHBS) Anak Jalanan : Literature Review,” *Media Publikasi Promosi Kesehatan Indonesia (MPPKI)*, vol. 6, no. 5, 2023, doi: 10.56338/mppki.v6i5.3437.
- [87] H. Yuswati and F. A. Setiawati, “Peran Orang Tua dalam Mengembangkan Bahasa Anak pada Usia 5-6 Tahun,” *Jurnal Obsesi : Jurnal Pendidikan Anak Usia Dini*, vol. 6, no. 5, 2022, doi: 10.31004/obsesi.v6i5.2908.
- [88] M. Anas Anasiru and Indra Domili, “Pengaruh asupan energi dan protein, pola asuh, dan status kesehatan terhadap kejadian stunting pada anak usia 12-36 bulan di puskesmas tilango kecamatan tilango kabupaten gorontalo,” *Health and Nutritions Journal*, vol. 4, no. 1, pp. 2549–7618, 2018.
- [89] N. W. Islami and U. Khouroh, “Analisis faktor-faktor yang mempengaruhi balita stunting dan tantangan pencegahannya pada masa pandemi,” *Karta Raharja*, vol. 3, no. 2, 2021.
- [90] Y. Rosmalina and E. Luciasari, “Besaran keragaman dan kualitas konsumsi bahan makanan pada ibu hamil di Indonesia,” *The Journal of Nutrition and Food Research*, vol. 39, no. 1, 2017, doi: 10.22435/pgm.v39i1.5974.65-73.
- [91] S. V. Subramanian, J. M. Perkins, and K. T. Khan, “Do burdens of underweight and overweight coexist among lower socioeconomic groups in India?,” *American Journal of Clinical Nutrition*, vol. 90, no. 2, pp. 369–376, 2009, doi: 10.3945/ajcn.2009.27487.
- [92] J. Hoddinott, J. A. Maluccio, J. R. Behrman, R. Flores, and R. Martorell, “Effect of a nutrition intervention during early childhood on economic productivity in Guatemalan adults,” *The Lancet*, vol. 371, no. 9610, pp. 411–416, 2008, doi: 10.1016/S0140-6736(08)60205-6.
- [93] R. D. Semba, S. De Pee, K. Sun, M. Sari, N. Akhter, and M. W. Bloem, “Effect of parental formal education on risk of child stunting in Indonesia and Bangladesh: a cross-sectional study,” *The Lancet*, vol. 371, no. 9609, pp. 322–328, 2008, doi: 10.1016/S0140-6736(08)60169-5.
- [94] M. Herlina and S. P. Permata, “Pemberdayaan Kesehatan Masyarakat Pesisir : Optimalisasi Kegiatan Posyandu,” *Jurnal Dianmas*, vol. 8, no. April, 2019.
- [95] J. Currie, “Child health as human capital,” *Health Econ*, vol. 1, no. 2, pp. 1–12, 2020, doi: 10.1002/hec.3995.

- [96] T. Subroto, L. Novikasari, and S. Setiawati, "Hubungan riwayat penyakit infeksi dengan kejadian stunting pada anak usia 12-59 bulan," *Jurnal Kebidanan Malahayati*, vol. 7, no. 2, pp. 200–206, Apr. 2021, doi: 10.33024/jkm.v7i2.4140.
- [97] S. Maryam, "Budaya Masyarakat yang Merugikan Kesehatan Pada Ibu Nifas dan Bayi," *Jurnal Kebidanan*, vol. 10, no. 1, 2021, doi: 10.35890/jkdh.v10i1.156.
- [98] I. Isnati, "Kesehatan Modern Dengan Nuansa Budaya," *Jurnal Kesehatan Masyarakat Andalas*, vol. 7, no. 1, 2012, doi: 10.24893/jkma.v7i1.106.
- [99] E. Aisyarah and M. Sodik, "Aspek Sosial Budaya dalam Perilaku Kesehatan Masyarakat di Indonesia," *IJK Strada Indonesia*, 2017.
- [100] Lili Farlikhatun, N. Sitiyarah, N. Anggraini, and R. Nurhasanah, "Pengaruh Adat Istiadat Budaya dengan Kesehatan Ibu Hamil," *Jurnal Antara Kebidanan*, vol. 4, no. 4, 2021, doi: 10.37063/ak.v4i4.637.
- [101] World Health Organization, *Promoting healthy housing for all – Towards an implementation strategy for the WHO Housing and health guidelines*, vol. 13, no. 1. 2021.
- [102] M. Rahmizal, "Pengaruh Air dan Sanitasi terhadap Kesehatan Anak di Indonesia: Analisis Data IFLS," *Jurna ekonomi dan Pembangunan*, vol. 2, no. 1, pp. 1–10, 2022, doi: 10.23960/jep.v1i1.389.
- [103] I. Maliga, H. Hasifah, G. Y. Antari, and A. Lestari, "Pengaruh Indeks Risiko Sanitasi Terhadap Kejadian Stunting di Kecamatan Moyo Utara," *Jurnal Kesehatan Lingkungan Indonesia*, vol. 21, no. 1, pp. 50–58, 2022.
- [104] L. Tshotetsi, L. Dzikiti, P. Hajison, and S. Feresu, "Maternal factors contributing to low birth weight deliveries in Tshwane District, South Africa," *PLoS One*, vol. 14, no. 3, pp. 1–13, 2019, doi: 10.1371/journal.pone.0213058.
- [105] M. M. Asaye, H. A. Muche, and E. D. Zelalem, "Prevalence and Predictors of Postpartum Depression: Northwest Ethiopia," *Psychiatry J*, vol. 2020, pp. 1–9, 2020, doi: 10.1155/2020/9565678.
- [106] Fikriman, F. A. Budiman, and E. Afrianto, "Faktor sosial ekonomi yang mempengaruhi pengeluaran pangan rumah tangga miskin di kecamatan bangko kabupaten merangin," *Jurnal Agri Sains*, vol. 4, no. 2, pp. 151–161, 2020.
- [107] R. D. Semba and M. W. Bloem, "Nutrition and health in developing countries," *Scandinavian Journal of Nutrition*, vol. 46, no. 2, pp. 107–111, 2002, doi: 10.1080/11026480213015.
- [108] B. Getachew, T. Liabsuetrakul, and Y. Gebrehiwot, "Association of maternity waiting home utilization with women's perceived geographic barriers and delivery complications in Ethiopia," *International Journal of Health Planning and Management*, vol. 35, no. 1, pp. e96–e107, Jan. 2020, doi: 10.1002/hpm.2940.
- [109] R. M. Al-Ithary, "A Study of Complications of Infants of Diabetic Mothers in Babylon Teaching Hospital for Maternity and Pediatrics," *Indian J Public Health Res Dev*, vol. 11, no. 1, pp. 1455–1460, Jan. 2020, doi: 10.37506/IJPHRD.V11I1.1020.
- [110] S. Mayor, "UK maternity services: audit finds wide variation in birth complications," *BMJ*, vol. 366, p. 15568, Sep. 2019, doi: 10.1136/BMJ.L5568.
- [111] M. Diallo *et al.*, "Adolescent obstetric complications at the maternity ward of Ignace Deen National Hospital," *Z Geburtshilfe Neonatol*, vol. 223, no. S 01, p. P 2.9-7, Nov. 2019, doi: 10.1055/S-0039-3401294.

