

Factors Associated with Stunting in the Bontosikuyu Community Health Center Work Area

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ABSTRACT

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Background: Stunting is a multifactorial problem, but it generally occurs due to chronic malnutrition in children, which can impact height and weight. In 2020, 149.2 million children under five worldwide were recorded as experiencing stunting. The prevalence of stunting in the Selayar Islands Regency in 2024 reached 895 children (59.6%). At the Bontosikuyu Community Health Center Work Unit, approximately 92 children (22.9%) were recorded as experiencing stunting. **Objective:** To identify factors associated with stunting in the Bontosikuyu Community Health Center work area. **Methods:** Using an analytical observational approach with a nonexperimental research design and cross-sectional method, the population and sample were drawn based on a total sampling of 295 children under five. **Results:** Based on the test, the factors of breastfeeding history and maternal prenatal check-up history were significantly associated with stunting, with a p-value of $0.000 < 0.05$ using the chi-square test. Meanwhile, basic immunization history and toddler check-up history at the integrated health post (Posyandu) were not significantly associated with stunting, with p-values of 0.261 and $0.67 > 0.05$ using the Fisher's alternative test. **Conclusions:** This study found a relationship between breastfeeding history and maternal prenatal check-up history with stunting, while there was no relationship between basic immunization history and toddler check-up history at the integrated health post (Posyandu) with stunting in the Bontosikuyu Community Health Center (UPTD) work area. It is recommended that mothers of toddlers pay attention to their children's nutritional intake, especially during their growth and development, to reduce the risk of stunting in children.

Keywords: Immunization; Prenatal Check-up; Breastfeeding; Stunting

INTRODUCTION

Stunting is a condition in which children under five years of age experience growth and development failure due to chronic malnutrition, resulting in shorter length or height compared to children of the same age (Dewi & Primadewi, 2021). Stunting is a condition in which a child's height parameter for their age is below -2 SD (Minister of Health Regulation, 2020). Stunting is a condition of growth and development failure in children under five years of age caused by chronic malnutrition and recurrent infections,

resulting in the child's height being below the standard deviation (-2 SD) set by the Minister of Health (Bahtiar & Andi, 2023).

The prevalence of stunting in 2020 was recorded at 149.2 million or around 22% of toddlers worldwide experienced stunting and Indonesia is the sixth country in the southeastern region of the Asian continent which has a prevalence of stunting in toddlers of around 36.4% (Oktavia, 2020). In Indonesia, the recorded stunting incidence was around 24.4% in 2021 and around 21.1% in 2024. This means the target for reducing stunting in Indonesia has been achieved. Although the target has been achieved, ongoing preventive measures are still needed to achieve the long-term target of 14% set by the Indonesian Ministry of Health for 2024 (Bahtiar & Andi, 2023).

Based on stunting incidence data obtained from the Selayar Islands Regency Health Office, the prevalence of stunting in 2024 was 895 toddlers (59.6%) in 15 Community Health Centers. At the Bontosikuyu Community Health Center's Technical Implementation Unit (UPTD), of the 401 toddlers actively attending integrated health posts (Posyandu) in 2024, 92 toddlers (22.9%) were measured (Dinkes Selayar, 2024).

The causes of stunting in toddlers can be divided into two main causes: direct causes and indirect causes. Direct causes are caused by mothers experiencing nutritional deficiencies or inadequate nutritional intake during pregnancy, inadequate food intake for toddlers, and failure to provide exclusive breastfeeding. Indirect causes, on the other hand, are caused by factors such as the mother's education or knowledge level, economic factors, poor health services, and environmental sanitation (Nasution & Susilawati, 2022). The impact of stunting on toddlers is diverse, as it can affect both the child's growth and development. Children with stunted growth are often too short and too short compared to their peers, resulting in stunted motor skills (La Ode Alifariki, 2020).

Stunting mitigation efforts can be addressed through specific and sensitive nutritional support interventions. Specific nutritional support interventions focus on basic vaccinations, supplemental feeding, and breastfeeding until six months of age. Specific nutritional support interventions for mothers before and during pregnancy include iron and folic acid supplements, calcium supplements, vitamin D supplements, and monitoring maternal weight and nutrition in health services. Sensitive nutritional interventions involve various activities outside the health sector, such as cross-sector collaboration to increase the availability of clean and safe drinking water through access to proper sanitation (Kinshella dkk., 2021).

