Analyse the Role of Cadre, Parenting and Food Intake to Nutrition Status of Toddler

Undatun Ni'mah, Nia Sari, Yuly Peristiowati

Pusekesmas Kertosari, Banyuwangi, Indonesia

Email:

undatun.nikmah@yahoo.com

Received: March 12, 2019

Accepted: October 13, 2019

Published: November 26, 2019

ABSTRACT

Nutrition problems are still a serious problem. Nutrition disorders that occur in infants and toddlers affect the growth and development, both in infancy and future, so it needs attention. The role of cadres, parenting parents and food intake given to infants. The purpose of this study was to determine the factors that affect the nutritional status of children under five years in the working area of Kertosari Community Health Centers Banyuwangi. This research design use analytic design with cross sectional approach. The population of all under-fives suffering from malnutrition status in the work area of Kertosari Puskesmas is 47 children. The sampling technique used cluster random sampling with a sample of 42 respondents. The research instrument used questionnaires, 24 hour recall obeservation sheet and anthropometry. The results were analyzed using logistic regression test. The result of this research is the influence of the role of cadre to the nutritional status of under-five children with $\rho = 0.005 < 0.05$ and OR = 22.8 which means the chance to help the toddler in overcoming the nutritional status is 22.8 times bigger than the role of the inactive cadre. While in the pattern of care obtained $\rho = 0.003 < 0.05$ denagn = 0.112 means there is influence between parental parenting to the nutritional status of children. Where the parenting patterns are applied authoritarian, then the parenting pattern has a risk of no nutritional problems 0.112 times greater in the parent's patterns permissive or democratic. There is influence between food intake on nutritional status of children under five years in working area of Kertosari Community Health Centers of Banyuwangi Regency with $\rho = 0.004 < 0.05$. The most dominant factor affecting the nutritional status of children under five is the factor of food intake given to toddlers, with the effect of 13,924.To be able to increase the intake of food that is by observing the diet and eating consumption in accordance with the nutritional needs of every toddler, in consuming everyday foods familiarize with balanced nutrition menu.

Keywords: Role of cadre, Parenting, Food Intake, Nutrition Status



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INTRODUCTION

Nutrition problems are still a serious problem. Malnutrition is the cause of one third of child deaths in the world. Malnutrition and also more nutrition is still a problem to be faced. Nutrition is a very important and fundamental issue of human life. Malnutrition can cause health problems (morbidity, mortality and disability), also reduce the quality of human resources (HR) of a nation. On a broader scale, malnutrition may pose a threat to the survival and survival of a nation (MOH, 2013).

The results of Riskesdas (2013) indicate the magnitude of nutritional problems in Indonesia such as the lack of nutrition, short and underweight, where the prevalence of malnutrition decreased by 18.4% in 2007 to 19.6% in 2013, as well as prevalence short of 36.8% of children under five in 2007 increased to 37.3% in 2013 but for a decline in prevalence where in 2007 it was 13.6% to 12.1% in 2013. In addition to nutritional status as one one factor of nutritional problem in Indonesia, the factor of visit of children under five to weigh routinely to posyandu also will influence to nutrient problem in Indonesia. Based on the results of Nutrition Status Monitoring (PSG) in East Java, it was found that under-five children underweight, which means malnutrition decreased from 2.0 percent in 2014 to 1.8 percent in 2015 (Harsono, 2016). Based on data from Banyuwangi 2015 Health Office, the number of malnutrition found in 2014 was 957 cases (0.89%) and all had received treatment. From 957 cases of 5.12% due to BBLR, 17.76% due to illness, 9.4% due to poverty and 67.72% due to lack of knowledge of mother or family, knowledge covering parenting, growth monitoring, PHBS and nutrition problems.

Nutritional problems differ with disease problems, where the state of malnutrition or malnutrition does not occur suddenly. The journey of a healthy child to malnutrition and malnutrition takes at least 3 to 6 months, which is marked by insufficient weight gain. Nutritional disorders that occur in infants and toddlers affect growth and development, both in infancy and future, so it needs attention (MOH, 2010). Nutrition status is a description of a person's physical condition as a reflection of the balance of incoming energy and released by the body. According to MOH (2013), there are 5 divisions of nutritional status that is normal nutrition, fat, obesity, skinny, and very thin. There are several factors that may affect nutritional status, such as physical condition, illness or infection, medication, nutrient intake, physical activity, cadre's role and parenting pattern, feeding by parents.

