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MENTORING TODDLERS WITH NUTRITIONAL PROBLEMS IN KARANG POH VILLAGE, BALONGSARI HEALTH CENTER WORKING AREA

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Abstrak
Undernutrition merupakan indikator kekurangan gizi yang berdampak pada pertumbuhan dan perkembangan anak. Kelurahan Karang Poh menjadi salah satu wilayah yang mengentaskan permasalahan gizi balita karena masalah gizi dan jumlah balita di kelurahan tersebut paling banyak. Kegiatan pendampingan ini bertujuan untuk mengatasi permasalahan pada balita yang tidak naik berat badan, gizi kurang, gizi buruk, growth faltering, pemberian makanan bayi dan anak, bayi sangat prematur, bayi BBLR, kelainan metabolisme bawaan, serta memberikan komunikasi, informasi, dan edukasi. Pendampingan ini dilaksanakan pada bulan Maret 2024 hingga Juni 2024. Kegiatan ini berlokasi di Kelurahan Karang Poh. Evaluasi program pendampingan balita dengan masalah gizi dilihat dari hasil kegiatan dalam bentuk cakupan berupa tabel, gambar, maupun diagram. Terdapat kenaikan berat badan dan tinggi badan balita sebelum dan setelah pendampingan. Rata-rata peningkatan berat badan balita selama masa pendampingan yakni 1.02 kg. Sementara, rata-rata peningkatan tinggi badan balita yakni 2.87 cm. Hasil akhir pendampingan pada bulan Juni 2024 didapatkan 1 balita lulus dari pra stunting, 1 balita lulus dari stunting, dan 1 balita lulus dari gizi buruk. Pendampingan balita dengan masalah gizi cukup memberikan hasil yang baik. Namun, pendampingan ini harus tetap dilanjutkan dan pendampingan dilakukan secara lebih insentif.
Kata kunci: Masalah Gizi Balita, Pendampingan Gizi, Undernutrition

Abstract
Undernutrition is an indicator of malnutrition that affects the growth and development of children. Karang Poh Village is one of the areas that alleviate under-five nutrition problems because of the nutritional problems and the largest number of under-fives in the village. This mentoring activity aims to overcome problems in toddlers who do not gain weight, undernutrition, malnutrition, growth faltering, infant and child feeding, very premature babies, LBW babies, congenital metabolic disorders, and provide health communication, information, and education. This mentoring was carried out from March 2024 to June 2024. This activity is located in Karang Poh Village. Evaluation of the toddler assistance program with nutritional problems is seen from the results of activities in the form of coverage in the form of tables, figures, and diagrams. There was an increase in weight and height of toddlers before and after mentoring. The average increase in toddler weight during the assistance period was 1.02 kg. Meanwhile, the average increase in toddler height is 2.87 cm. The final results of the assistance in June 2024 obtained 1 toddler graduated from pre-stunting, 1 toddler graduated from stunting, and 1 toddler graduated from malnutrition. Mentoring for toddlers with nutritional problems provides good results. However, this mentoring must continue and the mentoring be carried out with more incentives.
Keywords: *Toddler Nutrition Problems, Nutrition Mentoring, Undernutrition.*

INTRODUCTION

Indonesia is still facing nutrition problems such as undernutrition, especially in children under five years old. Undernutrition is a form of malnutrition that refers to a deficiency or imbalance in the intake of nutrients such as macronutrients (protein, carbohydrates, and fat) and micronutrients (vitamins and minerals). Undernutrition can be classified as stunting, wasting, and underweight (Engidaye et al., 2022). Undernutrition is an indicator of malnutrition and impacts on child growth and development. Child growth is recognized as a very important indicator of nutritional status for a country (Uzogara, 2016). (Uzogara, 2016). SSGI data shows that in 2021 the prevalence of stunting in Indonesia was 24.4%, decreasing by 2.8% to 21.6% in 2022. Meanwhile, the prevalence of wasting and underweight increased. The prevalence of wasting in 2021 was 7.1%, increasing by 0.6% to 7.7% in 2022. The prevalence of underweight in 2022 was 17.0%, increasing by 0.1% to 17.1% in 2022. This situation of nutrition problems in Indonesia has not exceeded the normal threshold according to WHO standards, namely stunting <20%, wasting <5%, and underweight <10% (Boli, 2020).

