

## The Relationship Between Exclusive Breast Feeding With Stunting Incidence In Toddlers 24 bl – 60 bl At Selat Nasik Puskesmas, Belitung District



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### ABSTRACT

Improving maternal and child health is one of the indicators for minimum service standards, where reducing stunting is one of the targets. Stunting is a lack of energy in the long term, one of the contributing factors is breastfeeding. Exclusive breastfeeding is important in the first 1000 days of live birth. Objective: To determine the relationship between exclusive breastfeeding with incidents of stunting at the Nasik Strait Health Center, Belitung Regency. This study used a cross-sectional design. The study population was mothers of toddlers aged 24 months – 60 months in the Selat Nasik Health Center area. The proportional stratified random technique was used with inclusion and exclusion criteria totaling 63 people. Collecting data using a data collection questionnaire. Data analysis used univariate and bivariate analysis (who squares). The results of the analysis show that only 58.7% of mothers giving exclusive breastfeeding at the Selat Nasik Health Center are only 58.7%. Bivariate test results show that there is no relationship between exclusive breastfeeding and the incidence of stunting in toddlers 24 months – 60 months.  $p$ -value = 0,952 ( $>0,05$ ). Conclusion: Mothers of infants who breastfeed exclusively and mothers who do not breastfeed exclusively are still at risk of having infants stunting, so mothers need to pay attention to other factors that cause it stunting.

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### INTRODUCTION

*Stunting* is a disorder that is mainly caused by malnutrition in children. Have a length or height less than minus two (-2) standard deviation from the typical length or height of children his age is one of the signs and symptoms of stunting in children.(1) When there is a sustained shortage of food intake, it leads to stunting, linear growth retardation. Chronic diseases have the potential to worsen this condition. A toddler's growth rate can be directly affected by the number of calories and protein they consume as well as health conditions such as viral diseases, according to research conducted by Vonaesch et al. (2017).(2)The fact that mothers are not only parenting, the sex of the toddler, the mother's height,

educational background, and socioeconomic status of the family are examples of indirect influences. Toddlers being exclusively breastfed is one of many variables that can influence them.(3) Stunting is a disorder characterized by height, and weight loss can occur due to malnutrition over a long period. A child is short if the length according to age (PB/U) or height according to age (TB/U) index has a z-score lower than -2 standard deviations, according to the World Health Organization Child Growth Standards.(4) The factors causing stunting are maternal factors, home environment factors, poor food quality, inadequate feeding practices, food and water security, infection, and breastfeeding.(5)

Breast milk (ASI) is the best food or nutrition for newborns. There is no ideal composition of milk, nor is there the easiest way to control the complexity of the quality and quantity of nutrients received by the breastfed baby.(6) According to Azhari et al. (2019), breast milk is an emulsion of fat in a solution of protein, lactose, and organic salt made by the mammary glands of both mothers' breasts and serves as the baby's primary food source. Exclusive breastfeeding is when a mother only breastfeeds her baby and avoids all other foods and liquids. It is recommended that babies only consume breast milk for the first six months of life to get all their nutrients.(7) Puskesmas also prioritizes promotional and preventive measures in its operational areas, including nutrition issues. Improving maternal and child health is one of the minimum health service standards in puskesmas, one of which targets a reduction in the percentage of stunting to 14% by 2024, according to the National Medium-Time Development Plan (RPJMN). Reducing the percentage of stunting is a maternal and child health problem requiring all parties' cooperation.(8)(9) The proportion of children who were not exclusively breastfed was found to be stunted (27.5%), which is almost twice as high as exclusively breastfed children (12.0%), according to research conducted by Zaragoza et al. (2018) in children aged one to twenty-four months in Rural Hidalgo, Mexico.(10) Children who were cared for exclusively during the first six months of life had a significantly lower risk of stunting, according to a study by Uwilingiyimana et al. (2019) ( $p = 0.006$ ). (11) According to research conducted over the previous seven years, the prevalence of stunting in toddlers correlates significantly with exclusive breastfeeding (2014-2020). (12) Another study showed a correlation between the two, in contrast to a study by Febriani et al. (2020), which showed that exclusive breastfeeding was not associated with stunting ( $pv = 0.363$ ). (13) Stunting in children aged 6-23 months has been proven preventable by exclusive breastfeeding, but the findings in Indonesia have not been proven statistically significant.(14) Midwives, as the spearhead of maternal and child health services in the community, play an active role in providing education both individually and in groups, to provide health education through counseling at posyandu, pregnant women classes, and mothers under five classes. One of the roles of midwives in handling stunting is to provide nutrition education, especially for 1000 HPK, one of which is exclusive breastfeeding for up to 6 months.

