

The relationship between maternal age and nutritional status during pregnancy and stunting among toddlers

Aura Amelia*, Intan Mutiara Putri

Universitas Aisyiyah Yogyakarta

Corresponding author: *Email: auraamelia200408@gmail.com

Abstract

Background: Stunting remains a chronic nutritional problem among children under five years of age and may adversely affect physical growth and development. Maternal age and nutritional status during pregnancy are among the factors that may be associated with stunting.

Purpose: To determine the relationship between maternal age and nutritional status during pregnancy and stunting among toddlers.

Method: This study employed an observational analytic design using a case-control approach with a 1:1 case-to-control ratio. The sample consisted of 98 toddlers, including 49 stunted toddlers and 49 toddlers with normal growth. Data were collected using a stadiometer, height-for-age Z-score standards, the Maternal and Child Health (MCH) Handbook, and observation sheets. Data were analyzed using univariate and bivariate analyses. The Chi-square test was used to determine the associations between maternal age, maternal nutritional status during pregnancy, and stunting.

Results: Of the 98 mothers, 36 (36.7%) were in the risk age group (<20 or >35 years), while 62 (63.3%) were aged 20–35 years. Twenty-seven mothers (27.6%) had chronic energy deficiency (CED), while 71 (72.4%) did not. Among the toddlers, 49 (50.0%) were classified as stunted and 49 (50.0%) had normal growth. Chi-square analysis showed significant associations between maternal age during pregnancy and stunting ($p = 0.036$) and between maternal nutritional status during pregnancy and stunting ($p < 0.001$).

Conclusion: Maternal age and nutritional status during pregnancy were significantly associated with stunting among toddlers. Strengthening maternal nutrition during pregnancy and promoting pregnancy planning at an appropriate reproductive age may support stunting prevention.

Keywords: Age; Maternal Nutritional Status; Stunting; Toddlers.

INTRODUCTION

The toddler period is a vulnerable stage of growth and is highly sensitive to the surrounding environment. During this period, parental and family attention is essential to support children's growth and development. Adequate nutritional fulfillment needs to be prioritized because it is closely related to the child's growth and developmental processes. Good nutritional status enables children to grow and develop according to their age and serves as an important foundation for their health into adulthood (Zurhayati & Hidayah, 2022).

Nutritional problems among toddlers, particularly stunting, pose a significant risk of impairing children's

growth and development. This condition may lead to reduced cognitive abilities, an increased risk of non-communicable diseases, and decreased productivity during the productive years (Kurniawati, 2022).

Stunting, as one of the chronic nutritional problems that has received serious attention in many developing countries, remains a major concern in Indonesia. According to the 2024 WHO report, approximately 150.2 million children (22.3%) were affected by stunting, 35.5 million children (5.2%) were overweight, and 42.8 million children (6.3%) experienced wasting. These data indicate that child malnutrition remains a global challenge requiring

The relationship between maternal age and nutritional status during pregnancy and stunting among toddlers

interventions through early nutritional support, vaccination, and public health programs (World Health Organization, 2024).

The prevalence of stunting in the Special Region of Yogyakarta reached 18% according to the 2023 Indonesian Health Survey (SKI). At the district level, the prevalence of stunting was 12.4% in Sleman Regency, 16.8% in Yogyakarta City, 22.2% in Gunungkidul Regency, 21.2% in Kulon Progo Regency, and 20.05% in Bantul Regency. Bantul Regency was the only area that experienced an increase in stunting prevalence, from 14.90% in 2022 to 20.05% in 2023. According to data from the Bantul Regency Health Office in 2024, 3,417 toddlers were identified as having stunting among a total of 43,613 toddlers who were measured. Srandakan Public Health Center had the highest stunting prevalence at 13.94%, followed by Imogiri II Public Health Center at 13.11%. Nevertheless, the working area of Imogiri II Public Health Center has shown a recurring monthly increase in stunting cases, indicating the need for more focused and sustainable interventions (Bantul Regency Health Office, 2024).

The government has implemented efforts to reduce the prevalence of stunting to 14% through nutritional interventions, health services, and sanitation measures beginning during pregnancy, as stipulated in Presidential Regulation Number 72 of 2021 (Legal Documentation and Information Network, 2021). Public perceptions of stunting are still frequently inaccurate. Many people consider stunting merely a condition in which a child is short due to hereditary factors, resulting in low participation in stunting prevention programs. This condition highlights the importance of increasing public awareness through appropriate education and interventions (Riyadi & Fitrianti, 2023).

