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Analysis Of Early Marriage And Other Factors On Stunting Incidence In The Work Area Of Prabugantungan Puskesmas Lebak District

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ABSTRACT

Background Stunting is a chronic nutritional problem caused by a long-term lack of nutrients. Early marriages that are commonly practiced in the community can have a negative effect on the health conditions of mothers and children and can increase the incidence of stunting.

Objective to see if there is a relationship between early marriage and other factors on the incidence of stunting in the working area of the Prabugantungan Health Center, Lebak Regency

Research methods This type of research is quantitative research with a Cross Sectional Study approach. Using a cluster sampling technique with a total sample of 128 with the criteria of a village with a high stunting rate. Statistical analysis test with Chi-Square with a significance level of = 5%.

Research result Most of the toddlers have normal nutritional status, namely 89.1% and only 10.9% of them are stunted. 78.1% of mothers were married at the age of 19 and over and a small number of mothers (21.9%) had early marriages. There is a relationship between early marriage and the incidence of stunting in the Work Area of the Prabugantungan Health Center (p-Value 0.007). There is no relationship between education, work, and place of delivery of mothers with the occurrence of stunting in Work Area of the Prabugantungan Health Center.

Conclusions and recommendations Midwives need to socialize the prevention of early marriage in adolescents in anticipation of stunting prevention by involving cross-sectors.

Keywords: Stunting, early marriage

I. PRELIMINARY

Stunting is one of the chronic nutritional problems caused by a lack of nutrient intake for a long time. UNICEF defines stunting as children aged 0 to 59 months with a height below minus 2 (moderate and severe stunting) and minus three (chronic stunting) with WHO child growth standard benchmarks (Bappenas, 2022). Stunting is one of the most common malnutrition conditions in the world and it is estimated that around the world there are 161 million children experiencing stunting (De Onis & Branca, 2016). Reducing stunting is the first of 6 goals in the Global Nutrition Targets for 2025 and a key indicator in the Zero Hunger Sustainable Development Goals (Beal et al., 2018).

In Indonesia prevalence of stunting in the last ten years is still high at around 37%. (Beal et al., 2018). Indonesian Nutritional Status Study (SSGI) of the 2021, the prevalence of stunting shows a decrease from 27.7% in 2019 to 24.4% in 2021. However, the number of underweight incidents increased from 16.3% to 17%. When reviewed according to WHO standards, only the Province of Bali has a good nutritional status with a prevalence of stunting below 20% (10.9%) and wasting below 5% (3%) (Bappenas, 2022).

According to Permenkes No. 2 of 2020 concerning Anthropometric Standards for Children, Stunting (short for age) is measured through the height/length index for age (TB/U or PB/U). This status indicates chronic nutritional problems due to malnutrition or infection over a long period of time. A child is classified as short if his height or length according to age is below minus 2 standard deviations. The condition of stunting in toddlers has short and long term impacts that can affect health in the future which can ultimately affect the productivity of an individual as a human resource. Apart from poor physical growth, stunting also has the effect of increasing the risk of infection and death in children, interfering with cognitive and motor development, reducing learning ability and achievement in school. Furthermore, stunting can reduce work productivity and wages received, and also affect reproductive health. Stunting that occurs together with excess weight will increase the risk of chronic diseases in the future such as diabetes and heart disease (Permanasari et al., 2021).

Banten is one of the provinces in Indonesia which has a stunting percentage of up to (23.4%) in 2019 (Riskesdas, 2019). One of the 8 districts/cities that has the highest stunting rate in Banten is Lebak district where in 2021 there will be 6,495 children (6.38%). The biggest contributor to stunting in Lebak Regency is in the working area of the Prabugantungan Health Center, Cileles District, with 29 cases of stunting in 2022 (Cileles Health Profile 2022).

Stunting is influenced by various factors such as nutritional intake, parenting style, infection and the environment. According to the results of a systematic review conducted by Vilcins et al found that mycotoxins found in food, inadequate, environmental sanitation, dirty floors at home, poor quality cooking fuel, and inadequate waste disposal are factors that cause stunting (Vilcins et al., 2018).