East Java Province is one of the most densely populated provinces, so the number of malnourished children is still large despite the decreasing prevalence. The prevalence of stunting and underweight in East Java has decreased but the prevalence of wasting has increased. Based on the SSGI results, the prevalence of stunting in 2021 was 23.5%, decreasing to 19.2% in 2022. The prevalence of underweight in 2021 was 16.1%, decreasing to 15.8% in 2022. Meanwhile, the prevalence of wasting in East Java in 2021 was 6.4%, increasing to 7.2% in 2022. One of the districts/cities in East Java that has the lowest prevalence of malnutrition is Surabaya City. In 2021, the prevalence of stunting, wasting, and underweight in Surabaya City was 28.9%, 6.8%, and 16.6%, respectively (SSGI, 2021). These prevalences decreased significantly in 2022, with stunting prevalence falling to 4.8%, wasting prevalence falling to 6.1%, and underweight prevalence falling to 7.5% (SSGI, 2022).

The prevalence of stunting, wasting, and underweight in Surabaya City has shown below the national and provincial averages. However, the Surabaya City government continues to make efforts to reduce nutritional problems and support the improvement of nutritional status in children under five. Karang Poh Village is one of the areas that alleviate toddler nutrition problems because the nutritional problems of toddlers and the number of toddlers in the village are the highest compared to other villages in the Balongsari Puskesmas Working Area. Based on data reports from the Balongsari Health Center, in February 2024, Karang Poh Village had 3 cases of stunting, 6 cases of pre-stunting, 1 case of severe wasting, and 9 cases of underweight.

Nutritional problems in toddlers are caused by various factors. Research conducted by (Asfaw et al., 2015) showed that the gender of toddlers, diarrhea in the last two weeks, pre-ASI feeding (complementary feeding) increased the risk of stunting. Wasting is influenced by the factors of diarrhea in the last two weeks, complementary feeding before the age of 6 months, and not using family planning methods. Underweight is influenced by gender, parental education, diarrhea in the last two weeks, and parity (mothers who have given birth more than four times). Nutritional problems in toddlers are also influenced by the role of parents in feeding children, namely by providing food diversity to children (Munawaroh et al., 2022).

One of the programs initiated by the Surabaya City Health Office to reduce under-five nutrition problems is the Mentoring Toddlers with Nutrition Problems. This mentoring program aims to pay attention to the problems of toddlers who do not gain weight, undernutrition, wasting, growth faltering, infant and child feeding, very premature babies, babies with low birth weight, congenital metabolic disorders, and provide health communication, information, and education to toddlers in all puskesmas working areas in Surabaya City (Kampus Merdeka, 2024). This program also collaborates with students, students can later be directly involved and collaborate with both public health center (Puskesmas) and Urban Village to alleviate nutrition problems in Surabaya City. This program can also provide benefits for students to practice direct work and gain work experience

(Al Ansori Tanjung et al., 2023).

METHOD

Place and Time

Mentoring toddlers with nutritional problems was carried out from March 2024 to June 2024. This mentoring activity is located in Karang Poh Village which is the working area of the Balongsari Health Center, Surabaya City.

Target Audience

The main target of this mentoring is toddlers with nutritional problems (pre-stunting, stunting, undernutrition, and wasting) in Karang Poh Village, Balongsari District, Surabaya City.

Program Details

The Surabaya City Health Office together with public health center (Puskesmas) in the Surabaya City Region are the coordinators and designers of the toddler assistance program with nutritional problems. This program design is arranged in the form of a syllabus. The programs that will be implemented include anthropometric measurements, initial data collection surveys, toddler food consumption surveys, infant and young child feeding education for mothers of toddlers, preparation of complementary food innovations made from local food, participating in Kampung ASI activities, and final data collection surveys.

