



SOCIAL SUPPORT, COMMUNITY CULTURE, AND RECEIPT OF HEALTH INFORMATION ON MATERNAL COMMITMENT TO PREVENT STUNTING IN CHILDREN UNDER FIVE IN BANGKALAN DISTRICT

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Article info	ABSTRACT
<p>Corresponding Author:</p> <p>Fitriah fitriah@gmail.com Politeknik kementrian Kesehatan surabaya</p>	<p>Stunting cases, which are a threat to the growth of toddlers, are still very high in Bangkalan Regency. The purpose of the study was to analyse the influence of social support, community culture and information acceptance on maternal commitment to stunting prevention. This research is a survey research with a cross sectional approach. The target population in this study were mothers who had toddlers 2-4 years old in Bangkalan Regency with a total sample of 300 mothers from 5 villages. The sampling technique used was Cluster Random Sampling. Clusters are based on villages with the highest and lowest number of stunting. The data collection instrument used a questionnaire. The variables studied were social support, community culture and receipt of health information as independent variables. While the dependent variable is maternal commitment in stunting prevention. The data obtained in this study were analysed descriptively and then analysed using multiple linear regression tests. Before testing the regression equation model, classical assumption testing was carried out first. The results showed that social support, community culture and information acceptance had an effect on maternal commitment in preventing stunting both partially and simultaneously with a significance level of 0.000. The existence of social support will give rise to self-confidence and increase the mother's commitment to provide better care to children so that stunting does not occur. Through culture, values, beliefs, norms, and practices that are considered important by a community group and become individual commitments, including efforts to prevent stunting. Receiving information will build mothers' attitudes and beliefs about their ability to prevent stunting, as a form of maternal commitment.</p>
	<p>Keywords: <i>Stunting, Social Support, Community Culture, Information Acceptance</i></p>
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INTRODUCTION

Indonesia has the third highest incidence of stunting among children under five in Asia. Currently, at least 1 in 3 children under five in Indonesia are stunted. (Kemenkes.2018). The 2019 Indonesian Toddler Nutrition Status Study (SSGBI) was conducted in an integrated manner with Susenas to obtain a picture of nutritional status including underweight, wasting, and stunting. The prevalence of stunting among children under five in 2019 was 27.67%, a decrease of 3.1%. By mid-2023, the prevalence of stunting in Indonesia was 21.6 per cent, while the government's target is 14 per cent by 2024. The 2018 Riskesdas data shows that East Java's stunting prevalence is currently not far from the national figure, which stands at 26.91%. However, by 2023, the stunting prevalence rate in East Java will decrease to 16 per cent, close to the national target. In East Java, the highest stunting prevalence rate is in Bangkalan District with 28.2% or as many as 1,931 toddlers affected by stunting. According to WHO standards, the maximum tolerance limit for stunting is 20 per cent or one-fifth of the total number of growing children under five. This shows that stunting is still a threat to the growth of children under five in Bangkalan.

Stunting can occur due to a lack of prevention by the family. The family is the smallest unit of society with mothers as part of the family that greatly influences stunting prevention. Mothers as the closest person to the child are expected to have a commitment to stunting prevention. The three main components of stunting prevention and control that mothers must have with a strong commitment to implement are parenting, diet, clean water or sanitation. (Kemenkes.2018). Other commitments in prevention that can be done by mothers to reduce the risk of stunting can be done through 1) Meet children's nutritional needs, especially iron, iodine and folic acid, 2) Avoid exposure to cigarette smoke, 3) Routinely conduct obstetric examinations, 4) Routine Immunisation according to schedule, and 5) Provide exclusive breastfeeding (Ferdiyan Pratama.2021). The success of families in implementing stunting prevention cannot be separated from the role of parents, especially mothers. In addition, mothers are expected to have a commitment to action in the practice of psychosocial care in the form of efforts to provide stimulus and emotional support to children during the growth and development process to prevent stunting in toddlers (Masrul .2019).

