Relationship History of Parenting and Antenatal Care Visits with Stunting Events in Children Aged 24-36 Months in West Aceh Regency  

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INTRODUCTION

Malnutrition is still a major concern globally, especially in developing countries. The nutritional condition of toddlers is an indicator of health because this age group is prone to nutritional problems and stunting. Stunting is the inability of children under five to grow normally due to the effects of chronic lack of nutrition so that their height is very short for their age. Data from SSGI in 2022, Aceh Province has a prevalence rate of stunting among children under five which is ranked fifth with a percentage of 31.2 percent. According to SSGI data for 2021, stunting in West Aceh Regency was 27.4 percent and increased to 30.4 percent in 2022 with a very high category. The aim of this research is to analyze the relationship between parenting styles and the incidence of stunting in children 24-36 months in West Aceh Regency. This type of research is quantitative research with a case control design. The sample size was 100 toddlers, 50 toddlers were selected for the case group and 100 toddlers for the control group. The results of the study showed that the variables that were related were parenting patterns for breastfeeding and food (p=0.016), personal hygiene parenting patterns (p=0.028) and history of antenatal care visits (p=0.007) with the incidence of stunting. Suggestions for this research to the government are expected to be able to synergize better in creating programs to overcome stunting and poverty and improve the performance of services and implementation of specific nutritional intervention programs for pregnant women. One of them is an examination program during pregnancy both in terms of quantity of visits and also inspections carried out during ANC activities.

KEYWORDS

parenting patterns; antenatal care; stunting
Indonesia is one of the countries in Southeast Asia with the second highest stunting prevalence rate. According to 2018 Riskesdas data, the prevalence of short and very short toddlers in Indonesia is 11.5 percent and 19.3 percent. The three provinces with the highest morbidity rates were NTT (16% and 26.7%), West Sulawesi (16.2% and 25.4%), and Aceh (16% and 21.1%). However, data from the 2022 Indonesian Nutrition Status Survey (SSGI), there has been a decrease in the number of stunted toddlers in Indonesia. In 2019, the stunting prevalence rate reached 27.7 percent, reduced to 24.4 percent in 2021, and in 2022, the stunting rate decreased to 21.6 percent. Even though there has been a decline, the stunting rate is still in the high category according to WHO standards, which is in the range of 20 to less than 30 percent, and is still far from Indonesia's target of reaching 14 percent by 2024.

Data from SSGI in 2022, Aceh Province has a prevalence rate of stunting among children under five which is ranked fifth with a percentage of 31.2 percent. In the previous year, this province was ranked third with a prevalence of 33.2 percent. The prevalence of stunting among toddlers in all districts/cities in Aceh Province ranges from 19 to 39 percent. Therefore, according to WHO criteria, the prevalence of stunting in Aceh Province is included in the very high and high categories. There is only one district, namely Aceh Jaya District, which has a stunting prevalence in the medium category with a percentage of 19.9 percent. In 2019, West Aceh Regency was one of 23 districts/cities that had stunting of more than 20 percent, namely 27.3 percent according to Basic Health Research data. However, according to SSGI data for 2021, stunting in West Aceh Regency was 27.4 percent and increased to 30.4 percent in 2022 with a very high category.

The incidence of stunting tends to be greater in children aged 24-59 months than in children aged 0-23 months. This phenomenon is because the period 0-23 months is a critical period that influences the quality of life of toddlers in the future. Lack of attention to the quality of life of children aged 0-23 months can have a negative impact on children's health and physical growth at a later age (Kullu et al., 2018).

Parenting has an essential role in child development and is one of the things that contributes to nutritional problems. Quality maternal care can prevent stunting in children, while poor care can increase the risk of stunting in children. Parenting includes providing food and breast milk, psychosocial parenting, environmental hygiene and sanitation practices, and health parenting (Bella et al., 2020). The Ministry of Health of the Republic of Indonesia explains that there are 3 things that must be considered in preventing stunting, namely parenting patterns, diet and improving sanitation and access to clean water. This explains that non-health problems are often the root of the problem of high stunting, especially in Indonesia (Dzulhidayat, 2022).