One of the efforts to prevent and overcome stunting is by emphasizing risk factors. The risk factors for stunting include the age of the mother at marriage. Children born to women who are married under the age of 18 and experience pregnancy at an early age are one of the factors for stunting (Efevbera et al., 2017). Research by Efevbera et al., (2017) states that the first child born to pregnant women at the age of less than 18 years will experience delays and even decrease the child's physical growth and development and increase the risk of stunting (Efevbera et al., 2017).

Early marriage itself is a problem faced in Indonesia. According to data Central Statistics Agency (BPS), the percentage of early marriages in Indonesia has increased from 14.18 percent in 2017 to 15.66 percent in 2018. Early marriage may result in adverse effects on health both mother and child because psychologically children are considered to have no knowledge sufficient information about pregnancy, and improper parenting patterns due to their instability, which can increase the risk of stunting. Early marriage causes first pregnancies to also occur at an early childhood, which can have an effect on the health conditions of the mother and child to be born and increase the risk of nutritional problems in children such as stunting (Ulfa & Handayani, 2018).

Research conducted by Fall et al (2015) found that mothers who were <19 years old during pregnancy had the potential to increase the incidence of stunting 1.46 times and mothers who were >35 years had the potential to increase the incidence of stunting 0.46 times. Mothers who are too young or too old during pregnancy can cause stunting in children, especially due to the influence of psychological factors (Fitriahadi, 2018).

Data from Ministry of Religion of Lebak Regency, the number of early marriages aged 16-20 years in Cileles District, Lebak Regency in January-September 2018 was 305 people (Sachlan, 2019). The number of cases of early marriage is among the highest in Lebak Regency. Many adolescents enter into early marriages, but they do not know the impact that will occur if they experience early pregnancy (Oktavia et al., 2018).

In addition to the age of marriage, the level of education of the mother is also likely to have a direct influence on child rearing patterns which will then affect children's food intake. The education level of the mother is related to the ease with which the mother receives information. Mothers with higher education will find it easier to receive information from outside regarding nutrition fulfillment information (Maywita, 2019).

Mother's employment status is the status of working or not working. Putri and Lestari's research (2020) explains that parents' work is related to family income which can support children's growth and development because children's needs are met, such as healthy and nutritious food. Fauzia's research (2019) shows that working mothers tend have relatively less time in terms of caring for children for mothers who are not working, this can affect the quality of parenting and the nutritional status of children.

WHO states that there are differences in the health status of the population in rural and urban areas. This condition is associated with the availability of health services, accessibility, information about health and the economy. In Indonesia, the obstacle that is often encountered is the uneven distribution of health workers in all regions, especially in rural areas. This affects the quality of health services. The effect that arises from this problem is that there is an increase in the cost of health services and health service facilities that are underutilized by the community and health workers. This is expected to affect the nutritional status of children under five, including cases of stunting (Agung, 2019).

II. METHOD

The design of this research is quantitative analytic with a cross sectional study. This research took place in the working area of the UPTD Prabugantungan Health Center, Cileles District, Lebak Regency, Banten Province and was carried out from November to December 2022. The sampling technique was cluster sampling with a sample size of 128 people. Analysis using the Chi-Square statistical test with a significance level of = 5%.

III. RESEARCH RESULT

Table 1
Frequency Distribution of Respondent Characteristics = 128

Characteristics	N	%
Mother's wedding		
Early-age marriage	28	21.9
 Not Early Marriage 	100	78.1
Mother's Education	·	
 Low education 	116	90.6
 Higher education 	12	9.4
Mother's job		
 government employees 	3	2.3
 Housewife 	124	96.9
 Village apparatus 	1	0.8
Delivery Place	<u> </u>	
 Health facilities 	113	88.3
 Not a health facility 	15	11.7
Anak Child Stunting Status		
 Normal 	114	89.1
 Stunting 	14	10.9

In the table 1, the majority of toddlers have normal nutritional status, namely 89.1% and only 10.9% of them are stunted. most of the respondents (78.1%) married at the age of 19 and over and only a small number of mothers (21.9%) had early marriages. education of the majority of respondents is low education, namely 90.6% Most of the respondents work as housewives 96.9%. Most of the respondents gave birth in health care facilities, namely 88.3%.