The reality in the field in the initial study, many mothers do not have a strong commitment to prevent stunting. This is illustrated by a preliminary study of 50 Madurese families in Bangkalan Regency in the sub-districts with the highest cases of stunting, namely Arosbaya, Klampis and Bangkalan sub-districts, it was found that there were still many (27%) families with family members of pregnant women, infants and toddlers but the family did not pay attention to nutrition to meet the needs of iron and folic acid. Mothers did not prevent their husbands from smoking in the house, and many mothers did not give exclusive breastfeeding. In addition, many children under five were not immunised. The pattern of eating habits that are important to be full without paying attention to the fulfilment of nutritional elements is also a phenomenon in the field in efforts to prevent stunting in the family. Various behaviours of mothers as the closest people in caring for children cause stunting prevention in Bangkalan to still not be able to reduce the prevalence below 20 per

cent. This shows that the commitment of mothers in preventing stunting in toddlers is not optimal.

In theory, action commitment can be influenced by social support, community culture and receipt of information. These are important sources of support that can increase or decrease commitment to and realisation of health-promoting behaviours. (Pender dikutip alligood, 2017). Winasis (2018) showed good social support from family and community, most of whom did not have stunted children. Social support from husbands, grandmothers and family members influenced wives' efforts to fulfil their children's dietary needs including specific nutrition intervention efforts (Cahyani, V. U., et al. 2019). Lawrence Green's behavioural theory states enabling factors are factors that enable or facilitate behaviour or action including social support. (Notoatmodjo, S. 2018).

The enabling factors of Lawrence Green's behavioural theory in the Notoatmodjo, S (2018), are factors that enable a mother's commitment to prevent stunting. Among the enabling factors is the presence of health workers as providers of health information. Perry & Potter (2017) state that one's commitment can also be influenced by one's knowledge. Someone who has extensive knowledge and levels of information about health will behave, behave and comply in carrying out the health programs they get (Sari, N., et al.2021). Nola J. Pender's health promotion model theory requires proof that the cognitive processes underlying health promotion can foster commitment to action.

Family, community, norms, peer support and the availability of health facilities are important resources that can increase or decrease commitment to and realisation of health-promoting behaviours (Pender dikutip alligood, 2017). Likewise, the role of culture and family social structure in childcare in the Madurese community shows that the strong cultural customs related to childcare behaviour are an obstacle to nutritional fulfilment (Fitriah., et al.2021). Community views on stunting and parental feeding concepts can influence the feeding of children under five and ultimately affect children's nutritional status (Diana, R., et al.2022). Fitriah et al's research (2021) and Diana, R et al (2022) contrary to research Ibrahim, I.A (2021) which explains that socio-culture is not associated with the incidence of stunting (Ibrahim, I.A. 2021). So it is necessary to prove the influence of social support and community culture on maternal commitment in preventing stunting.

The purpose of this study was to analyse the influence of social support, community culture, and receipt of health information on maternal commitment in preventing stunting in toddlers in Bangkalan Regency.

METHOD

This research is a survey research. The research design used is a cross sectional design. The target population in this study were mothers who had toddlers 2-4 years in Bangkalan Regency as many as 273 villages and 8 villages. The sample size in this study was 300 mothers from 5 villages. The sampling technique used was Cluster Random Sampling. Clusters are based on villages with the highest and lowest number of stunting. The instrument used for data collection was a questionnaire. The variables studied were social support, community culture and receipt of health information as independent variables.

While the dependent variable is maternal commitment in stunting prevention. The sampling technique used was Cluster Random Sampling. The instrument used for data collection was a questionnaire. The data obtained in this study were analysed descriptively and then analyzed using multiple linear regression tests. Before testing the regression equation model, classical assumption testing was carried out first. The classic assumption tests carried out in this study are normality test, multicollinearity, heteroscedasticity test, and autocorrelation test.

RESULT AND DISCUSSION

Descriptive Analysis

Descriptive statistics are presented to provide information about the characteristics of the research variables, including: lowest value, highest value, mean value and standard deviation. A summary of the results of descriptive statistics of research variables that affect maternal commitment in preventing stunting in Bangkalan Regency in 2024 can be seen in Table 1.