Preliminary study at Puskesmas Kertosari on February 26, 2018, found that from 20 cadres, 15 cadres do not know the role that must be implemented as a cadre and 5 cadres already know the duty and its role as health cadres. The 15 cadres are only acting as registerers at the Posyandu and the task force in Posyandu. While the 5 cadres already know his role as educator, motivator and recorder. For parenting parents to meet the needs of children's food intake obtained from 20 people, 6 people with democratic parenting, 9 people with authoritative parenting and 5 people with permissive parenting.

Health workers are all those who seek substantive achievement of improving the degree of public health. Technically, the health worker's duties, including the health-related cadres related to nutrition, are to collect data on toddlers, weigh and record them in the Healthy Towards Card (KMS), supplement food, distribute vitamin A, conduct nutritional counseling and visit the homes of breastfeeding mothers and mothers with toddlers (MOH, 2013). The running of posyandu services must be supported by posyandu cadres who are ready to participate in health services especially basic services posyandu. Positive perception alone must be owned by each cadre, so that basic health services in posyandu can run maximally, whether or not the role of this cadre is influenced by several factors, namely internal and external. The low participation of cadres will have an impact on the low awareness of the community to come in monitoring the level of nutritional status of children, ibuhamil and breastfeeding which in the end can not meet the need of data on the development of nutritional status of children under five in posyandu (Puspitasari, 2012).

Parenting is an overall parent-child interaction, in which parents encourage children by altering the behaviors, knowledge, and values that are most appropriate for parents so that children can be self-reliant, grow, and develop healthy and optimal, self-confidence, curiosity, friendship, and success-oriented (Tridhonanto A and Agency B, 2014). Parenting feeding parenting to children or parental feeding style is a parental behavior that shows that they feed their children either with consideration or without consideration (Boucher, 2014).

Patterns of Parenting also contribute to the nutritional status of children, one of the patterns of care related to the nutritional status of children is the pattern of feeding. Patterns of child feeding are always related to feeding activities that will eventually contribute to the nutritional status. Feeding

practices in children have a huge role in the nutrition of children. Feeding the child and eating habits in the family becomes a huge influence. Children usually follow what their parents and siblings eat (Istiany, 2013).

Efforts to cope with malnutrition and malnutrition must promote promotional and preventive efforts, meaning that keeping healthy children healthy. Malnutrition can be detected and prevented early by bringing infants and toddlers to Posyandu every month (MOH, 2010). In addition, parents need to pay attention to the application of good parenting patterns and provide adequate nutritional needs for the development and growth of children not experiencing interference. The purpose of this study is to analyze the factors that affect the nutritional status of children under five years in the working area of Puskesmas Kertosari Banyuwangi.

MATERIALS AND METHODS

This research design use analytic design with cross sectional approach. The population of all underfives suffering from malnutrition status in the work area of Kertosari Puskesmas is 47 children. The sampling technique used cluster random sampling with a sample of 42 respondents. The research instrument used questionnaires, 24 hour recall obeservation sheet and anthropometry. The results were analyzed using logistic regression test.

RESULT Characteristics of the Subject

Table 1. Characteristics of respondents in this study include the age of parents, education, employment, age of children, gender of the child, the role of cadres, parenting, food intake and nutritional status of children.

	Characteristics	ΣN	Σ %
1	Age of parent (year)		
	21-35	25	59,5
	>35	17	40,5
	Education		
	Primary school	8	19
2	Junior high school	8	19
	Senior high school	25	59,5
	University	1	2,5
	Work		
	Housewife	30	71,4
3	Entreprenuer	8	19
	Private	3	7,2
	Gov. employees	1	2,4
	Age of the child		
	1 year	4	9,5
4	2 year	12	28,6
4	3 year	8	19
	4 year	7	16,7
	5 year	11	26,2
5	Sex of the child		
	Man	20	47,6
	Female	22	52,4
6	Role of cadre		
	Not active	22	52,4
	Active	20	47,6
7	Parenting		
	Demokratis	5	11,9
	Otoriter	25	59,5
	Permisif	12	28,6
8	Food supply		