Table 2
Relationship between Early Marriage and Stunting Incidents at the Prabugantungan Health Center

		Nutritional status		
		Normal	Stunting	p-Value ^c
Wedding	Early-age marriage	21	7	0.007
	Not Early Marriage	93	7	
	Total	114	14	

Information: c Chi-Square Test

In the table 2, p-Value in the Pearson Chi-Square test is 0.007. It can be concluded that there is a significant relationship between early marriage and the incidence of stunting in the Work Area of the Prabugantungan Health Center. This means that the higher the number of early marriages, the higher the risk of stunting in the Prabugantungan Health Center UPTD Work Area.

Table 3
Relationship between Mother's Education and Stunting Incidents at the Prabugantungan Health Center

		Nutritio	Nutritional status	
		Normal	Stunting	p-Value ^c
Mother's Education	Low education	104	12	0.504
	Higher education	10	2	
	Total	114	14	

Information: c Chi-Square Test

Table 3 shows that the p-value of the Pearson Chi-Square test = 0.504. so that it can be concluded that there is no significant relationship between the education level of the mother and the incidence of stunting in the Work Area of the Prabugantungan Health Center.

Table 4
Relationship between Mother's Occupation and Incidence of Stunting at the Prabugantungan Health
Center

		Nutritional status		
		Normal	Stunting	p-Value ^c
	Government Employees	3	0	0.776
Mother's job	Housewife	110	14	
	Village apparatus	1	0	
	Total	114	14	

Information: ^c *Chi-Square Test*

Table 4 shows, that the p-value of the Pearson Chi-Square test = 0.776. so that it can be concluded that there is no significant relationship between the mother's occupation and the incidence of stunting in the Work Area of the Prabugantungan Health Center.

Table 5
Relationship between Delivery Place and Stunting Incidents at Prabugantungan Health Center

		Nutritional status		
		Normal	Stunting	p-Value ^c
Delivery Place	Health facilities	102	11	0.231
	Not a health facility	12	3	
	Total	114	14	

Information: c Chi-Square Test

Table 5 shows that the p-Value in the Pearson Chi-Square test = 0.231. So that it can be concluded that there is no significant relationship between the place of delivery and the incidence of stunting in the Work Area of the Prabugantungan Health Center.

IV. DISCUSSION

Table 1 shows, the characteristics of the respondents can be described that most toddlers have normal nutritional status, namely 89.1% and only 10.9% toddlers with stunting status. Of the 14 stunted toddlers, 7 toddlers with their parents had early marriages. Meanwhile, of the 114 children under five who were not stunted, only 17 were from early marriage partners. Most of the respondents (78.1%) married at the age of 19 and over and a small proportion of mothers (21.9%) had early marriages. Of the 21.9% of mothers who had early marriages, 50% of their toddler status was stunting. Early marriage is one of the problems being faced in Indonesia. Early marriage will result in pregnancies that also occur at an early age which can have an effect on the health of the mother and child. One of the effects that can occur is that mothers at an early age are at risk of giving birth to children with nutritional problems such as stunting.

Table 1 shows that the education of the majority of respondents is low education, namely 90.6% and only 9.4% of respondents have higher education. Of the 14 stunted toddlers, the majority (85.7%) of their mothers' educational status was of low education. One important factor influencing the incidence of stunting in Indonesia is the educational level of parents. If the education level of the father or mother is higher, the child's risk of being stunted will decrease by 3-5% (Soekatri, Sandjaja and Syauqy, 2020).