Program Implementation

Implementation of this program in Karang Poh Village is adjusted to the syllabus set by the Surabaya City Health Office. The mentoring program for toddlers with nutritional problems in Karang Poh Village is carried out by student interns in collaboration with mentors and Kader Surabaya Hebat (KSH).

Program Monitoring and Evaluation

Monitoring and evaluation of the toddler mentoring program with nutritional problems is seen from the results of activities in the form of coverage in the form of tables, figures, and diagrams.

Result and Discussion

The mentoring program for toddlers with nutritional problems (pre-stunting, stunting, severe wasting, and underweight) is carried out in the Karang Poh Village Area. The implementation time of the mentoring activities starts from March 2024 to June 2024. The following activities were carried out during the toddler mentoring program with nutritional problems:

1. **Anthropometric Measurements**

Anthropometric measurements are carried out at toddler posyandu activities which are held once a month. In addition to posyandu (integrated service post) activities, special target toddlers must take routine anthropometric measurements at the Community Health Center. Anthropometric measurements consist of weighing body weight, height, upper arm circumference, and head circumference. The measurement results are written into the recording sheet and Maternal and Child Health book of each toddler. These anthropometric measurements aim to determine the nutritional status of toddlers while monitoring their development and growth.

Figure 1 Anthropometric Measurement of Toddlers

The World Health Organization (WHO) has established anthropometric parameters used to assess the nutritional status of children. The parameters are body weight according to age (BB/U) which is used to assess underweight and severely underweight nutritional status, body length or height according to age (PB/U or TB/U) which is used to assess short or very short nutritional status, and body weight according to body length or height (BB/PB or BB/TB) which is used to assess thin and very thin nutritional status. Meanwhile, body mass index according to age (BMI/U) is used to assess overnutrition and obesity (Kusuma & Hasanah, 2018). The Surabaya City Health Office developed the term pre-stunting to accelerate the handling of the stunting problem in Surabaya City. The criteria for pre-stunting children are seen from the Z-Score which is used to measure the growth status of children, especially in terms of height for age. Children at risk of pre-stunting have a z-score between -2 and -1.

Based on observations during posyandu activities, it is known that there are still many toddlers who do not regularly attend posyandu activities. In fact, bringing children to posyandu regularly every month or 12 times per year is the best visit. If the toddler visits the posyandu regularly, the nutritional status of the toddler can be better monitored and the more routine the better the nutritional status (Lestari P, Syansianah A, and Mufnaety (2013) in (Rismawati et al., 2020).

2. Initial Data Collection Survey

Data collection on toddlers with nutritional problems needs to be done before mentoring. Based on the mentor agreement and the results of data verification according to the z-score on the PWS lite application, the author was assigned to assist 20 toddlers with nutritional problems in Karang Poh Village.

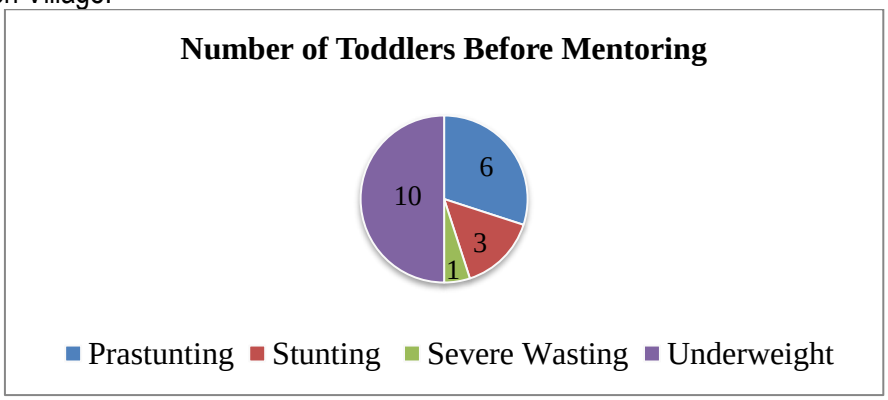


Figure 2 Number of Toddlers Before Mentoring

Figure 2 shows that the toddlers mentoring consisted of 6 pre-stunting toddlers, 3 stunting toddlers, 10 underweight toddlers, and 1 severe wasting toddler. Data collection on under-fives with nutritional problems was done by door to door visits. This data collection uses a printed form. The data collected in the form of parent identity, toddler identity, anthropometric measurement history, toddler nutrition history, hand washing habits using soap, house status, drinking water availability, and clean and healthy living behavior (PHBS).

