

The Effect of Health Education on Balanced Nutrition in Preventing Stunting in Toddlers on Mother's Knowledge in the Work Area of Pagurawan Health Center, Batu Bara Regency in 2021

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ARTICLE INFO

Keywords:

Balanced Nutrition,
Stunting,
Knowledge.

ABSTRACT

Stunting is a health problem that is the focus of the government's health development program in 2015-2020 in addition to reducing maternal and under-five mortality rates, controlling infectious diseases and controlling non-communicable diseases. This study aims to determine whether there is an effect of health education on balanced nutrition in preventing stunting in toddlers on mother's knowledge in the working area of the Pagurawan Public Health Center in Batubara Regency in 2021. This research is a quasi-experimental study with a one-group pretest-posttest design approach. This research has been carried out from September 2021 to October 2021. Sampling using accidental sampling with a total sample of 48 mothers who have toddlers aged 1-5 years. The results showed that the results of the Paired Sample-Test test obtained a p-value of $-0.001 < = 0.05$ then H_0 was rejected, meaning that simultaneously there was the effect of Health Education on balanced nutrition in preventing stunting in toddlers on mother's knowledge in the work area of the Pagurawan Public Health Center, Batubara Regency, year 2021. Suggestions in this study in the Working Area of the Pagurawan Health Center in Batu Bara Regency play an active role in seeking information, especially for midwives in the Work Area of the Pagurawan Health Center in Batu Bara so that mothers can gain knowledge about balanced nutrition in toddlers for stunting prevention. meaning that simultaneously there was the effect of Health Education on balanced nutrition in preventing stunting in toddlers on mother's knowledge in the work area of the Pagurawan Public Health Center, Batubara Regency, year 2021. Suggestions in this study in the Working Area of the Pagurawan Health Center in Batu Bara Regency play an active role in seeking information, especially for midwives in the Work Area of the Pagurawan Health Center in Batu Bara so that mothers can gain knowledge about balanced nutrition in toddlers for stunting prevention. meaning that simultaneously there was the effect of Health Education on balanced nutrition in preventing stunting in toddlers on mother's knowledge in the work area of the Pagurawan Public Health Center, Batubara Regency, year 2021. Suggestions in this study in the Working Area of the Pagurawan Health Center in Batu Bara Regency play an active role in seeking information, especially for midwives in the Work Area of the Pagurawan Health Center in Batu Bara so that mothers can gain knowledge about balanced nutrition in toddlers for stunting prevention.

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1. Introduction

Stunting is one of the challenges and global nutritional problems that are being faced by people in the world. Ambitious World Health Assembly targets a 40% reduction in stunting rates worldwide by 2025. The 2018 Global Nutritional Report reports that there are around 150.8 million (22.2%) stunting under-fives, which is one of the factors hampering human development in the world. The World Health

Organization (WHO) has determined five sub-regions of stunting prevalence, including Indonesia, which is in the Southeast Asia region (36.4%) (WHO, 2015; United Nations, 2018; UNICEF, WHO, The World Bank, 2020). Stunting is a health problem that is the focus of the government's 2015-2020 health development program in addition to reducing maternal and under-five mortality rates, controlling infectious diseases and controlling non-communicable diseases. (Ministry of Health of the Republic of Indonesia, 2015). The results of basic health research in 2016 showed that the prevalence of stunting in children was 37.3 percent (18.1 percent very short and 19.2 percent short) or equivalent to nearly 9 million children under five experiencing stunting in Indonesia. The prevalence is further obtained from the main results of the Riskesdas 2018 which is 30.8 percent (19.3 percent short toddlers and 11.5 percent very short toddlers) (Ministry of Health of the Republic of Indonesia, 2015; Ministry of Health of the Republic of Indonesia, 2018).

Lampung Province is a fairly large contributor to stunting rates with a prevalence of 42.64% which is included in the category of public health problems because the prevalence is more than 20% (WHO, 2010; Lampung Provincial Health Office, 2016).

