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The Effect of Dental and Oral Health E-Modules in Improving the Knowledge of Preschool's Parents about Stunting Prevention

Nurul Fatikhah[a,1*], Siti Fatimah[a], Irwan Supriyanto[a]

[a] Department of Dental Health, Poltekkes Kemenkes Bandung, Bandung, West Java, Indonesia

[1] uul.fatikhah@gmail.com*
* Corresponding Author

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ABSTRACT

Preschool children are a vulnerable group that experiences a high incidence of caries. Eating disorders can affect the intake of nutritious food needed by the body. When children's nutrition is not fulfilled properly, children have the potential to experience stunting. When children are protected from dental disease, nutritional status will be met so that it can help prevent stunting in children. Dental health education using e-modules can increase parents' knowledge in maintaining their children's oral health. The purpose of this study was to determine the effect of oral health e-modules in increasing the knowledge of parents of preschool children about stunting prevention. The type of research used is Quasy Experiment with Pretest- Posttest Control Group Design. The sampling technique used total sampling because the population was less than 100 so that the entire population was used as a research sample. To determine the effect of the level of knowledge before and after being given the e-module using the Wilcoxon test while to determine the difference between the intervention group and the control group using the Mann Whitney U test. The results showed that there was a significant change in the average knowledge score before and after being given the e-module with ρ-value = 0.001 (ρ <0.05). The difference in knowledge scores after being given the e-module between the intervention group and the control group was obtained ρ-value = 0.001 (ρ<0.05) which means there is a significant difference between the intervention group and the control group. It is concluded that there is an effect of oral health e-modules in increasing the knowledge of parents of preschool children about stunting prevention. Further research is expected to develop the e-module into a more interactive mobile application.

INTRODUCTION

Oral health is an integral part of general health, especially in vulnerable groups such as preschool children because they will have a higher risk of developing oral and dental diseases (Suryaningtyas et al., 2022). The results of the Indonesian Health Survey (IHS) in 2023 showed that oral health problems in the population aged ≥3 years were 56.9%. Ironically, of the many people who experience oral and dental problems, only 11.2% seek treatment at health services. The habit of brushing teeth every day in the population aged ≥3 years shows an increase from 94.7% to 95.6% (Indonesian Ministry of Health, 2023). However, the behavior of brushing teeth at the correct time, namely after breakfast and before bedtime, is only 6.2% (Indonesian Ministry of Health, 2023).

Preschool age generally has a penchant for consuming sweet foods, such as chocolate, candy, and other foods that contain sugar. The higher the sugar consumption, the higher the incidence of dental caries (Oktaviani et al., 2022). Dental caries in children can cause eating disorders so that nutritional intake is reduced, and followed by decreased body weight, which in turn makes children's growth and development less optimal. This will hinder child development so that it will reduce the level of intelligence of children, which in the long run will have an impact on the quality of life of the community (Rahayu et al., 2023). When a child's nutrition is not fulfilled properly, the child has the potential to experience stunting (Kumar et al., 2014). Stunting was found to have a significant correlation with various dental health problems. The number of primary tooth caries was found to be high in underweight and stunted children (Abdat et al., 2020).

Early dental care is very important to avoid the process of tooth decay. In preschool children, the maintenance of their dental health still depends on parents, especially mothers as the closest person to the child. Parents, especially mothers, must know how to care for their children's teeth and must also guide their children on how to brush their teeth properly (Dewi et al., 2022). Even though it is still a milk tooth, a child must get serious attention from his parents because milk teeth play an important role in speech as well as the chewing process which has an impact on the nutrition and growth of children. In addition, baby teeth also serve as a guide for the growth of permanent teeth. However, many parents think that baby teeth are only temporary and will be replaced by permanent teeth so they often assume that damage to baby teeth caused by poor oral hygiene is not a problem (Hemiyanty et al., 2021).