	Good	1	2,4		
	Middle	20	47,6		
	Less	21	50		
9	Nutritional status of the child				
	Very thin	13	31		
	Thin	29	69		
	Total	42	100		

Based on table 1 above, it is known that from 42 respondents aged between 21-35 years, 25 respondents (59.2%), high school educated as many as 25 respondents (59.5%), most of them are housewives, as many as 30 respondents (71.4%), most of the age of children is 2 years as many as 12 Respondents (28.6%) and male sex that is as much as 22 respondents (52.4%), the role of cadres in the category of inactive as many as 22 respondents (52.4%), have authoritarian parenting that is as much as 25 respondents (59.5%), large intake of food category less that is as much as 21 respondents (50%), nutritional status of underweight balita category that is 29 respondents (69%).

Table 2. The results of statistical test of logistic regression influence the role of cadres, parenting parenting and food intake on child nutrition in the working area of Puskesmas Kertosari Kabupaten Banyuwangi.

		В	S.E.	Wald	Df	Sig.	Exp(B)
	Role of cadre	2,634	1,228	4,598	1	,032	13,924
Ctop 18	parenting	-2,395	1,131	4,482	1	,034	,091
Step 1 ^a -	Food supply	-2,101	,934	5,064	1	,024	,122
_	Constant	10,668	3,911	7,439	1	,006	42937,726

From the statistical test of logistic regression, p-value of p-value = 0.032 < 0.05, H1 is accepted, on parenting factors p-value = 0.034 < 0.05, H2 is accepted, and food intake factor p-value = 0.024 < 0.05, then H3 accepted. Thus it is known that the role of cadres, parenting parents and food intake are the factors that affect the nutritional status of children.

The magnitude of influence is shown by the value of EXP (B) or also called ODDS RATIO (OR). Variable X1 (role of cadre) with OR 0,122 while variable X2 (parenting) with OR 0,091 and variable X3 (food intake) show OR equal to 13,924. Based on these results OR or the magnitude of the greatest or dominant influence lies on the variable X3 with a large OR 13.924. So it can be concluded that the most dominant factor affecting Y (nutritional status of toddlers) is a factor of food intake given to infants, with the effect of 13.924.

DISCUSSION

The influence of cadre's role on nutritional status of children under five in the working area of Puskesmas Kertosari, Banyuwangi District

Based on the results of this study showed that from 42 respondents almost half the role of cadres in the category of inactivity and nutritional status of thin (52.4%), This means that if the role of active cadres to nutritional status of children under five, then the chances to help the toddler in overcoming the status nutrition of 22.8 times greater than the role of inactive cadres. Because the value of p-value = 0.005, which means> 0.05, so H1 accepted and Ho rejected which means there is influence between the role of cadres to the nutritional status of children under five in the work area of Puskesmas Kertosari Banyuwangi.

The role of cadres can help the community in reducing malnutrition, in addition to the role of cadres also helps in reducing maternal mortality as well as toddlers, by utilizing the expertise and other supporting facilities related to nutritional status improvement of children under five, so it can be concluded that the role of cadres influential to the nutritional status of children under five which means the higher the role of cadres, the higher the rate of malnutrition in underfives (Purwanti, 2014).

The activeness of health cadres can be assumed that active health cadres perform their duties properly in accordance with their authority and responsibility, then the health cadres are included in the active category. However, if the health cadres are not able to perform their duties then they are classified as inactive (Rochmawati, 2010).

The role of cadres as educators in providing maximum understanding to the mother of toddlers is needed for the development of child development and nutritional status balitanya. The role of cadres as educators, among others, can explain the KMS data of each toddler or the state of the child based on the weight gain data described in the KMS chart, giving counseling to each mother by referring to the child's healthy card (KMS), holding group discussion with the mothers whose home location is nearby and home visits or individual outreach activities (Chanasah, 2017).

