


Description of Parenting Patterns with Nutritional Status of Toddlers Aged 12-60 Months in RW 02 Simokerto Urban Village Surabaya City

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Article Info	ABSTRACT
Keywords: Parenting, Nutritional Status, Parental Occupation	The quality of future human resources is influenced by current child health problems, which are an important national issue. The first five years are a crucial period in a child's growth and development that determines their physical, psychological and intelligence. Based on SSGI 2022 data, the prevalence of stunting in Indonesia reached 21.6%, wasting 7.7%, and underweight 17.1% (Kemenkes RI, 2022). This study aims to determine the description of parenting patterns with the nutritional status of toddlers aged 12-60 months in RW 02 Simokerto Village, Surabaya. This study used a quantitative approach with an analytic observational design, involving 33 respondents selected through total sampling. Data analysis used descriptive univariate and bivariate tests. The results showed that authoritative parenting was applied to 28 mothers, where 23 children had good nutrition and 5 children were malnourished. Permissive parenting was applied to 2 children with good nutrition, while authoritarian parenting was applied to 3 children, with 2 children well-nourished and 1 child undernourished. This study concludes that parenting patterns affect the nutritional status of children under five, with authoritative patterns being the most dominant and associated with good nutrition.
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INTRODUCTION

Good nutritional fulfillment depends on the parenting style provided by parents to their children. Parenting refers to general education applied in child-rearing, involving a process of interaction between parents and children. This interaction includes care, such as meeting nutritional needs, encouraging success, protecting, and socializing by teaching socially acceptable behaviors. Good parenting can improve children's nutritional quality by promoting proper parenting practices in the community, such as encouraging mothers to provide exclusive breastfeeding (ASI) and taking children to healthcare services.

The golden age is a crucial period in a child's life that occurs only once. During this phase, approximately 100 billion brain cells are ready to be stimulated, enabling optimal intelligence development in the future. According to the United Nations International Children's Emergency Fund (UNICEF), 45.4 million children under five experience acute malnutrition. Based on SSGI data from 2022, the prevalence of stunting among toddlers in

Indonesia reached 21.6%, wasting 7.7%, and underweight 17.1%. Simokerto Subdistrict in Surabaya is one of the areas with a high population density and diverse socioeconomic challenges. A preliminary study conducted by researchers in RW 02, Simokerto Village, Surabaya City, in April found that most parents had not implemented proper feeding practices for their children. This finding was based on interviews regarding food recall or child feeding practices within a 24-hour period, revealing that 9 out of 15 children experienced protein and fat deficits.

Research by Yunita Anita LaLi Midu, Ronasari Mahaji Putri, and Ragil Catur Adi Wibowo indicates that poor maternal parenting contributes to poor nutritional status in toddlers. Similarly, a study by Haalimatus Sa'diyah, Dessy Lutfia Sari, and Anis Nikmatul Nikmah shows a significant relationship between parenting styles and toddlers' nutritional status, with a p-value of 0.001.

METHODS

The research method used a quantitative approach with an analytical observational study design. The sample was drawn from a population that met the inclusion and exclusion criteria, consisting of 33 respondents selected through total sampling. Statistical analysis was conducted using univariate and descriptive bivariate tests.

RESULTS AND DISCUSSION

Univariate analysis aims to explain or describe the characteristics of each research variable. Generally, this analysis only produces frequency distributions and percentages for each variable (Notoatmodjo, 2018).

Distribution of Descriptive Statistics for Categorical Variables

In this study, categorical data include the variables of the child's gender, parenting style, nutritional status based on TB/BB, nutritional status based on BB/U, and nutritional status based on TB/U. The descriptive analysis results of categorical data can be seen in the table below.

Variable	Frequency	Percentage
Child's Gender		
Male	13	39.4%
Female	20	60.6%
Parenting Style		
Authoritative	28	84.8%
Authoritarian	2	6.1%
Permissive	3	9.1%
Nutritional Status Based on TB/BB		
Good Nutrition	27	81.8%
Poor Nutrition	5	15.2%
Malnutrition	1	3.0%
Nutritional Status Based on BB/U		
Very Low Weight	8	24.2%

Normal Weight	25	75.8%
Nutritional Status Based on TB/U		
Very Short	12	36.4%
Normal Height	20	60.6%
Short	1	3.0%

The table shows that, for the variable of the respondents' gender, 13 male children (39.4%) and 20 female children (60.6%) were included. For the parenting style variable, the majority of respondents exhibited an authoritative parenting style. A total of 28 individuals (84.8%) exhibited an authoritative style, 2 individuals (6.1%) exhibited an authoritarian style, and 3 individuals (9.1%) exhibited a permissive style.