The main causes of stunting are associated with maternal conditions during pregnancy, including maternal age, educational level, parity history, exclusive breastfeeding, and maternal nutritional status. Maternal nutritional status during pregnancy is a crucial aspect of the first 1,000 days of life and influences the growth and development of the child's brain (Sari, 2023). Midwives play an important role in providing maternal and child health services, including antenatal care, childbirth care, postnatal

care, and health education to prevent stunting from an early stage (Anggryni et al., 2021).

Data from a preliminary study conducted at Imogiri II Public Health Center showed that the incidence of stunting increased every month. This health center oversees four villages, namely Selopamioro, Sriharjo, Karang Tengah, and Kebon Agung, with 44 active integrated health posts. Based on weighing data from October 2025, the highest prevalence of stunting was found in Selopamioro Village at 15%; therefore, the study was focused on this village. Data on pregnant women from January to October 2025 showed that 19 out of 254 pregnant women (7.48%) experienced chronic energy deficiency (CED), with the highest number recorded in Selopamioro Village. This condition indicates that nutritional problems among pregnant women remain a concern and may increase the risk of impaired fetal growth and stunting among toddlers. Imogiri II Public Health Center has implemented various stunting prevention programs, including classes for mothers of toddlers, classes for pregnant women, and toddler posyandu activities involving growth monitoring as well as education on nutrition and parenting practices.

RESEARCH METHOD

This study used a quantitative approach with an observational analytic design and a case-control study design. A 1:1 case-to-control ratio was applied. The study was conducted at five integrated health posts (Posyandu) in Selopamioro Village, within the working area of Imogiri II Public Health Center, Bantul Regency, Yogyakarta, from February 7 to 14, 2026.

The study population consisted of toddlers residing in the study area. The sample included 98 toddlers, consisting of 49 toddlers classified as stunted and 49 toddlers with normal growth. Samples were selected using purposive sampling and stratified random sampling based on Posyandu with the highest prevalence of stunting.

The independent variables were maternal age during pregnancy and maternal nutritional status during pregnancy, while the dependent variable was stunting among toddlers. Maternal age was categorized as risk (<20 years or >35 years) and not at risk (20–35 years). Maternal nutritional status during pregnancy was categorized based on MUAC,

Aura Amelia*, Intan Mutiara Putri

Universitas Aisyiyah Yogyakarta

Corresponding author: *Email: auraamelia200408@gmail.com

DOI: <https://doi.org/10.56922/mchc.v5i6.01>

The relationship between maternal age and nutritional status during pregnancy and stunting among toddlers

with MUAC <23.5 cm classified as CED and MUAC $\geq$ 23.5 cm classified as not CED.

Data were collected using a stadiometer to measure toddler height, WHO height-for-age Z-score standards to classify nutritional status, the Maternal and Child Health (MCH) Handbook to obtain information regarding maternal pregnancy history and nutritional status, and observation sheets for recording the collected data.

Data collection was performed after informed consent was obtained from the respondents. The researchers completed maternal and toddler identification forms and measured toddler height with assistance from Posyandu cadres. The collected data were subsequently checked, coded, entered into a master table, and analyzed.

Univariate analysis was used to describe the characteristics of the toddlers and mothers and the distribution of each study variable. Bivariate analysis was performed to determine the association between maternal age, maternal nutritional status during pregnancy, and stunting using the Chi-square test. Statistical significance was determined at $p < 0.05$.

The study was conducted in accordance with research ethics principles, including confidentiality, anonymity, informed consent, and respect for respondents' rights. Ethical approval was obtained from the Health Research Ethics Committee of Universitas 'Aisyiyah Yogyakarta No. 5217/KEP-UNISA/II/2026. Research permission was obtained from the Bantul Regency Health Office No. B/500.6.18/00524.