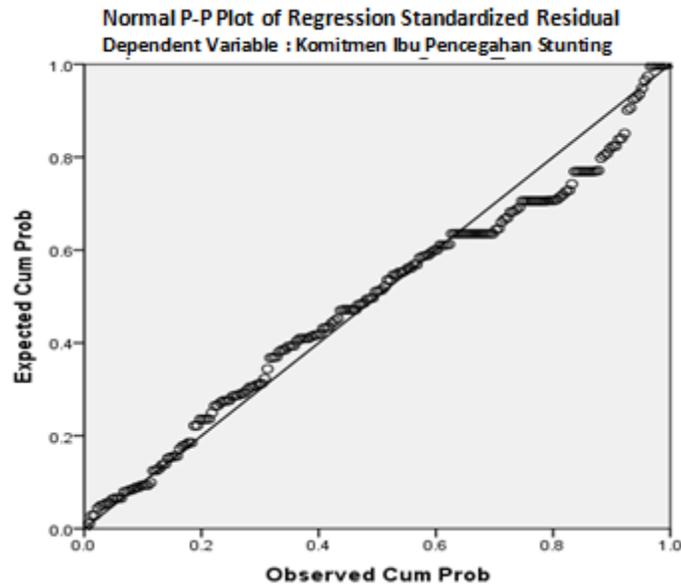
Table.1 Descriptive Analysis of Data

Variabel	N	Minimum	Maximum	Mean	Std. Deviasi
Maternal commitment to stunting prevention	300	46.00	118.00	58.0850	7.02170
Social Support	300	26.00	45.00	37.7850	3.38022
Community Culture	300	24.00	40.00	30.9500	3.16347
Acceptance of health information	300	25.00	42.00	31.4600	2.77433

Classical Test

Classical assumption testing aims to determine and test the feasibility of the regression model used in the study so that the results are Best Linear Unbiased Estimator. The regression equation model before being analysed with regression techniques must first test classical assumptions. The classic assumption tests that will be carried out in this study are normality test, multicollinearity, heteroscedasticity test, and autocorrelation test.

1) Data Normality Test



Based on the normal p-plot in the figure above, it is known that the points are arranged following the diagonal line, so it is assumed that the data is normally distributed.

2) Multicollinearity Test

Multicollinearity test is needed to determine whether there is a correlation between independent variables. Detect multicollinearity by looking at the tolerance value and the Variance Inflation Factor (VIF) value.

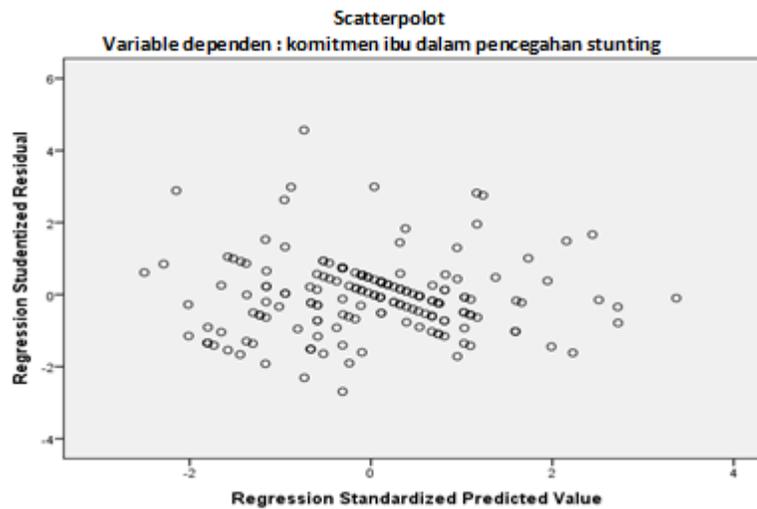
Table 2 Multicollinearity Test Results

Variable	Collinearity Statistics	
	Tolerance	VIF
Social Support	.881	1.135
Community Culture	.881	1.135
Acceptance of Health Information	.778	1.231

Based on the results of the data analysis carried out, it can be seen that the Tolerance value of the three variables > 0.1 and the VIF value < 10, it can be assumed that there is no multicollinearity.