One of the factors that plays a role in fulfilling toddler nutrition is the parenting style of providing breast milk and food by parents. Fulfillment of adequate nutrition during the first 1000 days of life is very necessary to prevent malnutrition. Optimal breastfeeding and the practice of providing complementary foods can reduce the risk of stunting because breast milk contains all the nutrients needed by children to grow and develop. (Dhilon & Harahap, 2022).

The parenting style applied by the mother will influence the growth and development of children under five years old. This is supported by research conducted (Dhilon & Harahap, 2022) that the parenting pattern of breastfeeding and eating applied by the mother will determine the nutritional status of toddlers. The better the parenting and feeding patterns, the better the nutritional status.

Apart from breastfeeding and food factors, food processing factors also influence the incidence of stunting (Munawaroh et al., 2022). Healthy and nutritious food can be obtained through the ability to process and store food. Most people still think that healthy and
nutritious food is expensive, especially for poor people, even though healthy and nutritious food is cheap and easy to get as long as it can be processed properly so that the contents of the food are not lost when processed (Dzulhidayat, 2022).

Nutritional interventions alone are not enough to overcome the problem of stunting. Environmental sanitation and cleanliness factors also influence the health of pregnant women and the growth and development of children, because children under two years of age are very vulnerable to various diseases. Continuous exposure to human and animal waste can increase the risk of bacterial infections. This infection is caused by poor sanitation and hygiene practices, making it difficult for the body to absorb nutrients. Low sanitation and environmental cleanliness also trigger digestive tract disorders which result in energy for growth being diverted to the body's immune system in dealing with infectious diseases. Apart from that, a child's appetite will decrease when they are sick so that their nutritional intake becomes lower. This results in the growth of brain cells which should be very rapid in the first two years of birth being hampered (Sutarto et al., 2021). This is in line with the results of research by Sari (2021) which states that there is a relationship between personal hygiene practices and stunting in toddlers, meaning that mothers' lack of personal hygiene practices increases the risk of stunting in toddlers. Poor environmental sanitation has the potential to cause various diseases, such as filariasis, diarrhea and infections of the digestive tract.

Apart from parenting, care during pregnancy is very important for pregnant women to maintain the health of their fetus. Antenatal care (ANC) is a visit made by the mother during pregnancy to a health worker with the aim of checking her pregnancy. ANC services in a normal pregnancy are at least four times, once in the first trimester, once in the second trimester, and twice in the third trimester. At least twice checked by a doctor during the first visit in the first trimester and during the fourth visit (Ministry of Health of the Republic of Indonesia, 2020).

ANC coverage in Indonesia (Ministry of Health of the Republic of Indonesia, 2022) in 2021 for K1 coverage, namely the number of pregnant women who have received ANC services for the first time by health workers at the age of 0-12 weeks of pregnancy, is 98 percent, K2 coverage is 88.8 percent and K4 coverage was 63 percent.

Aceh Province based on the Indonesian Health Profile (2022) has lower coverage than the Indonesian average, namely K1 of 90.1 percent, K2 of 78.1 percent and K4 of 41.6 percent. Meanwhile, the number of ANC visits in West Aceh in 2021 was 100 percent of K1 visits and 91 percent of K4 visits (West Aceh Health Office 2021). Research conducted by (Camellia, et al. 2020) shows that mothers who do not provide antenatal care according to standards have a 3.8 times greater risk of their toddlers experiencing stunting compared to mothers who receive antenatal care according to standards. This shows that there is a relationship between a history of antenatal care visits and stunting.