Based on research conducted by Darmawan et al., 2020 entitled "ANC Visits, Posyandu, and Immunization with Stunting Incidence in Toddlers in Central Buton Regency showed that the results of stunted toddler respondents were around 21 (25.9%) and respondents with non-stunting conditions were around 60 (74.1%). After conducting interviews with toddler mothers, it turned out that there were several toddler mothers who did not understand about providing additional food to children, the benefits of exclusive breastfeeding for children and providing complete basic vaccinations. This is because toddler mothers rarely bring their children to Posyandu for examinations regarding their nutritional status (Darmawan dkk., 2022). Based on the background above, the researcher is interested in conducting research with the title "Factors Related to the Incidence of Stunting in the working area of the Bontosikuyu Community Health Center UPTD.

MATERIAL AND METHOD

This study is a quantitative study with an analytical observational approach using a non-experimental research design using a cross-sectional method. The cross-sectional method was used to identify factors associated with stunting in the Bontosikuyu Community Health Center (UPTD) work area. Researchers analyzed secondary data related to the history of basic immunizations for toddlers, the history of maternal pregnancy check-ups, breastfeeding history, and toddler check-ups at integrated health posts (Posyandu). They also analyzed secondary data on stunting in toddlers in the Bontosikuyu Community Health Center (UPTD) work area.

The population in this study was 295 stunted and non-stunted toddlers. The sample was drawn using a total sampling technique. This study received approval from the Research Ethics Committee of Panrita Husada Bulukumba Health College under Decree No. 000595/KEP Stikes Panrita Husada Bulukumba/2025.

RESULT

Based on Table 5.1, the majority of respondents were male toddlers (160 toddlers or 54.2%), while female toddlers numbered 135 (45.8%). In terms of age, the 3-4 year old group dominated with 139 toddlers (47.1%). Meanwhile, toddlers aged 5 years (65 toddlers or 22.0%) and 1-2 years (91 toddlers or 30.8%) were smaller groups.

Table 1. Frequency Distribution of Stunted and Non-Stunted Toddlers in the Working Area of the Bontosikuyu Community Health Center UPTD by Gender and Age

Characteristics	Frequency(n)	Percentage (%)
Gender		
Male	160	54.2
Female	135	45.8
Age		
1-2 year	91	30.8
3-4 year	139	47.1
5 year	65	22.0
Totally	295	100.0

Table 2 related to the characteristics of stunted toddlers, the majority of toddlers (98.7% or 76 children) have received complete basic immunizations while only 1 child (1.3%) has not. For maternal pregnancy examination history, more than half of the mothers of stunted toddlers (58.4% or 45 mothers) have completed the examination while the rest (41.6% or 32 mothers) have not completed the examination. In terms of exclusive breastfeeding, the majority of stunted toddlers do not receive exclusive breastfeeding (55.8% or 43 children) and 34 children (44.2%) receive exclusive breastfeeding. In terms of examinations at the integrated health post (posyandu), almost all stunted toddlers (97.4% or 75 children) are routinely examined at the posyandu and only 2 children (2.6%) are not routinely examined.

The characteristics of toddlers who did not experience stunting were 218 toddlers (100%) who had a complete basic immunization history. Regarding the history of pregnancy check-ups of mothers of toddlers who did not experience stunting, almost all (216 toddler mothers or 99.1%) underwent complete check-ups and only 2 toddler mothers (0.9%) did not undergo complete check-ups. In terms of exclusive breastfeeding, the majority of toddlers who did not experience stunting (216 toddlers or 99.1%) received exclusive breastfeeding and only 2 toddlers (0.9%) did not receive exclusive breastfeeding and all 218 toddlers who did not experience stunting routinely underwent check-ups at the integrated health post (posyandu).

Table 2. Frequency Distribution of Factors Associated with Stunting Incidenc in the Bontosikuyu Community Health Center Work Area

Characteristics	Frequency (n)		Percentage (%)	
	Stunting	Not Stunting	Stunting	Not Stunting
History of Basic Immunization				
Complete	76	218	98.7	100.0
Incomplete	1	0	1.3	0.0
Mother's Pregnancy Examination History	45	216	58.4	99.1
Complete	32	2	41.6	0.9
Incomplete				
Breastfeeding History				
Exclusif	34	216	44.2	99.1
Not Exclusive	43	2	55.8	0.9
Toddler Examination History at Integrated Health Posts	75	218	97.4	100.0
Routine				
Not Routine	2	0	2.6	0.0
Total	77	218	100.0	100.0

Table 3. the majority of toddlers did not experience stunting (218 children or 73.9%) while 77 toddlers (26.1%) showed stunting conditions.