For the nutritional status based on TB/BB, the majority of children had good nutritional status, with 27 children (81.8%) classified as well-nourished, 5 children (15.2%) with poor nutrition, and 1 child (3.0%) with malnutrition. For the nutritional status based on BB/U, the majority of children had normal weight, with 25 children (75.8%), while 8 children (24.2%) had severely low weight. For the nutritional status based on TB/U, the majority of children had normal height, with 20 children (60.6%), while 12 children (36.4%) were very short, and 1 child (3.0%) was short.

Distribution of Descriptive Statistics for Numeric Variables

There are 6 numeric variables that will be analyzed, namely: 1) respondent's age, 2) child's age in months, 3) child's weight, 4) child's height, 5) child's upper arm circumference, and 6) child's head circumference. The descriptive analysis results for the numeric data can be seen in the table below.

Variable	Mean + SD	Median	Min-Max	95% Confidence Interval
Respondent's Age	30.15 + 6.920	30.00	19-45	27.70-32.61
Child's Age (Months)	30.30 + 15.175	26.00	12-60	24.92-35.68
Child's Weight	12.79 + 3.172	12.60	5-19	11.66-13.91
Child's Height	87.27 + 13.741	88.00	66-112	82.39-92.14
Child's Upper Arm Circumference	14.98 + 1.743	15.00	13-20	14.37-15.60
Child's Head Circumference	47.06 + 2.872	47.00	42-53	46.04-48.08

The analysis results show that the average age of respondents is 30.15 years (95% CI: 27.70 – 32.61), with a median of 30 years and a standard deviation of 6.920. The youngest age is 19 years, and the oldest age is 45 years. From the interval estimate, it can be concluded that 95% are confident that the average age of respondents falls between 27.70 years and 32.61 years.

The analysis results show that the average age of children (in months) is 30.30 months (95% CI: 24.92 – 35.68), with a median of 26 months and a standard deviation of 15.175. The youngest age is 12 months, and the oldest age is 60 months. From the interval estimate, it can be concluded that 95% are confident that the average age of the children of the respondents falls between 24.92 months and 35.68 months.

The analysis results show that the average weight of children is 12.79 kg (95% CI: 11.66 – 13.91), with a median of 12.6 kg and a standard deviation of 3.172. The lowest weight is 5 kg, and the highest weight is 19 kg. From the interval estimate, it can be concluded that 95% are confident that the average weight of the children falls between 11.66 kg and 13.91 kg.

The analysis results show that the average height of children is 87.27 cm (95% CI: 82.39 – 92.14), with a median of 88 cm and a standard deviation of 13.741. The lowest height is 66 cm, and the highest height is 112 cm. From the interval estimate, it can be concluded that 95% are confident that the average height of the children falls between 82.39 cm and 92.14 cm.

The analysis results show that the average upper arm circumference of children is 14.98 cm (95% CI: 14.37 – 15.60), with a median of 15 cm and a standard deviation of 1.743. The lowest upper arm circumference is 13 cm, and the highest is 20 cm. From the interval estimate, it can be concluded that 95% are confident that the average upper arm circumference of the children falls between 14.37 cm and 15.60 cm.

The analysis results show that the average head circumference of children is 47.06 cm (95% CI: 46.04 – 48.08), with a median of 47 cm and a standard deviation of 2.872. The lowest head circumference is 42 cm, and the highest is 53 cm. From the interval estimate, it can be concluded that 95% are confident that the average head circumference of the children falls between 46.04 cm and 48.08 cm.

Normality Test of Numerical Variables

Normality tests were conducted on 3 numerical scale variables, namely: 1) respondent age, 2) child's age in months, 3) child's weight, 4) child's height, 5) child's upper arm circumference, and 6) child's head circumference. The results of the normality test are as follows.