Research on non-exclusive breast milk was carried out by Handoko at the Wonogiri Community Health Center, Bumi Selatan City District, North Lampung, with the research subjects being babies aged 6 months - 36 months with the child's nutritional status.(15) This study aims to determine the relationship between exclusive breastfeeding and the incidence of stunting in the Nasik Selat Health Center, Belitung Regency, where stunting is a chronic nutritional problem in toddlers, which is seen at the age of 24 months - 60 months.

## METHOD

The type of research used in this research is analytical observational research with quantitative methodology with a cross-sectional design at the Selat Nasik Community Health Center, Belitung Regency. The population in this study is all mothers of toddlers aged 24-60 months, namely 235 mothers of toddlers who are in the working area of the Selat Nasik Community Health Center. from January 2022 to December 2022. The sample

used was 63 mothers of toddlers who met the inclusion and exclusion criteria using a random stratified proportional sampling technique. The data collection technique was carried out using an observational questionnaire to determine the characteristics of the respondents. The sample size was 47 mothers of toddlers with normal nutrition and 16 mothers of toddlers who had children with stunting. The data used is secondary data from the Nasik Strait Community Health Center which is filled in by village midwives. This research was conducted in January 2023. This research has received the ethical commission approval letter No. e-KEPK/POLKESYO/0816/XII/2022 on 30 December 2023.

## RESULTS

After collecting data from the village midwife, the data was analyzed using the chi square test. Uni-variate tests were carried out to determine the characteristics of respondents and bivariate tests to determine the relationship between exclusive breastfeeding and the incidence of stunting.

### UNIVARIATE ANALYSIS

**Table 1.** Based on Respondents' Characteristics, exclusive Breastfeeding for Children Under 24-60 Months at the Nasik Strait Health Center, Belitung Regency.

Number	Characteristic of Respondents	Exclusive Breastfeeding (n/%)	No Exclusive Breastfeeding (n/%)
1	Age of Mother:		
	a. Not at risk (20-35 tahun)	28 (75,7%)	19 (73,1%)
	b. At risk (< 20 dan >35 tahun)	9 (24,3%)	7 (26,9%)
2	Education Level:		
	a. Elementary (Elementary-Junior High School)	32 (86,5%) 3 (8,1)	15 (57,7%) 8 (30,8%)
	b. High School (SMA)	2 (5,4%)	3 (11,5%)
	c. Higher Education (D3-S1)		
3	Work:		
	a. Work	6 (16,2%)	4 (15,4%)
	b. Does not work	31 (83,8%)	22 (84,6%)
4	Parity:		
	a. Primipara	6 (16,2%)	11 (42,3%)
	b. Multiparous	29 (78,4%)	14 (53,8%)
	c. Grandemultipara	2 (5,4%)	1 (3,8%)

Table 1 shows that exclusive breastfeeding for children under the age of 24-60 months at the Selat Nasik Health Center in Belitung Regency in 2022 is mainly given by mothers aged with non-risk categories (75.7%), mothers with primary education (86.5%), mothers who do not work (83.8%) and multiparous mothers (78.4%). This study showed that mothers of toddlers aged 24-60 months primarily exclusively breastfed (59.6%) and did not provide exclusive breastfeeding (41.3%).

**Table 2** The incidence of stunting was found in mothers of non-risk age (75%), mothers with primary education (87.5%), mothers who did not work (93.8%), multiparous mothers (62.5%), toddlers aged 37-48 months (37.5%) and toddlers (75%).

**Table 2.** Based on the Respondents' Characteristics, the Incidence of Stunting in Children Under 24-60 Months at the Selat Nasik Health Center, Belitung Regency.

Number	Characteristic of Respondents	No Stunting (n/%)	Stunting (n/%)
1	Age of Mother:		
	a. Not at Risk (20-35 tahun)	35 (74,5%)	12 (75%)
	b. At Risk (<20 dan >35 tahun)	12 (25,5%)	4 (25%)
2	Education Level:		
	a. Elementary (Elementary-Junior High School)	33 (70,2%) 9 (19,2%)	14 (87,5%) 2 (12,5%)
	b. High School (SMA)	5 (10,6%)	0 (0%)
3	Work:		
	a. Work	9 (19,1%)	1 (6,2%)
	b. Does not work	38 (80,9%)	15 (93,8%)
4	Parity:		
	a. Primipara	13 (27,7%)	4 (25%)
	b. Multiparous	33 (70,2%)	10 (62,5%)
	c. Grandemultipara	1 (2,1%)	2 (12,5%)
5	Age of Toddlers:		
	a. 24-36 months	15 (32%)	5 (31,2%)
	b. 37-48 months	16 (34,0%)	6 (37,5%)
	c. 49-60 months	16 (34,0%)	5 (31,2%)
6	Gender of Toddlers:		
	a. Women	21 (44,7%)	4 (25%)
	b. Man	26 (55,3%)	12 (75%)

## BIVARIATE ANALYSIS

**Table 3.** The Relationship Between Exclusive Breastfeeding and the Incidence of Stunting in Children Under 24-60 Months at the Selat Nasik Health Center, Belitung Regency.