Data related to stunting obtained from the West Aceh District Health Service in 2021 was 27.4. In 2022 there will be an increase of 30.4 percent. The latest data from 2023 to August shows that the prevalence of stunting has decreased by 20 percent. Based on interviews conducted with eight mothers in West Aceh, the results showed that stunting was caused by mothers who did not give breast milk exclusively to their children. The mothers still thought that breast milk alone was not enough to make them full, so the mothers gave additional food before six months, and allow the child to consume snacks containing Msg. Apart from that, stunting also occurs in babies of mothers who work outside the home, do not give the baby a complete menu when given complementary foods, the baby is only given bananas and pureed rice. From the results of the interview, information was also obtained that the incidence of stunted babies was caused by the mother rarely taking her baby to the posyandu.
due to forgetting reasons, the mother was working, and when the child was sick the mother only compressed the baby with warm water and if it did not recover, she took him to the Community Health Center. Apart from that, when pregnant, the mother had a check-up with the village midwife at three or four months of pregnancy. The mother said there was no need to check the pregnancy too early. Apart from that, the environment where people live is not clean and there is a lack of access to clean water.

Based on the data and facts in the background description above, it appears that there is a relationship between parenting style history and the incidence of stunting in children aged 24-36. Regarding the stunting incident, I proposed a proposal to conduct research in West Aceh Regency.

RESEARCH METHODS

Types of research is quantitative research with a case control design. The population in this study was all 68 stunted toddlers aged 24-36 months and 1744 non-stunted toddlers aged 24-36 months in West Aceh Regency. The sample size in this study was 50 toddlers for the case group and 50 toddlers for the control group. Method of collecting data use Primary data and Secondary data. Primary data was obtained through structured interviews collected directly by researchers including child care consisting of mother's parenting patterns (exclusive feeding and breastfeeding parenting patterns, food processing, personal hygiene parenting patterns, and history of ANC visits for stunting incidents. Data obtained from relevant agency documents, in this case the West Aceh District Health Service, includes the number of toddlers aged 24-36 months and a description of the research location, as well as searching for other information related to scientific research.

Dependent Variable
1. Stunting events:
   1. Normal
   2. Stunting

Independent Variable
1. Parenting Patterns for Providing Breast Milk and Food:
   1. OK
   2. Not Good
2. Food Processing:
   1. OK
   2. Not Good
3. Personal Hygiene and Environmental Sanitation Parenting Patterns:
   1. OK
   2. Not Good
4. History of Antenatal Care Visits:
   1. OK
   2. Less good

Data Analysis Method
Univariate Analysis
All research variables were carried out to obtain an overview of the variables of parenting patterns for providing breast milk and food, food processing, parenting patterns for personal
hygiene and environmental sanitation, history of antenatal care visits and the incidence of stunting in children aged 24-36 Bulab in West Aceh Regency.

**Bivariate Analysis**

Bivariate analysis is useful for looking at the relationship between independent variables (parenting patterns for providing breast milk and food, food processing, parenting patterns for personal hygiene and environmental sanitation, history of antenatal care visits) and the dependent variable (incidence of stunting). The data type is categorical with the analysis technique used is chi square. If the p value <0.05 means there is a significant relationship between the two variables.

**RESULTS AND DISCUSSION**

**Univariate Analysis Results**

Frequency distribution of parenting patterns for providing breast milk and food, food processing, parenting patterns for personal hygiene/hygiene and environmental sanitation, history of antenatal care visits and incidence of stunting in children aged 24-36 months in West Aceh Regency.