Data collection is a common practice and is commonly known as nutrition surveillance. Nutrition surveillance is the regular and continuous monitoring of the nutritional status of the community. Nutrition surveillance can be used to make decisions with the aim of improving the nutritional status of the community. The purpose of nutritional surveillance is to target, detect malnourished children, determine the factors that affect the nutritional condition of the community, and determine an effective treatment plan. Nutrition surveillance also aims to provide up-to-date and regular information on the nutritional status of the community (Jahari, 2022).

Targeted toddlers are not only given mentoring but also given free supplementary feeding, biscuits, and milk from the health center. Supplementary feeding is given to targeted toddlers with a frequency of 1x per day in the form of snacks. Data collection and mentoring of target toddlers is also coordinated with KSH (Kader Surabaya Hebat). The cadre helps to convey the purpose and

deliver the home visit.

3. Toddler Food Consumption Survey

The food consumption survey of under-five children was conducted to 20 target children and conducted by home visits. The method used in this survey is FFQ (Food Frequency Questionnaire).

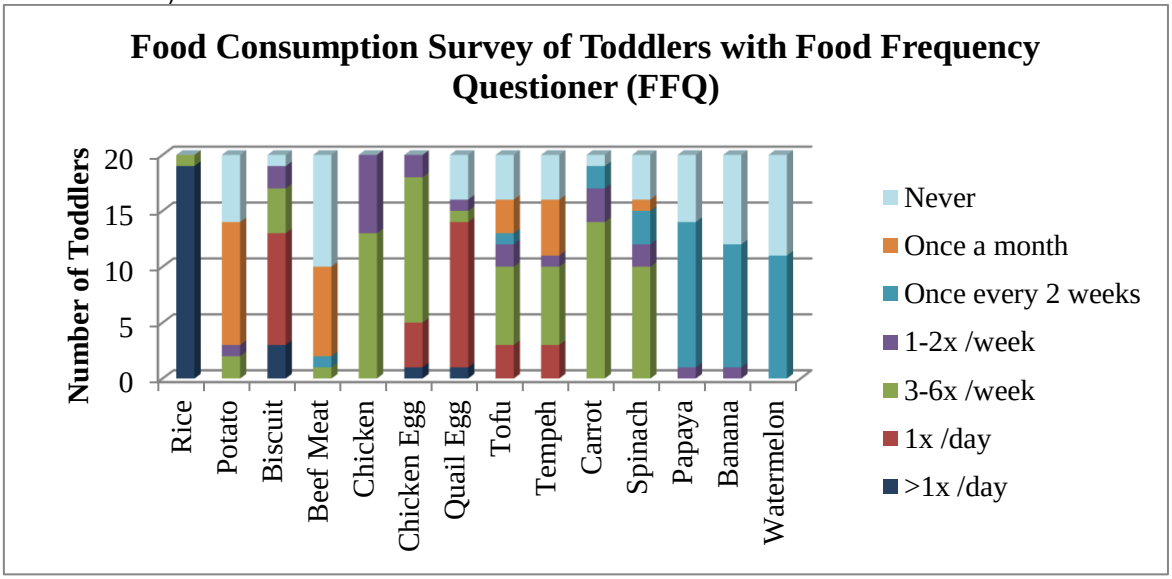


Figure 3 Food Consumption Survey of Toddlers with Food Frequency Questioner (FFQ)