Influence parenting parenting to the nutritional status of children under five at the Kertosari Community Health Center, Banyuwangi District

Based on the results of the study showed that of 42 respondents most of the large authoritarian and nutritional status of thin (59.5%). This implies that if the parenting pattern is authoritarian, then the parenting pattern has a risk of not experiencing nutritional problems 0.112 times greater than the parent pattern permissive or democratic. Because the value of p-value = 0.003, which means > 0.05, so that H2 is accepted and Ho is rejected which means there is influence between parenting parenting to the nutritional status of children under five in the working area of Puskesmas Kertosari, Banyuwangi District

Parenting is an act, action, and interaction of parents to encourage the growth and development of children so that they grow and develop properly and properly (Surbakti, 2012). A good parenting pattern in children can be seen in the practice of feeding or eating a good pattern that affects the growth and development of intelligence of children who have been determined since the baby and since in the womb. In addition, the practice of health care and stimulation in children also affect the development of children (Puspaningtyas et al., 2012).

According to Gunarsa (2012) the aspects affecting parenting parenting of her child are: Character of parent and child, parent and child's personality, parents and child's temperament, willingness and ability of children to accept change, origin and background of person parents, parental education, family-adopted culture, family demography and domicile, family-based religious systems, pressure and support from family and community, occupation and career or parent position, family members' reasoning ability.

The results showed that there is influence between parenting parenting with nutritional status of children. Though parenting parenting is mainly related to feeding activities that will eventually contribute to its nutritional status. However, the most influential on the nutritional status of children is the ability of parents (social economic) in meeting their nutritional needs.

The influence of food intake on the nutritional status of children under five years in Puskesmas Kertosari, Banyuwangi District

Based on the results of this study showed that of 42 respondents most of the food intake is less and nutritional status is thin (50%). This implies that if the intake of food consumed by children is less, then the risk of children experiencing nutritional problems greater than the intake of foods that are or good. Because the value of p-value = 0.004, which means <0.05, so that H3 accepted and Ho is rejected which means there is influence between food intake on nutritional status of children under five in the working area of Puskesmas Kertosari, Banyuwangi District.

The intake (consumption) of food is the number or amount of food, singly or diverse, consumed by a person or group of persons aimed at meeting physiological, psychological and sociological needs. Food consumption is a major factor to meet the nutritional needs which then act to provide energy for the body, regulate metabolic processes, improve tissues and for growth. If the body lacks nutrients, especially energy and protein, in the early stages will cause hunger and within a certain period of weight will decrease accompanied by decreased work productivity. Lack of continuing nutrients will result in poor nutritional status and poor nutrition. If there is no improvement in energy consumption and adequate protein, in the end the body will be susceptible to infectious diseases which can further cause death (Sediaoetama, 2010).

Food consumption affects the nutritional status of a person. Good nutritional status or optimal nutritional status occurs when the body obtains enough nutrients that are used efficiently, thereby enabling physical growth, brain development, work ability and general health at the highest level possible. Nutrition status less occurs when the body has lack of one or more essential nutrients. Conversely, food intake is less able to cause nutritional status in children become problematic with the category of skinny and even very thin. Therefore, parents need to pay attention to the intake of foods that meet the nutritional standards for children to develop optimally.

Dominant Influence on the nutritional status of children under five in the working area of Puskesmas Kertosari, Banyuwangi District

Based on table 2 in get show that from three variables after logistic regression test there are variables that influence the nutritional status of children under five in the work area of Puskesmas Kertosari Banyuwangi Regency, because p value <0,05 means that Ho is rejected and H4 accepted, it means there is influence of three variables.

The magnitude of influence is shown by the value of EXP (B) or also called ODDS RATIO (OR). Variable X1 (role of cadre) with OR 0,112 while variable X2 (parenting) with OR 0,091 and variable X3 (food intake) show OR equal to 13,924. Based on these results OR or the magnitude of the greatest or dominant influence lies on the variable X3 with a large OR 13.924. So it can be concluded that the most dominant factor affecting Y (nutritional status of toddlers) is a factor of food intake given to infants, with the effect of 13.924

CONCLUSION

There is an influence between the role of cadre to the nutritional status of children under five in the working area of Puskesmas Kertosari, Banyuwangi Regency (p = 0.005; OR = 22,8).

There is influence between parenting parenting to the nutritional status of children under five in the working area of Puskesmas Kertosari Banyuwangi Regency (p = 0.003; OR = 0.112).