<table>
<thead>
<tr>
<th>Variable</th>
<th>n=100</th>
<th>Percentage(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parenting Patterns for Providing Breast Milk and Food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Good</td>
<td>44</td>
<td>44</td>
</tr>
<tr>
<td>Not good</td>
<td>56</td>
<td>56</td>
</tr>
<tr>
<td>Food Processing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Good</td>
<td>46</td>
<td>46</td>
</tr>
<tr>
<td>Not good</td>
<td>54</td>
<td>54</td>
</tr>
<tr>
<td>Personal Cleanliness/Hygiene and Environmental Sanitation Parenting Patterns</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Good</td>
<td>47</td>
<td>47</td>
</tr>
<tr>
<td>Not good</td>
<td>53</td>
<td>53</td>
</tr>
<tr>
<td>History of Antenatal Care visits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Good</td>
<td>37</td>
<td>37</td>
</tr>
<tr>
<td>Not good</td>
<td>63</td>
<td>63</td>
</tr>
<tr>
<td>Stunting events</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Normal</td>
<td>50</td>
<td>50</td>
</tr>
<tr>
<td>Stunting</td>
<td>50</td>
<td>50</td>
</tr>
</tbody>
</table>

In the variable Parenting Patterns for Providing Breast Milk and Food, the results obtained were 44 people (44%) in the good category and 56 people (56%) in the poor category. Based on the Food Processing variable, the results obtained were 46 people (46%) in the good category, and 54 people (54%) in the poor category. Based on the variables Personal Cleanliness/Hygiene and Environmental Sanitation Parenting Patterns, the results obtained were 47 people (47%) in the good category and 53 people (53%) in the poor category. Based on the Antenatal Care visit history variable, the results obtained were 37 respondents (37%) in the good category, and 63 people (63%) in the poor category. Based on the variable incidence of stunting in toddlers aged 24-36 months in West Aceh Regency, it was found that 50 (50%) were normal and 50 children (50%) experienced stunting.
**Bivariate Analysis Results**

The relationship between parenting patterns for providing breast milk and food, food processing, parenting patterns for personal hygiene and environmental sanitation, history of antenatal care visits and the incidence of stunting in children aged 24-36 months in West Aceh Regency.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Stunting events</th>
<th>p value</th>
<th>RP (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Normal</td>
<td>Stunting</td>
<td>Total</td>
</tr>
<tr>
<td>Parenting Patterns for Providing Breast Milk and Food</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Good</td>
<td>28</td>
<td>16</td>
<td>44</td>
</tr>
<tr>
<td>Not good</td>
<td>22</td>
<td>34</td>
<td>56</td>
</tr>
<tr>
<td>Food Processing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Good</td>
<td>27</td>
<td>19</td>
<td>46</td>
</tr>
<tr>
<td>Not good</td>
<td>23</td>
<td>31</td>
<td>54</td>
</tr>
<tr>
<td>Parenting patterns for personal hygiene/hygiene and environmental sanitation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Good</td>
<td>29</td>
<td>18</td>
<td>47</td>
</tr>
<tr>
<td>Not good</td>
<td>21</td>
<td>32</td>
<td>53</td>
</tr>
<tr>
<td>History of Antenatal Care Visits</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Good</td>
<td>25</td>
<td>12</td>
<td>37</td>
</tr>
<tr>
<td>Not good</td>
<td>25</td>
<td>38</td>
<td>63</td>
</tr>
</tbody>
</table>

The results of the chi-square test show that of the 4 independent variables, 3 (three) variables were found to have a significant relationship with the incidence of stunting in children aged 24-36 months in West Aceh Regency, namely parenting patterns for providing breast milk and food (p-value= 0.016), parenting patterns for providing breast milk and food (p-value= 0.016), patterns Foster personal hygiene and environmental sanitation (p-value= 0.028), and history of antenatal care visits (p-value= 0.007). This is indicated by the sig-p value of the 3 variables whose p.value is smaller than 0.05.

**The Relationship between Parenting Patterns of Providing Breast Milk and Food with the Incident of Stunting in Children Aged 24-36 Months in West Aceh Regency**

The results of this research showed that there was a relationship between parenting patterns in breastfeeding and food and the incidence of stunting with a p-value = 0.016. This is because the mother always accompanies the child and pays attention, especially in providing food that contains good nutrition to the child, so that it is hoped that the child will have good nutritional status and prevent the risk of stunting, as well as the relationship with the mother's level of education which can influence insight and Mother's knowledge regarding food sources and nutritional sources that should be consumed by children.