The educational level of parents is one of the influential factors in the nutritional status of the family. Parents who are more educated have the possibility of understanding healthy lifestyles and knowing how to keep their bodies fit. This can be reflected in the attitude of parents in adopting a healthy lifestyle which includes eating nutritious foods. (Setiawan, Machmud and Masrul, 2018).

Most of the respondents' jobs were as housewives 96.9% and the least were as village officials, namely 0.8%. Of the 14 stunted toddlers, 100% of their mothers work as housewives. The mother's employment status is related to good parenting because the mother is always in the child care process. On the one hand, this has a positive impact on increasing income, but on the other hand, it has a negative impact on the development and maintenance of children (Syahida, 2019).

Table 1 shows that the majority of respondents gave birth in health care facilities, namely 88.3% and only 11.7% of respondents gave birth in non-health care facilities. Of the 14 stunted toddlers, most (78.6%) had a history of mothers giving birth at health facilities and only a small number (21.4%) of stunted toddlers had a history of mothers giving birth at non-health facilities. Meanwhile, out of 114 normal toddlers, the majority (89.5%) gave birth at health facilities.

1. The Relationship between Early Marriage and Stunting

Table 2 shows that the p-Value in the Pearson Chi-Square test is 0.007. So it can be concluded that there is a significant relationship between early marriage and the incidence of stunting in the Work Area of the Prabugantungan Health Center. This means that the higher the number of early marriages, the higher the risk of stunting in the Prabugantungan Health Center UPTD Work Area.

The World Health Organization (WHO) released results that are in line with this study, which is one of the reasons for the high stunting cases in Indonesia is due to early marriage. In fact, according to the Indonesian Women's Coalition (2019), 1 in 8 young women in Indonesia have married under the age of 18. Law Number 1 of 2019 concerning Amendments to Law Number 1 of 1975 concerning Marriage, stipulates that marriage may only be carried out if the male and female partners have reached the age of nineteen. Various adverse effects of early marriage such as stunting, high infant and maternal mortality rates, a number of health problems, high school dropout rates, have contributed to increasing the poverty rate. Marriage at an early age has contributed to an increase in cases of stunting, due to the unpreparedness of underage husband and wife regarding adequate nutritional intake during pregnancy, psychological maturity and reproductive organs, as well as knowledge about proper parenting (Arroiffah, 2022).

Stunting can occur from the pre-conception period, when a teenager becomes a mother with poor nutritional status and suffers from anemia. This is exacerbated when during pregnancy nutritional intake is also inadequate and environmental sanitation is unhealthy. In 2013, young women in Indonesia aged 15-19 years who were at risk of experiencing chronic energy deficiency (KEK) were 46.6%. During pregnancy there were 24.2% of Women of Reproductive Age (WUS) 15-49 years who were at risk of CED, and 37.1% of anemia (RI Ministry of Health, 2018).

These results are in line with the research of Abidin & Liliandriani, (2020) There is a relationship between the age of the mother at marriage and the incidence of stunting in toddlers (p value 0.001). The results of a similar study were carried out by Restiana, (2020) with the result that there was a significant relationship between early marriage and the incidence of stunting in toddlers aged 24-59 months (p=0.001).

2. Relationship between mother's education and stunting

Table 3 shows that the p-Value in the Pearson Chi-Square test is 0.504. Thus it can be interpreted that there is no relationship between maternal education and the incidence of stunting in the Work Area of the Prabugantungan Health Center.

The educational level of parents can influence the incidence of stunting. This is reinforced by research showing that low parental education increases the likelihood of children experiencing nutritional problems compared to parents with high levels of education. Although the level of education can affect the incidence of stunting, it does not occur significantly. This may be influenced by the ability of parents to access information (Rachman et al., 2021).

Mother's education is related to receiving information from outside, especially related to nutritional knowledge. It is undeniable that a person's level of education influences the reception of information. The higher a person's level of education, the easier it is to receive the information obtained and the more knowledge one has. However, in the study, it was found that the education of parents, whether parents with high or low education, did not significantly influence the incidence of stunting in the working area of the Prabugantungan Health Center.