RESEARCH RESULTS

Table Characteristics of Respondent (N=98)

Variable	Results	Stunting	Normal	p-value
Toddler Age (Mean$\pm$SD) (Month) (Range)	(32.9 $\pm$ 13.1) (12-59)			
12-24	37/37.8	20/54.1	17/45.9	
25-59	61/62.2	29/47.2	32/52.5	
Maternal Age (Mean$\pm$SD) (Years) (Range)	29.1 $\pm$ 7.2 (17-42)			0.036
At risk (<20 or >35 years)	36/36.7			
Not at risk (20-35 years)	62/63.3			
Parity (n%)				
Primipara	78/79.6	37/47.4	41/52.6	
Multipara	20/20.4	12/60.0	8/40.0	
Grandemultipara	0/0.0	0/0.0	0/0.0	
Education (n%)				
Elementary School	14/14.3	6/42.9	8/57.1	
Junior High School	35/35.7	18/51.4	17/48.6	
Senior High School	43/43.9	23/53.5	20/46.5	
Higher Education	6/6.1	2/33.3	4/66.7	
Gender (n%)				
Male	46/46.9	27/58.7	19/41.3	
Female	52/53.1	22/42.3	30/57.7	
Exclusive Breastfeeding (n%)				
No	9/9.2	5/55.6	4/44.4	

Aura Amelia*, Intan Mutiara Putri

Universitas Aisyiyah Yogyakarta

Corresponding author: *Email: auraamelia200408@gmail.com

DOI: <https://doi.org/10.56922/mchc.v5i6.01>

The relationship between maternal age and nutritional status during pregnancy and stunting among toddlers

Yes	89/90.8	44/49.4	45/50.6
Stunting Status (n%)			0.000
Stunting	49/50.0		
Normal	49/50.0		
Maternal Nutritional Status (n%)			0.000
CED (<23.5 cm)		23/46.9	4/8.2
Not CED (≥23.5 cm)		26/53.1	45/91.8

The table above shows the characteristics of toddlers and mothers based on stunting status. Of the 98 toddlers, 49 (50.0%) were classified as stunted and 49 (50.0%) had normal growth. The mean age of the toddlers was 32.9 ± 13.1 months, ranging from 12 to 59 months. Among toddlers aged 12–24 months, 20 (54.1%) were stunted and 17 (45.9%) were normal, while among those aged 25–59 months, 29 (47.2%) were stunted and 32 (52.5%) were normal. The mean maternal age was 29.1 ± 7.2 years, with a range of 17–42 years. Mothers aged <20 or >35 years accounted for 36 (36.7%), while 62 (63.3%) were aged 20–35 years. The distribution of maternal age was significantly associated with stunting ($p=0.036$). Regarding parity, most mothers were primiparous (78; 79.6%), followed by multiparous mothers (20; 20.4%), with no grandemultiparous mothers. Among primiparous mothers, 37 (47.4%) had stunted toddlers and 41 (52.6%) had normal toddlers. For multiparous mothers, 12 (60.0%) had stunted toddlers and 8 (40.0%) had normal toddlers.

In terms of education, most mothers had completed senior high school (43; 43.9%), followed by junior high school (35; 35.7%), elementary school (14; 14.3%), and higher education (6; 6.1%). Among mothers with elementary education, 6 (42.9%) had stunted toddlers and 8 (57.1%) had normal toddlers. For junior high school, senior high school, and higher education, the proportions of stunted toddlers were 51.4%, 53.5%, and 33.3%, respectively. Based on gender, 46 toddlers (46.9%) were male and 52 (53.1%) were female. Stunting was more common among males, with 27 (58.7%) male toddlers classified as stunted, compared with 22 (42.3%) female toddlers. Meanwhile, 19 (41.3%) male and 30 (57.7%) female toddlers had normal nutritional status. Most toddlers received exclusive breastfeeding (89; 90.8%), while 9 (9.2%) did not receive exclusive

breastfeeding. Among toddlers who were exclusively breastfed, 44 (49.4%) were stunted and 45 (50.6%) were normal. Among those who were not exclusively breastfed, 5 (55.6%) were stunted and 4 (44.4%) were normal.

Regarding maternal nutritional status, 23 mothers (46.9%) had chronic energy deficiency (CED), indicated by a mid-upper arm circumference (MUAC) of <23.5 cm, while 26 (53.1%) were not classified as having CED. Among mothers with CED, 4 (8.2%) had stunted toddlers and 4? Wait—the table appears incomplete/inconsistent here. Based on the displayed values, the normal group shows 4 (8.2%), but the stunting column value is missing. Therefore, this part should be checked against the original dataset before reporting it. The table also indicates a statistically significant association between maternal nutritional status and stunting ($p=0.000$).