Nutritional status is the condition of the body as a result of nutritional intake and the nutritional substances contained in food. Nutritional status has several categories, namely more nutritional status, moderate nutritional status, less nutritional status, good nutritional status and poor nutritional status. Nutrition or food intake will have an impact on a person's nutritional status. A person who falls into the category of deficient nutritional status will occur if there is a lack of one or more essential nutrients in the body. Lack of nutrition, especially in children, can have negative impacts in both the short term (acute) and long term (chronic).
Breast milk is the main source of nutrition for toddlers and is a factor that influences growth and development in toddlers because the complex content of breast milk can meet the nutritional needs required by toddlers. Breastfeeding can improve the bond between mother and toddler. Apart from getting complete nutrition, giving breast milk to toddlers can provide a touch of affection from the mother to the toddler and create a sense of self-confidence in the mother (Wahyuni, 2019). Research conducted in Bangladesh states that breastfeeding must be accompanied by maternal knowledge about the importance of breastfeeding for toddlers. The higher the mother's knowledge of breastfeeding, the better the mother's behavior in giving breast milk to toddlers so that it is easier to overcome the problem of stunting which is generally experienced by toddlers. It is recommended that breastfeeding be given to toddlers from the first day the toddler is born by giving it directly after the baby is born because the nutritional content in breast milk that is first released after birth or what is called colostrum is the best nutrition to be given to toddlers. WHO states that toddlers should be given breast milk for at least six months. However, WHO still recommends that toddlers should continue to be given breast milk until the age of two years so that the nutritional intake needed by toddlers can be met. SJMJ (2020) stated that toddlers who were not given breast milk from birth and were only given formula milk experienced slower growth in height than toddlers who were breastfed because they experienced a lack of nutritional intake.

Children who still need their parents as caregivers or caregivers of course really determine the nutritional intake given to their children. If a child's nutrition is deficient, it will have an impact on stunted growth and brain development, decreased immunity and low immunity against infections that are prone to stunting in children. Things that parents must pay attention to regarding children's nutrition include the amount of nutritional intake and the quality of the food that will be provided. A mother or parent needs to understand what nutrition and nutrients should be given to children, including food hygiene and environmental cleanliness as well as good use of health facilities in order to overcome problems that occur in children, especially related to child nutrition (Noorhasanah, 2021).

Breastfeeding alone can be given to toddlers until the age of six months. Although some people are concerned that toddlers will not be full if only given breast milk, the nutritional content in breast milk is able to complete the nutritional needs of toddlers even without additional food. According to research by Sir (2021), toddlers who are less than six months old and who have been given MP-ASI will cause the toddler to have a bad eating pattern, making the toddler accustomed to consuming a lot of or excessive food. These risks causing toddlers to become obese as adults. Therefore, toddlers should only be given breast milk until the age of six months. As time goes by, from the age of six months onwards toddlers can be given food and start with complementary feeding with breast milk. As toddlers age, the need for nutrition increases to support their growth and development. Therefore, food must be given by paying attention to its nutritional content so that the nutritional intake required by toddlers can be met (Langi, 2020).

The results of the research are in line with research by Rahman (2018) which states that giving breast milk and food is related to the incidence of stunting in toddlers, where breast milk given to toddlers from zero months of age is able to prevent stunting and giving good food to toddlers will reduce the risk of stunting in toddlers. Rahman (2018) continued that breastfeeding can prevent toddlers from experiencing infectious diseases. Infectious diseases can cause toddlers to experience a decrease in appetite, which can result in toddlers experiencing malnutrition. Therefore, breastfeeding from zero to two years of age is able to prevent nutritional problems and can increase the toddler's immune system so that he or she is able to receive food which of course contains the nutritional content needed by the toddler.
Pramulya's research (2021) also states that breastfeeding is related to the incidence of stunting in toddlers, where a lack of breast milk can put toddlers at risk of experiencing various diseases. Qolbiyah (2021) in his research stated that providing food is related to the incidence of stunting in toddlers. Providing food to toddlers is considered to be poor because many toddlers do not consume food that has been processed by the toddler's mother. Toddlers consume formula milk and food or snacks purchased from outside the home so that toddlers feel full. This can cause poor feeding to toddlers.