There is influence between food intake on nutritional status of under five in work area of Puskesmas Kertosari of Banyuwangi Regency (p = 0.004; OR = 0.085) and the most dominant factor influencing nutrition status of balita is food intake factor given to toddler, with the effect of 13,924.

REFERENCES

Abdibari, & Ma'alin. (2016). Magnitude and factors associated with malnutrition in children 6–59 months of age in Shinille Woreda, Ethiopian Somali regional state: a cross-sectional study. https://bmcnutr.biomedcentral.com/articles/10.1186/s40795-016-0079-1.

Agency, Beranda, & Tridhonanto. (2014). Mengembangkan Pola Asuh Demokratis. Jakarta: Gramedia.

lmatsier, S. (2010). Prinsip Dasar Ilmu Gizi. Jakarta: Gramedia Pustaka Utama.

- Arikunto, S. (2010). Prosedur penelitian: Suatu Pendekatan Praktik. (Edisi. Revisi). Jakarta: Rineka Cipta.
- Suryandari, A., E. (2016). Faktor-faktor yang mempengaruhi strata posyandu. Akademi Kebidanan YLPP. The 4th Univesity Research Coloquium 2016. ISSN 2407-9189. https://publikasiilmiah.ums.ac.id/ bitstream/handle/ 11617/7794/mipa%20dan%20kesehatan_24.pdf?sequence=.
- Rochmawati, A. (2010). Hubungan Antara Keaktifan Kader Kesehatan Dengan Pengembangan Program Desa Siaga Di Kecamatan Masaran Kabupaten Sragen. Karya Tulis Ilmiah. Surakarta: Universitas Sebelas Maret. https://digilib.uns.ac.id.
- Bardosono, & Saptawati. (2009). *Penilaian Status Gizi Balita*, http://staff.ui.ac.id/system/files/users/saptawati.bardosono/material/penilaianstatusgizibalitaan tropometri.pdf.

- Boucher, N. (2014). Feeding styles and the body weight status of preschool-aged children. *The Journal for Nurse Practitioners*, 10 (4), 234–239.
- Negash, C. (2015). Association between Maternal and Child Nutritional Status in Hula, Rural Southern Ethiopia: A Cross Sectional Study. https://search.proquest.com/docview/1735002474/5E36CEDB64D341DDPQ/1?accountid=17 0128.
- Nazri, C. (2016). Factors influencing mother's participation in Posyandu for improving nutritional status of children under-five in Aceh Utara district, Aceh province, Indonesia. https://search.proquest.com/docview/ 1774001398/fulltextPDF/B7F1DDEB083946EEPQ/1?accountid=170128.
- Departemen Gizi & Kesehatan Masyarakat FKM UI. (2009). Gizi Dan Kesehatan Masyarakat. Jakarta: PT Raja Grafindo Perkasa.
- Departemen Kesehatan RI. (2009). Pengertian Kader. Jakarta: Depkes RI.
- Depkes RI. (2013). Riset Kesehatan Dasar Indonesia 2013. Jakarta: Depkes RI.
- Puspitasari, D., A. (2012). Perubahan Status Gizi pada Anak Balita Gizi Kurus Yang Mengikuti Pemulihan Gizi Buruk di Klinik Gizi PTTK dan EK. Skripsi. Jakarta: Universitas Indonesia.
- Aryanto, D. (2013). Aplikasi Sistem Pakar Penentuan Asupan Makanan Bagi Penderita Penyakit Gizi Buruk Dengan Inferensi Fuzzy. Universitas Ahmad Dahlan. *Jurnal Sarjana Teknik Informatika Volume 1 Nomor 2, 2013* e-ISSN: 2338-5197. http://journal.uad.ac.id/index.php/JSTIF/article/download/2267/1446.
- Dwijayanthi, & Linda. (2013). *Ilmu Gizi Menjadi Sangat Mudah*. Jakarta. Penerbit buku kedokteran EGC.
- Edem, M., A., & Tette. (2015). Factors affecting malnutrition in children and the uptake of interventions to prevent the condition. https://www.ncbi.nlm.nih.gov/pubmed/26586172.
- Eka, R., F., & Setyaningsih, A. (2012). Hubungan Pola Asuh Orang Tua Dengan Perkembangan Motorik Kasar Anak Usa 1-3 Tahun. *Jurnal Kebidanan STIKES Estu Utomo Boyolali*. 4 (2), 14.
- Gunarsa. (2012). Psikologi Untuk Keluarga. Jakarta; Penerbit Libri.
- Handono, & Nugroho, P. (2010). Hubungan Tingkat Pengetahuan Pada Nutrisi, Pola Makan, Dan Energi Tingkat Konsumsi Dengan Status Gizi Anak Usia Lima Tahun Di Wilayah Kerja Puskesmas Selogiri, Wonogiri. *Jurnal Keperawatan*. 1:1-7.
- Harsono. (2016). Dinas Kesehatan Jatim: *Kuncinya Ada Pada Pos Pemulihan Gizi Balita*. http://surabaya.tribunnews.com/2016/04/06/dinas-kesehatan-jatim-kuncinya-ada-pada-pos-pemulihan-gizi-balita.
- Istiany, A., & Rusilanti. (2013). Gizi Terapan. Bandung: PT. Remaja Rosdakarya.
- Rochmawati, A. (2010). Hubungan Antara Keaktifan Kader Kesehatan Dengan Pengembangan Program Desa Siaga Di Kecamatan Masaran Kabupaten Sragen. Karya Tulis Ilmiah. Surakarta: Universitas Sebelas Maret. https://digilib.uns.ac.id.