Variable	Kolmogorov-Smirnov Statistic	Shapiro-Wilk df.	Conclusion Sig.
Respondent Age	.077	33	.200*
Child Age (Months)	.162	33	.028
Child's Weight	.101	33	.200*
Child's Height	.106	33	.200*
Child's Upper Arm Circumference	.163	33	.026
Child's Head Circumference	.098	33	.200*

The sample size is 33 individuals, this the Shapiro-Wilk test result is used to assess normality. Before the test is conducted, the hypotheses for each variable are defined as follows:

Respondent Age Variable

Ho: The distribution of respondent age is normal

Ha: The distribution of respondent age is not normal

The analysis results show that the Shapiro-Wilk normality test value for the respondent age variable is 0.626 (> 0.05). Therefore, Ho is accepted, which means the distribution of

respondent age is normal.

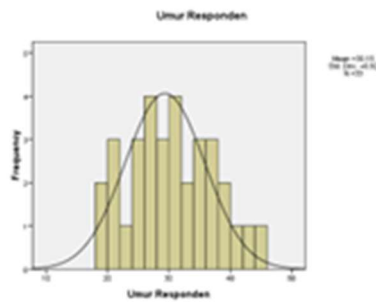


Figure 1 Histogram of Respondent Age Distribution with its Normal Curve
Child Age Variable (Months)

Ho: The distribution of child age (months) is normal

Ha: The distribution of child age (months) is not normal

The analysis results show that the Shapiro-Wilk normality test value for the child age (months) variable is 0.006 (< 0.05). Therefore, Ho is rejected, which means the distribution of child age is not normal.

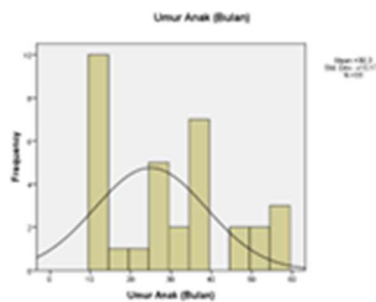


Figure 2 Histogram of Child Age (Months) Distribution with its Normal Curve
Child's Weight Variable

Ho: The distribution of child's weight is normal

Ha: The distribution of child's weight is not normal

The analysis results show that the Shapiro-Wilk normality test value for the child's weight variable is 0.815 (> 0.05). Therefore, Ho is accepted, which means the distribution of child's weight is normal.

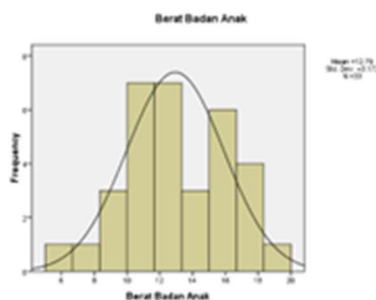


Figure 3 Histogram of Child's Weight Distribution with its Normal Curve
Child's Height Variable

Ho: The distribution of child's height is normal

Ha: The distribution of child's height is not normal

The analysis results show that the Shapiro-Wilk normality test value for the child's height variable is 0.097 (> 0.05). Therefore, H_0 is accepted, which means the distribution of child's height is normal.

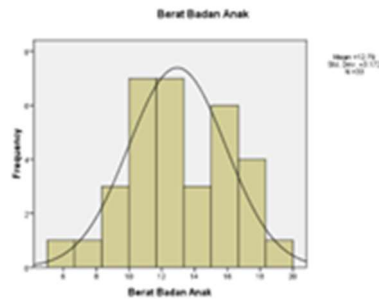


Figure 4 Histogram of Child's Height Distribution with the Normal Curve

Upper Arm Circumference Variable

H_0 : The distribution of upper arm circumference is normal

H_a : The distribution of upper arm circumference is not normal

The analysis results show that the Shapiro-Wilk normality test value for the upper arm circumference variable is 0.002 (< 0.05). Therefore, H_0 is rejected, which means the distribution of upper arm circumference is not normal.

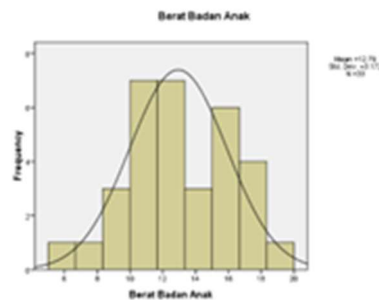


Figure 5 Histogram of Upper Arm Circumference Distribution with its Normal Curve

Child's Head Circumference Variable

H_0 : The distribution of child's head circumference is normal

H_a : The distribution of child's head circumference is not normal

The analysis results show that the Shapiro-Wilk normality test value for the child's head circumference variable is 0.364 (> 0.05). Therefore, H_0 is accepted, which means the distribution of child's head circumference is normal.