Table 3. Frequency Distribution of Stunting and Non-Stunting Incidents in Toddlers in the Bontosikuyu Community Health Center Work Area

Stunting Incidents	Frequency (n)	Percentage (%)
Stunting	77	26.1
Not Stunting	218	73.9
Total	295	100.0

Table 4 presents the results of the tests that have been conducted and show that there are 76 toddlers (25.9%) experiencing stunting despite their complete basic immunization, while 218 toddlers (74.1%) with complete immunization but did not experience stunting. Meanwhile, there is 1 toddler with incomplete basic immunization who experienced stunting. The results of the Fisher alternative chi-square test found a p value = 0.261 (> 0.05), meaning H_0 is accepted. Therefore, it can be concluded that statistically there is no relationship between the history of basic immunization and the

incidence of stunting in toddlers in the work area of the Bontosikuyu Community Health Center UPTD.

Table 4. Analysis of the Relationship between Basic Immunization History and Stunting Incidence in the Bontosikuyu Community Health Center Work Area

Variable	Stunting Incidents						p-value
Basic Immunization	Stunting		Not Stunting		Totally		
	n	%	n	%	n	%	
Complete	76	25.9	218	74.1	294	100.0	0.261
Incomplete	1	100.0	0	0.0	1	100.0	
Totally	77	26.1	218	73.9	295	100.0	

Table 5 presents the results of the tests that have been conducted and show that of the toddlers whose mothers had complete prenatal checkups, there were 45 toddlers (17.2%) experiencing stunting while 216 toddlers (82.8%) were not stunted. Conversely, in the group of toddlers whose mothers had incomplete prenatal checkups, the majority (32 toddlers or 94.1%) experienced stunting and 2 toddlers (5.9%) were not stunted. The results of the chi-square test found a p value = 0.000 (<0.05), meaning H0 is rejected. Therefore, it can be concluded that there is a statistically significant relationship between the history of maternal prenatal checkups and the incidence of stunting in toddlers in the working area of the Bontosikuyu Community Health Center UPTD.

Table 5. Analysis of the Relationship between Pregnancy Examination History and Stunting Incidence in the Bontosikuyu Community Health Center Work Area

Variable	Stunting Incidents				Totally		p-value
Pregnancy Checkup	Stunting		Not Stunting		Totally		
	n	%	n	%	n	%	
Complete	45	17.2	216	82.8	26.1	100.0	0.000
Incomplete	32	94.1	2	5.9	34.0	100.0	
Totally	77	26.1	218	73.9	295	100.0	

Table 6 presents the results of the test that has been carried out, obtained the results of toddlers who were exclusively breastfed, there were 34 toddlers (13.6%) experiencing stunting while 216 toddlers (86.4%) were not stunted. However, in the group of toddlers who did not receive exclusive breastfeeding, the majority (43 toddlers or 95.6%) experienced stunting, compared to only 2 toddlers (4.4%) who were not stunted. The results of the chi-square test showed a p value = 0.000 (<0.05), meaning H0 was rejected. Thus, it can be concluded that statistically, there is a significant relationship between the history of exclusive breastfeeding and the incidence of stunting in toddlers in the working area of the Bontosikuyu Community Health Center UPTD.

Table 6. Analysis of the Relationship between Breastfeeding History and Stunting Incidence in the Bontosikuyu Community Health Center Work Area

Variable	Stunting Incidents				Totally		p-value
	Stunting		Not Stunting		n	%	
Breastfeeding History	n	%	n	%	n	%	
Exclusive	34	13.6	216	86.4	250	100.0	0.000
Not Exclusive	43	95.6	2	4.4	45	100.0	
Total	77	26.1	218	73.9	295	100.0	

Table 7 presents the results of the tests that have been conducted showing that there are 75 toddlers (25.6%) experiencing stunting despite being routinely examined at the integrated health post (posyandu), while 218 toddlers (74.4%) who regularly attend the integrated health post (posyandu) do not experience stunting. There are 2 toddlers who are not routinely examined at the integrated health post (posyandu) experiencing stunting and no toddlers who are not stunted are found not routinely attending the integrated health post (posyandu). The results of the alternative fisher chi-square test obtained a p value = 0.067 (> 0.05), meaning H0 is accepted, it can be concluded that statistically, there is no significant relationship between the history of toddler examinations at the integrated health post (posyandu) and the incidence of stunting in toddlers in the working area of the Bontosikuyu Community Health Center UPTD.