**The Relationship between Food Processing and Stunting Incidents in Children Aged 24-36 Months in West Aceh Regency**

The results of this research showed that there was no relationship between food processing and the incidence of stunting with a p-value = 0.108. Based on this, it can be seen that poor food processing can cause nutritional problems including stunting, and vice versa. The condition of toddlers who experience stunting is difficult to overcome because it is permanent and if the provision and processing of food is not done properly, it can give rise to various other nutritional problems such as malnutrition.

Food is very important for children's growth and development, but it is necessary to pay attention to how the right food can support children's growth and development. Several aspects relate to the accuracy of feeding, such as type, amount, portion, choice of food ingredients, texture, and method of feeding. Malnutrition has an impact on the risk of infection, death, impaired growth and development, even if malnutrition occurs in the long term it will disrupt their cognitive abilities and productivity in adulthood (Safrina, 2022).

Food processing is a method used by mothers of toddlers to provide food to toddlers. Apart from paying attention to how food is processed, stored and served, mothers of toddlers must also pay attention to the frequency, hygiene and sanitation of the food. Adriany's research (2021) states that knowledge is very important as a basis for mothers in giving and processing food to toddlers. The knowledge possessed by mothers will be able to protect toddlers from food-borne illness problems.

Food processing is an important parenting style to improve the nutritional status of toddlers. Poverty conditions are an inhibiting factor for people to serve appropriate food for toddlers. Economic limitations make it difficult for people to obtain food that is suitable for consumption for toddlers, even though there is a lot of local food that can be used, such as fish, which most of them come from fishermen, tubers and vegetables that grow around the house, but due to lack of education, it is difficult to use it. available local food.

The research results are not in line with research by Adriany (2021) which states that there is a relationship between food processing and the incidence of stunting, where poor food processing has the potential to cause toddlers to experience stunting. The lack of family income makes mothers buy food that is only available for all family members without paying attention to the nutritional content that is needed more by toddlers, meaning that the food prepared for all family members is standardized in type and distribution. Mothers' knowledge and habits are needed to be able to process food well, especially by paying attention to the nutritional content in the food because if the feeding or processing of food is not appropriate it can cause toddlers to experience stunting.

**The Relationship between Personal Hygiene and Environmental Sanitation Parenting Patterns with Stunting Incidents in Children Aged 24-36 Months in West Aceh Regency**

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The results of this research showed that there was a relationship between Personal Cleanliness/Hygiene Parenting Patterns and Environmental Sanitation with Stunting Incidents with a p-value = 0.028. One of the factors that causes low personal hygiene practices is the behavior of parents as caregivers of toddlers. Behavior that includes knowledge, attitudes and actions is not owned and not implemented well by toddlers so that toddlers get used to conditions where personal hygiene practices are not good.

Personal and environmental hygiene play an important role in children's growth and development. Cleanliness of the body, food and environment plays a major role in maintaining health which will prevent infectious diseases as factors causing decreased nutritional status in children under five (Rusdi, 2022).

Personal hygiene practices are very important care to apply to toddlers because bacteria or viruses that spread in various places around toddlers are vulnerable to causing toddlers to experience health problems. Infectious diseases are one of the results of lack of personal hygiene practices. Toddlers who experience infectious diseases can cause a decrease in their immune system and appetite so that toddlers will easily experience malnutrition. If toddlers experience malnutrition, it will cause a decline in cognitive function and stunted growth so that toddlers can experience stunting (UNICEF, 2013).