- [112] Â. A. Oliveira Silva *et al.*, “Spatiotemporal distribution analysis of syphilis in Brazil: Cases of congenital and syphilis in pregnant women from 2001–2017,” *PLoS One*, vol. 17, no. 10 October, 2022, doi: 10.1371/journal.pone.0275731.
- [113] A. K. Upadhyay and S. Srivastava, “Effect of pregnancy intention, postnatal depressive symptoms and social support on early childhood stunting: Findings from India,” *BMC Pregnancy Childbirth*, vol. 16, no. 1, pp. 1–14, 2016, doi: 10.1186/s12884-016-0909-9.
- [114] Y. Media and N. Elfemi, “Permasalahan Sosial Budaya dan Alternatif Kebijakan dalam Upaya Penanggulangan Stunting pada Balita di Kabupaten Solok, Provinsi Sumatera Barat,” *Jurnal Ekologi Kesehatan*, vol. 20, no. 1, pp. 56–68, 2021, doi: 10.22435/jek.v20i1.4130.
- [115] Sari and D. E. A. Sari, “Socio-Cultural Influence on Early Breast Milk Companion Feeding in Bente Village , Mandah District , Indragiri Hilir Regency,” *Maternal&Neonatal Health Jurnal*, vol. 3, no. 1, pp. 1–6, 2022.
- [116] Sutarto, N. Yuliana, D. W. S. R. Wardhani, and S. Udayana Nurdin, “Response Habit a bag Prohibition Moment Pregnant to Stunting Incident in Way Kanan District Lampung Province Background Behind,” *Res Militaris*, vol. 12, no. 2, pp. 156–165, 2022.
- [117] Miranti, A. N. Balqista, E. Maharani, J. Triagustriani, and Y. F. Putri, “Pengasuhan serta pengasuhan menurut ragam sosial budaya,” *Jurnal Multidisipliner Bharasumba*, vol. 1, no. 1, pp. 116–125, 2022.
- [118] J. B. Manullang, “Aspek Sosial Budaya Dalam Pemberian Asi Eksklusif Ibu Bekerja di Desa Selayang Kabupaten Langkat Tahun 2017,” *Journal Of Midwifery Senior*, vol. 3, no. 1, pp. 72–81, 2020.
- [119] Sutarto, N. Yuliana, S. U. Nurdin, and D. W. S. R. Wardani, “The Influence of Local Culture on Mothers During Pregnancy on Stunting Incidence,” *Journal of Positive Psychology & Wellbeing*, vol. 6, no. 1, pp. 2172–2180, 2022.
- [120] D. Sakala, M. K. Kumwenda, D. F. Conserve, B. Ebenso, and A. T. Choko, “Socio-cultural and economic barriers, and facilitators influencing men’s involvement in antenatal care including HIV testing: a qualitative study from urban Blantyre, Malawi,” *BMC Public Health*, vol. 21, no. 1, pp. 1–12, 2021, doi: 10.1186/s12889-020-10112-w.
- [121] A. I. Adanikin, U. Onwudiegwu, and A. A. Akintayo, “Reshaping maternal services in Nigeria: Any need for spiritual care?,” *BMC Pregnancy Childbirth*, vol. 14, no. 1, 2014, doi: 10.1186/1471-2393-14-196.

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