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The Behavior of Exclusive Breastfeeding and Complementary Feeding (MP-ASI) as Causes of Stunting in Toddlers in Jombang: A Case Study

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ABSTRACT

Exclusive breastfeeding, food preparation, and food sanitation are part of parental care patterns that also influence the occurrence of stunting. Stunting is a condition of impaired growth in toddlers due to chronic malnutrition, particularly during the first 1000 days of life. The issue of stunting in toddlers indicates chronic nutritional problems, influenced by many factors including the condition of the mother, the intranatal period, infancy or toddlerhood, and illnesses suffered during toddlerhood, as well as other issues that indirectly affect health. The purpose of this research is to explain and provide an understanding and interpretation of the internal dimension, namely the behavior of exclusive breastfeeding and complementary feeding for toddlers in Jombang District. This study uses a qualitative method with a case study approach conducted at the Health Office of Jombang Regency, East Java, and Mayangan Health Center. A total of 3 key informants, 11 mothers of toddlers as the main informants, and 1 supporting informant were selected purposively and by snowball sampling. Data collection was done using interviews, observations, and documentation. Data were analyzed using the Miles and Huberman approach. The results of the study indicate that parental education level, exclusive breastfeeding, and complementary feeding (MP-ASI) are among the factors causing stunting in Jombang Regency, East Java. The impact unrelated to the occurrence of stunting is parental occupation. There are several other internal and external factors causing stunting in Jombang Regency, East Java, such as parental education level, parental occupation, exclusive breastfeeding, and complementary feeding (MP-ASI).

Keywords: Breastfeeding, Complementary Feeding, Stunting, Toddlers

ABSTRAK

Pemberian ASI eksklusif, persiapan makanan, dan sanitasi makanan adalah salah satu dari pola asuh orang tua yang juga memengaruhi kejadian *stunting*. *Stunting* adalah kondisi gagal tumbuh pada anak balita akibat kekurangan gizi kronis, terutama pada 1000 Hari Kehidupan Pertama (HPK). Masalah *stunting* pada balita menggambarkan adanya masalah gizi kronis, dengan banyak faktor yang memengaruhi, termasuk kondisi ibu, masa intranatal, masa bayi atau balita, serta penyakit yang diderita selama balita, serta masalah-masalah lain yang secara tidak langsung memengaruhi kesehatan. Tujuan dari penelitian ini adalah untuk menjelaskan dan memberikan pemahaman serta interpretasi mengenai dimensi internal yaitu perilaku pemberian ASI eksklusif dan MP-ASI pada balita di Kabupaten Jombang. Penelitian ini menggunakan metode kualitatif dengan pendekatan studi kasus yang dilakukan di Dinas Kesehatan Kabupaten Jombang, Jawa Timur, dan Puskesmas Mayangan. Sebanyak 3 orang informan kunci, 11 orang ibu balita sebagai informan utama, dan 1 orang informan pendukung dipilih secara purposif dan snowball. Pengumpulan data dilakukan dengan menggunakan wawancara, observasi, dan dokumentasi. Data dianalisis menggunakan pendekatan Miles dan Huberman. Hasil penelitian menunjukkan bahwa tingkat pendidikan orang tua, pemberian ASI eksklusif, dan pemberian MP-ASI merupakan salah satu faktor penyebab terjadinya *stunting* di Kabupaten Jombang, Jawa Timur. Dampak yang tidak berhubungan dengan kejadian *stunting* adalah pekerjaan orang tua. Terdapat beberapa faktor internal dan eksternal lainnya yang menjadi penyebab terjadinya *stunting* di Kabupaten Jombang, Jawa Timur, seperti tingkat pendidikan orang tua, pekerjaan orang tua, pemberian ASI eksklusif, dan pemberian MP-ASI.

Kata Kunci: ASI, MP-ASI, *stunting*, balita

INTRODUCTION

Exclusive breastfeeding (EBF) is the provision of breast milk to infants aged 0-6 months from the mother without any additional intake (Wijayanti et al., 2023). Exclusive breastfeeding has benefits such as enhancing the baby's immunity and reducing infant mortality rates. Breast milk is one of the most perfect and best foods for babies because it contains the necessary nutrients for optimal growth and development. Exclusive breastfeeding is given until the child is 6 months old and can be continued until the child is 2 years old (Prihatini, Achyar, & Kusuma, 2023).