Table 7. Analysis of the Relationship between Examination History at Posyandu and Stunting Incidence in the Working Area of UPTD Bontosikuyu Health Center

Variable	Stunting Incidents				Totally		p-value
	Stunting		Not Stunting		n	%	
Examination at Posyandu	n	%	n	%	n	%	
Routine	75	25.6	218	74.4	293	100.0	0.067
Not Routine	2	100.0	0	0.0	2	100.0	
Totally	77	26.1	218	73.9	295	100.0	

DISCUSSION

Based on table 4 shows the results on the characteristics of stunted toddlers, the majority of toddlers (98.7% or 76 children) have received complete basic immunization while only 1 child (1.3%) has incomplete. Meanwhile, toddlers who do not experience stunting as many as 218 toddlers (100%) have a history of complete basic immunization. The results of the analysis using the alternative fisher chi-square test obtained a p-value of $0.261 > 0.05$, so it can be concluded that there is no relationship between the history of basic immunization and the incidence of stunting in toddlers in the working area of the Bontosikuyu Community Health Center UPTD.

One contributing factor to stunting is incomplete basic immunizations. Children who do not receive complete basic immunizations are at higher risk of stunting compared to toddlers who are fully immunized. This is because immunizations play a crucial role in strengthening a child's immune system. As a result, children with incomplete immunizations are susceptible to diseases during their growth and development, which can contribute to stunting. (Vasera & Kurniawan, 2023).

The results of this study are supported by a case study conducted by Vasera & Kurniawan, 2023, entitled "The Relationship Between Immunization and the Incident of Stunting at Sungai Aur Community Health Center, West Pasaman," which showed that around 2 (3.0%) toddlers with complete basic immunization experienced stunting and 12 (18%) incomplete. Meanwhile, 51 (76%) toddlers with complete basic immunization experienced stunting and 2 (3.0%) incomplete, with a p-value of $0.12 > 0.05$. This indicates that there is no relationship between the provision of basic immunization and

the incident of stunting in toddlers at Sungai Aur Community Health Center, West Pasaman (Vasera & Kurniawan, 2023).

The research results are supported by a case study conducted by Daud et al., 2023 with the title "The Relationship between Basic Immunization Completeness Status and Stunting Incidence in Children Aged 24-59 Months" showing that 33 toddlers experienced stunting with complete basic immunization and 37 toddlers did not experience stunting. Meanwhile, 8 toddlers experienced stunting with incomplete basic immunization and around 4 toddlers did not experience stunting with a p-value of $0.208 > 0.05$, indicating that there is no relationship between the status of complete basic immunization and the incidence of stunting (Daud dkk, 2023).

Researchers assume that children with incomplete basic immunizations are more susceptible to stunting because they lack a strong immune system, making them more susceptible to infectious diseases, which can impact their growth and development. Meanwhile, children who receive complete basic immunizations experience stunting because this condition is not only caused by infection due to incomplete immunizations but is a multifactorial condition, involving many factors, such as a lack of maternal education and knowledge. Mothers with low levels of education tend to have less knowledge, resulting in mothers being unable to understand their child's condition, thus delaying early preventive measures, particularly those related to stunting prevention. This is in line with findings by Daud et al. (2023), who stated that stunting in children is not only caused by immunization but also by other factors, such as maternal knowledge, exclusive breastfeeding, and family income (Daud dkk, 2023).

Table 5 shows the results of maternal prenatal checkups. More than half of mothers of stunted toddlers (58.4% or 45 mothers) underwent a complete checkup, while the remaining 41.6% or 32 mothers did not. Meanwhile, of mothers of non-stunted toddlers, almost all (216 mothers or 99.1%) underwent a complete checkup, and only 2 mothers (0.9%) did not undergo a complete checkup. The chi-square analysis yielded a p-value of $0.000 < 0.05$, thus concluding that there is a relationship between maternal prenatal checkup history and stunting in toddlers in the Bontosikuyu Community Health Center (UPTD) work area. Stunting in children can be influenced by maternal prenatal checkup history. Mothers who regularly undergo prenatal checkups have a lower risk of giving birth to stunted children. Research by Hamid et al. (2021) also found a correlation between antenatal care and stunting. Antenatal care visits are crucial because they allow

for early identification and prompt treatment of any abnormalities during pregnancy, especially those affecting the fetus (Hamid et al., 2021). Pregnant women are advised to have at least 4 prenatal visits to ensure health and safety protection for the pregnant woman and fetus, such as early detection of risk factors, prevention and self-management of complications during pregnancy (Kemenkes, 2020).