DISCUSSION

Nutritional status based on height-for-age (H/A), with stunting in toddlers indicating chronic nutritional problems, can impair brain development and physical growth in children (Hastuti, 2023). Stunting is often influenced by factors such as inadequate nutritional intake, recurrent illnesses, and an unsupportive living environment (Mertens et al., 2023). Stunting can have long-term impacts on the quality of life of toddlers, including delays in motor and cognitive development. The findings of this study are consistent with those of various studies showing that approximately 50% of toddlers in several areas experience stunting. The prevalence of stunting among toddlers in several areas of Yogyakarta indicates an almost balanced proportion between toddlers experiencing stunting and those with normal growth (Suryani et al., 2025).

This study confirms that stunting remains a significant health problem despite the implementation

Aura Amelia*, Intan Mutiara Putri

Universitas Aisyiyah Yogyakarta

Corresponding author: *Email: auraamelia200408@gmail.com

DOI: <https://doi.org/10.56922/mchc.v5i6.01>

The relationship between maternal age and nutritional status during pregnancy and stunting among toddlers

of strategies to reduce its prevalence through improved nutrition programs. However, this finding differs from research indicating that stunting is more prevalent among toddlers with poorer nutritional status, reaching more than 60% in some areas (Astuti, 2023).

The findings show that although the prevalence of stunting in Selopamiro Village is relatively balanced, efforts to prevent stunting still need to be strengthened through increased nutritional awareness and the provision of nutritious food for toddlers. In addition, access to health services and regular health examinations should be ensured to facilitate early detection and appropriate intervention for toddlers at risk. These findings indicate that maternal age during pregnancy is associated with the likelihood of stunting in toddlers. In other words, mothers with high-risk maternal ages during pregnancy tend to have children who are more vulnerable to stunting than mothers with non-risk maternal ages.

Based on the findings of the study, two mothers gave birth at the age of 19 years, which falls into the extreme maternal age category because it is below 20 years. This condition indicates that adolescent pregnancy still occurs in the study area. This finding is consistent with research explaining that the high prevalence of child and adolescent marriage may affect the reproductive health of prospective mothers and subsequently affect the health of the children born to them. Therefore, pregnancy at the age of 19 years in this study warrants attention in efforts to prevent stunting, particularly through education on delaying marriage until an appropriate age and promoting reproductive readiness from adolescence (Putri & Rosida, 2023).

The findings of this study are consistent with those of various other studies indicating that pregnant women younger than 20 years or older than 35 years have a greater risk of having children affected by stunting (Nesa et al., 2024). Younger and older maternal ages are associated with an increased prevalence of stunting among toddlers, partly due to differences in the mother's ability to meet adequate nutritional needs during pregnancy. This study strengthens the finding that maternal age is associated with children's physical growth, particularly in relation to the risk of stunting.

These findings emphasize the importance of considering maternal age during pregnancy as a factor in stunting prevention. Mothers who become pregnant at extreme ages may receive more frequent examinations and medical care. This may increase their opportunities to receive interventions that help prevent the risk of stunting in their babies. Conversely, among mothers with non-risk maternal ages (20–35 years), although this age range is considered more appropriate for pregnancy, more toddlers experienced stunting. This indicates that other factors, such as maternal nutrition, healthcare, and dietary patterns, may also influence the occurrence of stunting among toddlers.

However, several studies indicate that factors other than maternal age may have a more substantial influence on the occurrence of stunting. These factors include maternal nutrition, access to healthcare services, and maternal socioeconomic conditions, which may have a greater influence on the occurrence of stunting than maternal age itself (Sari et al., 2023). This indicates that although maternal age is important, other factors, including nutritional intake and the quality of healthcare during pregnancy, also influence toddler growth outcomes. Findings from Yogyakarta indicate that although maternal age during pregnancy plays an important role in the occurrence of stunting among toddlers, other factors, including access to healthcare services, maternal nutritional status, and dietary patterns, should also be considered. In Selopamiro Village, although most mothers were within the age range considered not at risk, continued efforts to improve nutrition education and access to healthcare are important for reducing the risk of stunting among toddlers. A more holistic approach involving multiple factors is needed to prevent stunting and support the overall health of mothers and children.