The World Health Organization (WHO) has set a standard that every mother should exclusively breastfeed their baby from birth until the age of 6 months. This means that complementary feeding (MP-ASI) should start after the baby reaches 6 months of age. MP-ASI is additional food given to babies starting from 6 months up to 24 months (Nababan & Widyaningsih, 2018).

Exclusive breastfeeding, feeding practices, food preparation, and food sanitation are part of parental care patterns that also influence the occurrence of stunting (Wijayanti et al., 2023). Stunting is a condition of impaired growth in toddlers due to chronic malnutrition, especially during the first 1000 days of life. The issue of stunting in toddlers indicates chronic nutritional problems, influenced by many factors including the condition of the mother, the intranatal period, infancy or toddlerhood, and illnesses suffered during toddlerhood, as well as other issues that indirectly affect health.

According to the 2022 Indonesian Nutrition Status Survey (SSGI), the stunting rate decreased from 24.4% in 2021 to 21.6% in 2022. The government's efforts for health intervention start with pregnant women, focusing on optimal nutritional intake and anemia prevention before birth, which is a significant risk factor for stunting. Secondly, at the age of 6-23 months, after the obligation of exclusive breastfeeding, additional or complementary foods should be given, prioritizing animal protein (Kementerian Kesehatan Republik Indonesia, 2023).

RESEARCH METHODS

This research is a qualitative study with a case study approach. It was conducted at the Health Office of Jombang Regency, East Java, and Mayangan Health Center. A total of 3 key informants, 11 mothers of toddlers as the main informants, and 1 supporting informant were selected purposively and by snowball sampling. Data collection was carried out using interviews, observations, and documentation. The data were analyzed using the Miles and Huberman approach.

RESULTS

Characteristics of Informants

The research informants totaled 15, consisting of 3 key informants, 11 main informants, and 1 supporting informant. Informants were selected using purposive sampling and snowball sampling to obtain the necessary information to answer the research questions.

This qualitative research generally aims to explain, provide understanding, and interpret the internal dimensions, namely the behavior of exclusive breastfeeding and complementary feeding (MP-ASI) for toddlers in Jombang Regency.

The detailed informants in the study are health workers, mothers of toddlers, and health cadres. A total of 15 informants were included in this study, meeting the inclusion criteria and serving as information sources to achieve data saturation according to the research objectives.

Characteristics of Key Informants

In this study, 3 key informants were determined by the researchers, selected based on the inclusion criteria in chapter 3. These key informants consist of healthcare workers at Mayangan Health Center. Informant Mrs. Y serves as the Midwife Coordinator at Mayangan Health Center. During the interview, Mrs. Y had just returned from work at the health center, and the interview was conducted in her private midwifery practice. Mr. K is the person in charge of the nutrition program at Mayangan Health Center. During the interview, Mr. K was at the health center, and the interview was conducted in the nutrition room. Mrs. SC serves as a

functional doctor at Mayangan Health Center. During the interview, the doctor was conducting ANC, and the interview was held in the doctor's examination room.

Table 1. Characteristics of Key Informants

Informant Code	Time and Date	Education	Position
Mrs. Y	13.30 5/06/23	D4 Midwifery	Midwife Coordinator
Mr. K	11.00 06/06/23	D3 Nutrition	Person in Charge of Nutrition Program
Mrs. SC	12.00 08/6/23	Bachelor's in Medicine	Functional Doctor

Source: Processed Primary Data (2023).

Characteristics of Main Informants

In this study, 11 main informants were obtained as respondents who met the inclusion criteria. All main informants are mothers with stunted toddlers. The average education level is in the lower-middle range. Almost all mothers of toddlers work as housewives, and their husbands generally work as laborers with incomes sufficient to meet daily needs. The characteristics of the main informants are presented in the following table:

Table 2. Characteristics of Main Informants

Informant Code	Time and Date	Education	Occupation		Salary	Location
			Mother	Father		
Mrs. S	10.00 05/06/23	Bachelor's	Housewife	Deceased	-	Jogoroto
Mrs. H	10.00 05/06/23	High School	Housewife	Deceased	-	Jogoroto
Mrs. SW	10.00 05/06/23	Junior High	Housewife	Laborer	100k/day (rupiah)	Jogoroto
Mrs. M	10.00 05/06/23	Elementary	Housewife	Bus driver	2 million/month (rupiah)	Mayangan
Mrs. Z	10.00 05/06/23	Bachelor's	Housewife	Teacher	4 million/month (rupiah)	Mayangan
Mrs. ML	10.00 05/06/23	Junior High	Housewife	Entrepreneur	2.5 million/month (rupiah)	Mayangan
Mrs. SM	10.00 05/06/23	Islamic School	Teacher	Laborer	125k/day (rupiah)	Mayangan
Mrs. MA	10.00 05/06/23	Vocational High	Housewife	Laborer	90k/day (rupiah)	Mayangan
Mrs. PS	10.00 05/06/23	Junior High	Housewife	Laborer	1000k/day (rupiah)	Mayangan
Mrs. SH	10.00 05/06/23	Elementary	Housewife	Laborer	90k/day (rupiah)	Semanding
Mrs. L	10.00 05/06/23	Junior High	Housewife	Entrepreneur	2.5 million/month (rupiah)	Semanding

Source: Processed Primary Data (2023)

Parental education is linked to the incidence of stunting, as higher levels of parental education influence their mindset in a positive direction, thereby improving their knowledge. This is reflected in the statements made by the informants:

Table 3. Parental Education Perception Related to Stunting Incidence

Informant	Parental Education Perception Related to Stunting Incidence
Mrs. Y	...there are also highly educated parents who are busy working... and there are those who take care of their children but, umm, they are less attentive, hence the child becomes stunted.
Mr. K	...their education varies, some have degrees, some are high school graduates, etc. Even those with degrees have children who are stunted.
Mrs. SC	...in my opinion, it has a significant impact... starting from pregnancy preparation, if the mother doesn't have a high education...
Mrs. AH	...the education level is also high... in my opinion, maybe it's the child's eating habits... only that, education seems to have no impact...
Mrs. S	Bachelor's
Mrs. H	High School
Mrs. SW	Junior High
Mrs. M	Elementary
Mrs. Z	Bachelor's
Mrs. ML	Junior High
Mrs. SM	Islamic School
Mrs. MA	Vocational High
Mrs. PS	Junior High
Mrs. SH	Elementary
Mrs. L	Junior High

Source: Processed Primary Data (2023)

According to field findings, many parents have minimal education, with most having education levels below high school. This influences the occurrence of stunting in Jombang Regency.

Parental occupation has less relevance to the incidence of stunting in Jombang Regency. Whether parents are employed or not, regardless of their income level, there are cases where parents with both high and low incomes have children with stunting. However, many stunting cases arise among parents with middle to low incomes, as noted by the informants:

Table 4. Perception of Parental Occupation Related to Stunting Incidence

Informant	Perception of Parental Occupation Related to Stunting Incidence
Mrs. Y	...parents have odd jobs but their children's nutritional status is good... there are also parents with steady jobs whose children are stunted...
Mr. K	...parents' occupations range from farm laborers to construction workers... most of these occupations are in the lower-middle class...
Mrs. SC	...not having a job is a big issue... yes, it greatly impacts as they can't afford to buy nutritious food for their children...
Mrs. AH	...emmm... most of them work as laborers...
Mrs. S	Housewife
Mrs. H	Unemployed, only doing household chores
Mrs. SW	Housewife
Mrs. M	Sometimes doing odd jobs...
Mrs. Z	Teaching at an Islamic school in Mayangan
Mrs. ML	Housewife
Mrs. SM	Just taking care of children and the house...
Mrs. MA	Housewife
Mrs. PS	Housewife
Mrs. SH	Housewife
Mrs. L	Housewife

Source: Processed Primary Data (2023)

Field findings emphasize that most parents of stunted toddlers, especially mothers, work as housewives, while fathers work as laborers, earning around 1.4 million rupiah per month. Parents working with either high or low income still encounter stunting cases, indicating that the type of parental occupation does not significantly relate to the incidence of stunting.

