CORRELATION OF EXCLUSIVE BREASTFEEDING WITH STUNTING INSIDENCE IN TODDLERS AGE 24-60 MONTHS IN THE WORK AREA OF MOJOLABAN HEALTH CENTER SUKOHARJO

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ABSTRACT

Indonesia is a country that still has a high number of stunting cases. Stunting is a case of chronic malnutrition that occurs in toddlers. According to the World Health Organization (WHO) in the Global Nutrition Targets 2025, stunting is considered an irreversible growth disorder that is largely influenced by inadequate nutritional intake and repeated infections during the first 1000 days of life. Toddlers with stunting have a short or very short body condition that exceeds -2 SD below the median length based on height for age.The purpose of this study to determine the Correlation of Exclusive Breastfeeding with Stunting Incidence in Toddlers Ages 24 – 60 Months in the Mojolaban Health Center Work Area, Sukoharjo Regency. The design of this research descriptive correlation with a sample of 44 children under five were taken by purposive sampling method. Bivariate analysis using chi square test. The result of the study history of exclusive breastfeeding in this study reached 56.8% or 25 children. The majority of children in this study were not stunted. 52.3% or 23 children who received exclusive breastfeeding and did not experience stunting. The results of the chi square test showed p value = 0.000 (p value < 0.5) and r value 0.609. There is a relationship between exclusive breastfeeding and the incidence of stunting in toddlers aged 24-60 months in the working area of Mojolaban Health Center, Sukoharjo Regency.

KEYWORDS toddlers aged 24-60 months, exclusive breastfeeding, stunting

INTRODUCTION

Stunting describes a condition in which toddlers experience chronic malnutrition and usually children need time to grow and develop towards a state of normal height according to their age category (Batiro B et al, 2017).

According to WHO, stunting is a problem that occurs globally, it is estimated that around 171 million to 314 million children under five are stunted and 90% of them are in African and Asian countries. The global nutrition report shows that Indonesia is included in 17 of the 117 countries that have three cases of nutritional problems, namely stunting, wasting and overweight in toddlers (Umiyah, 2021).

Stunting in toddlers occurs due to multifactors such as socioeconomic conditions, maternal nutritional intake during pregnancy, incidence of infection in infants, not breastfeeding for 6 months and lack of nutritional intake during infancy. In the future, toddlers who experience stunting will experience difficulties in achieving development both physically and cognitively. Stunting can also be defined as a toddler with a z-score based on height for age less than -2 SD (dwarf) and less than -3 SD (severe dwarf) (Ministry of Health, 2018).

Globally, the prevalence of child stunting has declined over the last few decades. However, in low- and middle-income countries such as Mexico, stunting is still the most common form of malnutrition affecting a large number of children in the most vulnerable conditions. Breastfeeding is one of the maternal health behaviors that can protect children from stunting (Campos et al, 2020).

According to Fikadu et al (2014), exclusive breastfeeding can reduce the incidence of stunting in toddlers. Babies who are breastfed for at least 6 months will gain immunity so that they are able to minimize the presence of germs or viral infections that enter the body which can later affect the baby's growth and development process. A number of studies have reported that the increase or duration of breastfeeding is closely related to the increase in weight and height according to age after the age of 6-12 months. Infants who are not exclusively breastfed and continue until the age of 2 years are more susceptible to growth disorders and infectious diseases than infants who are exclusively breastfed.

In achieving optimal growth and development, in the Global Strategy for Infant and Young Child Feeding, WHO/UNICEF recommends four important things that must be done, namely: firstly giving breast milk to babies immediately within 30 minutes after the baby is born, secondly giving only water. Mother's Milk (ASI) only or exclusive breastfeeding from birth until the baby is 6 months old, the third provides complementary foods for breast milk (MP-ASI) since the baby is 6 months to 24 months old, and the fourth continues breastfeeding until the child is 24 months old. or more (Rahmad, 2013).