Number	Exclusive breastfeeding	The Incidence of Stunting				Total		Pv	
		No		Yes		n	%		
		n	%	n	%				
1	No exclusive breastfeeding	20	76,9	6	23,1	26	100		
2	Exclusive breastfeeding	27	73,0	10	27,0	37	100	0,952	
	<b>Total</b>	<b>47</b>	<b>74,6</b>	<b>16</b>	<b>25,4</b>	<b>63</b>	<b>100</b>		

The results of the statistical test found that the value of  $Pv = 0.952$  was greater than  $\alpha (0.05)$ , meaning that there was no relationship between exclusive breastfeeding and the incidence of stunting in children under the age of 24-60 months at the Nasik Strait Health Center, Belitung Regency in 2022.

## DISCUSSION

### Overview of Exclusive Breastfeeding

Breast milk is an important source of symbiotic bacteria and prebiotics and breast milk oligosaccharides, compounds that cannot be digested by the human intestine, but are hydrolyzed by members of the intestinal microbiota, increasing the population of beneficial

bacteria with *Bifidobacterium lactobacillus* with probiotic and prebiotic effects. The role of the Microbiome as an important factor in the transportation and absorption of nutrients from food for baby growth, considering that any disturbance in nutrient absorption has great potential to limit or change the normal growth process. Children's risk of developing gastrointestinal infections, allergies, infant mortality, inflammatory bowel disease, celiac disease, leukemia, lymphoma, obesity, and diabetes mellitus can be reduced if they are breastfed throughout their first year of life. The colostrum content in exclusive breast milk which is rich in antibodies and microorganisms that are easily digested in the intestine is very beneficial for babies 0 - 6 months who need nutrition for the baby's development and growth so that stunting can be prevented. Research conducted by Campos showed that overall, 12.3% of children experienced stunting and 71.1% of mothers provided breast milk for  $\geq 6$  months.(16)(17)

The results of this study showed that more mothers of toddlers aged 24-60 months gave exclusive breastfeeding (59.6%) than did not provide exclusive breastfeeding (41.3%). This can be because most mothers are not working (84.1%). Table 1 shows that of the 26 people who did not exclusively breastfeed, 22 were non-working mothers. This shows that the mother's work is not related to exclusive breastfeeding, in line with the research of Ulfa et. (2019), which states there is no occupational relationship with exclusive breastfeeding  $p = 0.075$ .(18) In research conducted at BPM Wirahayu Panjang Bandar Lampung, it was found that there is a relationship between working mothers and breastfeeding ( $p = 0.000$ )(19) by non-working mothers has an 11.2 times chance of being able to exclusively breastfeed compared to working mothers. Factors for breastfeeding success exclusively among working and non-working mothers are support from family and husband, unplanned pregnancies, experiences during childbirth, and maternal perceptions of breastfeeding.(20)(21) A factor that can affect exclusive breastfeeding is the mother's level of education.(22) The education level of mothers under five at the Selat Nasik Health Center in Belitung Regency in 2022 is mostly 47 people (74.6%) with basic education (SD-SMP). Based on Table 2 above shows that of 26 mothers who did not provide exclusive breastfeeding, 15 of them had primary education (57.7%), and eight people had secondary education 30.8%, this shows that the level of maternal education is not related exclusive breastfeeding in the Puskesmas Selat Naik area, in line with research in Tanjung Gunung Village, Central Bangka Regency ( $p = 0.475$ ).(23)

A mother's understanding of information to improve the welfare and health of mothers and children is closely related to the mother's level of education. Mothers who are highly educated can manage the information they receive with good knowledge. Having this mindset will make a person more open to new things and able to receive information well. Well-understood information can positively influence knowledge, attitudes and behavior. Knowledge is influenced by education since knowledge leads to change.(24) The success of providing exclusive breastfeeding to toddlers is not only influenced by the mother's level of education, but also many factors, including the mother's knowledge about exclusive breastfeeding, problems in breastfeeding such as feeling that the milk is insufficient, short nipples, and the mother's perception of breast milk.(25)

### Overview of Stunting Incident

The results showed that most of the children under five at the Selat Nasik Health Center, Belitung Regency, in 2022 were not stunted, as many as 47 children (74.6%). This can be because most mothers of toddlers do not work (84.1%), so they have much time to participate in Posyandu activities. Mothers who participate in Posyandu activities tend to know about good dietary knowledge for their toddlers obtained from health workers. According to the Indonesian Ministry of Health (2021), Posyandu is a type of service to toddlers through weighing for monitoring toddler growth. One of the objectives of Posyandu

is to improve nutrition in toddlers by providing counseling about nutrition or the proper diet for toddlers.(26)

Based on Table 2 above, it states that of the 16 stunted toddlers, most of them are non-working mothers (93.75%). It can be caused due to other factors, such as economic factors. For toddlers stunted in this study, only one toddler whose mother works. It shows that even though mothers work, they understand and can provide nutritious food to their children to meet their nutritional needs.

