

# The Relationship of Parenting Patterns with Nutritional Status and Development of Toddlers in Kuta Alam, Banda Aceh

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## ABSTRACT

**Background:** Parenting is a pattern of interaction between parents and children. More specifically, namely how the attitude or behavior of parents when interacting with children, Nutritional status is an important part of a person's health status. What babies eat from an early age is an important foundation for their health and well-being in the future and the development of toddlers is the toddler period, because at this time basic growth will affect the next child's development. In child development there is a critical period, where stimulation is needed so that the potential is developed.

**Objective:** To describe the relationship between parenting style and nutritional status and toddler development.

**Materials and Method:** analytic observational research. The design of this research is Cross Sectional which is carried out with a quantitative approach. Meanwhile, to complement the data obtained, qualitative data collection was also carried out, namely by conducting research on mothers of toddlers and toddlers. Assessment of the nutritional status of children was carried out using the WHO-Anthro software and then the ZScore value of the child was determined. The nutritional status variable (TB/A) is categorized into 2, namely: Normal, if the Z-score is  $-2$  SD. Short, if the Z-score lies  $-3$  SD to  $-2$  SD.

**Result:** Most of the heads of families have jobs in the private sector and only a small proportion (8.57%) work in the government sector as members of the military or civil servants, meanwhile the majority of respondents (mothers) are housewives (74.29%) and the rest working in the private sector. The nutritional

care pattern score of the respondents ranged from 50 – 95.45 with an average of 70.11 which was included in the sufficient category. As many as 22 respondents (62.86%) had a nutrition care pattern score in the adequate category, 8 respondents (22.86%) were included in the poor category and only 5 respondents (14.28%) were included in the good category. Development indicates increased ability in more complex body structures and functions in regular and predictable patterns as a result of the maturation process. The developmental level of the majority of respondents (65.71%) is included in the appropriate category (based on the Developmental Pre-Screening Questionnaire) and the rest are in the doubtful category.

**Conclusion:** Family parenting style which includes nutrition and health care has an effect on the nutritional status of toddlers in Kuta Alam. The characteristics of the respondents in general are housewives, with an education level at the basic education level, aged 25-29 years. experience of caring for children for 7.08 years and usually from the mother and family environment, with 1-2 children, 54.29% are nuclear families. Most of the respondents' nutritional status is in the normal category with an average Z-score =  $-1.8$ . Nutritional Status (Z-Score value) =  $-5.8 + 0.52$  (pa. nutrition) +  $0.004$  (pa. health).

**Keywords:** Parenting, Nutritional Status and Toddler Development

## INTRODUCTION

The main caregiver for the respondent's toddler is the mother, this is in accordance with conditions in developing countries

where the main caregiver for toddlers in the family is the mother. The main caregiver for toddlers in Kuta Alam is mostly mothers (94.29%). This is a good condition because it is usually followed by other behaviors such as planning and feeding toddlers, caring for them when they are sick, monitoring the growth of toddlers at the posyandu. Parenting activities are basically a process of empowering children from conditions that are very dependent on other people towards child independence.

Various good parenting activities that lead to physical, emotional/social development as well as intellectual/language development must enter the child's world, namely the world of play. The nutritional status index used in this study was height for age (height/age), this was done because this index is stable and reflects past nutritional status. Due to the limited data available, the BB/U index was used as a background. Although most of the respondents' children under five fall into the normal category with Z-score values (TB/U) between -2 to +2, when viewed from the average negative Z-score value (-1.80) and close to the maximum limit of the normal category (-2), it is not impossible that a child's nutritional status will fall into the short category if the parenting style given by the parents is inadequate.

Even though the majority (65.71%) of the respondents' development levels were appropriate, however, children under five with dubious levels of development were still found. For this reason, mothers or caregivers with the guidance of cadres and health workers must stimulate the development of children more often, it is necessary to carry out health checks to look for possible diseases that cause developmental deviations and to reassess the child's development.