3) Heteroscedasticity test

The heteroscedasticity test is carried out to test whether there is an inequality of variance or residuals from one observation to another. The test is done with Scatterplot.



4) Autocorrelation Test

The autocorrelation test aims to test whether in the linear regression model there is a correlation between confounding errors in period t and confounding errors in period $t-1$ (previous).

Tabel 3. Uji Autokorelasi

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.802 ^a	.643	.639	4.888	2.098

In the Model Summary table, the Durbin Watson value = 2.098. This value is between D_u and $4-D_u$ so there is no autocorrelation.

Multiple Linear Regression Analysis

After all the classical assumption tests are met, the next step is to do multiple linear regression analysis. The results of the multiple linear regression equation are shown by the results of the calculation of the Partial Test (t), Simultaneous Test (F) and the Coefficient of Determination Test.

1) Partial Test (t)

This partial test is used to determine the partial effect between the independent and dependent variables by looking at the t value at the 5% significance level.

Table 4. Partial Test (t)

Variabel	Unstandardized Coefficients		T	Sig.	Conclusion
	B	Std. Error			
(Constant)	6.407	1.906	3.362	0.001	

Social Support	0.149	0.025	5.935	0.000	Significant
Community Culture	0.456	0.052	8.731	0.000	Significant
Acceptance of Health Information	0.341	0.031	7.662	0.000	Significant

Based on the results of the analysis with multiple linear regression tests, it is known that the variables of social support, community culture and receipt of health information show a significance (p-value) of $0.000 < \alpha (0.05)$ so it can be concluded that social support, community culture and receipt of health information each have a significant effect on maternal commitment in preventing stunting.

2) Simultaneous Test (F)

Test the simultaneity of social support, community culture and receipt of health information on maternal commitment in preventing stunting with the following Anova test:

Table 5. Simultaneous Test (F)

ANOVA Test		
F value	Sig.	Conclusion
83,582	0,000	Significant

Based on the results of the simultaneous test (F), it is known that the p-value of the anova test = 0.000 or $< \alpha (0.05)$, so it can be concluded that the variables of social support, community culture and receipt of health information simultaneously affect maternal commitment in preventing stunting.

3) Coefficient of Determination

This determination coefficient test is carried out with the intention of measuring the model's ability to explain how the influence of the independent variables together (stimultan) affects the dependent variable which can be indicated by the adjusted R - Squared value. The following is a description of the coefficient of determination of social support variables, community culture and receipt of health information on maternal commitment to stunting prevention.

Table 6: Coefficient of Determination (R-Square Value)

Variables	Determination Coefficient (R-Square Value)	Description
Maternal Commitment in Stunting Prevention (Y)	0.688	Moderate

The result of R2 shows a value of 0.688, meaning that the independent variables of social support, community culture and acceptance of health information affect the variable of maternal commitment in preventing stunting by 68.8% while the rest is influenced by other factors outside the regression model.

Discussion

1. The Effect of Social Support on Maternal Commitment in Stunting Prevention

Social support is a form of providing resources provided by people around the mother such as providing support, giving favourable statements, giving an award, giving positive sentences, providing encouragement, attention, all kinds of assistance in the form of psychological and physical. Providers of social support in this case are people who are daily around the mother, namely family, friends, friends or colleagues. People who are in this position are the ones who have the greatest social support influence in a mother's life in caring for children so that stunting does not occur. Based on regression analysis d obtained a Sig. value of 0.000 (<0.05) with a coefficient value of 0.149. This shows that social support affects maternal commitment in efforts to prevent stunting in toddlers. The greater the social support, the stronger the mother's commitment to prevent stunting in toddlers. Assuming community culture and information acceptance are 0 (zero), social support will increase maternal commitment by 0.149.