The age of stunted toddlers at the Nasik Strait Health Center in Belitung Regency in 2022 is evenly distributed at the age of 24-36 months (31.25%), 37-48 months (37.5%) and 49-60 months (31.25%). This is in line with the opinion of Anggraeni et al. (2020), which states that the occurrence of stunting in toddlers is often not realized, and after two years, it only looks like the toddler is short.(27)

The results showed 16 children stunted in the Selat Nasik Health Center, Belitung Regency, in 2022. Table 2 above shows that of the 16 stunted children, most were boys (75%). It can be because men need more energy than women; if not balanced with good nutrition, they will experience stunting.(28)

The study's results were supported by research by Torlesse et al. (2016), stating that the proportion of male toddlers with stunting nutritional status is more than female babies. Men are 1.77 times more likely to be stunted.

Stunting at the Selat Nasik Health Center, Belitung Regency, in 2022 was caused by parents' education level, most of whom have primary education (74.6%). Table 2 above shows that most of the 16 children stunted are mothers with primary education (87.5%). It shows that mothers with higher levels of education tend not to stunt their children because with higher education will understand and behave to provide the best nutrition for their children.(29)

### **The Correlation Between Exclusive Breastfeeding and The Incidence of Stunting**

The results showed that of the 37 toddlers aged 24-60 months at the Selat Nasik Health Center, Belitung Regency, in 2022, most of whom provided exclusive breastfeeding, most had non-stunted toddlers (73%), while of the 26 mothers of toddlers who did not provide exclusive breastfeeding, most of their toddlers were not stunted (76.9%). It shows that mothers who breastfeed exclusively and not exclusively have the same opportunity to experience stunting.

In contrast to the research of Covino et al. (2020) in the Northern Province of Rwanda, which states that exclusive breastfeeding is one of the predictors of stunting in children aged >12 months.(30) Savita and Amelia's research (2020) states that there is a relationship between exclusive breastfeeding and the incidence of stunting ( $p = 0.004$ ), where toddlers who do not get exclusive breastfeeding tend to be stunted three times compared to toddlers who get exclusive breastfeeding ( $OR=2.634$ ).(31)

In toddlers <6 months, the need for amino acids is obtained from breast milk, but in infants over six months requires, amino acid composition from protein throughout the body and the efficiency of food protein utilization. In developing countries, micronutrient malnutrition in protein has received little attention for the last four decades. Consumption of animal-source foods, the richest sources of essential amino acids, is limited to children in developing countries. The essential amino acid needs of children in developing countries must be evaluated, as these children are exposed to a high burden of infectious diseases and poor sanitation.

Environmental pollution causes easy transmission of pathogens derived from fecal waste, which can increase the incidence of stunting in toddlers. Environmental pollution can be caused by using latrines that do not meet health requirements, such as latrines that do not have septic tanks, cleanliness in using latrines, the type of latrines used and ownership

status, and open defecation behavior. Studies conducted in Peru prove that unsafe fecal discharge increases the incidence of diarrhea, intestinal worms, and stunting, according to research conducted by Brown et al. I. Therefore, special attention is needed from the family in the disposal of toddler feces must be on the appropriate toilet.(32)

Puskesmas Selat Nasik is located in the geographical area of the archipelago, where access to clean water and sanitation is still a health problem in the region, based on the theory that access to clean water and sanitation has a role in causing stunting. Unclean water contains pathogenic microorganisms and other chemicals that cause children to experience diarrheal diseases and EED. The difference in this study can be caused due to economic factors. Mothers of toddlers in this study are essentially educated (74.6%) and live-in islands that mostly have a basic education level and family socioeconomic that is less, so families pay less attention to nutritional intake in their children.

## CONCLUSION

Based on the results of research that has been carried out, the conclusion in this study is that mothers who exclusively breastfeed or do not exclusively breastfeed are still at risk of experiencing stunting, so mothers need to pay attention to other factors that influence the incidence of stunting in toddlers. Health workers at community health centers continue to provide education about stunting and how to prevent stunting.

## AUTHOR CREDIT STATEMENT

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