Most of the respondents' categories of developmental disorders are related to gross motor skills related to the child's ability to make movements and postures that involve large muscles such as sitting and standing. This is understandable considering that the

parenting activities carried out by mothers with children under five lead more to emotional/social development (49.23%) and only 15.38%. For this reason, stimulation of the development of toddlers must be carried out in a balanced way which leads to physical, emotional/social development and intellectual/language development.

### **Objective:**

To describe the relationship between parenting style and nutritional status and toddler development.

### **MATERIALS AND METHODS**

- The parenting pattern data for toddlers (nutrition and health) was processed and analyzed descriptively, and quantitatively by adding up the score of each answer to the questions posed and then dividing it by the maximum/ideal score that the respondent might get.
- Data on the level of knowledge of nutrition and health will be analyzed descriptively.
- Data on the attitude of respondents related to the care of toddlers is then scored using a Likert Scale with the answer criteria as follows:

#### **For positive statements:**

- Strongly agree (SS) is given a score of 4.
- Agree (S) is given a score of 3.
- Disagree (TS) is given a score of 2, and
- Strongly Disagree (STS) is given a score of 1.

As for negative statements, a score is given:

- Strongly agree (SS) is given a score of 1.
- Agree (S) is given a score of 2.
- Disagree (TS) is given a score of 3, and
- Strongly Disagree (STS) is given a score of 4.

Data analysis was carried out by calculating the average answer based on the score of each answer from the respondent.

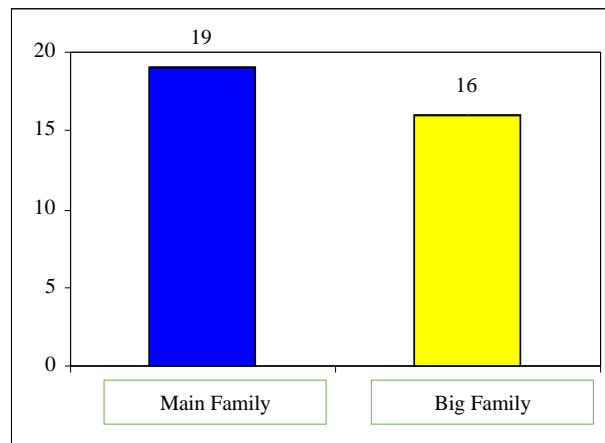
- Data on the nutritional status of children under five (Height / Age) in the form of a Z-score based on
- WHO-NCHS standards and analyzed descriptively to describe the nutritional status of the respondents' toddlers.
- Toddler development data is in the form of ordinal data and will be analyzed descriptively to describe the development of the toddler respondents.
- Socio-cultural data on child rearing will be analyzed descriptively.
- The data from the results of the qualitative approach (in-depth interviews) will be analyzed descriptively to support the description of the data from the results of the quantitative approach.
- To test the hypothesis about the relationship between parenting style and

nutritional status and toddler development, a linear regression analysis of 2 predictors was performed.

Y	= Nutritional status & development of toddlers
$\alpha_0$	= constanta
$\alpha_1 \& 2$	=Koeff Regression
$x_1$	= Nutrition Parenting.
$x_2$	= Health Parenting

## RESULT

Other characteristics of the family that can affect the growth and development of children under five are family size, type and family structure. The size of the respondent's family ranges from 3-7 people/family with an average of 5 people/family. Meanwhile, in terms of type and family structure, 54.29% of the respondents were nuclear families, as shown in Figure 5.1.



Source : Primer Data, 2018.  
Picture 5.1 Family Structure

## Respondents

Family members who are usually in the same house apart from the main family members are: grandparents, father's younger siblings, mother's younger siblings, cousins and even great-grandparents.

The position of children in the family can affect their growth and development. Most of the respondents' toddlers were the first children in the family, namely 54.29%, the full data is shown in table 5.5.