Social support for mothers in preventing stunting means the presence of other people who can be relied upon for help, encouragement, and acceptance when mothers as individuals experience difficulties in childcare. The essence of social support is a booster system for mothers, so that mothers will always think that people are supportive and always ready to provide help if needed. Social support from the closest people is the most important element for mothers when parenting. The existence of social support will give rise to self-confidence and increase the mother's commitment to provide better care to children so that stunting does not occur. Maternal commitment in preventing stunting in toddlers is a firm decision to do or support stunting prevention consistently. Maternal commitment arises when there is a belief that they will continue to do something even though there are many challenges and obstacles that arise due to social support.

This support is an important source that can either increase or decrease commitment to and realisation of health-promoting behaviours (Pender cited in the following article alligood, 2017). Winasis (2019) showed good social support from family and community, most of whom did not have stunted children. Social support from husbands, grandmothers and family members influenced wives' efforts to fulfil their children's dietary needs including specific nutrition intervention efforts (Cahyani, V. U., et al. 2019) to prevent stunting in toddlers. Referring to Lawrence Green's behavioural theory, the existence of social support as an enabling factor facilitates behaviour or action (Notoatmodjo, S. 2018). Family, friends, and health care providers are influential sources of social support in increasing mothers' commitment to commitment to prevent stunting in children under five.

2. The Influence of Community Culture on Maternal Commitment in Stunting Prevention

Culture as a formation of culture is the things that become the benchmark for a community's way of life, in this case the Madurese community. In culture there are elements of value, reason, ethics, morals, goals, and customs where these elements are very influential in making stunting prevention decisions in the community. Based on the results of the analysis with multiple linear regression tests, it is known that the community culture variable shows a significance (p-value) of $0.000 < \alpha (0.05)$ with a regression coefficient of 0.456 so it can be concluded that community culture has a significant effect on maternal commitment in stunting prevention. The stronger the mother's acceptance of the prevailing culture in the community, the stronger the mother's commitment. Assuming social support and information acceptance are 0 (zero), community culture will increase maternal commitment in preventing stunting by 0.456.

A strong belief in accepting goals determines an individual's commitment (Ambarita, B and Siburian, P.2013). The influence of community culture on a mother's commitment to preventing stunting in toddlers in accordance with the concept of habitus from Miyarso, E. (2017) Based on this concept, it is clear that the subjective structure formed from individual experiences relates to other individuals in a network of objective structures that are in the social space, which can be said to be social norms or tendencies that guide character and thoughts. Based on this concept, it is clear that the culture of society as a social space influences the thoughts of mothers who embody a commitment.

As the concept of health promotion from Nola J. Pender which explains that norms, social support can affect individual assessments of the benefits of action can directly motivate behaviour towards positive (Alligod.2017). This illustrates that community culture cannot be ignored in building maternal commitment to stunting prevention. As research Fitriah, et al (2021) explaining that culture and family social structure play a role in childcare in Madurese communities shows the thickness of cultural customs related to childcare behaviour is a barrier to nutritional fulfilment (Fitriah.,et al.2021). Community views on stunting and parental feeding concepts can influence the feeding of children under five and ultimately affect children's nutritional status (Diana, R.,et al.2022).

The culture of the community in which the mother lives influences her way of thinking through the social norms and values applied in the community. Every community has norms that govern behaviour. Through culture, values, beliefs, norms, and practices that are considered important by a community group and become individual commitments including in efforts to prevent stunting.

3. The Effect of Receiving Health Information on Maternal Commitment to Prevent Stunting

Information acceptance is needed by mothers to have a commitment to the importance of maintaining children's health to prevent stunting. The results of the analysis show p values of 0.000 where information acceptance has a positive effect on maternal commitment to preventing stunting, which means that the stronger the acceptance of information the stronger the commitment to prevent stunting. And the result of the regression coefficient coefficient is 0.341, meaning that if the health information

acceptance variable (X1) increases by 1% assuming the community culture variable and social support are 0 (zero), the mother's commitment to prevent stunting in toddlers increases by 0.341.