Characteristics of Supporting Informant

The supporting informant in this study is one person whose data was obtained through in-depth interviews. Mrs. AH serves as a health cadre in the Mayangan Community Health Center area. During the interview, Mrs. AH was taking a lunch break at home. The characteristics of the supporting informant are presented in the following table:

Table 5. Characteristics of Supporting Informant

Informant Code	Time and Date	Education	Position	Location
Mrs. AH	13:30, 06/05/23	High School	Health Cadre	Mayangan Community Health Center

Source: Processed Primary Data (2023)

The characteristics of the toddlers in this study were obtained through in-depth interviews, observations, and documentation from the health records of each mother interviewed. The characteristics of the toddlers are presented in the following table:

Table 6. Characteristics of Toddlers

Toddler Code	Gender	Age	Weight	Height
Ba. S	Female	35 months	10 kg	79 cm
Ba. H	Female	29 months	9 kg	78 cm
Ba. SW	Female	54 months	13.4 kg	94 cm
Ba. M	Female	49 months	12 kg	-
Ba. Z	Female	40 months	11.7 kg	-
Ba. ML	Male	15 months	7.5 kg	-
Ba. SM	Male	44 months	10.5 kg	-
Ba. MA	Male	23 months	9.9 kg	80.5 cm
Ba. PS	Male	54 months	13 kg	-
Ba. SH	Male	35 months	11 kg	78 cm
Ba. L	Male	40 months	12 kg	-

Source: Processed Primary Data (2023)

The case study results on the characteristics of toddlers in this research indicate that gender is not related to the incidence of stunting in Jombang Regency, as stated by the following informants:

Table 7. Perception of Toddler Characteristics Related to Stunting Incidence

Informant	Perception of Toddler Characteristics Related to Stunting Incidence
Mrs. Y	...when it comes to stunting incidents here, the indicator is height. As for gender, so far, there is no difference between girls and boys, it doesn't have any influence...
Mr. K	...as for weight and height per age, yes...
Mrs. AH	...currently, weight does have an influence...
Mrs. SC	...it's a growth failure during the first 1000 days of life, right...

Source: Processed Primary Data (2023)

Based on the field data found by the researchers, out of the 11 main informants interviewed, there were 6 male toddlers and 5 female toddlers experiencing stunting. This suggests that gender is not significantly related to the incidence of stunting in Jombang Regency, as stunting cases occur in both males and females.

The characteristics of toddlers regarding age, weight, and height are related to the incidence of stunting in Jombang Regency. Field findings indicate that age, weight, and height are linked to stunting, as data from in-depth interviews with all mothers of toddlers revealed that

all the toddlers had growth charts in the yellow area recorded in the KIA (Maternal and Child Health) book.

Internal Dimension and Stunting Incidence

Parenting plays an important role in contributing to the incidence of stunting. Exclusive breastfeeding (EBF) and complementary feeding (MPASI) are related to the occurrence of stunting in Jombang Regency. Breastfeeding provided to toddlers is often not exclusive, increasing the risk of stunting as stated by the key informants below:

Table 8. Perceptions of Exclusive Breastfeeding Related to Stunting Incidence

Informant	Perceptions of Exclusive Breastfeeding Related to Stunting Incidence
Mrs. Y	...the baby's digestion is not ready yet. For example, at 5 months, it's not ready to receive food other than breast milk, which can lead to digestive infections...
Mr. K	...exclusive breastfeeding cannot be fulfilled because at 5 months, complementary foods are already given.
Mrs. SC	...with the addition of formula milk, the required breast milk for 6 months is not enough, and adding formula milk makes the results not optimal...
Mrs. AH	...mixed, not exclusively breastfed...
Mrs. S	...until the age of 2 years, only then did we stop because it was really full breastfeeding...
Mrs. H	...until now, my child is difficult to eat, only breastfeeding...
Mrs. SW	...breast milk mixed with formula before 6 months...
Mrs. M	...exclusively for 3 months, then I worked and pumped, but didn't have a fridge to store it, so I used formula milk as well...
Mrs. Z	...from birth I mixed with formula milk...
Mrs. ML	...when we were in the hospital, they gave formula milk, and then at home I gave breast milk...
Mrs. SM	...yes, breast milk mixed with formula...
Mrs. MA	...mixed because my breast milk didn't come out...
Mrs. PS	...thankfully, full breastfeeding...
Mrs. SH	...breast milk, but mixed if the baby was fussy...
Mrs. L	...yes, breast milk, but also formula feeding...