Table 5.5 : Distribution of Respondents Based on Childs Position Family in Kuta Alam 2018

Position	Total	
	n	%
Child 1	19	54,29
Child 2	11	31,43
Child 3	3	8,57
Child 4	2	5,71
Total	35	100

The main caregiver is a person who has a lot of contact with toddlers on a daily basis and has an important role in the child's development. Most of the main caregivers of the respondent's toddlers are mothers, namely 94.29%, with time care for more

than 7 hours/day. Complete data as in table 5.6.

**Table 5.6 : Distribution of Respondents based on caregivers Primary for toddlers in Kuta Alam 2018**

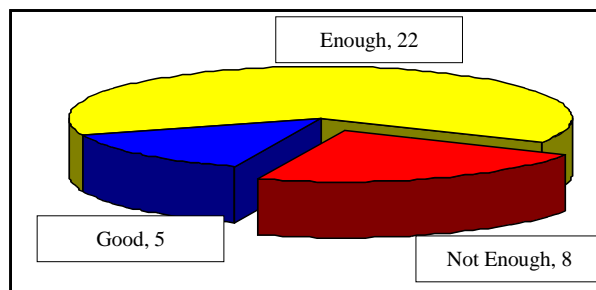
Nanny	Total	
	n	%
Mother	33	94,29
Grandmother	1	2,86
Servant	1	2,86
Total	35	100

This is in accordance with the statement of the Kuta Alam PKK Secretary about the role of mothers and fathers in raising toddlers in the family.

Nutritional parenting is an overview of parenting styles related to the nutritional and food needs of toddlers. The nutritional care pattern score of the respondents ranged from 50 – 95.45 with an average of 70.11 which was included in the sufficient category. As many as 22 respondents (62.86%) had a nutrition care pattern score in the adequate category, 8 respondents (22.86%) were included in the poor category and only 5 respondents (14.28%) were included in the

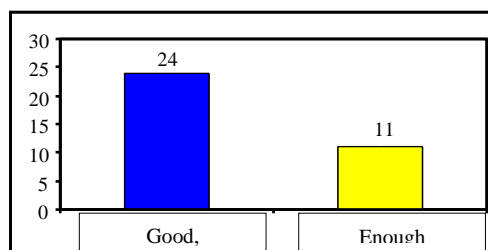
good category. Complete data as shown in Figure 5.2. Of the 12 questions about nutritional care that were asked to respondents, there were 6 questions where most of the respondents did not get the maximum score, namely questions about giving

Breastfeeding 1 hour after giving birth, giving fluids before first breastfeeding, age at first giving MP-ASI, variety of food, consumption of vegetables and fruit and participation of respondents in weighing at the posyandu. The reasons given by the respondents why they could not give ASI 1 hour after giving birth were because the milk did not come out, the birth process took place in the hospital and operation so that he is unconscious. So the baby is given formula milk from the place of delivery. Respondents also explained their reasons for weaning their children were because the milk was not coming out, the children were old, the children were not willing and because the mother was sick.



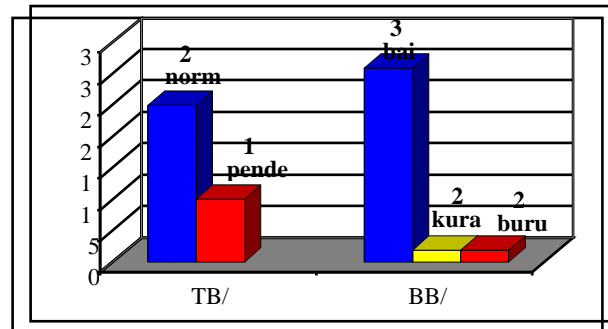
Health parenting is a picture of care related to the daily health of toddlers carried out by caregivers, such as disease prevention by immunization, personal hygiene and handling when toddlers experience illness. The health care pattern score of the respondents ranged from 75 – 96.15 with an

average of 89.45. As many as 24 respondents (68.57%) had a health care pattern score which was included in the good category and the rest were included in the sufficient category. Complete data as shown in Figure 5.3