According to the results of the 2018 Basic Health Research (Riskesdas) the prevalence of stunting in Central Java was 30.8%. Nutritional problems are considered severe when the prevalence reaches 30-39% and is considered serious > 40% (Ministry of Health, 2010). This stunting incident can be caused by direct and indirect factors. Direct factors such as exclusive breastfeeding, food intake, low birth weight. While indirect factors such as parental work related to time to pay attention to children's eating patterns and food intake, family economic status related to the ability to meet children's food intake and parental education related to parents' knowledge of the importance of children's food intake.

This research will be conducted in the Mojolaban Sukoharjo Public Health Center Work Area, it is known that toddlers in the Puskesmas area have quite a lot of stunting cases

based on data from the nutrition section of the Sukoharjo District Health Office. According to Pengan in Arfiah (2019), babies who are not exclusively breastfed at the age of 12-36 have a 3.7 times greater risk of experiencing stunting compared to babies who are exclusively breastfed.

RESEARCH METHOD

This type of research is descriptive correlation with cross sectional approach. The population in this study were mothers with toddlers aged 24-60 months in the working area of the Mojolaban Health Center, Sukoharjo Regency in February-August 2022 as many as 72 toddlers. Sampling in this study using purposive sampling technique amounted to 44 toddlers. A total of 19 mothers were not included as respondents because they did not meet the inclusion criteria in this study. Mothers who have toddlers 24-60 months and are included in the inclusion criteria are given a questionnaire about the history of exclusive breastfeeding. Previously, the mother was given an informed consent form which had to be filled out. After agreeing, the mother filled out the questionnaire. All mothers are willing to be respondents. Researchers accompanied mothers who filled out the questionnaire.

Data collection takes 2 weeks at the Puskesmas. The researcher was assisted by 2 assistants in the research. The independent variable in this study was a history of exclusive breastfeeding and the dependent variable was the incidence of stunting in children under five aged 24-60 months. Exclusive breastfeeding was measured using an exclusive breastfeeding questionnaire, while stunting was measured using anthropometric measurements. Univariate data analysis to see the description of the frequency distribution, the magnitude of the proportion of each variable to be presented. Next, a bivariate analysis was carried out to see the relationship between exclusive breastfeeding and the incidence of stunting in toddlers aged 24-60 months at the Mojolaban Health Center, Sukoharjo Regency.

RESULT AND DISCUSSION

Univariate analysis

1. Overview of Stunting Incidence in Toddlers Age 24-60 Months

Stunting Incidence	Frequency	Procentase (%)	Stunting Incidence
Stunting	18	43,20	Stunting
Normal	26	56,80	Normal
Amount	44	100.00	Amount
Stunting Incidence	Frequency	Procentase (%)	Stunting Incidence

Based on Table 1, it can be seen that there are 18 children under five who experience stunting (43.20%). According to the questionnaire filled in by mothers of toddlers, one of the causes of stunting in most toddlers in this study was because of breastfeeding accompanied by formula milk, water, tea water given to toddlers at the age of less than 6 months. According to Maryunani (2015) exclusive breastfeeding is breastfeeding babies purely. Babies are only given breast milk without the addition of

other fluids, such as formula milk, oranges, honey, tea water, water and without giving other additional foods, such as bananas, milk porridge, biscuits, porridge or team rice. Exclusive breastfeeding is recommended for a minimum period of time until the baby is 6 months old.

This is in accordance with a study conducted by Dewi (2015) with the title stunting status in relation to exclusive breastfeeding for toddlers in Gunung Kidul Regency, namely children under five who do not receive exclusive breastfeeding have a greater risk of experiencing stunting compared to toddlers who are exclusively breastfed. Toddlers who are not exclusively breastfed have a 3.7 times greater risk of stunting compared to infants who are exclusively breastfed.