This research is different from research by Safitri et al., (2021) regarding education level and employment status of mothers with stunting in children through a literature review. The results show that mothers with low education have an influence on the occurrence of stunting. The results of this study are different from the results obtained by Husnaniyah et al (2020) in their research which found that there was a relationship between the education level of the mother and the incidence of stunting with a p value = 0.005 (Husnaniyah et al., 2020).

3. Relationship between Mother's Occupation and Incidence of Stunting

The results of the study showed that there was no significant relationship between the mother's occupation and the occurrence of stunting in the Work Area of the Prabugantungan Health Center. Mother's work will be related to time to care for children, poor parenting style, and inadequate provision of nutritious food (Safitri et al., 2021). Most of the mothers under five in the working area of the Prabugantungan Health Center work as housewives. This relates to giving exclusive breastfeeding to children.

Mother will help her husband a lot to work in the garden, especially when entering the planting season, so the mother will do more work in the garden and rice fields. When working, mothers would leave their children at home and be cared for by others. This makes most mothers stop breastfeeding their children before the age of 6 months (Safitri et al., 2021). Mother's work is also related to good parenting because mothers are always in the process of child development. On the one hand, this has a positive impact on increasing income, but on the other hand, it has a negative impact on the development and maintenance of health in children. The results of this study indicate that the type of mother's occupation does not have a strong relationship with the incidence of stunting in the working area of the Prabugantungan Health Center.

4. Relationship between Place of Delivery and Stunting Incidents

The history of places of delivery for mothers who gave birth in health care facilities and not in health facilities is certainly different. Those who give birth at the health facility will be assisted by health workers (midwives, doctors and other medical staff). Health workers are people who are experts in assisting childbirth, so that the safety of the mother and baby is guaranteed. If there is an abnormality, it can be identified and immediately helped or referred to the health center or hospital. Delivery assisted by health personnel and using sterile, safe and clean equipment with the aim of preventing infection and other health hazards.

Nonetheless, the results of research show that the history of the place of delivery of the mother was not related to the incidence of stunting in the working area of the Prabugantungan Health Center.

V. CONCLUSIONS AND RECOMMENDATIONS

Conclusion

The conclusion in this research is most of the toddlers had normal nutritional status, namely 89.1% and only 10.9% of them were stunted. Most of the respondents (78.1%) married at the age of 19 and over and a small proportion of mothers (21.9%) had early marriages. The education of the majority of respondents is lower education, namely 90.6% and only 9.4% of respondents have higher education. Most of the respondents' jobs were as housewives 96.9% and the least were as village officials, namely 0.8%. The majority of respondents underwent the delivery process at a health service facility, namely 88.3% and only 11.7% of respondents underwent the delivery process not at a health service facility.

There is a significant relationship between early marriage and stunting in the Work Area of the Prabugantungan Health Center (p-Value 0.007). There is no significant relationship between the education level of the mother, the type of the mother's occupation, and the place where the mother undergoes the birth process and the incidence of stunting in the Prabugantungan Health Center Work Area.

Suggestion

Midwives in the community area are expected to provide assistance and provide education in improving adolescent reproductive and prenatal health in the community. In addition, it is necessary to carry out socialization on the prevention of early marriage in adolescents in anticipation of stunting prevention by involving cross-sectors.