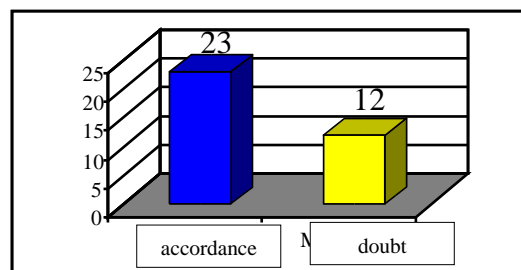
Nutritional status is a condition resulting from the use of nutrients in the body. The Z-score (TB/U) of the respondents ranged from -5.21 to 0.08 with an average of -1.80. As many as 25 respondents (71.43%) had normal nutritional status (TB/A) and the rest were in the short category. Meanwhile,

based on the BB/U index, the Z-score of the toddlers was between -3.45 – 1.47 with an average of -0.83. as many as 31 respondents (88.57%) had good nutritional status (BB/U), the rest were categorized as undernourished and poor. As in Figure 5.4.



Development has stated and demonstrated increased ability in more complex body structures and functions in regular and predictable patterns as a result of the maturation process. The developmental level of the majority of the respondents

(65.71%) is included in the appropriate category (based on the Developmental Pre-Screening Questionnaire) and the rest are in the doubtful category, as shown in Figure 5.5.



Source: Primer Data, 2018.

Figure 5.5. Level of Development (KPSQ) Respondents

Based on the results of the assessment of the development of toddlers using the developmental Pre-Screening Questionnaire assessment form, it was found that the existing developmental disorders were mostly related to gross motor skills 42.42% and 12.12% related to fine motor skills.

The parenting style given by the mother/caregiver to the toddler will affect the nutritional status of the toddler. Parenting as a form of parenting behavior for toddlers is influenced by predisposing factors (knowledge, socio-culture and attitudes towards raising toddlers), reinforcing factors, and enabling factors.

The better the level of knowledge, socio-culture and attitudes about parenting will be manifested in good parenting patterns such as giving breast milk to babies, healthy food, immunizations, handling when children are sick, etc.

From the results of statistical calculations as shown in table 5.12, that with  $p = 0.026 < \alpha$  ( $\alpha = 5\%$ ) then  $H_0$  is rejected, and it can be concluded that the independent variable (parenting style) has a significant effect on the dependent variable (nutritional status). In other words, the height of a toddler is influenced by the mother's parenting style.

Table 5.12 : Results of Statistical Calculations Between Parenting Style and Nutritional Status (TB/U) in Kuta Alam in 2018

ANOVA						
Mod		Sum Square	d	Mean	F	Sig.
1	Regressi	10.39	2	5.19	4.10	.028 <sup>a</sup>
	Residu	40.49	3	1.26		
	Tot	50.89	3			

a.Predictors: (Constant), pa.kes.rasio,

b.Dependent Variable:

**Coefficien**

Development is the result of the interaction of the maturity of the central nervous system with the organs it influences, for example the development of the neuromuscular system, the ability to speak, emotions and socialization.

In addition, development is an increase in an ability (skill/skill) in a more complex body structure and function in an orderly and predictable pattern, as a result of the maturation process.

From the results of statistical calculations as shown in table 5.13, that with  $p = 0.208 > \alpha$  ( $\alpha = 5\%$ ) then  $H_0$  is accepted, and it can be concluded that the independent variable (parenting style) has no significant effect to the dependent variable (development/KPSP). In other words, the level of development of children under five is not influenced by the mother's upbringing.

Table 5.13 : Results of Statistical Calculations Between Parenting Patterns and Toddler Development Levels (KPSP) in Kuta Alam 2018

ANOVA						
Mod		Sum Square	d	Mean	F	Sig.
1	Regressi	4.93	2	2.46	1.65	.208 <sup>a</sup>
	Residu	47.75	3	1.49		
	Tot	52.68	3			

a.Predictors: (Constant), pa.kes.rasio,

b.Dependent Variable:

**Coefficien**

Mod		Unstandardi Coefficie		Standardiz Coefficie	t	Sig.
		B	Std.	Bet		
1	(Consta	5.30	2.75		1.92	.06
	Nutritio	-	.02	-	-	.24
	pa.kes.ra	.05	.03	.32	1.75	.09

a.Dependent Variable:

However, if we look at the results of the cross-tabulations in table 5.14 and table 5.15 between the parenting style and the developmental level of toddlers, it can be

concluded that the better the parenting style carried out by the mother/caregiver, the better the child's developmental level tends to be.