Source: Processed Primary Data (2023)

The researcher found that many stunting cases in the field were due to mothers giving formula milk to their toddlers before the age of 6 months, resulting in non-exclusive breastfeeding. Mothers also gave water and formula milk to their toddlers before 6 months of age, which impacted the exclusivity of breastfeeding. One reason for this non-exclusivity is the lack of a refrigerator to store pumped breast milk while the mothers are at work, necessitating the use of formula milk to meet the needs of their toddlers in their absence.

Complementary feeding (MPASI) is related to the incidence of stunting in Jombang Regency. The complementary foods given were mostly porridge, including organic and instant packaged porridge, as described by the informants:

Table 9. Perceptions of Complementary Feeding Related to Stunting Incidence

Informant	Perceptions of Complementary Feeding Related to Stunting Incidence
Mrs. Y	...babies given complementary food too early, before 6 months, already have additional food...
Mr. K	...at 3 months, they already have complementary foods...
Mrs. SC	...parents give complementary food whatever they want, which has nutritional values that significantly impact...
Mrs. AH	...the complementary food is also inadequate for the child...
Mrs. S	...mostly now, they like carrots the most...
Mrs. H	...previously, they liked instant porridge, but as they grew older, they no longer wanted it...

Mrs. SW	...at 9 months, I gave porridge mixed with rice...
Mrs. M	...they liked porridge with crackers; if it's bread porridge, they don't like it, but they like bananas...
Mrs. Z	...at 5 months, I gave fruit, and at 7 months, I gave rice...
Mrs. ML	...at 6 months, I gave rice porridge and formula milk; as they grew older, I gave bananas...
Mrs. SM	...I gave Milna porridge until they were 1 year old, then rice porridge with vegetables...
Mrs. MA	...I gave whatever they would eat...
Mrs. PS	...Sun porridge...
Mrs. SH	...a mix of things...
Mrs. L	...mashed bananas with a bit of rice...

Source: Processed Primary Data (2023)

This finding aligns with observations from the field, where many mothers provide their toddlers with porridge as complementary feeding (MPASI). The porridge often contains more water than nutritional content and is usually instant porridge that includes artificial coloring, preservatives, and flavor enhancers. Introducing MPASI before the age of 6 months can pose risks to the child's digestion, potentially leading to cases of stunting.

Stunting and Its Impacts

Stunting in Jombang Regency has already had noticeable effects on toddlers, with most visible impacts being related to physical growth. Stunted children are generally shorter compared to their peers of the same age. This observation is reflected in the informants' responses as shown below:

Table 10. Perceptions of the Impacts of Stunting

Informant	Perception of the Impact of Stunting Related to Stunting
Ny. Y	…their development isn't like other children of the same age. Even though they are the same age, their development can differ.
Tn. K	…physically, it's clear to see that stunted children are shorter; you can just look and see the difference.
Ny. SC	…their growth is not normal, both physically and in terms of development; they might also have speech delays.
Ny. AH	…the child's growth is very slow; even now, they still cannot speak properly. They appear undernourished.
Ny. S	…when carried, they seem light but are still active, like any other child.
Ny. H	…it’s not much different, just smaller in size.
Ny. SW	…it seems quite normal otherwise.
Ny. M	…they can’t seem to gain weight.
Ny. Z	…their brain development seems lacking, but they understand quickly when I teach them.
Ny. ML	…all the children are like that; they’ve been underweight from the start.
Ny. SM	…their growth is delayed.
Ny. MA	…they are small and refuse to eat; they struggle to gain weight.
Ny. PS	…they are quite skinny and small, but they are not slow-witted.
Ny. SH	…they seem like small children.
Ny. L	…my child is really small; if they eat a lot, they always vomit, so they can't gain weight.

Source: Processed Primary Data (2023)

All interviewed mothers reported that their toddlers are physically small, feel light when carried, and cannot gain weight.

DISCUSSION

The characteristics of key informants in this study include backgrounds in nutrition, midwifery, nursing, and medicine. Their roles involve managing nutrition programs within public health departments. Supporting informants are health cadres with secondary education.