REFERENSI

- Afriani, & Abidin, U. W. (2022). Hubungan Pernikahan Usia Dini Terhadap Kejadian Stunting di Kecamatan Anreapi. *Jurnal Ilmiah Manusia Dan Kesehatan*, 5(3), 291–297.
- Anjarwati. (2017). Increasing the minimum age of marriage program to improve maternal and child health in Indonesia. . AIP Conference Proceedings, 1868, 0900. https://doi.org/doi:10.1063/1.4995195
- Arroiffah, C. K. (2022). Stop Stunting dengan Mencegah Pernikahan Dini. Universitas Diponegoro. https://kkn.undip.ac.id/
- Aryastami, N. K. (2017). Kajian Kebijakan dan Penanggulangan Masalah Gizi Stunting di Indonesia. *Buletin Penelitian Kesehatan*, 45(4), 233–240. https://doi.org/10.22435/bpk.v45i4.7465.233-240
- Atikah. (2018). Stunting dan Upaya Pencegahannya. In Buku stunting dan upaya pencegahannya.
- Badan Pusat Statistik. (2020). Pencegahan Perkawinan Anak Percepatan yang Tidak Bisa Ditunda. *Badan Pusat Statistik*, 6–10.
- Bappenas. (2022). Mengenal Studi Status Gizi Indonesia 2021. https://cegahstunting.id/
- Beal, T., Tumilowicz, A., Sutrisna, A., Izwardy, D., & Neufeld, L. M. (2018). A review of child stunting determinants in Indonesia. *Maternal and Child Nutrition*, 14(4), 1–10. https://doi.org/10.1111/mcn.12617
- BPS Provinsi Banten. (2017). Statistik Kesejahteraan Rakyat.
- De Onis, M., & Branca, F. (2016). Childhood stunting: A global perspective. *Maternal and Child Nutrition*, 12, 12–26. https://doi.org/10.1111/mcn.12231
- Efevbera, Y., Bhabha, J., Farmer, P. E., & Fink, G. (2017). Girl child marriage as a risk factor for early childhood development and stunting. *Social Science and Medicine*, 185, 91–101. https://doi.org/10.1016/j.socscimed.2017.05.027
- Erulkar, A. (2013). Adolescence Lost: The Realities of Child Marriage. *Journal of Adolescent Health*, 52(5), 513–514.
- Ettyang, G. A. dan C. J. S. (2016). Factors Associated with Stunting in Children Under Age 2 in the Cambodia and Kenya 2014 Demographic and Health Surveys. *DHS Working Papers*.
- Fadlyana, E., & Larasaty, S. (2016). Pernikahan usia dini dan permasalahannya. Sari Pediatri, 11 (2), 136–141.
- Fitriahadi, E. (2018). Hubungan tinggi badan ibu dengan kejadian stunting pada balita usia 24 -59 bulan. *Jurnal Kebidanan Dan Keperawatan Aisyiyah*, *14*(1), 15–24. https://doi.org/10.31101/jkk.545
- Husnaniyah, D., Yulyanti, D., & Rudiansyah, R. (2020). Hubungan Tingkat Pendidikan Ibu dengan Kejadian Stunting. *The Indonesian Journal of Health Science*, 12(1), 57–64. https://doi.org/10.32528/ijhs.v12i1.4857
- Izwardy, D. (2019). KEBIJAKAN DAN STRATEGI PENANGGULANGAN STUNTING DI INDONESIA. DIREKTUR GIZI MASYARAKAT.
- Kemenkes RI. (2018). Buletin Stunting. Kementerian Kesehatan RI, 301(5), 1163–1178.
- Maywita, E., Care, N. P.-J. H., & 2019, undefined. (2019). Determinan Pengaruh Tingkat Pendidikan dan Pengetahuan Ibu dengan Kejadian Stunting Bayi 624 Bulan. *Scholar.Archive.Org*, 4(3), 173–177. https://scholar.archive.org/work/ew2wporh45gbraswqdzb6faliy/access/wayback/https://ojs.fdk.ac.id/index.php/humancare/article/download/557/pdf
- Nasution,. Nurdiati, dan H. (2014). Berat badan lahir rendah (BBLR) dengan kejadian stunting pada anak usia 6-24 bulan. *Jurnal Klinik Gizi Indonesia*, *Volume 11*(01).
- Nurhaeni, I. D. A. (2019). Perkawinan Usia Anak. Fisip UNS.
- Oktavia, E. R., Agustin, F. R., Magai, N. M., & Cahyati, W. H. (2018). Pengetahuan Risiko Pernikahan Dini pada Remaja Umur 13-19 Tahun. *HIGEIA (Journal of Public Health Research and Development)*, 2(2), 239–248. https://doi.org/10.15294/higeia.v2i2.23031
- Permanasari, Y., Saptarini, I., Amaliah, N., Safitri, A., Nurhidayati, N., Diana Sari, Y., Petty Arfines, P., Raswanti Irawan, I., Santi Puspitasari, D., Setyawati, B., Rachmawati, R., Diana Julianti, E., Rachmalina, R., Susilowati, A., Sisca Kumala Putri Puslitbang Upaya Kesehatan Masyarakat, D., Penelitian dan Pengembanagan Kesehatan, B., & Kesehatan, K. R. (2021). Faktor Determinan Balita Stunting Pada Desa Lokus Dan Non Lokus Di 13 Kabupaten Lokus Stunting Di Indonesia Tahun 2019 (Determinant Factors of Under-Five Children Stunting At Locus and Non-Locus Villages in 13 Stunting Locus Districts in Indonesia