These findings indicate that toddlers born to mothers with poor or at-risk nutritional status have a higher risk of experiencing stunting than toddlers born to mothers with adequate nutritional status. This may be because maternal malnutrition during pregnancy can impair fetal growth and development, increasing the risk of growth disorders beginning in the womb, including low birth weight and suboptimal linear growth. These conditions may persist after birth and increase the risk of stunting. Therefore, these findings

Aura Amelia*, Intan Mutiara Putri

Universitas Aisyiyah Yogyakarta

Corresponding author: *Email: auraamelia200408@gmail.com

DOI: <https://doi.org/10.56922/mchc.v5i6.01>

The relationship between maternal age and nutritional status during pregnancy and stunting among toddlers

emphasize the importance of meeting maternal nutritional needs during pregnancy to prevent stunting in children.

This study is consistent with findings from several studies indicating that chronic energy deficiency (CED) among pregnant women is closely associated with a higher prevalence of stunting among toddlers. Pregnant women with CED have a greater risk of giving birth to babies who experience stunting because inadequate energy intake may affect fetal growth (Suryani et al., 2025). Nevertheless, appropriate nutritional interventions and health monitoring during pregnancy may help reduce these risks. This suggests that although maternal CED represents a risk factor, more intensive medical attention may help reduce its potential impact on the baby (Ati et al., 2026).

However, factors other than maternal nutritional status may also influence the occurrence of stunting among toddlers. Although mothers experience CED, toddlers who receive adequate healthcare and sufficient nutrition after birth may still achieve normal growth (Putri & Ismiyatun, 2020). Therefore, although maternal nutritional status plays an important role, factors such as adequate access to healthcare services and nutrition education for mothers are also important for preventing stunting. This emphasizes that stunting is not solely influenced by maternal nutritional status but also by various other factors that support maternal and child health during pregnancy and after birth.

The findings of the study indicate that although maternal nutritional status plays an important role in the occurrence of stunting, other factors such as participation in Integrated Service Post activities, maternal dietary patterns, and access to nutrition education should also be considered. In Selopamiro Village, although most mothers were categorized as not having CED, efforts to improve nutrition education through Integrated Service Post activities, as well as regular monitoring of the nutritional status of pregnant women and the growth of toddlers, should continue to be strengthened. An approach involving continuous monitoring of toddler growth, nutrition education, and counseling at Integrated Service Post is expected to be more effective in preventing stunting and supporting maternal and child health.

CONCLUSION

The conclusion of this study is that, in general, pregnant women in Selopamiro Village were predominantly aged 20–35 years (63.3%), while 36.7% of mothers were in the high-risk age categories (<20 years or >35 years). In general, most mothers had adequate nutritional status and were not classified as having chronic energy deficiency (CED) (72.4%), while 27.6% experienced CED, which may increase the risk of stunting in toddlers. Of the 98 toddlers included in the study, 50% experienced stunting, indicating that nutritional problems remain present despite generally adequate maternal nutritional status. Maternal age during pregnancy was significantly associated with the occurrence of stunting in toddlers ($p = 0.036$), and maternal nutritional status during pregnancy was also significantly associated with the occurrence of stunting ($p < 0.001$).

SUGGESTION

Pregnant women are advised to maintain adequate nutritional status and pay attention to or plan pregnancy at an appropriate reproductive age to help prevent stunting. Integrated Service Posts and village authorities are expected to strengthen nutrition education and nutritional programs for mothers and toddlers. Future studies are recommended to analyze other factors that may influence the occurrence of stunting.

REFERENCES

- Anggryni, M., Mardiah, W., Hermayanti, Y., Rakhmawati, W., Ramdhanie, G. G., & Mediani, H. S. (2021). Faktor pemberian nutrisi masa golden age dengan kejadian stunting pada balita di negara berkembang. *Jurnal Obsesi: Jurnal Pendidikan Anak Usia Dini*, 5(2), 1764-1776.
- Astuti, M. A. (2023). Pemberdayaan Keluarga Melalui Pendampingan Ibu Hamil Berbasis Loves Bumil (Logbook to Prevent Stunting) Melalui Swap (Sharing Via Whatsapp): Pemberdayaan ibu hamil secara online berbasis buku logbook ibu hamil. *Jurnal Kesehatan Siliwangi*, 3(3), 711-716.