- Bardosono, & Saptawati. (2009). *Penilaian Status Gizi Balita*, http://staff.ui.ac.id/system/files/users/saptawati.bardosono/material/penilaianstatusgizibalitaan tropometri.pdf.
- Boucher, N. (2014). Feeding styles and the body weight status of preschool-aged children. *The Journal for Nurse Practitioners*, 10 (4), 234–239.
- Negash, C. (2015). Association between Maternal and Child Nutritional Status in Hula, Rural Southern Ethiopia: A Cross Sectional Study. https://search.proquest.com/docview/1735002474/5E36CEDB64D341DDPQ/1?accountid=17 0128.
- Nazri, C. (2016). Factors influencing mother's participation in Posyandu for improving nutritional status of children under-five in Aceh Utara district, Aceh province, Indonesia. https://search.proquest.com/docview/1774001398/fulltextPDF/B7F1DDEB083946EEPQ/1?accountid=170128.
- Departemen Gizi & Kesehatan Masyarakat FKM UI. (2009). Gizi Dan Kesehatan Masyarakat. Jakarta: PT Raja Grafindo Perkasa.
- Departemen Kesehatan RI. (2009). Pengertian Kader. Jakarta: Depkes RI.
- Depkes RI. (2013). Riset Kesehatan Dasar Indonesia 2013. Jakarta: Depkes RI.
- Puspitasari, D., A. (2012). Perubahan Status Gizi pada Anak Balita Gizi Kurus Yang Mengikuti Pemulihan Gizi Buruk di Klinik Gizi PTTK dan EK. Skripsi. Jakarta: Universitas Indonesia.
- Aryanto, D. (2013). Aplikasi Sistem Pakar Penentuan Asupan Makanan Bagi Penderita Penyakit Gizi Buruk Dengan Inferensi Fuzzy. Universitas Ahmad Dahlan. *Jurnal Sarjana Teknik Informatika Volume 1 Nomor 2, 2013* e-ISSN: 2338-5197. http://journal.uad.ac.id/index.php/JSTIF/article/download/2267/1446.
- Dwijayanthi, & Linda. (2013). *Ilmu Gizi Menjadi Sangat Mudah*. Jakarta. Penerbit buku kedokteran EGC.
- Edem, M., A., & Tette. (2015). Factors affecting malnutrition in children and the uptake of interventions to prevent the condition. https://www.ncbi.nlm.nih.gov/pubmed/26586172.
- Eka, R., F., & Setyaningsih, A. (2012). Hubungan Pola Asuh Orang Tua Dengan Perkembangan Motorik Kasar Anak Usa 1-3 Tahun. *Jurnal Kebidanan STIKES Estu Utomo Boyolali*. 4 (2), 14.
- Gunarsa. (2012). Psikologi Untuk Keluarga. Jakarta; Penerbit Libri.
- Handono, & Nugroho, P. (2010). Hubungan Tingkat Pengetahuan Pada Nutrisi, Pola Makan, Dan Energi Tingkat Konsumsi Dengan Status Gizi Anak Usia Lima Tahun Di Wilayah Kerja Puskesmas Selogiri, Wonogiri. *Jurnal Keperawatan*. 1:1-7.
- Harsono. (2016). Dinas Kesehatan Jatim: *Kuncinya Ada Pada Pos Pemulihan Gizi Balita*. http://surabaya.tribunnews.com/2016/04/06/dinas-kesehatan-jatim-kuncinya-ada-pada-pos-pemulihan-gizi-balita.
- Istiany, A., & Rusilanti. (2013). Gizi Terapan. Bandung: PT. Remaja Rosdakarya.