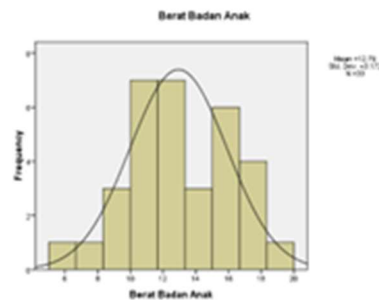


Figure 6 Histogram of Child's Head Circumference Distribution with its Normal Curve

Bivariate Analysis Results

Bivariate analysis is conducted to analyze two variables, aiming to understand the relationship between the dependent and independent variables. The dependent variable in this study is nutritional status.

Pola asuh	Status gizi			total	p-value 0,60
	Gizi baik	Gizi kurang	Gizi buruk		
Authoritative	23	4	1	28	
Permissive	2	0	0	2	
Authoritarian	2	1	0	3	
Total	27	5	1	33	

Based on Table from the study conducted in RW 02 Simokerto Village, which is one of the working areas of the Tambakrejo Health Center in Surabaya, it shows the relationship between parenting patterns and children's nutritional status. Out of 33 children, most were raised with the authoritative parenting style, where 23 children had good nutritional status, 4 children were undernourished, and 1 child had poor nutritional status. The permissive parenting style was applied to 2 children, all of whom had good nutrition. Meanwhile, the authoritarian parenting style was applied to 3 children, with 2 children having good nutrition and 1 child being undernourished.

The chi-square test results showed that 8 cells (88.9%) had an expected count below 5, which did not meet the chi-square requirements. Therefore, cell merging/simplification was done into a 2x3 table. Cells were merged by combining the undernourished category with the poor nutritional status category.

Pola asuh	Status gizi		total	p-value 0,635
	Gizi baik	Gizi kurang-buruk		
Authoritative	23	5	28	
Expected count	22,9	5,1	28	
Permissive	2	-	2	
Expected count	1,6	0,4	2	
Authoritarian	2	1	3	
Expected count	2,5	0,5	3	
Total	26	6	33	

After the cells were merged, the chi-square test analysis results showed that out of 33 children, most were raised with the authoritative parenting style, where 23 children had good

nutritional status, and 5 children had either undernourished or poor nutritional status. The permissive parenting style was applied to 2 children, both of whom had good nutrition. Meanwhile, the authoritarian parenting style was applied to 3 children, with 2 children having good nutrition and 1 child having either undernourished or poor nutrition.

Although the cell merging was done, two cells (66.7%) still had an expected count less than 5, which does not meet the chi-square test requirements, because in a 2x3 table, no cell should have an expected count less than 5. The parenting style type variable was decided not to be simplified because, theoretically, the three types have distinct characteristics that do not allow for merging or combining. Therefore, the variable under study does not meet the requirements for the chi-square test. It was decided that the subsequent analysis would use univariate test results, particularly those related to crosstabs.

Parenting Style

Parenting style is fundamental in shaping a child's character. Parental behavior is crucial for children's development, as they tend to model and imitate from their immediate environment (Fatmawati et al., 2021). Based on the research conducted in RW 02, Simokerto Village, Surabaya, it was found that 28 mothers (84.8%) used the authoritative parenting style, 2 mothers (6.1%) used the authoritarian style, and 3 mothers (9.1%) used the permissive parenting style.

According to the study, the majority of respondents employed the authoritative parenting style. This style involves parents allowing children freedom in their behavior or actions while still maintaining established boundaries. This approach fosters understanding and harmony between parent and child. The predominance of authoritative parenting in the study suggests that the respondents are striving to promote their children's independence effectively.

According to Windayani and Komang (2021), the authoritative style encourages children to be independent, but parents must still set limits and provide control. The responses from the questionnaire show that most respondents educate their children with compassion, meaning that when a child behaves inappropriately, they are not immediately judged but instead are viewed positively and their actions are better understood. However, when an action is deemed dangerous or inappropriate, respondents provide positive explanations to the child. Furthermore, the study found that most respondents were not employed, allowing them more time to focus on nurturing, guiding, and paying attention to their children.

Baumrind's research (as cited in Santick, 2003) suggests that the democratic (authoritative) parenting style is one where parents have the time to both control and encourage their children effectively. This style helps to shape the child's character positively because parents provide the child with freedom within boundaries. Such a parenting style allows children to express themselves, be independent, confident, and empowered in a positive direction. Given that the subjects of this study were toddlers, a stage of development where self-formation occurs, toddlers should be provided with good stimuli. Positive behaviors and actions significantly affect social, emotional, and intellectual development in the future. According to Lubis et al. (2022), good parenting will lead to positive outcomes for a child's development, and vice versa.