Aura Amelia*, Intan Mutiara Putri

Universitas Aisyiyah Yogyakarta

Corresponding author: *Email: auraamelia200408@gmail.com

DOI: <https://doi.org/10.56922/mchc.v5i6.01>

The relationship between maternal age and nutritional status during pregnancy and stunting among toddlers

- Ati, E. P., Haksari, E. L., & Rokhanawati, D. (2026). Status Gizi Ibu Hamil Sebagai Prediktor Kejadian Stunting pada Balita di Wilayah Kerja Puskesmas Wae Nakeng. *Borneo Nursing Journal (BNJ)*, 8(1), 3064-3070.
- Bantul Regency Health Office. (2024). Rekapitulasi Pemantauan Status Gizi (Psg) Balita Tb/U Kabupaten Bantul Bulan Juni Tahun 2024. Retrieved from: <https://dinkes.bantulkab.go.id/hal/informasi-stunting-rekapitulasi-pemantauan-status-gizi-psg-balita-tbu-kabupaten-bantul-2024>
- Hastuti, L. (2023). The influence of sociocultural factors on stunting incidents (Qualitative studies in rural).
- Kurniawati, N., & Yulianto, Y. (2022). Pengaruh jenis kelamin balita, usia balita, status keluarga dan pendapatan keluarga terhadap kejadian pendek (stunted) pada balita di Kota Mojokerto. *Pengembangan Ilmu dan Praktik Kesehatan*, 1(1), 76-92.
- Legal Documentation and Information Network. (2021). Peraturan Presiden Republik Indonesia Nomor 72 Tahun 2021 Tentang Percepatan Penurunan Stunting. Retrieved from: <https://peraturan.bpk.go.id/Details/174964/perpres-no-72-tahun-2021>
- Mertens, A., Benjamin-Chung, J., Colford Jr, J. M., Hubbard, A. E., van der Laan, M. J., Coyle, J., & Arnold, B. F. (2023). Child wasting and concurrent stunting in low-and middle-income countries. *Nature*, 621(7979), 558-567.
- Nesa, Y. P., Aprianti, A., & Hariati, N. W. (2024). Hubungan Pengetahuan Ibu, Riwayat BBLR dan Ibu Hamil Usia Dini dengan Kejadian Stunting pada Balita. *Jurnal Riset Pangan dan Gizi*, 6(1), 1-12.
- Putri, I. M., & Ismiyati, N. (2020). Deteksi Dini Kehamilan Beresiko. *Jkm (Jurnal Kesehatan Masyarakat) Cendekia Utama*, 8(1), 40-51.
- Putri, I. M., & Rosida, L. (2023). Upaya Pencegahan Stunting melalui Sosialisasi Program Pendewasaan Usia Perkawinan dan Anemia Remaja. *Masyarakat Berdaya Dan Inovasi*, 4(1), 80-87.
- Riyadi, A., & Fitrianti, H. (2023). Konstruksi Sosial Masyarakat Desa Cranggang Kecamatan Dawe Kabupaten Kudus Tentang Stunting. *Komunitas*, 14(1), 100-119.
- Sari, D. N. (2023). Faktor-Faktor yang Berhubungan dengan Kejadian Stunting pada Balita di Puskesmas Pondok Betung Kecamatan Pondok Aren Tangerang Selatan (Doctoral dissertation, Universitas Nasional).
- Suryani, S., Dewi, A. D. A., & Musharyanti, L. (2025). Lenteng (Lintas Generasi Tuntas Stunting) di Balecat, Gamping, Sleman Yogyakarta. *Masyarakat Berdaya dan Inovasi*, 6(2), 34-42.
- World Health Organization. (2024). [Monitoring Nutritional status and Food safety events \(MNF\)](https://www.who.int/Teams/Nutrition-And-Food-Safety/Monitoring-Nutritional-Status-And-Food-Safety-And-Events). Retrieved from: <https://www.who.int/Teams/Nutrition-And-Food-Safety/Monitoring-Nutritional-Status-And-Food-Safety-And-Events>
- Zurhayati, Z., & Hidayah, N. (2022). Faktor yang berhubungan dengan kejadian stunting pada balita. *JOMIS (Journal of Midwifery Science)*, 6(1), 1-10.

Aura Amelia*, Intan Mutiara Putri

Universitas Aisyiyah Yogyakarta

Corresponding author: *Email: auraamelia200408@gmail.com

DOI: <https://doi.org/10.56922/mchc.v5i6.01>