Parental knowledge is very important in underlying the formation of behaviors that support or do not support children's dental and oral hygiene. This knowledge can be obtained naturally or in a planned manner, namely through the education process. Parents with low knowledge about oral health are predisposing factors for behaviors that do not support children's oral health (Kristiani et al., 2023). Providing dental health education can be presented in the form of an e-module. E-modules are designed through computer-based electronic media, utilizing various functions of electronic media, utilizing various *software* application options, and are designed with attention to learning and learning principles. E-modules can be accessed through various electronic devices such as *smartphones* and tablets, so they are easy to carry around and can be accessed anytime and anywhere (Rama et al., 2022). The use of e-modules increases mothers' knowledge in maintaining children's dental health and mothers will become more skilled in practicing their children's dental and oral hygiene considering that mothers are the closest people when children are at home (Bogovska-Gigova, & Kabaktchieva, 2021; Parwati et al., 2020).

From the results of the preliminary study by interviewing 5 parents of preschool children, it is known that dental health maintenance to prevent stunting is not yet known by all parents. Parents get little knowledge about oral health only from the internet and social media and have never received counseling about dental health by the local health center. Whereas the maintenance of oral health is very necessary to prevent stunting and parents

need knowledge to assist their children in maintaining their oral health. There are already modules that discuss oral health and stunting separately, but there is no module that connects the link between oral health and stunting. To be more effective and efficient and accessible anytime and anywhere, researchers want to develop oral health e-modules for stunting

prevention. This study aims to determine the effect of oral health e-modules in increasing the knowledge of parents of preschool children about stunting prevention.

METHOD

The type of research used is Quasy Experiment with Pretest- Posttest With Control Group Design. This design allows researchers to measure the effect of treatment on the experimental group by comparing the group with the control group. The population in this study were all parents of kindergarten students (TK) X Class A and B as many as 40 people and TK Y as many as 42 people. The sample in this study were parents of kindergarten students. Sampling using total sampling technique because the population is less than 100 so that the entire population is used as a research sample. The inclusion criteria in this study are parents / guardians of students in kindergarten X and kindergarten Y, cooperative and willing to be respondents until the end of the study, while the exclusion criteria in this study were not available at the time of the research.

The study was conducted by asking respondents to fill out a questionnaire on oral health knowledge (pretest) which was distributed. After that, respondents were given a link to the oral health e-module on stunting prevention by sending it via whatsapp class group, while the control group was given an oral health power point video for stunting prevention with a video duration of 18 minutes 21 seconds. Respondents were given 7 days to study the module and video power point. During these 7 days, researchers monitored through the whatsapp group so that respondents studied the module at least 3 times. After 7 days, respondents were asked to fill out a questionnaire about oral health for stunting prevention (posttest) again.

Data collection using a questionnaire with 20 question items which were first tested for validity and reliability to 40 respondents. The validity test results obtained 20 of the 25 question items were declared valid with r count> r table (0.312) so it was feasible to use as a research measuring tool. The reliability test results of the 20 question items showed a Cronbach's Alpha value of 0.702. These results indicate that the questions used in the questionnaire are considered reliable as a research measuring tool. The scoring for the results of the answers from the questionnaire is 0-100 with a scale of good (76-100), sufficient (56-75) and less (<56).

Univariate analysis is used for the frequency distribution of general data such as age, education, and occupation of respondents as well as to describe the characteristics of each variable studied and see a picture of the data collected. While bivariate analysis was used to determine the effect of oral health e-modules in increasing parental knowledge analyzed using IBM SPSS Statistics software version 27. The first step that must be taken is to test the normality of the data first then to see the effect before and after the intervention because the data is not normally distributed using the Wilcoxon test. To see the difference between the intervention group and the control group because the data is not normally distributed, use the Mann Whitney test.

This research has previously obtained a certificate of ethical feasibility from the Health Research Ethics Commission of the Poltekkes Kemenkes Bandung with No.04/KEPK/EC/VII/2024. This research was conducted in July - August 2024.