Table 5.14 :Cross Tabulation Between Parenting Patterns and Toddler Development Levels (KPSP) in Kuta Alam 2018

**Crosstab**

Count		KPSP		Total
		doubt	In accordance	
PA.KESH	enough	5	6	11
	good	7	17	24
Total		12	23	35

**Table 5.15: Cross Tabulation Between Parenting Patterns and Toddler Development Levels (KPSP) in Kuta Alam 2018**  
**Crosstab**

Count		KPSP		Total
		doubt	In accordance	
PA.NUTRI TION	Not enough	5	5	10
	enough	4	16	20
	good	3	2	5
Total		12	23	35

### Parenting Prediction Model on Nutritional Status

From the results of statistical calculations to predict nutritional status by parenting style (table 5.12), it is obtained:

□	Regression Constanta	= -5,8.
□	Nutritional Parenting Coefficien	= 0,52.
□	Health Parenting Coefficient	= 0.004

So the resulting prediction model is:

Nutritional Status (Z-Score value) =  $-5.8 + 0.52$  (pa. nutrition) +  $0.004$  (pa. health)

### DISCUSSION

Nutritional parenting patterns provide an overview of the behavior of a mother or family in meeting the nutritional adequacy of children under five. The right food menu and the provision of food that is timely and appropriate, especially in the first years will be largely determined by the mother's will and ability. In this case parents must play an active role because at this age the child is a passive consumer.

The nutritional care pattern for toddlers in Kuta Alam is mostly (62.86%) included in the sufficient category. Mothers are used to weaning their toddlers when they are 12-23 months old, the food that mothers give to toddlers is appropriate for the child's age (shape and ingredients), the consumption of animal side dishes is good enough, while the mother who is used to giving/feeding them is the main food. from children under five is the result of their own cooking and toddlers have received high doses of Vitamin A capsules at Posyandu.

However, there are still inappropriate behaviors, such as the mother has not given breast milk 1 hour after birth so it is usually given with formula milk, the first complementary feeding when the child is

less than 6 months old, lack of variety of food as the key to a balanced menu and is the core components of healthy and nutritious food, consumption of vegetables and fruit is still lacking, and not all mothers of toddlers monitor their toddler's growth at the posyandu every month. The interaction between mother and child when giving/feeding food is a form of behavior that shows responsibility and affection a mother.

The situation would be different when this was done by someone else. Likewise with the previous process related to the origin of food from children under five. A mother who plans and makes her own food for her toddler is at least a form of direct concern for their growth and development. Besides that homemade food is better. Fast food baby food is made to suit market tastes, so there is very little variety.

Likewise, parenting behavior related to mother's participation in toddler weighing activities at Posyandu shows the mother's concern to periodically monitor the growth and development of her toddler child as well as to evaluate the care process that has been given so far.

With so many mothers of toddlers with nutritional care patterns in the adequate and even less categories, it is felt necessary to immediately increase the attention and knowledge of parents about the importance of good nutritional parenting for the growth and development of toddlers, so that daily toddler care activities don't get worse. the day becomes a less important routine.

The nutritional status index used in this study was height for age (height/age), this was done because this index is stable and

reflects past nutritional status. Due to the limited data available, the BB/U index was used as a background. Although most of the respondents' children under five fall into the normal category with Z-score values (TB/U) between -2 to +2, when viewed from the average negative Z-score value (-1.80) and close to the maximum limit of the normal category (-2), it is not impossible that a child's nutritional status will fall into the short category if the parenting style given by the parents is inadequate.