Stunting Chronic malnutrition is a condition experienced by a person since in the womb and early in the child's birth. This causes growth disorders in children, namely the child's height is lower or shorter than the standard age. This can be caused by the low level of knowledge about health, the low consumption of food with balanced nutrition and the low level of the community's economy. (Prendergast and Humphrey, 2015).

According to the Decree of the Minister of Health Number 1995/MENKES/SK/XII/2010 concerning Anthropometric Standards for Assessment of Child Nutritional Status, the definition of stunted (short) and severely stunted (very short) is nutritional status based on the body length index for age (PB/U). or height for age (TB/U). The measurement results obtained show results from less than -2 standard deviations to -3 standard deviations (short) and less than -3 standard deviations (very short) (Ministry of Health of the Republic of Indonesia, 2015).

Stunting can be caused by very diverse factors from the condition of the mother or mother-to-be, the period of the fetus and the toddler/toddler period or in line with the period of the first 1000 days of life (1000 HPK). The 1000 HPK period is a golden period as well as a critical period for a person (windows of opportunity). Maternal health and nutrition conditions before and during pregnancy, mother's posture, pregnancy distance that tends to be close, mothers who are still teenagers and lack of nutritional intake during pregnancy affect fetal growth and the risk of stunting (Djauhari, 2017; Ministry of Health of the Republic of Indonesia, 2018) Intervention efforts during the 1000 HPK period include during pregnancy, when toddlers are born, toddlers aged 6 months to 2 years and monitor the growth of toddlers at the posyandu as well as clean and healthy living behavior (Ministry of Health of the Republic of Indonesia, 2016).

The fulfillment of proper nutritional needs will run linearly on the quality of life and play an important role in a person's life because nutritional intake during pregnancy and breastfeeding will affect the child's body condition, including growth and development of intellectual, psychological, memory, feelings and decision making of a child in the future. Husnah, 2017).

Stunting in early life causes the consequences of growth disorders in children. Fulfillment of nutritional intake in toddlers is very important in supporting growth. Lack of nutrient intake, especially energy and protein intake, can lead to growth faltering which can increase the risk of stunting. According to the results of the nutritional status monitoring survey (PSG) in 2017, 43.2 percent of toddlers in Indonesia have an energy deficit and 28.5 percent have a mild energy deficit and 31.9 percent of toddlers have a protein deficit and 14.5 percent have a mild protein deficit. Therefore, mother's knowledge about fulfilling nutritional needs will go straight to the incidence of stunting (Ministry of Health of the Republic of Indonesia, 2018). Diagnosis can be made from 2 years of age to 5 years after the 1000 HPK period because it avoids the confusion of growth factors that are occurring due to the 1000 HPK period intervention. Stunting at this age is a window period that can cause organ defects and impaired child function that can occur at the age of over 5 years. This can lead to health problems and poor clinical manifestations. Therefore, community-based prevention and treatment efforts can reduce the incidence of stunting after the window period for stunting children (Aridiyah, Rohmawati, Ririanty, 2015). Stunting at this age is a window period that can cause organ defects and impaired child function that can occur at the age of over 5 years. This can lead to health problems and poor clinical manifestations. Therefore, community-based prevention and treatment efforts can reduce the incidence of stunting after the stunting window period (Aridiyah, Rohmawati, Ririanty, 2015). Stunting at this age is a window period that can cause organ defects and impaired child function that

can occur at the age of over 5 years. This can lead to health problems and poor clinical manifestations. Therefore, community-based prevention and treatment efforts can reduce the incidence of stunting after the window period for stunting children (Aridiyah, Rohmawati, Ririanty, 2015).