Receiving information in the community can be provided in the form of health education. Health education is a process that can improve a person's health status. Health education can be provided to all targets, but must use the right method so that the information provided can be received properly. (Rianti et al., 2019). Information integration theory is one model that offers to explain information formation and attitude change. Information is one of these forces and has the potential to influence an individual's belief system or attitude. (Astuti, W. S., Arifin, H. S., & Fuady, I. 2020). With information exposure, individuals will accumulate stunting information, then provide high and positive judgements that can influence attitudes. The attitude is a representation of beliefs and evaluations of how to prevent stunting, while these attitudes and beliefs are a representation of commitment to how to prevent stunting.

Commitment as the mother's ability to align actions with needs based on priorities and goals. As research Sari et al., (2022) action refers to deeds, behaviours, or actions performed by humans throughout their lives to achieve certain goals. A person's attitude is not always automatically reflected in overt behaviour. To realise attitudes into real actions, certain supporting factors or conditions are needed, including those that influence the receipt of information.

The results of this study support the government's program in an effort to accelerate the reduction of stunting carried out by the government in the 5 pillars of stunting prevention, one of which is a national campaign and behaviour change communication targeting pregnant women and toddlers 0-2 years. This is intended as an action to disseminate information about stunting issues to the community as part of sensitive interventions. Information about stunting can be disseminated either from direct counselling or through various media. With the hope that stunting will no longer be unfamiliar to today's society. Receiving information is actually a learning process that can be easily accessed through various available information sources, making it easier for mothers of toddlers to observe and learn important things that can be done to prevent stunting. Various forms of information about stunting are considered to be a reference so that mothers can imitate and make efforts to prevent stunting. Receiving information will build mothers' attitudes and confidence in their ability to prevent stunting, as a form of maternal commitment.

4. Simultaneous Effect of Social Support, Community Culture and Information Receipt on Maternal Commitment in Stunting Prevention

Maternal commitment to stunting prevention is not only due to the influence of social support, community culture and partial receipt of information. Mothers are social beings where many factors play a role in building commitment to prevent stunting. From the data analysed by regression, it is known that the simultaneous test (F) shows that the p-value of the anova test = 0.000 or $< \alpha$ (0.05), so it can be concluded that the variables of social

support, community culture and receipt of health information simultaneously affect maternal commitment to preventing stunting. The result of R² shows a value of 0.688, meaning that the independent variables of social support, community culture and receipt of health information affect the variable of maternal commitment in preventing stunting by 68.8%, while the rest is influenced by other factors outside the regression model.

The results of the results of data analysis which show the results of the influence of social support, community culture and receipt of health information simultaneously on maternal commitment to stunting prevention are in accordance with Nola J Pender's health promotion theory described by Habibzadeh (2021) that family, friends, and health care providers are influential interpersonal resources that can provide perceptions of increasing or decreasing commitment to behaviour. Patients' quality of life can be improved by preventing acute or chronic health problems. Nola J. Pender's HPM emphasises health promotion and empowering individuals and groups to achieve good health. Commitment in HPM theory is described as influencing behaviour for self-care and increasing self-awareness and responsibility in individual health (Rahmawati, N., & Rohimah, A. 2023). Fathers as providers of social support for mothers are instrumental in encouraging mothers to commit to preventing stunting (Fitriah, et al.2022).

Strengthening maternal commitment is key to preventing stunting in children under five. Maternal commitment needs to be built by strengthening social support from other family members, closest friends and the environment. In addition, community culture plays an important role so that in strengthening maternal commitment in preventing stunting, it must pay attention to the community culture that mothers follow. Strengthening the receipt of health information is an effective way to increase maternal commitment in preventing stunting. Social support, community culture and receipt of information need to be packaged harmoniously to be able to run together to strengthen maternal commitment in preventing stunting.

CONCLUSION

1. Social support, community culture and receipt of health information each affect maternal commitment in preventing stunting in children under five.
2. Social support, community culture and receipt of health information simultaneously affect maternal commitment in preventing stunting in toddlers.

ADVICE

1. Efforts to increase maternal commitment to prevent stunting need to involve the social environment to provide maximum support.
2. Health workers or policy makers must pay attention to the culture followed by the community so that it is easy to provide education as an effort to strengthen maternal commitment in preventing stunting.

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