The results of research by Fikadu (2014) showed that children who were exclusively breastfed for <6 months [AOR = 3.27, 95% CI: 1.21, 8.82] were more likely to experience stunting than children who were given breast milk.Dietary Habit in Adolescent Girls

2. Exclusive breastfeeding for the first 6 months.

Table 2. Distribution of the frequency of breastfeeding among toddlers aged 24-60 months in the working area of the Mojolaban Sukoharjo Health Center

Breastfeeding	**Frequency**	**Procentase (%)**	**Breastfeeding**
Exclusive	25	56,80	Exclusive
Not Exclusive	19	43,20	Not Exclusive
Amount	44	100.00	Amount

Based on table 2, it can be seen that most of the toddlers received exclusive breastfeeding, namely 25 toddlers (6.80%). According to Mohanis (2014) in Bahriyah's research (2017), it is stated that exclusive breastfeeding for babies is very beneficial for the growth and development of babies, but there are still many mothers who for various reasons do not give exclusive breastfeeding to their babies, so the scope of exclusive breastfeeding not achieved. The behavior of mothers giving exclusive breastfeeding to their babies is influenced by several factors including factors of knowledge, education, attitudes, work, availability of time, encouragement from families and factors from health workers.

3. The relationship between exclusive breastfeeding and the incidence of stunting in toddlers aged 24-60 months at Mojolaban Health Center, Sukoharjo Regency

Table 3. The relationship between exclusive breastfeeding and the incidence of stunting in toddlers aged 24-60 months in the Mojolaban Health Center, Sukoharjo Regency

Breast feeding	**Stunting Incidence**				**Amount**		**r val ue**	**p value**
	S		**TS**					
	N	**%**	**N**	**%**	**N**	**%**		
Exclusive	2	4,5	23	52,3	25	56,8		
Non Exclusive	16	36,4	3	6,8	19	43,2	,609	,000
Amount	18	40,9	26	59,1	44	100		

Based on Table 3, it can be seen that children with a history of exclusive breastfeeding will tend not to experience stunting, namely 23 children (52.3%). In

contrast, children with a history of non-exclusive breastfeeding tend to experience stunting, namely 16 children (36.4%). The results of the chi square test obtained a p value of 0.000 with a value of 0.05 and a value of r = 0.609. Because the p value < 0.05, there is a relationship between exclusive breastfeeding and the incidence of stunting in toddlers aged 24-60 months in Watugajah Village, Gunungkidul Regency, Yogyakarta. The contingency coefficient value (r value) of 0.609 is included in the coefficient interval 0.600–0.799 with the category "strong" so that it can be stated that the level of close relationship between exclusive breastfeeding and the incidence of stunting in toddlers aged 24-60 months in Watugajah Village, Gunungkidul Regency has a strong relationship. A positive r value indicates a positive relationship, meaning that the better exclusive breastfeeding for children aged 0-24 months, the better the child's growth based on height at the age of 24-60 months.

Discussion

Stunting in Toddlers Age 24-60 Months at Mojolaban Health Center, Sukoharjo Regency

From the data that has been obtained, the majority of mothers who have children who experience stunting are mothers who have a height of <150 cm as many as 12 children (27.3%). This is in line with research conducted by Fitriahadi (2018), which shows that maternal height has a significant relationship to the incidence of stunting. The results of his research are in line with research conducted by Zottarelli (2014) in Fitriahadi (2018), that mothers who have a height <150 cm are more at risk of having stunting children than mothers with a height of> 150 cm.

In addition, according to Naik & Smith (2015) in Fitriahadi (2018), women who experience stunting since childhood will grow up with various kinds of growth disorders including reproductive disorders, complications during pregnancy, difficulties in childbirth, and even perinatal death. Mothers with stunting will have the potential to give birth to children who will experience stunting and this is called the intergenerational cycle of malnutrition. Parental height is related to the physical growth of children. Short mothers are one of the factors associated with stunting (Zottarelli, 2014 in Fitriahadi, 2018).

Another study conducted by Kartikawati (2011) in Fitriahadi (2018), also stated that maternal genetic factors, namely height, had an effect on the incidence of stunting in children under five. But this does not apply if the short nature of the parents is caused by nutritional or pathological problems experienced by the parents. So, it will not affect the child's height. Furthermore, the gender data shows that the majority of children experiencing stunting nutritional status are male, as many as 14 children (31.8%). This result is in line with research which states that boys are 2 times more likely to be stunted than girls (Amaliah et al., 2016 and Paramashanti et al., 2015) and other studies also say that girls are less likely to experience stunting. and severe stunting than boys due to the survey results that more girls survive than boys in Indonesia and several other developing countries (Anisa, 2012).