Prevention and health promotion efforts have been made to prevent and reduce the incidence of stunting. Health prevention and promotion is focused on overcoming the direct and indirect causes of stunting, one of which is using health education media (UNICEF, 2015). Health education is carried out in the scope of individuals, groups and the wider community using appropriate media facilities. Targeted health education will have an impact on comprehensive prevention (5 levels of prevention) and increase knowledge about health and improve public health status (Fitriyani, 2015). Health education is all activities to provide and improve the knowledge, attitudes, practices of individuals, groups or communities in maintaining and improving their own health. The role of health education is to intervene in behavioral factors so that the behavior of individual groups or communities is in accordance with health values. In other words, health education is an attempt to provide psychological conditions for the target so that they behave in accordance with the demands of health values (Notoatmodjo, 2015).

Previous research which has been done by Santika (2015), regarding the effectiveness of balanced nutrition health education with the demonstration method on the level of knowledge and attitudes of mothers in the Panggung Village, Tegal City. The results showed that the effectiveness of balanced nutrition health education with the demonstration method had a great effect on increasing the knowledge ($r = 0.9$) and attitudes ($r = 0.9$) of mothers in Panggung Village, Tegal City. The results of the initial survey found that of the 7 mothers who came to the Pagurawan health center who were interviewed, on average they did not know that balanced nutrition could affect stunting or the state of failure to thrive in toddlers. Because mothers think that the food they give their toddlers is in accordance with the nutrition they eat, and the growth of their children is in accordance with other children, even though their children are a bit thin but rarely get sick, just coughing and colds. Even though the provision of information in the form of socialization about balanced nutrition has been carried out by health workers. This study aims to determine the effect of health education on balanced nutrition in preventing stunting in toddlers on maternal knowledge in the working area of Pagurawan Health Center, Batu Bara Regency in 2021.

2. Method

This research is study quasi experiment with approach one-group pretest-posttest design. This research has been carried out from September 2021 to October 2021. Sampling using accidental sampling with a sample of 48 mothers who have toddlers aged 1-5 years.

3. Results and Analysis

3.1 Frequency Distribution of Respondents Based on the characteristics of respondents

The frequency distribution of respondents based on the characteristics of respondents is as follows:

Table 1

Frequency Distribution of Respondents Based on History of Exclusive Breastfeeding

Breastfeeding History	Frequency (f)	Percentage (%)
Exclusive breastfeeding	46	95.84
Not Exclusive Breastfeeding	2	4.16
Total	48	100

Based on the table, it is known that 48 stunting toddlers mostly received exclusive breastfeeding as many as 46 respondents (95.84%) and 2 respondents did not receive exclusive breastfeeding (4.16%).

Table 2.

Frequency Distribution of Respondents Based on Mother's Education Level

Mother's Education Level	Frequency (f)	Percentage (%)
Higher Education Level	0	0
Secondary Education Level	31	64.58
Elementary Education Level	17	35.42
Total	48	100

Based on the table, it is known that 48 mothers of stunted toddlers mostly have secondary education as many as 31 respondents (64.58%) and those with basic education as many as 17 respondents (35.42%).

Table 3
Frequency Distribution of Respondents Based on Your Education Level

Father's Education Level	Frequency (f)	Percentage (%)
Higher Education Level	2	4.17
Secondary Education Level	20	41.67
Elementary Education Level	26	54.16
Total	48	100

Based on the table, it is known that 48 fathers of stunted toddlers mostly have basic education as many as 26 respondents (54.16%), secondary education as many as 20 respondents (41.67%), and higher education as many as 2 respondents (4.17%).

Table 4
Frequency Distribution of Respondents Based on Parents' Income

Parents' Income	Frequency (f)	Percentage (%)
High Parent's Income	12	25
Low Parent's Income	36	75
Total	48	100

Based on table 6, it is known that 48 parents of stunted toddlers mostly have low incomes as many as 36 respondents (75%) and high incomes as many as 12 respondents (25%).

Table 5
Frequency Distribution of Respondents Based on History of Low Birth Weight

History of Low Birth Weight	Frequency (f)	Percentage (%)
LBW	4	8.33
Not LBW	44	91.67
Total	48	100

Source: Secondary Data, 2019

Based on the table, it is known that 48 under-fives who were stunted mostly had a history of low birth weight babies as many as 44 respondents (91.67%) and had a history of low birth weight babies as many as 4 respondents (8.33%).