Based on the FFQ results in Figure 3, it is known that as many as 20 toddlers consume 3 types of carbohydrate foods, namely rice, potatoes, and biscuits. The source of carbohydrates that is often consumed by toddlers is rice, there are at least 19 toddlers who consume >1x/ day. Consumption of animal protein as many as 4 types, namely beef, chicken meat, chicken eggs, and quail eggs. Animal protein that is often consumed by toddlers is quail eggs, as many as 13 toddlers who consume 1x/day. Vegetable protein consumption is 2 types, namely tofu and tempeh. Vegetable protein in the form of tofu and tempeh is a type of protein that is often consumed by toddlers, as many as 7 toddlers who consume 3-6x/ week. Vegetable consumption is 2 types, namely carrots and spinach. The type of vegetables often consumed by toddlers is carrots, as many as 14 toddlers who consume 3-6x/ week. Fruit consumption is 3 types, namely papaya, banana, and watermelon. The type of fruit most often consumed by toddlers is papaya, as many as 13 toddlers who consume once every 2 weeks.

The results of interviews with mothers of toddlers are also known that most toddlers sometimes do not eat a balanced diet, for example only eating rice with side dishes or rice with vegetable soup only. Most toddlers also rarely consume vegetables and fruits every day because toddlers don't like vegetables and fruits and their parents don't buy them. Some toddlers have a decreased appetite when they are sick so they refuse food and are only given milk. In matters related to food, mothers have an important role as caregivers. This includes shaping the child's diet. A poor diet prevents children from getting a balanced intake of nutrients, which eventually leads to malnutrition. Malnutrition in children can weaken the immune system, inhibit growth and development, so that children cannot grow and develop optimally according to their age (Munawaroh et al., 2022).

4. Infant and Young Child Feeding (IYCF) Education for Mothers of Toddlers

Figure 4 IYCF Education for mothers of Toddlers Target

Education on Infant and Young Child Feeding (IYCF) was aimed at 20 mothers of under-fives. The method used in IYCF education is interpersonal communication which is carried out with home visits. The IYCF education materials were taken from the maternal and child health book. This made it easier for the target to understand the information because they already had the book with them.

Based on the results of discussions and questions and answers with mothers of toddlers, it is known that some mothers are still wrong in giving food to their children such as food is less varied, eating is bribed while playing outside the house with friends, sometimes not washing hands before eating, mothers like to buy instant food because it is more practical, and mothers are not painstaking in giving food. This IYCF education aims to increase the understanding of mothers of toddlers about how to properly feed infants and children. IYCF education runs smoothly and mothers of toddlers actively participate. It is hoped that in the future IYCF education will be carried out in a sustainable manner and added with practical sessions such as the practice of making food textures for infants and toddlers directly.

Feeding infants and children requires careful consideration, there are important points that must be considered including age, frequency of feeding, quantity, texture, and variety of food, hygiene and active or responsive feeding (Windayanti et al., 2019). Wasting, severe wasting, stunting, underweight, and overweight can occur due to improper feeding of infants and children (Putri et al., 2022).

5. Preparation of Complementary Food Innovations Made from Local Food

Complementary foods are complementary foods other than breast milk given to infants aged 6 months or more to fulfill their nutritional needs. Complementary feeding can complement nutritional needs to support children's growth and development, which is still lacking if only breast milk is used (Sari & Sari, 2022). Locally-based complementary foods can be applied as an alternative in overcoming children's nutritional problems. The preparation of complementary food innovations is the result of thinking with other interns. The preparation of this complementary food innovation chose to use local food ingredients, considering the availability of ingredients in the Karang Poh Village Area, as well as prices that can be reached by families of target toddlers.

Figure 5 Potato Fritata Complementary Food Menu

The innovation of this complementary food is potato frittata. This menu can be used to

increase children's weight. The ingredients to make potato frittata consist of: 100 gr boiled potato, 60 gr carrot, 50 gr corned beef/chicken, 5 eggs, ¼ tsp pepper powder, ½ tsp salt, 60 ml tomato sauce, 1 tomato, 1 tbsp grated cheese, 2 tbsp melted plain milk, and 1 tbsp margarine. Meanwhile, making potato frittata is quite easy. The first step is to cut the potatoes to the size of a finger then the potatoes can be steamed, or fried until cooked. Step two, cut the carrots and boil until cooked, then set aside. Step three, cut the corned beef/chicken into cubes, then set aside. Step four, beat the eggs with pepper, salt, and tomato sauce. Step five, add potatoes, grated cheese, carrots, chicken/corned beef, scallions, and liquid unsalted milk. Then, stir the mixture until it is completely mixed. The last step, heat margarine in a pan, pour the egg mixture, cook over medium heat until cooked.