RESULTS AND DISCUSSION

The oral health e-module for stunting prevention that has been developed in this study consists of material about stunting, the relationship between stunting and dental health, let's get to know our teeth, dental health problems that are often found in preschool children and material about maintaining oral health for stunting prevention.

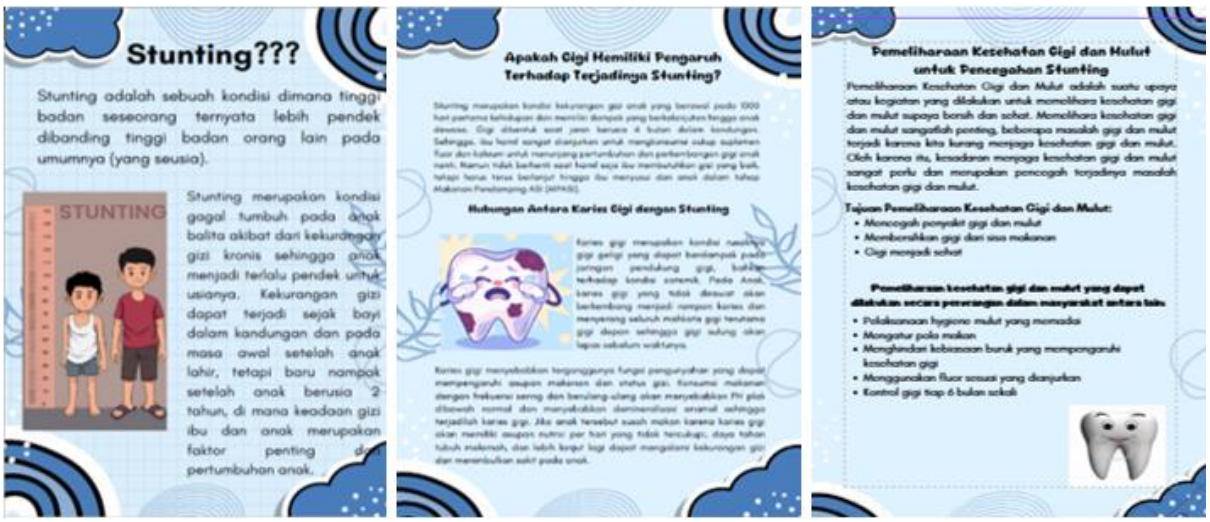

Figure 1. E-Module Design Example of Dental and Oral Health for Stunting Prevention.

The data obtained include the characteristics of respondents consisting of gender, age, education, occupation and data on dental health knowledge variables taken before and after studying dental health e-modules (intervention) and video PowerPoint (control).

Table 1. Data on Characteristics of Research Respondents.

Variables	Intervention		Control	
	n	%	n	%
Gender				
Male	0	0	0	0
Female	40	100	40	100
Age				
21-25 years old	1	2.5	0	0
26-30 years old	10	25.0	11	27.5
31-35 years old	14	35.0	22	55.0
36-40 years old	12	30.0	6	15.0
41-45 years old	3	7.5	0	0
46-50 years old	0	0	1	2.5
Education				
Junior High School (SMP)	3	7.5	1	2.5
Senior High School (SMA)	15	37.5	13	32.5
Diploma III (DIII)	5	12.5	7	17.5
DIV / S1	15	37.5	19	47.5
S2	2	5	0	0
Jobs				
Housekeeping (IRT)	25	62.5	23	57.5
Teacher / Lecturer	3	7.5	1	2.5
Midwife	1	2.5	1	2.5
Self-employed	3	7.5	6	15.0
Private Employee	8	20.0	8	20.0
Civil Servants / P3K	0	0	1	2.5
Total	40	100	40	100

Table 1 shows that in the intervention group all respondents were female (100%), with most respondents aged 31-35 years as many as 14 people (35%), with most respondents' education being high school and DIV / S1 as many as 15 people (37.5) and most of the respondents' jobs were housewives as many as 25 people (62.5%). Whereas in the control

group all respondents were female (100%), with most respondents aged 31-35 years as many as 22 people (55%), with most respondents' education being DIV / S1 as many as 19 people (47.5) and most respondents' jobs were housewives as many as 23 people (57.5%).