Research conducted by Taguri et al. (2008) in Illahi (2017), in Libya, also showed that the prevalence of stunting in boys was greater than in girls. This is because girls can survive in large numbers compared to boys in most developing countries including Indonesia. This cause is not explained in the literature, but there is a belief that the growth and development of boys is more influenced by environmental pressures than girls. Furthermore, from the characteristics of the respondents, children with a length of <48 cm were stunted as many as 6 children (13.6%).

In a study conducted by Ernawati et al. (2013), said that it is more often found if a child is born in a short condition, then he has a poor nutritional status. This is because children who are born short have a 6 times greater chance of experiencing stunting in each of their growth and development. A child who is stunted can cause a child's curiosity about something about the surrounding environment to decrease or even disappear. This can result in the failure of the development of the child's motor sensors, and children who are stunted will experience obstacles to the process of maturation of their muscles so that their muscle abilities are reduced so that they can result in low motor skills (Kasenda et al., 2015 and Solihin et al., 2013).

Another study also said that for every 1 SD increase in the nutritional status of a child's TB/U, the child's learning achievement will increase by 0.444. And vice versa if TB/U is reduced by 1 SD, the learning achievement of children also decreases by 0.444 (Picauly and Toy, 2013). Furthermore, the birth weight data obtained showed that 2 children with birth weight <2500 g were stunted (4.5%). This is in line with research conducted by Ristanti in Wonosobo, who said that LBW had a significant relationship to the incidence of stunting.

Another study that obtained similar results stated that short children were 3 times more likely to have growth disorders, causes of wasting and the risk of malnutrition than babies born with normal conditions (Paramashanti et al., 2015; Lestari et al., 2014 and Nasution et al., 2014). Research conducted by Irwansyah (2016) also showed a significant relationship between birth weight and the incidence of stunting. Low birth weight is 4 times more likely to be found in stunted toddlers than in non-stunted toddlers. The proportion of low birth weight was more found in stunted toddlers than in non-stunted toddlers.

In addition, according to Kusharisupeni (2007) in Mugianti (2018), mothers with malnutrition from the beginning to the end of pregnancy and suffering from illness will give birth to babies with low birth weight, which in the future the child will experience stunting. Based on theory and facts, researchers assume that a stunted woman will give birth to smaller children, this is due to the interaction between genetic factors and maternal environmental conditions, especially during pregnancy. Furthermore, the growth of boys is easily stunted because of psychological conditions, besides a warm, loving and responsive environment is very important for the psychological development of children. In addition, children who experience growth disorders from an early age show a risk for developing further growth disorders. However, if given adequate nutritional intake, normal growth patterns will be overtaken.

Relationship Between Exclusive Breastfeeding and Stunting Incidence in Toddlers Age 24-60 Months at Mojolaban Health Center, Sukoharjo Regency

The results of the chi square test obtained a p value of 0.000 with a value of 0.05 and a value of r = 0.609. Because the p value <0.05, there is a relationship between exclusive breastfeeding and the incidence of stunting in toddlers aged 24-60 months at the Mojolaban Health Center, Sukoharjo Regency. The contingency coefficient value (r value) of 0.609 is included in the coefficient interval of 0.600-0.799 with the "strong" category so that it can be stated that the level of close relationship between exclusive breastfeeding and the incidence of stunting in toddlers aged 24-60 months at the Mojolaban Health Center, Sukoharjo Regency has a strong relationship. strong. A positive r value indicates a positive relationship, meaning that the better exclusive breastfeeding for children aged 0-24 months, the better the child's growth based on height

at the age of 24-60 months (refer to table 5). This is in line with research by Anugraheni (2012) and Sattu (2014).

Based on the chi square analysis, it was found that there was a significant relationship between exclusive breastfeeding and stunting. The better the exclusive breastfeeding, which is done by the mother for her child, the better the nutritional status of the child. And conversely, the less exclusive breastfeeding mothers do for their children, the worse the child's nutritional status (stunting). Another study also stated that children aged 12-36 months who were not exclusively breastfed by their mothers had a 3.7 times greater risk of stunting compared to children aged 12-36 months who were exclusively breastfed (Pengan, 2015). In addition, other studies also state that children who are not exclusively breastfed by their mothers tend to have a 5.54 times risk of stunting compared to children who are exclusively breastfed (Lestari, 2014 and Dewi, 2015).