- Kania, N. (2010). Stimulasi Tumbuh Kembang Anak Untuk Mencapai Tumbuh Kembang Optimal. http://pustaka.unpad.ac.id/.
- Moehji, S. (2009). Ilmu Gizi 2 Penanggulangan Gizi Buruk. Jakarta: Papas Sinar.
- Mubarak, et. al. (2012). *Ilmu Keperawatan Komunitas 2; Konsep dan Aplikasi*. Jakarta: Salemba Medika.
- Mutisya. (2015). Household food (in)security and nutritional status of urban poor children aged 6 to 23 months in Kenya. https://search.proquest.com/docview/1779790451/F0F0BD137DD544AEPQ/9?accountid=170128.
- Narendra, M., B., dkk. (2010). Tumbuh Kembang Anak Dan Remaja. Jakarta: Sagung Seto.
- Nugroho, T. (2011). Asuhan Keperawatan Maternitas, Anak, Bedah, Dan Penyakit. Dalam Cetakan I. Yogyakarta: Nuha Medika.
- Nurlaela & Lutfiana. (2013). Faktor-Faktor yang Berhubungan dengan Kejadian Gizi Buruk pada Lingkungan Tahan Pangan dan Gizi. Skripsi. Universitas Negeri Semarang. http://lib.unnes.ac.id/18287/1/6450407024.pdf.
- Prasetyono, D., S. (2009). ASI Eksklusif Pengenalan, Praktik dan Kemanfaatan-kemanfaatannya. Yogyakarta: Diva Press.
- Puspaningtyas, et.al. (2012). Jurnal, Gizi Indonesia 2012. Hal. 322-119.
- Rahma. (2010). Perbaikan Gizi Dalam Masalah Gizi, Jakarta: LIPI.
- Sediaoetama, & Djaeni, A. (2010). Ilmu Gizi untuk mahasiswa dan Profesi Jilid I. Jakarta. Dian Rakyat.
- Sugiyono. (2010). Metode Penelitian Kuantitatif Kualitatif & RND. Bandung: Alfabeta.
- Sulfiah. (2013). Faktor Yang Berhubungan Dengan Status Gizi Anak Balita Di Wilayah Pesisir Pantai Desa Tosewo Kecamatan Takkalalla Kabupaten Wajo Tahun 2013. Skripsi. Universitas Islam Negeri Alauddin. Makasar http://repositori.uin-alauddin.ac.id/1257/1/Sulfiah.pdf.
- Supariasa. et. Al. (2012). Pendidikan Dan Konsultasi Gizi. Jakarta: EGC.
- Surbakti, E., B. (2012). Kenalilah Anak remaja Anda. Jakarta: PT Elex Komputindo.
- Suryadi, & Israwati. (2010). *Kajian Perilaku Menonton Tayangan Televisi dan Pendidikan Literasi Media Pada Remaja* (*Studi Di SMP Madani, Kota Palu*). Jurnal Academica Fisip Untad. Vol.05 No. 01 Pebruari 2010.
- Wildan. (2012). Pengaruh Pola Asuh Orang Tua dan Proses Terhadap Konsep Diri Remaja Tentang Perilaku Seksual di SMA N 2 dan Man 2 Medan, (Online), (Http://jurnalpenelitian.usu.ac.i).
- Fekadu, Y. (2015). Factors associated with nutritional status of infants and young children in Somali Region, Ethiopia: a cross- sectional study. https://search.proquest.com/docview/1780094776/1551D81CE59045F9PQ/1?accountid=170128.