Table 2. Knowledge Level in Intervention Group and Control Group.

	Intervention				Control			
	Pretest		Posttest		Pretest		Posttest	
	n	%	n	%	n	%	n	%
Good	0	0	32	80	0	0	14	35
Simply	20	50	8	20	12	30	26	65
Less	20	50	0	0	28	70	0	0
Total	40	100	40	100	40	100	40	100

Table 2 shows that the level of knowledge of respondents before the intervention for the intervention group was in the sufficient and insufficient category, namely 20 people (50%) while for the control group the highest level of knowledge of respondents was in the insufficient category, namely 28 people (70%). After the intervention, the level of knowledge of respondents in the intervention and control groups increased to the highest level of knowledge of respondents in the good category, namely 32 (80%) people for the intervention group and sufficient, namely 26 people (65%) for the control group.

Table 3. Statistical Test Results of Knowledge Values Before and After being Given Dental Health Education with E-Modules.

Variables	Before Median (Min-Max)	After Median (Min-Max)	ρ-Value	Z
Intervention Group	55 (40 - 75)	82.5 (70-95)	0,001	-5.552[b]
Control Group	55 (40 - 65)	75 (75-90)	0.001	-5.529[b]

Table 3 shows that in the intervention group before being given the oral health e-module, the median value was 55 with the lowest knowledge value of 40 and the highest value of 75, and after being given the intervention, the median value was 82.5 with the lowest knowledge value of 70 and the highest value of 90. The results of the analysis using the *Wilcoxon* test obtained ρ-value = 0.001 ($\rho < 0.05$), meaning that there was a significant change in the average knowledge score before and after being given the e-module of oral health maintenance for stunting prevention. In the control group before being given a video PowerPoint, the median value was 55 with the lowest knowledge value of 40 and the highest value of 65, and after being given a video PowerPoint, the median value was 75 with the lowest knowledge value of 75 and the highest value of 90. The results of the analysis using the *Wilcoxon* test obtained ρ-value = 0.001 ($\rho < 0.05$), meaning that there was a significant change in the average knowledge score before and after being given a video PowerPoint in the control group.

To see the difference in knowledge value after being given a dental health e-module in the intervention group and a power point video in the control group, previously the data normality test was first carried out using the *Shapiro-wilk* test, the results of the data were not normally distributed in the intervention group and control group with a value of ρ <0.05. Because the data were not normally distributed, to see the difference in knowledge values after dental health education with e-modules in the intervention group and PPT Video in the control group using a non-parametric test, namely the *Mann-Whitney U* test.

Table 4. Statistical Test Results of Knowledge Values after being given a Dental Health E-module in the Intervention Group and a PowerPoint Video in the Control Group.

	Median (Min-Max)	ρ-value	Z	Mann-Whitney U
Intervention Group	82.5 (70-95)	0.001	-4.477	344.000
Control Group	75 (75-90)			

Table 4 shows that the difference in knowledge scores after being given dental health education in the intervention group and control group using the *Mann-Whitney U* test obtained

a ρ-value = 0.001 (ρ <0.05) which means there is a significant difference between the intervention group and the control group.

DISCUSSION

Stunting is a condition of growth failure that occurs in children under five years of age caused by a lack of nutritional intake for a long time, resulting in growth disorders in children, namely the child's height is lower or shorter (dwarf) than the age standard (Juniantari et al., 2024). Malnourished children with stunting experience a decrease in salivary flow rate and salivary composition, which generally results in decreased oral health, characterized by a high plaque index and caries incidence (Sadida et al., 2022). Stunting needs to be prevented and treated as soon as possible because it causes various impacts, namely causing growth failure, cognitive and motor development barriers that affect brain development and educational success, and non-optimal physical body size and metabolic disorders (Widjayatri et al., 2020).