The results of this study are also in accordance with the theory that the effect of exclusive breastfeeding on changes in short nutritional status is caused by the function of breast milk as an anti-infective because it contains immunoglobilins (Anugraheni, 2012). Babies who are exclusively breastfed for 6 months can improve intelligence, immunity and child development, in addition to preventing infection and reducing the risk of nutritional problems (Nirwana, 2014). Breast milk is the best food for babies because it contains all the nutrients in an ideal ratio and contains immune power (Nugroho, 2014). Although there is a significant relationship, the results of this study show a strong relationship between exclusive breastfeeding and stunting. There are still 2 children who are exclusively breastfed but have short height (stunting) and there are 3 children who do not receive exclusive breastfeeding but have normal height, this shows that the practice of feeding is related to the incidence of stunting in toddlers aged 1-2 years. Poor feeding in children will provide opportunities for stunting (Niga & Purnomo, 2016).

The results of this study indicate that children who are exclusively breastfed are mostly of normal nutritional status compared to children who are not exclusively breastfed. Although there are still children who are exclusively breastfed, they have stunting nutritional status of 11.1%. So that the assessment is that children with exclusive and non-exclusive breastfeeding both have stunting nutritional status. Children who are not exclusively breastfed have a much greater percentage of suffering from stunting and conversely children who are exclusively breastfed have a greater percentage of normal nutritional status. Other studies also show a positive relationship between exclusive breastfeeding and the incidence of stunting, which means that when exclusive breastfeeding increases, the incidence of stunting will also increase. This is due to the inability of parents to provide quality complementary feeding, besides that prolonged exclusive breastfeeding will also be associated with the risk of stunting. This is because breastfeeding for too long will result in a delay in giving complementary feeding so that children do not receive inadequate nutritional intake at their age (Paramashanti et al., 2016).

This is contrary to the research of Ridzal et al. (2013), which showed different results, namely that there was no significant relationship between exclusive breastfeeding, which did not play an important role in nutritional status, this could occur because the frequency and duration of mothers giving breast milk were not appropriate so that the child's nutritional intake was not sufficient.

Research conducted by Diafrillia in Halim (2018) also shows that there is no relationship between exclusive breastfeeding and the incidence of stunting in the work area of the Ranomuud Health Center, Paaldua District. In the period of growth and development of children occurs very quickly until the age of two years which is known as

critical windows. This period is a time of critical brain development and physical growth. If children experience nutritional problems such as inadequate nutritional intake, it can cause growth failure in children such as stunting. However, if the nutritional intake is sufficient and in accordance with the needs, the child can grow and develop well even though he is not exclusively breastfed. Based on theory and facts, researchers assume that breast milk is a nutritional intake that is in accordance with the needs that will help the growth and development of children. Children who do not get enough breast milk have poor nutritional intake and can cause malnutrition. One of them can cause stunting.

The benefit of exclusive breastfeeding is that it supports children's growth, especially height, because breast milk calcium is more efficiently absorbed than formula milk. Nutrition in breast milk that is appropriate for the growth of the child can ensure that the child's needs are met, and the nutritional status of the child becomes normal in both height and weight

CONCLUSION

The history of exclusive breastfeeding in this study reached 56.8% or 25 children, and the majority of children in this study tended not to experience stunting. Children who are exclusively breastfed tend not to experience stunting as many as 23 children (52.3%). The results of the chi square test obtained p value = 0.000 (p value <0.05) and r value = 0.609. In conclusion, there is a relationship between exclusive breastfeeding and the incidence of stunting in toddlers aged 24-60 months at the Mojolaban Health Center, Sukoharjo Regency.

Based on the results and discussion, the researchers suggest that the promotion of exclusive breastfeeding needs to be further improved to overcome the problem of stunting under five at the Mojolaban Health Center, Sukoharjo Regency. The results of this study can be used as a basis for conducting further research in the form of intervention research in order to improve knowledge, attitudes and behavior of exclusive breastfeeding.

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