In this study, although the majority of mothers used the authoritative parenting style, this does not imply that it is the best style. All parenting styles have their merits, but factors such as parental education background, past experiences, cultural subcultures, and others influence the style used by parents (Maimunah, 2019). In this study, the Parenting Styles & Dimensions Questionnaire-Short Version (PSDQ) was used to identify the parenting styles applied to the children. The questionnaire consists of 31 questions divided into three main parenting dimensions: democratic (authoritative), authoritarian, and permissive.

Democratic Dimension

The democratic dimension consists of three sub-dimensions, which are Warmth & Support, Reasoning/Induction, and Freedom Participation. Based on the results of the questionnaire, for the sub-dimension of Warmth & Support, a statement such as "You are responsible for your child's feelings and needs" indicates that the majority of respondents (87.9%) gave a high response, suggesting that many parents provide attention and emotional support to their children. In the sub-dimension of Reasoning/Induction, a statement like "You explain to your child how you feel about their good and bad behavior" was strongly agreed upon by 60.6% of respondents. This shows that parents prefer to provide explanations to their children rather than forcing them to obey without reasoning. The Freedom Participation sub-dimension also received high responses, especially for the statement "You respect your child's opinions by encouraging them to express them," which was agreed upon by 63.6% of respondents.

The high number of respondents who agreed with statements within the democratic dimension indicates that they tend to apply a parenting style that supports the emotional and cognitive development of their children. This reflects that parents who prioritize a democratic parenting style are more likely to offer reasoning, support, and attention to their children. This approach helps maintain a balance between rules and freedom, which is necessary for optimal nutritional status. For example, proper food intake is more likely to be sustained in a supportive environment where children feel heard and supported by their parents.

Authoritarian Dimension

The Authoritarian Dimension is divided into three sub-dimensions: Physical Coercion, Verbal Anger, and Punishment Without Reason. In the Physical Coercion sub-dimension, a statement such as "Father/Mother uses physical punishment as a way to discipline the child" shows that 63.6% of respondents disagree with the use of physical punishment, indicating a rejection of harsh parenting styles. The Verbal Anger sub-dimension also shows similar results, with many respondents disagreeing with statements like "Father/Mother shouts or scolds when the child misbehaves," indicating that parents tend to avoid verbally harsh parenting. In the Punishment Without Reason sub-dimension, a statement such as "Father/Mother punishes the child by taking away their usual rights without much explanation" shows more varied results, with some respondents agreeing, but the majority disagreeing.

Permissive Dimension

The Permissive Dimension includes one sub-dimension, which is Indulgent. A statement such as "Father/Mother allows the child to do something that could harm

themselves” shows that the majority of respondents (66.7%) disagree with this permissive action, indicating that they do not tend to apply overly lenient parenting styles. In another statement, “Father/Mother indulges the child (e.g., putting on socks and shoes, dressing them, etc.)”, the responses tend to be more varied, with some respondents agreeing with the permissive behavior. Permissive parenting, according to theory, can be risky in causing children to become less disciplined and possibly face issues with self-control, which may eventually affect their nutritional status. Although some parents may still show permissive behaviors, the survey results indicate that many are aware of the risks of this parenting style and try to avoid it.

Nutritional status refers to the body's condition resulting from the balance between nutrient intake and the body's needs. This balance can be assessed through variables such as body weight (Gibson, 1998). If this balance is disrupted, for example, if energy and protein output exceeds intake, it will lead to protein-energy malnutrition, and if prolonged, it can cause issues known as severe acute malnutrition or poor nutrition (Depkes RI, 2000). Nutritional status is influenced by food consumption and the utilization of nutrients in the body. When the body receives sufficient nutrients and utilizes them efficiently, optimal nutritional status is achieved, which allows for physical growth, brain development, work capacity, and overall health at the highest possible levels (Almatsir, 2009).