One of the factors that can affect the incidence of stunting is the mother's knowledge about oral health in preventing stunting. Parents' knowledge is very important in underlying the formation of behaviors that support or do not support children's dental and oral hygiene. The level of knowledge about oral health about stunting prevention before the intervention was given was mostly in the less category. This is because respondents have never been exposed to information before and there has been no promotion or socialization from the local puskesmas regarding oral health for stunting prevention. This is in line with the research of Rompies, et.al (2016), stating that the lack of socialization of oral health can lead to a lack of understanding of the importance of maintaining children's oral health.

Mothers' knowledge about oral health maintenance is indispensable in guiding their children in maintaining their oral health. Knowledge is the basis for the formation of a behavior. Parents with low knowledge about oral health are predisposing factors for behaviors that do not support children's oral health (Kristiani et al., 2023; Mardelita, 2018). Mothers' lack of understanding about parenting patterns and lack of knowledge about maintaining their children's oral health can cause children to be malnourished (Rahina et al., 2019). Toothache makes it difficult for children to eat so that it can affect the intake of nutritious food needed by the body. When children's nutrition is not fulfilled properly, children will potentially experience stunting (Kumar et al., 2014). Knowledge itself is usually obtained from information both obtained from formal education and other information such as radio, TV, internet, newspapers, magazines, counseling and so on. This information is used as a provision for mothers in maintaining the oral health of their children in their daily lives. Information sources and technological advances provide a variety of media that can increase public knowledge about new information.

Most of the respondents in this study were young mothers with an age range of 31-35 years. Most respondents are active users of social media and try to keep up with technological developments. The most popular social media among them is whatsapp which is used by all respondents so that education with oral health e-modules for stunting prevention distributed through whatsapp groups is very suitable for research. Various technological developments are currently an alternative in developing various teaching materials. One of the media that can be used in the learning process today is electronic modules (e-modules). E-module is a form of self-learning media that is compiled in digital form where it aims as an effort to realize the learning competencies to be achieved (Lastri, 2023).

The results showed that there were changes in the knowledge of parents of pre-school students before and after the intervention both in the intervention group and the control group. This is because parents of preschool students have received information about oral health maintenance from the intervention provided using both e-modules and video power points on oral health maintenance to prevent stunting. This dental health education is given to increase the knowledge of parents of preschool students in maintaining the oral health of their children so as to avoid oral health problems that cause children to be lazy to eat and have further consequences for children's nutritional intake which affects the incidence of stunting (Abdat et al., 2020).

The results also showed a greater increase in knowledge before and after being given dental health education using e-modules compared to power point videos. This shows that e-modules are more effective in increasing knowledge about oral health maintenance to prevent stunting in parents of preschool students. The e-module developed in this study in addition to conveying material about oral health visually, it is also equipped with a video link on how to brush teeth correctly which can be directly accessed by clicking the link so that respondents can better understand the material presented. The use of visual and audio methods in the media is presented in combination and is complementary. This is in line with media research using audiovisual, which involves many sensory organs, so that the more sensory organs involved in receiving and processing information, the more likely the news content can be understood and stored in memory. In addition, sound effects and moving images can help understand information and gain additional knowledge (Astiti et al., 2024).

The oral health e-module for stunting prevention is organized per module separately which aims to facilitate the learning process. Parents can learn the material gradually and focus on one topic. This also makes it easier for parents to repeat the material if needed. Unlike the power point video which is more difficult to find repetition of the required material. This is in line with the research of Asio (2016) which states that with research, the advantages of e-modules allow the delivery of material in more depth, besides that a person can review or study repeatedly to the extent that he understands the material in the module. The use of modules effectively increases teacher knowledge, the use of modules helps, encourages, facilitates and develops the occurrence of an independent learning process by creating and developing a conducive atmosphere. The use of e-modules will make it easier for us to access and obtain information related to teaching materials based on electronics so that the interest and motivation to learn from parents of preschool students increases because of the very attractive e-module display (Inanna et al., 2021). The use of e-modules makes parents of preschool students interested in the learning process, because it can be accessed anytime and conditions anywhere supported by adequate tools, and does not make it difficult for parents of students (Rahdiyanta, 2016). The limitation in this study is the short duration of follow-up so further research is recommended to extend the duration of follow-up.