Table 6
Frequency Distribution of Respondents Based on History of Diarrheal Infectious Diseases

History of diarrheal infection	Frequency (f)	Percentage (%)
Have a history of diarrheal infection	15	31.25
No history of diarrheal infection	33	68.75
Total	48	100

Based on the table, it is known that most of the 48 stunted toddlers had no history of infectious diarrheal disease as many as 33 respondents (68.75%) and 15 respondents (31.25%) had a history of diarrheal infection.

Table 7
Frequency Distribution of Respondents Based on Feeding Patterns

Feeding Pattern	Frequency (f)	Percentage (%)
Good Feeding Pattern	18	37.50
Poor Feeding Pattern	30	62.50
Total	48	100

Based on the table, it is known that 48 stunting toddlers mostly received good feeding parenting as many as 18 respondents (37.50%) and 30 respondents (62.50%) poor feeding parenting patterns.

Table 8
Cross Table of Stunting Toddler Age with Occurrence Risk Factors Stunting

Risk Factors for Stunting	Stunting Toddler Age				Total	
	1-2 years old		Age - 5 years old		f	%
	F	%	F	%		
Breastfeeding History:						
1. Exclusive Breastfeeding	13	27.09	33	68.75	46	95.84

Risk Factors for Stunting	Stunting Toddler Age				Total	
	1-2 years old		Age - 5 years old			
	F	%	F	%	f	%
2. Not Exclusive Breastfeeding	1	2.08	1	2.08	2	4.16
Amount	14	29.17	34	70.83	48	100
Mother's Education Level:						
1. Mother's Education Level is High	0	0	0	0	0	0
2. Mother's Education Level Middle	8	16.67	23	47.91	31	64.58
3. Elementary Mother's Education Level	6	12.50	11	22.92	17	35.42
Amount	14	29.17	34	70.83	48	100
Father's Education Level:						
1. Father's Educational Level is High	0	0	2	4.17	2	4.17
2. Father's Education Level Middle	6	12.50	14	29.17	20	41.67
3. Father's Educational Level Elementary	8	16.66	18	37.50	26	54.16
Amount	14	29.16	34	70.84	48	100
Parent's Income:						
1. High Parents' Income	5	10.42	7	14.58	12	25
2. Parents' Low Income	9	18.75	27	56.25	36	75
Amount	14	29.17	34	70.83	48	100
History of Low Birth Weight:						
1. LBW	1	2.08	3	6.25	4	8.33
2. Not LBW	13	27.08	31	64.59	44	91.67
Amount	14	29.16	34	70.84	48	100
History of Diarrheal Infectious Diseases:						
1. Have a history of diarrheal infection	3	6.25	12	25	15	31.25
2. No history of diarrheal infection	11	22.92	22	45.83	33	68.75
Amount	14	29.17	34	70.83	48	100
Good Feeding Parenting Pattern:						
1. Good Feeding Pattern	5	10.42	13	27.08	18	37.50
2. Poor Feeding Pattern	9	18.75	21	43.75	30	62.50
Amount	14	29.17	34	70.83	48	100

Table 9

The Effect of Health Education on Mother's Knowledge about Examination in the Working Area of the Fifty Health Center in 2021

No	Treatment	mean	N	Sig.
1	Mother's Knowledge (Pre Test)	1.59	48	0.001
3	Mother's Knowledge (Post Test)	2.56	48	

Based on the table, it can be seen that stunting toddlers at the age of 1-5 years show that most have a history of exclusive breastfeeding as many as 13 respondents (27.09%), secondary maternal education level as many as 8 respondents (16.67%), basic father education as many as 8 respondents (16.67%), low parental income as many as 9 respondents (18.75%), 13 respondents did not have a history of LBW (27.08%), did not have a history of diarrheal infection as many as 11 respondents (22.92%), and have poor feeding parenting as many as 9 respondents (18.75%)