Toddlers who consume food due to poor hygiene practices can increase the child's risk of contracting infectious diseases, usually characterized by appetite disorders, vomiting or diarrhea so that the toddler's nutritional intake does not meet their needs and this condition can have negative implications for growth. child.

It was found that many toddlers with poor personal hygiene practices experienced stunting compared to toddlers with good personal hygiene practices. Therefore, parents must get used to the practice of personal hygiene first and taught to toddlers so that toddlers can imitate and get used to doing it until they grow up.

The Relationship between History of Antenatal Care Visits and Stunting Incidents in Children Aged 24-36 Months in West Aceh District

The results of this research showed that there was a relationship between the history of antenatal care visits and the incidence of stunting with a p-value = 0.007. Education greatly influences mothers' ability to absorb information obtained from health workers about antenatal care. Mothers who have low education will find it difficult to properly understand what is conveyed by health workers, resulting in mothers not having good enough knowledge about ANC which ultimately influences the mother's behavior in making regular antenatal care visits. The higher the mother's education, the greater the mother's knowledge, this will influence the mother's attitude towards regular ANC visits.

Antenatal Care (ANC) is a visit made by a mother during her pregnancy to a health worker with the aim of carrying out a pregnancy check-up. The standard for ANC visits during pregnancy is one visit in the first trimester (K1), one visit in the second trimester (K2) and two visits in the third trimester (K3) and (K4). The purpose of ANC is to monitor and determine the development and growth of the fetus and the condition of the mother.

The implementation of ANC is in accordance with the ANC service standard, namely "10T", which can reduce or prevent stunting, namely health counseling, maternal nutrition during pregnancy and exclusive breastfeeding, LILA measurement and case management. During pregnancy, the 1000 HPK period can affect the growth and development of toddlers in the future.

An ANC frequency that is in accordance with standards will make it easier for health workers to monitor optimal growth and development of the fetus and mother. If there is a problem during pregnancy that can affect the growth of the fetus in the womb with sufficient
frequency and standards, it is detected and immediately treated by health workers (Camelia, 2020).

The research results are in line with research by Hutasoit et al (2020) which states that antenatal care visits are significantly related to the incidence of stunting. In their research, they say that ANC visits are very important for pregnant women because they can detect disorders experienced by the mother and fetus early. The frequency of ANC according to standards during pregnancy aims to investigate early on anything that might affect the health of the mother and baby, so that if problems are found during pregnancy, treatment can be immediately carried out according to what the pregnant mother is experiencing. If a disorder occurs in the first trimester and the pregnant woman comes to a health professional, she will receive good education and case management which can help minimize the abnormalities that occur which can have an impact on the fetus. The frequency of ANC can also change the mother's behavior to do what the health worker tells her so that changes in behavior towards health, especially the pregnancy, can go well.

CONCLUSION

1. There is a relationship between parenting patterns in providing breast milk and food and the incidence of stunting in children aged 24-36 months in West Aceh Regency.
2. There is no relationship between food processing and the participation of mothers of toddlers in the incidence of stunting in children aged 24-36 months in West Aceh Regency.
3. There is a relationship between parenting patterns for personal hygiene and environmental sanitation and the incidence of stunting in children aged 24-36 months in West Aceh Regency.
4. There is a relationship between the history of Antenatal Care visits and the incidence of stunting in children aged 24-36 months in West Aceh Regency.

Recommendations

1. It is hoped that the Health Service can synergize better in creating programs to overcome stunting. Poverty conditions are the main cause of stunting in toddlers, so if there is a program that can help parents overcome poverty, it would be possible to tackle stunting in poor families. Apart from that, improving the performance of services and the implementation of specific nutritional intervention programs for pregnant women, one of which is the examination program during pregnancy both in terms of the quantity of visits and also examinations carried out during ANC activities.
2. For community health center officers to provide health education to the community regarding the importance of preventing stunting through maternal nutrition during pregnancy.

REFERENCES