CONCLUSION

It is concluded that there is an effect of oral health e-modules in increasing the knowledge of parents of preschool children about stunting prevention. Providing education using oral health e-modules about stunting prevention affects the level of knowledge of parents of preschool children. Oral health e-modules on stunting prevention can be used as an alternative educational media to improve oral health knowledge. Further research is expected to develop the e-module into a more interactive mobile application.

REFERENCES

Abdat, M., Usman, S., Chairunas, C., & Suhaila, H. (2020). Relationship between stunting and dental and oral status in toddlers. *Journal of Dentomaxillofacial Science*, *5*(2), 114-119. https://doi.org/10.15562/jdmfs.v5i2.1064

Asio, A. (2016). The Effect of Training Using Modules on How to Brush Teeth on the Knowledge of Teachers of Unggul Sakti Elementary School, Jambi City. *Journal of Dental Health*, *3*(1), 21-24. https://doi.org/10.31983/jkg.v3i01.1122

Astiti, N. K. E., Purnamayanti, N. M. D., Mahayati, N. M. D., Suarniti, N. W., & Wirata, I. N. (2024). Optimizing Prenatal Education on Newborn Care with Interactive E-Modules. *Optimal Midwife Journal*, *1*(1), 32-44. https://doi.org/10.1234/08354f41

Bogovska-Gigova, R., & Kabaktchieva, R. (2021). Mothers' knowledge towards oral health of children aged up to 3 years before and after educational program. *Journal of IMAB*, 27(4), 4052-4059. https://doi.org/doi:10.5272/jimab.2021274.4052

Dewi, N. P. H., Tamsah, H., Darti, Ybnu, M., Yasnani, & LIonardo, A. (2022, December). The Role of Parents' Knowledge, the Environment on Student Behavior and Its Impact on Dental and Oral Health in the Work Area of the Public Health Center in Central Mamuju.

First Australian International Conference on Industrial Engineering and Operations Management, Sydney, Australia, pp. 565-576. https://doi.org/10.46254/AU01.20220164

Hemiyanty, H., Wandira, B., & Suwendro, N. (2021). Pemberian Dental Health Education pada Ibu Balita di Posyandu Mawar 1 Kelurahan Kawatuna. *Jurnal Dedikatif Kesehatan Masyarakat*, 2(1), 35-41. https://doi.org/10.22487/dedikatifkesmas.v2i1.436

Inanna, I., Ampa, A. T., & Nurdiana, N. (2021). Modul Elektronik (E-Modul) Sebagai Media Pembelajaran Jarak Jauh. *Seminar Nasional Hasil Penelitian,* pp. 1232-1241. Retrieved from: https://ojs.unm.ac.id/semnaslemlit/article/view/25301/0

Juniantari, N. P. M., Triana, K. Y., Sukmandari, N. M. A., & Purwaningsih, N. K. (2024). The Relationship between Maternal Knowledge and the Incidence of Stunting in Toddlers in the Working Area of Puskesmas Abang 1. *Journal of Nursing*, *12*(1), 58-69. https://doi.org/https://doi.org/10.35790/j-kp.v12i1.50064

Indonesian Ministry of Health. (2023). *Indonesian Health Survey (IHS) in Figures*. Indonesian Ministry of Health.