Nutritional status

The nutritional status of toddlers in this study was assessed using anthropometric measures, specifically the weight-for-age index (WFA), followed by calculating the Z-score to determine the nutritional condition. The results of this study indicate that the majority of toddlers aged 12-60 months in RW 2, Simokerto District, Surabaya, have good nutritional status (81.8%). However, 15.2% of the children were categorized as undernourished, and 3.0% were classified as severely malnourished. In this study, the nutritional status was predominantly categorized as good. This aligns with the findings of the researcher during the study, where the majority of mothers had a good understanding of nutrition, including knowledge about providing proper food intake, preventing infectious diseases, and easy access to health information, especially related to nutrition, through social media. Given that the average age of the respondents was 30 years, with most being active social media users, the majority of children had good nutritional status.

Although the majority of the children had good nutritional status, a small proportion still had inadequate or poor nutrition. Several factors contributed to this, such as inadequate sanitation. Environmental sanitation is one factor that indirectly influences children's nutritional status (Basyariyah, 2022). Additionally, inadequate food intake due to poor economic conditions also contributes to malnutrition, as stated by Berliana (2016), who notes that low parental economic status is one of the factors leading to malnutrition in toddlers. Moreover, socioeconomic status is also a risk factor for poor nutritional status. Recurrent infectious diseases, often due to insufficient maternal attention to health, can also cause children to experience malnutrition. Firdawsyi Nuzula's study (2017) indicates that infectious diseases and children's nutritional status are interrelated. Illness can lead to a decrease in children's appetite, reducing their food intake and, consequently, the amount of nutrients

entering their bodies.

Parenting Style and Nutritional Status

Based on the cross-tabulation of parenting style and children's nutritional status, it was found that 28 mothers applied the authoritative parenting style. Of these, 23 children had good nutritional status, while 5 children had poor or inadequate nutritional status. The permissive parenting style was applied to 2 children, both of whom had good nutritional status, and the authoritarian style was applied to 3 children, among whom 2 had good nutritional status and 1 had poor or inadequate nutritional status. Another factor influencing parenting style is the mother's age, which is reflected in the characteristics of the respondents in this study. Almost all of the respondents were over 25 years old, which aligns with WHO standards, as stated by Notoatmodjo (2010), that mothers aged between 25-49 years typically have children with good nutritional status.

Parenting style has a significant impact on children's growth and development, particularly regarding their nutritional status. Nutritional status is influenced by many factors, and one of the factors affecting children's nutritional status is parenting style. If the parenting style is good, it is expected that the child's nutritional status will also be better. Additionally, a child's nutritional status is influenced by family socioeconomic conditions, including parents' occupation, knowledge, number of children, parenting style, and the overall economic condition of the parents (Putri et al., 2015).

A good parenting style helps children develop discipline and, most importantly, the ability to manage their food intake. The role of parents is crucial for children, as childhood is a critical period for growth and development and must be well-maintained. The parenting style strongly determines a child's nutritional status in the future. Therefore, children's nutritional needs must be met to avoid nutritional problems, such as weight loss, malnutrition, or obesity.

In this study, many mothers who used the authoritative parenting style had children with good nutritional status. This is related to the characteristics of the authoritative parenting style, which creates a balanced relationship between the child and the mother that is harmonious. As stated by Silvy and Hany (2023), a good parenting style greatly helps children achieve good or normal nutritional status, as parents are always close to their children and give them full attention. An example of the authoritative parenting style is when children are given the freedom to choose their food, but the mother sets boundaries to ensure that the food is nutritious and healthy. This approach allows children to enjoy their meals emotionally and consume their food properly.

However, for mothers who use the authoritative style but have children with poor or inadequate nutritional status, this is due to several factors, such as limited knowledge regarding the provision of nutritious food. A mother may provide food support but may not be able to control the types of food that are nutritious for her child. Additionally, the mother's busy schedule, the number of children, and education level can also be factors contributing to the child's poor nutritional status.

CONCLUSION

Based on the research findings regarding the relationship between parenting styles and the nutritional status of children aged 12-60 months in RW 02 Simokerto Village, Surabaya City, the author draws the following conclusions: The majority of respondents (84.8%) applied a democratic/authoritative parenting style, while 6.1% applied an authoritarian style and 9.1% applied a permissive style. In terms of nutritional status, most children (81.8%) had good nutritional status, 15.2% had poor nutritional status, and 3.0% were categorized as very poor. Children raised with the authoritative parenting style generally had better nutritional status, with 23 children having good status and 5 having poor or very poor status. In contrast, all 2 children raised with a permissive style had good nutritional status, while among the 3 children raised with an authoritarian style, 2 had good nutritional status and 1 had poor or very poor nutritional status.

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