Food that has been cooked, served into a meal container and then delivered to the toddler's home. In this activity, the author only gave samples of potato frittata food to 2 target toddlers due to limited time, money and energy. The toddlers were enthusiastic and interested in tasting the food. However, the preparation of this complementary food innovation was also given to other target toddlers in the form of posters. The poster did not only include the potato frittata recipe but also other complementary food recipes. The hope is that parents of toddlers can cook the complementary food menu and can provide other food variations to their children.

6. Participate in Kampung ASI Activities

Kampung ASI is an innovative program of Surabaya City Government. Kampung ASI aims to increase public awareness, especially for mothers to provide exclusive breastfeeding and provide knowledge to breastfeeding support groups. The ASI support group in question is KSH (Kader Surabaya Hebat) (kumparan.com, 2019).

Figure 6. Kampung ASI activities in Karang Poh Village

The Balongsari Health Center working area has 3 breastfeeding villages, one of which is in Karang Poh Village. The person in charge of breastfeeding village activities is managed by the field of nutrition and collaborates with the field of traditional medicine. The breastfeeding village activity was attended by puskesmas officers, Surabaya hebat cadres, breastfeeding mothers, and pregnant women. The number of attendees at this activity was 25 people.

Figure 7 Exclusive Breastfeeding Leaflet Front View

Figure 8 Exclusive Breastfeeding Leaflet Back View

The breastfeeding village activity in Karang Poh Village has run twice. The series of breastfeeding village activities include opening, remarks by the head of the village, singing yells, lactation massage education, education related to exclusive breastfeeding, and closing with a

group photo session. At the second meeting, student interns were assigned to deliver education related to exclusive breastfeeding material. The method used for exclusive breastfeeding education is lecture with the help of leaflet media. The materials presented included breastfeeding problems, breast milk composition, definition of breast milk, hormones that affect breast milk, benefits of breastfeeding for mothers, and tips to stimulate breast milk. The response from the audience was quite enthusiastic in listening to the material and question and answer discussions.

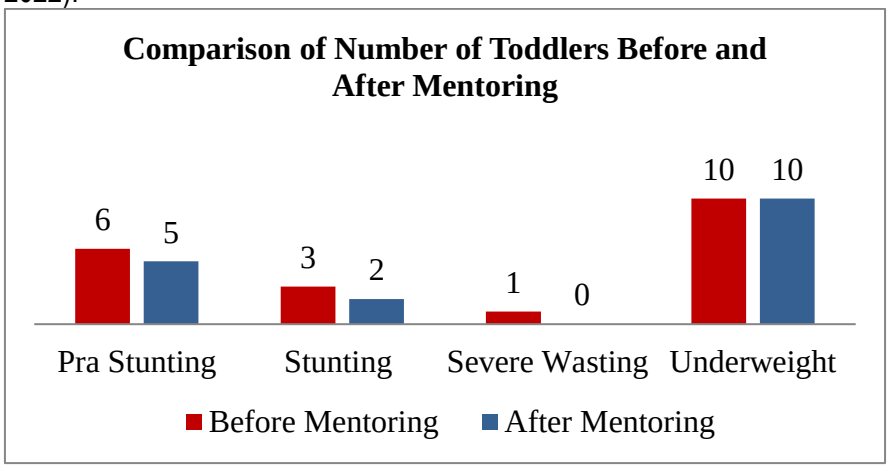
7. Final Data Collection Survey

The weight and height of toddlers targeted for mentoring are always monitored every month. This aims to monitor their weight and height. The results of these weight and height measurements can be used to determine the nutritional status of toddlers.