Kristiani, A., Dewi, T. K., & Sugesti, H. (2023). Parents' Knowledge and Behavior about Dental and Oral Health Maintenance with Early Childhood Caries in 3-5 Years Old Children. *JDHT Journal of Dental Hygiene and Therapy*, *4*(1), 63-69. https://doi.org/10.36082/jdht.v4i1.1009

Kumar, S., Kroon, J., & Lalloo, R. (2014). A systematic review of the impact of parental socio-economic status and home environment characteristics on children's oral health related quality of life. *Health Qual Life Outcomes*, 12, 41. https://doi.org/doi:10.1186/1477-7525-12-41

Lastri, Y. (2023). Development and Utilization of E-Module Teaching Materials in the Learning Process. *Journal of Citra Education*, *3*(3), 1139-1146. https://doi.org/10.38048/jcp.v3i3.1914

Mardelita, S. (2018). Pengaruh Pelatihan Dokter Kecil Terhadap Peningkatan Pengetahuan Pemeliharaan Kesehatan Gigi Murid Di SD Negeri 24 Kota Banda Aceh. *Jurnal Mutiara Kesehatan Masyarakat*, 4(1), 1–6. Retrieved from: https://e-journal.sari-mutiara.ac.id/index.php/JMKM/article/view/737

Oktaviani, E., Feri, J., Aprilyadi, N., & Dewi Ridawati, I. (2022). Health Education Gerogi (Gerakan Gosok Gigi) to Maintain Dental and Oral Health of Pre-school Children. *JCES (Journal of Character Education Society)*, *5*(2), 363-371. https://doi.org/10.31764/jces.v3i1.7732

Pawarti, P., Maryani, Y., Fathiah, F., & Rizky, A. (2020). Modul Kesehatan Gigi Untuk Meningkatkan Pengetahuan Ibu Dalam Mencegah Malnutrisi Pada Anak Penderita Karies Gigi. *Jurnal Kesmas (Kesehatan Masyarakat) Khatulistiwa*, 7(4), 150. https://doi.org/10.29406/jkmk.v7i4.2094

Rahayu, C., Meilasari, N. S., & Miko, H. (2023). The Relationship of Ph Saliva and Children's Behavior in Maintaining Dental Health with the Occurrence of Dental Caries in Preschool-Aged Children. *Health Information: Journal of Research*, *15*, e844. https://myjurnal.poltekkes-kdi.ac.id/index.php/hijp

Rahdiyanta, D. (2016). *Teknik Penyusunan Modul*. Sleman: Universitas Negeri Yogyakarta.

Rahina, Y., Digaa, C. I., Iwa, W. P., & Duarsa, P. (2019). Tingkat pengetahuan kesehatan gigi pada orang tua anak usia prasekolah. *Interdental Jurnal Kedokteran Gigi (IJKG),* 15(2), 60-66. https://doi.org/10.46862/interdental.v15i2.593

Rama, A., Putra, R., Huda, Y., & Lapisa, R. (2022). Development of e-modules using professional flip pdf applications in basic education curriculum analysis courses. *Journal IICET*, *7*(1), 42-47. https://doi.org/https://doi.org/10.29210/0031473000

Rompis, C., Pangemanan, D., & Gunawan, P. (2016). Hubungan tingkat pengetahuan ibu tentang kesehatan gigi anak dengan tingkat keparahan karies anak TK di Kota Tahuna. *e-GiGi,* 4(1), 46-52. https://doi.org/10.35790/eg.4.1.2016.11483

Sadida, Z. J., Indriyanti, R., & Setiawan, A. S. (2022). Does Growth Stunting Correlate with Oral Health in Children? A Systematic Review. *European Journal of Dentistry*, *16*(1), 32-40. https://doi.org/10.1055/s-0041-1731887

Suryaningtyas, F., Hidayati, S., & Chairanna, M. (2022). The Role of Parents in Maintaining Dental and Oral Health with the Incidence of Dental Caries in Preschool Children. *Journal of Dental Nursing Science*, *3*(1), 88-98. https://doi.org/http://ejurnal.poltekkestasikmalaya.ac.id/index.php/jikg/index

Widjayatri, R. D., Fitriani, Y., & Tristyanto, B. (2020). Socialization of the Effect of Stunting on Early Childhood Growth and Development. *Murhum: Journal of Early Childhood Education*, *1*(2), 16-27. https://doi.org/10.37985/murhum.v1i2.11