- in 2019. 44(2), 79-92.
- Rachman, R. Y., Nanda, S. A., Larassasti, N. P. A., Rachsanzani, M., & Amalia, R. (2021). Hubungan Pendidikan Orang Tua Terhadap Risiko Stunting Pada Balita: a Systematic Review. *Jurnal Kesehatan Tambusai*, 2(2), 61–70. https://journal.universitaspahlawan.ac.id/index.php/jkt/article/view/1790
- Restiana, R. P. (2020). Hubungan pernikahan usia dini dengan kejadian stunting pada balita usia 24-59 bulan. *Http://Repository.Trisakti.Ac.Id/*, fk trisakti.
- Riskesdas. (2019). Laporan Riskesdas Tahun 2018. In *Kementrian Kesehatan Republik Indonesia* (Vol. 10, p. 126). Kemenkes RI. https://doi.org/10.12688/f1000research.46544.1
- Rumble, L., et al. (2018). Ending child marriage: A guide for global policy action. Londpn, IPPF.
- Sachlan, E. S. M. (2019). Implementasi perlindungan anak dari perkawinan usia dini di kecamatan sajira kabupaten lebak. *Skripsi Universitas Sultan Ageng Tirtayasa*.
- Safitri, S., Purwati, Y., Warsiti, S., Keb, M., & Mat, S. (2021). Tingkat Pendidikan dan Status Pekerjaan Ibu Dengan Kejadian Stunting pada Anak: Literature Review. *Seminar Nasional Kesehatan*, 2021. http://digilib.unisayogya.ac.id/5649/
- Ulfa, F., & Handayani, O. W. K. (2018). Higeia Journal of Public Health. *Higeia Journal of Public Health Research and Development*, 2(2), 227–238.
- Vilcins, D., Sly, P. D., & Jagals, P. (2018). What it is and what it means | Concern Worldwide U.S. *Annals of Global Health*, 84(4), 551–562. https://www.researchgate.net/publication/328753452_Environmental_Risk_Factors_Associated_with_Child_Stunting_A_Systematic_Review_of_the_Literature/link/5be0eca1299bf1124fbe13fd/download
- WHO. (2020). Low birth weight country, regional and global estimates. New York.
- Wiyogowati, C. (2012). Kejadian Stunting pada Anak Berumur Dibawah Lima Tahun (0-59 Bulan) di Provinsi Papua Barat Tahun 2010. *Ilmu Kesehatan Masyarakat Universitas Indonesia*, 2010. http://lontar.ui.ac.id/file?file=digital/20288982-S-Citaningrum Wiyogowati.pdf
- Yulius, Y., Abidin, U. W., & Liliandriani, A. (2020). Hubungan Pernikahan Dini Terhadap Kejadian Stunting Pada Balita di Wilaya Kerja Puskesmas Tawalian Kecamatan Tawalian Kabupaten Mamasa. *Journal Peqguruang: Conference Series*, 2(1), 279. https://doi.org/10.35329/jp.v2i1.1636