Table 1 Average Difference in Body Weight and Height Before and After Mentoring

Measurement Indicator	Average Measurement Results	
	Before Mentoring	After Mentoring
Body Weight (kg)	10.24	11.26
Height (cm)	86.26	89.13

Based on table 1, it can be seen that there is an increase in body weight and height of toddlers before mentoring and after mentoring. The average increase in body weight of toddlers during the assistance period was 1.02 kg. Meanwhile, the average increase in toddler height is 2.87. This increase in body weight and height has exceeded the threshold recommended by the Ministry of Health, which is a minimum of 0.2 kg for body weight and 0.5-0.8 for height (Sholikhah & Rahma, 2022).



Bar Chart 1 Comparison of Number of Toddlers Before and After Mentoring

After providing mentoring for approximately 4 months, final data collection was then carried out in the form of anthropometric measurements to determine the development of nutritional status of toddlers. Based on the results of anthropometric measurements every month, the height and weight of the target toddlers have increased significantly. The results of the final data collection in bar chart 1 show that of the 20 target toddlers, 1 toddler graduated from pre-stunting, 1 toddler graduated from stunting, and 1 toddler graduated from severe wasting.

Thus, the mentoring of toddlers with nutritional problems has good results. However, the assistance of toddlers with nutritional problems must be continued and the assistance carried out in a more incentive manner. Nutrition assistance that is carried out intensively is certainly one of them to help solve nutritional problems personally (Sholikhah & Rahma, 2022). Mentoring toddlers through social media can also be an alternative when door to door mentoring experiences

obstacles.

Conclusion

The mentoring program for toddlers with nutritional problems is an initiative program used to accelerate the reduction of nutritional problems in Surabaya City. The results of mentoring toddler nutrition problems for four months show that there is an increase in weight and height of toddlers before assistance and after assistance. The average increase in body weight of toddlers during the assistance period was 1.02 kg. Meanwhile, the average increase in toddler height is 2.87. In addition, the assistance program for toddlers with nutritional problems in Karang Poh Village succeeded in reducing several nutritional problems of toddlers. In March 2024, there were 20 toddlers targeted with details of 6 pre-stunting toddlers, 3 stunting toddlers, 10 underweight toddlers, and 1 severe wasting toddler. The final results of the assistance in June 2024 obtained 1 toddler graduated from pre-stunting, 1 toddler graduated from stunting, and 1 toddler graduated from severe wasting.

Suggestions for the Surabaya City Health Office include clarifying the syllabus and activity schedule during program implementation, coordinating regularly with field mentors to avoid miscommunication, clarifying the target achievements (output) of each activity, and responding to student questions.

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References

Al Ansori Tanjung, M. H., Harahap, N. B., Siboro, M. E., & Harahap, M. (2023). Program Magang Keahlian sebagai Sarana Praktik dan Peningkatan Kompetensi Mahasiswa di Bidang Penerbitan. *Indonesian Journal of Community Services*, *5*(1), 1. https://doi.org/http://dx.doi.org/10.30659/ijocs.5.1.1-11

Asfaw, M., Wondaferash, M., Taha, M., & Dube, L. (2015). Prevalence of Undernutrition and Associated Factors Among Children Aged Between Six to Fifty Nine Months in Bule Hora District, South Ethiopia. *BMC Public Health*, *15*(41), 1–9. https://doi.org/10.1186/s12889-015-1370-9

Boli, E. B. (2020). Analisis Kebijakan Gizi dalam Upaya Penanganan Masalah Gizi di Provinsi Nusa Tenggara Timur. *Jurnal Komunitas Kesehatan Masyarakat*, *Volume 2*(1), 23–30. https://doi.org/https://doi.org/10.36090/jkkm.v2i1.749

Engidaye, G., Aynalem, M., Adane, T., Gelaw, Y., Yalew, A., & Enawgaw, B. (2022). Undernutrition and Its Associated Factors Among Children Aged 6 to 59 Months in Menz Gera Midir District, Northeast Ethiopia: A Community-based Cross-sectional Study. *PLOS ONE*, *17*(12), 1–18. https://doi.org/https://doi. org/10.1371/journal.pone.0278756 Editor:

Jahari, A. B. (2022). Surveilans Gizi dalam Penanganan Masalah Gizi Terkini. *Temu Ilmiah Nasional PERSAGI*, *4*, 101–108. https://tin.persagi.org/index.php/tin/article/view/113

Kampus Merdeka. (2024). *Pendamping Balita dengan Masalah Gizi (PELITA EMAZ)*. Kampusmerdeka.Kemdikbud.Go.Id. https://kampusmerdeka.kemdikbud.go.id/activity/active/7916242

kumparan.com. (2019). *Ada Kampung ASI di Surabaya! Apa Maksudnya?* https://kumparan.com/kumparanmom/ada-kampung-asi-di-surabaya-apa-maksudnya-1reNDGmgLeo/full

Kusuma, R. M., & Hasanah, R. A. (2018). Antropometri Pengukuran Status Gizi Anak Usia 24-60 Bulan di Kelurahan Bener Kota Yogyakarta. *Jurnal Medika Respati*, *13*(4), 1907–3887. https://doi.org/https://doi.org/10.35842/mr.v13i4.196

Munawaroh, H., Nada, N. K., Hasjiandito, A., Faisal, V. I. A., Heldanita, H., Anjarsari, I., & Fauziddin, M. (2022). Peranan Orang Tua Dalam Pemenuhan Gizi Seimbang Sebagai Upaya Pencegahan Stunting Pada Anak Usia 4-5 Tahun. *Sentra Cendekia*, *3*(2), 47. https://doi.org/10.31331/sencenivet.v3i2.2149

Putri, I., Zuleika, T., Murti, R. A. W., & Humayrah, W. (2022). Edukasi Pemberian Makan Bayi dan Anak (PMBA) Meningkatkan Pengetahuan Gizi Ibu Balita di Posyandu Anggrek, Bogor Selatan, Jawa Barat. *Darmabakti : Jurnal Pengabdian Dan Pemberdayaan Masyarakat*, *3*(1), 48–55. https://doi.org/10.31102/darmabakti.2022.3.1.48-55

Rismawati, Laili, F., & Saidah, H. (2020). Hubungan Antara Keteraturan Kunjungan Posyandu Balita dengan Status Gizi Balita. *Jurnal Mahasiwa Kesehatan*, *1*(2), 113–119. https://doi.org/https://doi.org/10.30737/jumakes.v1i2.750

Sari, N., & Sari, S. M. (2022). Pemberdayaan Kader Dalam Pembuatan Makanan Pendamping Asi (Mpasi) Berbahan Lokal. *DEVOTE: Jurnal Pengabdian Masyarakat Global*, *1*(2), 115–119. https://doi.org/10.55681/devote.v1i2.377

Sholikhah, D. M., & Rahma, A. (2022). Perbaikan Status Gizi Balita Melalui Pendampingan Gizi Secara Intensif di Desa Singosari, Gresik. *Amerta Nutrition*, *6*(1SP), 117–125. https://doi.org/10.20473/amnt.v6i1sp.2022.117-125

SSGI. (2021). *Hasil Studi Status Gizi Indonesia (SSGI) Tingkat Nasional, Provinsi, dan Kabupaten/Kota Tahun 2021*. https://doi.org/10.36805/bi.v2i1.301

SSGI. (2022). Buku Saku Hasil Survey Status Gizi Indonesia (SSGI) Tahun 2022. In *Kemenkes*.

Uzogara, S. G. (2016). Underweight, the Less Discussed Type of Unhealthy Weight and Its Implications: A Review. *American Journal of Food Science and Nutrition Research*, *3*(5), 126–142. http://www.openscienceonline.com/journal/fsnr

Windayanti, H., Masruroh, M., & Cahyaningrum, C. (2019). Pemberian Informasi Tentang Pemberian Makan Bayi dan Anak Usia 0–24 Bulan. *Indonesian Journal of Community Empowerment (IJCE)*, *1*(2), 23–28. https://doi.org/https://doi.org/10.35473/ijce.v1i2.321