3.2 Discussion

a. Breastfeeding History

Based on the history of breastfeeding, it can be seen that the incidence of stunting mostly shows that toddlers have a history of exclusive breastfeeding. This study is in line with research in Purwokerto Village conducted by Friska Meilyasari (2014) which showed that the subject's mother gave breast milk by combining formula milk, exclusive breastfeeding until the age of more than 6 months, complementary feeding was not appropriate for age and is secondary data so that less accurate. The results of this study are also in line with the work area of the Sonder Health Center conducted by Marlon Pangkong (2014) showing that exclusive breastfeeding, low birth weight, and complementary feeding are not factors that cause stunting, but low birth length, age pregnancy,

b. Parents' Education Level

Based on the education level of parents, it can be seen that the incidence of stunting mostly indicates the level of education of the mother is high and the education of the father is low. The results of this study are in line with research in Wunung Wonosari Village by Saravina (2017) that a high level of maternal education is able to influence mothers in providing exclusive breastfeeding. This study is also in line with research in Bangladesh by Chaudhry that low father education will affect knowledge related to nutrition, parenting patterns, so that it will affect work opportunities that will affect family income.

c. Parents' Income

Based on the income of parents, it can be seen that the incidence of stunting mostly indicates that the income of parents is low. The results of this study are in line with the research in Bangkalan conducted by Rizki Kurnia Illahi (2017) showing that the level of family income is one of the factors that has a significant relationship with the incidence of stunting in toddlers. Low family income will affect the family in providing food for the family, besides the family's purchasing power is also influenced by income. Children in families with low economic status tend to consume less food in terms of quantity, quality, and variety.

d. History of Low Birth Weight

Based on the history of low birth weight babies, it can be seen that the incidence of stunting mostly shows that toddlers do not have a history of low birth weight babies. The results of this study are not in line with research by Rahayu, Yuliadasari, and Putri that LBW is a risk factor for stunting. However, the results of this study are in line with Meilyasari's research (2014) which shows that a history of low birth weight is not a risk factor for stunting, this is because the high influence of birth weight on stunting occurs at the age of 6 months early, then decreases until the age of 24. month. If in the early 6 months the toddler can catch up with growth, then it is likely that the toddler can grow normally. The results of this study are also in line with research in rural and urban areas conducted by Farah Okky Aridiyah, Ninna Rohmawati, and Mury Ririanty which stated that a history of low birth weight was not a risk factor for stunting. This is indeed contrary to the existing theory, but children under five who are born with low birth weight are more at risk for stunting than children born with normal weight. In addition, LBW conditions will not affect the growth of children under five if the child gets adequate intake and environmental conditions support the growth and development of children under five. This is indeed contrary to the existing theory, but children under five who are born with low birth weight are more at risk for stunting than children born with normal weight. In addition, LBW conditions will not affect the growth of children under five if the child gets adequate intake and environmental conditions support the growth and development of children under five.

e. History of diarrheal infection

Based on the history of infectious diarrheal diseases, it can be seen that the incidence of stunting mostly shows that toddlers do not have a history of infectious diarrheal diseases. The results of this study are not in line with research in the Simolawang Surabaya Health Center Work Area conducted by Desyanti and Nindya (2017) which showed that stunting toddlers experienced more diarrhea events up to 2 times or more in the last three months. However, the results of this study are in line with research in the East Semarang District conducted by Roudhotun Nasikhah and Ani Margawati (2012) showing that a history of infectious diarrheal disease is not a risk factor for stunting, this is because there is no significant relationship between diarrhea morbidity between stunted and normal children. , This research is in line with the research conducted by Wiwien, Martha, Kartasurya, and m. Zen (2016) which states that a history of infectious diarrheal disease is not a risk factor for stunting, this is because this disease can heal itself in a relatively fast time so it does not reduce nutritional status and can be balanced with good nutrition.