The results of this study are supported by research conducted by Darmawan et al., 2022 with the title of the relationship between ANC visits, integrated health posts (posyandu) and immunization with the incidence of stunting in toddlers in Central Buton Regency, which shows that mothers who have had complete examinations have had stunted children, around 8 mothers and mothers with complete examinations do not have stunted children, as many as 38. Meanwhile, mothers with incomplete examinations have had stunted children, around 13 mothers and mothers with incomplete examinations have had no stunting, 22 mothers with a p-value of 0.044, which indicates that there is a relationship between the history of pregnancy examinations and the incidence of stunting (Darmawan dkk., 2022).

Researchers assume that mothers who do not undergo complete pregnancy checkups will be at greater risk of giving birth to stunted children, this is due to a lack of monitoring during pregnancy due to mothers who do not attend antenatal care visits so that it cannot be detected early if there are disorders in fetal growth and development so that the baby will be at risk of being born with a low birth weight condition which is a factor in stunting. This is in line with findings by Setiyani, 2020, which states that children born with a low birth weight, namely less than 2,500 grams, are at 1.3 times risk of experiencing stunting compared to children born with a normal weight above 2,500 grams (Setiyani, 2020).

While mothers who undergo complete prenatal checkups but their children experience stunting due to several reasons such as pregnant mothers who are chronically malnourished, where mothers with this condition will trigger long-term energy deficiencies during pregnancy so that the child is born with stunting due to insufficient nutritional intake during growth and development in the womb. This is in line with the findings of Yanti et al., 2020, who stated that there are several factors that cause stunting in children, such as poor maternal nutritional status during pregnancy, low economic status and maternal knowledge (Yanti dkk., 2020).

Based on table 6 shows the results of exclusive breastfeeding, the majority of stunted toddlers did not receive exclusive breastfeeding (55.8% or 43 children) and 34 children (44.2%) received exclusive breastfeeding. While exclusive breastfeeding, the majority of non-stunted toddlers (216 toddlers or 99.1%) received exclusive breastfeeding and only 2 toddlers (0.9%) did not receive exclusive breastfeeding. The results of the analysis using the chi-square test obtained a p-value of $0.000 < 0.05$, so it can be concluded that there is a relationship between the history of breastfeeding and the incidence of stunting in toddlers in the working area of the Bontosikuyu Health Center UPTD.

Breast milk, also known as ASI, has crucial benefits for children. Exclusive breastfeeding means babies receive only breast milk for six months, with no additional food or fluids other than medication and vitamins (Rohayati & Hartati, 2022). Children are more likely to experience stunting because their mothers do not provide breast milk for the full six months until the child is 24 months old, or the first 1,000 days of life (Wijayanti dkk, 2020).

The findings of this study are supported by Risnanto's research, 2023, entitled "The Relationship Between Exclusive Breastfeeding and the Incident of Stunting in Toddlers." This study showed that approximately 30 toddlers with exclusive breastfeeding experienced stunting, while 32 toddlers did not experience stunting. Meanwhile, approximately 28 toddlers who were not given exclusive breastfeeding experienced stunting and 8 toddlers did not experience stunting, with a p-value of 0.004, indicating a relationship between exclusive breastfeeding and the incident of stunting (Risnanto, 2023).

Another study that aligns with this research is the findings of Rosmawati et al., 2024 entitled "The Relationship between Exclusive Breastfeeding and the Incidence of Stunting in Toddlers Aged 24-60 Months." The study found that approximately 5 toddlers who were exclusively breastfed also experienced stunting and 211 toddlers did not experience stunting. Meanwhile, toddlers who were not exclusively breastfed experienced stunting, amounting to 27 toddlers and approximately 20 toddlers did not experience stunting with a p-value of 0.000, meaning there is a relationship between exclusive breastfeeding and the incidence of stunting (Rosmawati dkk., 2024).