With an average Z-score (TB/U) of the respondent's toddler -1.80, it can be said that the respondent's toddler experienced growth disturbances in height that had been going on for quite a long time (Jahari, 2002) as a result of poor parenting behavior such as variety of foods, breastfeeding 1 hour after birth, giving MP-ASI for the first time, consumption of vegetables and fruit, the habit of using less footwear so that children often get infectious diseases, ignorance of mothers in handling fever when at home and inability of mothers/caregivers to understand the results weighing at posyandu. The things mentioned above if it lasts for a long time will result in impaired growth of children under five.

Even though the majority (65.71%) of the respondents' development levels were appropriate, however, children under five with dubious levels of development were still found. For this reason, mothers or caregivers with the guidance of cadres and health workers must stimulate the development of children more often, it is necessary to carry out health checks to look for possible diseases that cause developmental deviations and to reassess the child's development.

Most of the respondents' categories of developmental disorders are related to gross motor skills related to the child's ability to make movements and postures that involve large muscles such as sitting and standing. This is understandable considering that the parenting activities carried out by mothers with children under five lead more to emotional/social development (49.23%) and

only 15.38% lead to physical development as shown in table 5.5. For this reason, stimulation of the development of toddlers must be carried out in a balanced way which leads to physical, emotional/social development and intellectual/language development.

Parenting behavior is a variable that directly influences the nutritional status of toddlers. A mother with a positive attitude or agrees and has an adequate level of nutrition and health knowledge supported by socio-cultural conditions in the community and has a level of education, adequacy economy and experience, will make it easier for the mother to realize good and quality parenting behavior for her toddler. The parenting behavior will take the form of, for example: breastfeeding for children under five, providing appropriate MP-ASI, selecting food ingredients to produce their own food for toddlers, and being able to maintain personal hygiene and willing to utilize existing health service facilities. Then these behaviors will affect the level of consumption of nutrients from children under five and be able to prevent the occurrence of infectious diseases. In the end, these conditions will allow the nutritional status of children under five to be in the normal category.

Based on the results of statistical calculations, it can be concluded that the nutrition and health care given by mothers/caregivers to children under five in Kuta Alam has an effect on the nutritional status of children under five. So that it can be said that the better the parenting style of nutrition and health, the better the nutritional status of children under five.

As is the case with nutritional status, the level of development of toddlers is also directly influenced by the parenting style given to children under five. In this case the nutritional status and health condition of children under five is a requirement for achieving an appropriate level of development. However, in order to achieve an appropriate level of development, in addition to parenting, a process of



maturation or stimulation of growth and development in children under five is also needed.

Based on the results of statistical calculations, it can be concluded that nutrition and health care given by mothers/caregivers to toddlers in Kuta Alam has no effect on the level of development of toddlers. So that it can be said that the level of development of toddlers is not only determined by factors of parenting nutrition and health, stimulation of growth and development is needed so that children's development runs optimally.

However, when viewed separately between nutrition parenting and health parenting, it turns out that there is a positive trend.

Where toddlers who get good health parenting tend to have the appropriate level of development. Likewise, if children receive good nutritional parenting, they will tend to have an appropriate level of development. This shows that parenting style and level of development are 2 things that are inseparable and work synergistically to achieve the appropriate level of development.

## CONCLUSION

Family parenting style which includes nutrition and health care has an effect on the nutritional status of toddlers in Kuta Alam. Family parenting which includes nutrition and health care has no effect on the level of development of toddlers in Kuta Alam. The main caregiver of the respondent's toddler is the mother with a minimum care time of 7 hours/day, with the dominant parenting activity being playing together child. Customs/habits related to toddlers are still often carried out by people in Kuta Alam. The nutritional parenting behavior of most of the respondents was in the sufficient category. Most of the respondents' health care behavior was in the good category. Most of the respondents' nutritional status is in the normal category with an average Z-score = -1.8. The level of development of the respondents' toddlers is mostly in accordance with their age. Developmental

disorders that were found were more related to gross motor disorders and speech and language disorders.

## Declaration by Authors

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**Conflict of Interest:** The authors declare no conflict of interest.

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