f. Feeding Pattern

Based on the pattern of feeding, it can be seen that the incidence of stunting mostly shows that toddlers get a poor feeding parenting pattern. The results of this study are in line with research in Central Sumba Regency, East Nusa Tenggara by Risani Rambu Podu Loya and Nuryanto (2016) which states that feeding parenting is one of the risk factors for stunting, this is because the giving of a monotonous diet every day does not vary and the lack of knowledge of a mother in the fulfillment of child nutrition is the most decisive thing. This research is in line with research by Novita, Kusnandar, and Sapja (2018) which

states that feeding parenting is one of the risk factors for stunting this is because mothers of stunted toddlers provide food to toddlers without paying attention to their nutritional needs. This will cause toddlers' food intake to be less both in terms of quality and quantity so that they are prone to stunting.

g. Effect of health education on balanced nutrition in preventing stunting in toddlers

Based on the table, it can be seen that stunting toddlers at the age of 1-5 years show that most have a history of exclusive breastfeeding as many as 13 respondents (27.09%), secondary maternal education level as many as 8 respondents (16.67%), basic father education as many as 8 respondents (16.67%), low parental income as many as 9 respondents (18.75%), 13 respondents did not have a history of LBW (27.08%), did not have a history of diarrheal infection as many as 11 respondents (22.92%), and have a bad feeding parenting as many as 9 respondents (18.75%). Meanwhile, stunting toddlers aged 3-5 years showed that most had a history of exclusive breastfeeding as many as 33 respondents (68.75%), secondary maternal education as many as 23 respondents (47.91%), basic father education as many as 18 respondents (37.50%),

Based on the results of the study, it can be seen that there are differences in the average value of Before and After given Health Education on Mother's Knowledge about balanced nutrition in preventing stunting in toddlers in the Pagurawan Health Center Work Area, Batubara Regency in 2021, where it can be seen that the mother's knowledge before being given health education was on average 1.59 with categories (1 = not good, 2 = enough, 3 = good). So with an average value of 1.59 it can indicate that Mother's knowledge about balanced nutrition in preventing stunting in toddlers in the Pagurawan Community Health Center, Batubara Regency is between lack of knowledge to sufficient knowledge. After being given health education, it can be seen that the average score increased by 2.56 which indicates that Mother's knowledge about balanced nutrition in preventing stunting in toddlers in the Pagurawan Community Health Center, Batubara Regency is between sufficient knowledge to good knowledge.

Then based on the results of the Paired Sample-Test test, the p-value is $0.001 < \alpha = 0.05$, then H_0 is rejected, meaning that simultaneously there are The Effect of Health Education on Mother's Knowledge about balanced nutrition in preventing stunting in toddlers in the Pagurawan Health Center Work Area, Batubara Regency in 2021. Supported by research by Fangidare et al (2016) which states that there is an effect of health education on mother's knowledge about VIA examination. The results of this study are in line with research conducted by Palupi (2011) that there is an effect of counseling on increasing maternal knowledge about balanced nutrition.

A person's knowledge will increase due to several factors, one of which is by providing information to someone. This information can be provided in several forms, one of which is the provision of health education. Researchers argue that the increase in knowledge is influenced by the provision of health education. After being given health information, the respondent can understand what was conveyed so that it can increase the mother's knowledge.

According to the researcher's assumption that health education is effective for increasing mother's knowledge about Mother's knowledge about balanced nutrition in preventing stunting in toddlers in the Pagurawan Community Health Center in Batubara Regency is very effective.

4. Conclusion

The conclusions obtained from the results of this study are as follows:

- a. Mother's knowledge about balanced nutrition in preventing stunting in toddlers before being given Health Education in the Pagurawan Health Center Work Area, Batu Bara Regency in 2021 is mostly not good.
- b. Mother's knowledge about balanced nutrition in preventing stunting in toddlers after being given Health Education in the Pagurawan Health Center Work Area, Batu Bara Regency in 2021 was mostly good.
- c. There is The Effect of Health Education on balanced nutrition in preventing stunting in toddlers on mother's knowledge in the Pagurawan Health Center Work Area, Batu Bara Regency in 2021 with $p = 0.0001 < \alpha = 0.05$.

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