- Yusuf, & Syamsu. (2014). Psikologi Perkembangan Anak dan Remaja. Jakarta: Bumi Aksara. Kania, N. (2010). Stimulasi Tumbuh Kembang Anak Untuk Mencapai Tumbuh Kembang Optimal. http://pustaka.unpad.ac.id/.
- Moehji, S. (2009). Ilmu Gizi 2 Penanggulangan Gizi Buruk. Jakarta: Papas Sinar.
- Mubarak, et. al. (2012). *Ilmu Keperawatan Komunitas 2; Konsep dan Aplikasi*. Jakarta: Salemba Medika.
- Mutisya. (2015). Household food (in)security and nutritional status of urban poor children aged 6 to 23 months in Kenya. https://search.proquest.com/docview/1779790451/F0F0BD137DD544AEPQ/9?accountid=170128.
- Narendra, M., B., dkk. (2010). Tumbuh Kembang Anak Dan Remaja. Jakarta: Sagung Seto.
- Nugroho, T. (2011). Asuhan Keperawatan Maternitas, Anak, Bedah, Dan Penyakit. Dalam Cetakan I. Yogyakarta: Nuha Medika.
- Nurlaela & Lutfiana. (2013). *Faktor-Faktor yang Berhubungan dengan Kejadian Gizi Buruk pada Lingkungan Tahan Pangan dan Gizi*. Skripsi. Universitas Negeri Semarang. http://lib.unnes.ac.id/18287/1/6450407024.pdf.
- Prasetyono, D., S. (2009). ASI Eksklusif Pengenalan, Praktik dan Kemanfaatan-kemanfaatannya. Yogyakarta: Diva Press.
- Puspaningtyas, et.al. (2012). Jurnal, Gizi Indonesia 2012. Hal. 322-119.
- Rahma. (2010). Perbaikan Gizi Dalam Masalah Gizi, Jakarta: LIPI.
- Sediaoetama, & Djaeni, A. (2010). Ilmu Gizi untuk mahasiswa dan Profesi Jilid I. Jakarta. Dian Rakyat.
- Sugiyono. (2010). Metode Penelitian Kuantitatif Kualitatif & RND. Bandung: Alfabeta.
- Sulfiah. (2013). Faktor Yang Berhubungan Dengan Status Gizi Anak Balita Di Wilayah Pesisir Pantai Desa Tosewo Kecamatan Takkalalla Kabupaten Wajo Tahun 2013. Skripsi. Universitas Islam Negeri Alauddin. Makasar http://repositori.uin-alauddin.ac.id/1257/1/Sulfiah.pdf.
- Supariasa. et. Al. (2012). Pendidikan Dan Konsultasi Gizi. Jakarta: EGC.
- Surbakti, E., B. (2012). Kenalilah Anak remaja Anda. Jakarta: PT Elex Komputindo.
- Suryadi, & Israwati. (2010). *Kajian Perilaku Menonton Tayangan Televisi dan Pendidikan Literasi Media Pada Remaja (Studi Di SMP Madani, Kota Palu)*. Jurnal Academica Fisip Untad. Vol.05 No. 01 Pebruari 2010.
- Wildan. (2012). Pengaruh Pola Asuh Orang Tua dan Proses Terhadap Konsep Diri Remaja Tentang Perilaku Seksual di SMA N 2 dan Man 2 Medan, (Online), (Http://jurnalpenelitian.usu.ac.i).
- Fekadu, Y. (2015). Factors associated with nutritional status of infants and young children in Somali Region, Ethiopia: a cross- sectional study. https://search.proquest.com/docview/1780094776/1551D81CE59045F9PQ/1?accountid=170128.
- Yusuf, & Syamsu. (2014). Psikologi Perkembangan Anak dan Remaja. Jakarta: Bumi Aksara.

Daryanto, Z., P. (2015). *Optimalisasi Asupan Gizi Dalam Olahraga Prestasi Melalui Carbohydrat Loading*. Jurnal Pendidikan Olahraga, Vol. 4, No. 1, Juni 2015. http://journal.ikippgriptk.ac.id/index.php/olahraga/article/download/34/33.