Researchers assume that children who are not exclusively breastfed are more susceptible to stunting than those who are. This is because breast milk plays a key role in directly influencing a child's nutritional status. Children who are not exclusively breastfed

are at risk of malnutrition, especially during the first 1,000 days of life (HPK), when children who are malnourished are vulnerable to stunting. Meanwhile, children who are exclusively breastfed can also experience stunting due to several contributing factors, such as low family income.

Mothers with low incomes are at risk of malnutrition during breastfeeding, which can impact the vital nutrients in the breast milk they provide to their children. Furthermore, as babies age, their nutritional needs increase, and breastfeeding alone is no longer sufficient. Therefore, complementary foods rich in nutrients beneficial to the child, such as animal protein, fat, iron, and vitamins, are essential. This is in line with research by Widiastuti et al. (2023), which states that during breastfeeding, mothers need to pay attention to their nutritional needs, as they must meet not only their own nutritional needs but also ensure sufficient milk production for their babies (Widiastuti dkk., 2022).

Based on table 7, the results of the examination at the integrated health post (posyandu) show that almost all stunted toddlers (97.4% or 75 children) were routinely examined at the posyandu and only 2 children (2.6%) were not routinely examined. Meanwhile, 218 toddlers who were not stunted were routinely examined at the posyandu. The results of the analysis using the alternative Fisher chi-square test obtained a p-value of $0.067 > 0.05$, so it can be concluded that there is a relationship between the history of toddler examinations at the posyandu and the incidence of stunting in toddlers in the working area of the Bontosikuyu Community Health Center UPTD.

A Posyandu (Integrated Health Post) is a place where toddlers can be routinely monitored for their nutritional status and growth, allowing for early identification of any developmental disorders. Active attendance at the Posyandu significantly impacts the ongoing monitoring of their nutritional status. A Posyandu is a monthly activity, where toddlers who actively attend the Posyandu receive weight checks, undergo health screenings, receive health education, and receive supplementary feeding (Hadi dkk., 2022).

Toddlers who are regularly taken to the integrated health post (Posyandu) can be monitored for their nutritional status (Rohayati & Hartati, 2022). A child's nutritional status can be monitored through anthropometric measurements, such as regular height and weight measurements. This allows toddlers who regularly attend the Posyandu to

detect early any health problems during their growth and development, especially stunting, so that they can be prevented (Kalsum dkk., 2021).

Another study, consistent with the results of research conducted by Rahmawati et al. (2020), showed that 14 toddlers who regularly undergo check-ups at the integrated health post (Posyandu) experienced stunting, while 15 toddlers who do not undergo regular check-ups or never undergo them. Meanwhile, 32 toddlers who regularly undergo check-ups at the integrated health post (Posyandu) did not experience stunting, and 39 toddlers who do not undergo regular check-ups but did not experience stunting.

Based on the test results, a p-value of $0.157 > 0.05$ was obtained, thus it can be concluded that there is no significant relationship between Posyandu utilization and the incidence of stunting in toddlers in Palembang City (Rahmawati dkk., 2020).

Researchers assume that children who do not regularly or never undergo checkups at the integrated health post (Posyandu) are at greater risk of stunting than those who do. This is because children are never or not routinely monitored for their growth and development, so if problems such as short height or weight are detected, immediate action cannot be taken. Meanwhile, children who regularly undergo checkups at the integrated health post (Posyandu) experience stunting due to several factors, such as delays in early detection of stunting, which can be detected when a child is two years old. Furthermore, stunting is not solely caused by regular or infrequent visits to the integrated health post (Posyandu). Stunting is a multifactorial condition, with many contributing factors, such as a mother's lack of knowledge, resulting in inadequate nutritional intake. This aligns with research by Hasnawati et al. (2021), which states that maternal knowledge can help mothers provide adequate nutrition for their children. A mother's lack of knowledge about stunting can influence a mother's attitude toward fulfilling her child's nutritional needs, which can impact the child's suboptimal growth and development (Hasnawati dkk., 2021).

CONCLUSION

It was concluded that there was a correlation between a history of exclusive breastfeeding and a history of maternal prenatal checkups with the incidence of stunting in the Bontosikuyu Community Health Center (UPTD) work area. It was concluded that there was no significant relationship between a history of complete basic immunization and a history of toddler checkups at the integrated health post (Posyandu) and the incidence of stunting in the Bontosikuyu Community Health Center (UPTD) work area.

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