The main informants in this study are mothers of stunted toddlers. On average, these mothers have lower education levels, typically below high school. Maternal education, particularly that of mothers, is associated with stunting incidents in Jombang Regency. This aligns with research by Zogara et al. (2021), which states that parental education is related to stunting in toddlers. Educated mothers are more likely to be knowledgeable about their child's health. Low educational levels among parents, whether mothers or fathers, can lead to inadequate understanding of child health. Low-educated parents may struggle to comprehend health information. Noorhasanah et al. (2020) mention that maternal education can influence stunting occurrences, indicating that stunting is more likely among parents with lower education compared to those with higher education. Higher education enables mothers to acquire and apply information in daily life, particularly in caring for and meeting the nutritional needs of children aged 1-5 years. Roesardhyati and Kurniawan (2020) highlight that maternal education impacts personal and family health as well as child-rearing practices. Knowledge about meeting nutritional needs and stimulating child development are crucial factors in stunting.

Parental occupation does not seem to be related to stunting incidents in Jombang Regency. Many parents have jobs, with mothers working as housewives and fathers working as laborers, earning between 1-4.5 million IDR per month. This finding is consistent with Oka and Annisa (2019), which shows no significant relationship between respondents' occupations and maternal knowledge about stunting. Similar findings indicate no connection between maternal occupation and child nutritional status leading to stunting. Even if a mother does not work, it does not necessarily correlate with better parenting practices, as noted by Imam et al. (2021).

Exclusive breastfeeding is associated with stunting in Jombang Regency. Exclusive breastfeeding plays a crucial role in meeting the nutritional needs of toddlers from 0-6 months. This study found that many mothers provide formula milk and plain water to their toddlers, which prevents exclusive breastfeeding. Reasons include the need for special care for the baby, lack of knowledge leading to the introduction of water early, and the absence of facilities to store pumped breast milk when the mother is at work, leading to the use of formula milk. This finding is consistent with Latifah AM (2020), which states that there is a significant relationship between exclusive breastfeeding and stunting in children aged 1-5 years, with a closeness value of 0.62, meaning exclusive breastfeeding is closely related to stunting. Stunting is influenced by exclusive breastfeeding because breast milk contains antibodies that enhance the baby's immune system, preventing illnesses such as diarrhea. When babies are sick, their nutritional intake is disrupted, increasing the risk of malnutrition and affecting their growth, potentially causing stunting. Sampe, Toban, & Madi, (2020) state that toddlers who are not exclusively breastfed are 61 times more likely to experience stunting compared to those who are exclusively breastfed. Furthermore, non-exclusively breastfed toddlers have a 98% higher risk of stunting. Toma et al. (2023) found that children who receive non-exclusive breastfeeding are nearly twice as likely to experience stunting compared to their peers.

Complementary feeding is associated with stunting incidents in Jombang Regency. The research results indicate that the complementary feeding provided to toddlers primarily consists of organic porridge and instant porridge. Additionally, some types of complementary feeding have inadequate or even no nutritional content. There are also cases where mothers start introducing complementary feeding at 5 months of age. This finding aligns with research by Hanum, (2019), which shows a significant relationship between the age at which toddlers first receive complementary feeding and their stunting status in the Puskesmas Maron area. The analysis also yields an Odds Ratio of 0.08, meaning that respondents who do not provide complementary feeding are at a 0.08 risk of their toddlers experiencing stunting. The World Health Organization (WHO) and United Nations Children's Fund (UNICEF) guidelines stipulate that children aged 6-23 months should receive adequate complementary feeding, which includes at least 4 or more of 7 food groups (cereals/tubers, legumes, dairy products, eggs, other protein sources, vegetables and fruits rich in vitamin A, and other vegetables and fruits—Minimum Dietary Diversity/MDD). Delayed introduction of solid, semi-solid, or soft foods is linked to stunting and severe stunting in babies aged 6-8 months in India. Research by Guirindola, Goyena, and Maniego (2021) indicates that early introduction of complementary

foods increases the likelihood of stunting almost twofold and severe stunting more than fourfold.

Stunting in Jombang Regency has already had visible impacts on toddlers. Interviews and observations reveal that stunted toddlers exhibit smaller and shorter physical bodies compared to their peers. When held, they feel light. This finding is consistent with research by Kamilia A (2019), which states that stunting leads to cognitive and motor delays, resulting in physical growth delays, mental development issues, and health status concerns. Research by Primasari and Anna Keliat (2020) mentions that the short-term impacts of stunting can cause growth failure, cognitive and motor development delays, suboptimal physical growth, and metabolic disorders.

CONCLUSION

Several internal and external factors contribute to the occurrence of stunting in Jombang Regency, East Java. These factors include parental education level, parental occupation, exclusive breastfeeding, and the provision of complementary feeding.

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