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Analysis of Determinant Factors in Effort to Prevent Stunting in Toodlers

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A B S T R A C T

Background Based on data from the Southeast Sulawesi Provincial Health Office, in 2019 there were 2920 stunted children, this figure is a combination of 1,811 short children and 1,109 very short children. In 2020, there were 1472 cases, with details of 983 short children and 489 very short children in Southeast Sulawesi. Based on these data, Southeast Sulawesi is a stunting emergency. Therefore, efforts to prevent stunting are needed. The aims of this study were to analyze the determinants of stunting prevention efforts in toodlers 2 - 5 years in Petoaha Village, Abeli District, Kendari City with a total sample of 103 toddlers. Methods The research method used an analytical cross-sectional approach. Sampling was taken by simple random sampling and analyzed by using the Chi Square test. Results The research shows that there is a significant relationship between knowledge, education, socio-economic, early initiation of breastfeeding (IMD), exclusive breastfeeding and the prevention of stunting in Petoah Village, Abeli, Kendari City with the value of each variable (p = 0.000 <0.05). Conclusion there is a relationship between Knowledge, education, socioeconomic, IMD AND ASI exclusively with the prevention of stunting.

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A B S T R A K

Berdasarkan data Dinas Kesehatan Provinsi Sulawesi Tenggara pada tahun 2019 terdapat sebanyak 2920 anak stunting, angka tersebut merupakan penggabungan dari 1.811 balita pendek dan 1.109 balita sangat pendek. Pada tahun 2020 mencapai 1472 kasus, dengan rincian sebanyak 983 balita pendek dan 489 balita sangat pendek di Sulawesi Tenggara. Berdasarkan data tersebut Sulawesi Tenggara termasuk keadaan darurat stunting, untuk itu diperlukan upaya pencegahan stunting. Tujuan dari penelitian ini adalah untuk menganalisis Determinan faktor upaya pencegahan stunting pada anak usia 2 – 5 tahun dikelurahan Petoaha Kecamatan Abeli Kota Kendari dengan jumlah sample 103 balita Metode penelitian menggunakan analitik dengan penedekatan cross sectional. Pengambilan sampel dengan simple random sampling dan dianalisis dengan uji Chi Square. Penelitian menunjukan bahwa terdapat hubungan signifikan antara pengetahuan, Pendidikan, Sosial ekonomi, IMD, ASI Esklusif dengan pencegahan stunting di Kelurahan Petoah, Abeli Kota Kendari dengan nilai masing-masing variable (p = 0.000 < 0.05) sehingga dapat disimpulkan bahwa terdapat hubungan antara Pengetahuan, pendidikan, sosial ekonomi, IMD DAN ASI esklusif dengan pencegahan stunting.

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INTRODUCTION

Stunting is a health problem because it is associated with the risk of illness and death, suboptimal brain development, delayed motor development and stunted mental growth. This is a serious threat to the existence of children as the next generation of a nation. Short children are a widely accepted predictor of the poor quality of human resources, which further reduces the productive ability of a nation in the future (1)

Stunting is one of the failures to achieve physical development as measured by height for age. The stunting limitation is height for age based on the Z-score equal to or less than -2 SD below the standard mean (2). Indonesia is ranked fifth in the world for the number of children with stunted conditions where more than a third of children under five are below average in height (3).

Based on data from the Kendari City Health Office in 2016, out of 15,875 toodlers, 669 toodlers were stunted with a prevalence of 421 per 10,000 toodlers. In 2017, out of 18,300 toodlers, 1662 toodlers were stunted with a prevalence of 908 per 10,000 toodlers. In 2018, out of 28,164 there were 2162 per 10,000 toodlers. Percentage of nutritional status based on length / height according to age (TB / U) in districts / cities in Southeast Sulawesi Province. The overall percentage of short children (short + very short) was 40.5%. An area is included in the high percentage of stunted toddlers if the percentage is above 20%. All districts / cities in Southeast Sulawesi Province are in the high category because they have a short percentage above 20%, Kendari City with very short criteria is 15.2%, for short criteria it is 17.4% (4).There are 10 urban villages in Kendari City which have stunting rates above 10 percent. The 10 villages are Tobimeita Village, Talia, Puday, Punggaloba, Poasia, Bungkutoko, Lepolepo, Sambuli, Purirano, and Petoaha Village.

Unresolved stunting prevention behavior will cause short-term impacts, namely increasing mortality and morbidity and in the long term, namely a decrease in learning achievement, work capacity and productivity (5). According to Nolla J Pender said that the Theory of Health Promotion Model (HPM), stunting prevention behavior focuses on individuals in their ability to maintain health conditions by making preventive efforts to improve the health of each individual (5). Therefore, through this theory prevention of stunting is one of the priorities as an effort to create healthy, intelligent and qualified human beings.

Research Methods

This research is a descriptive analytic study with a cross-sectional study approach, where the time for measuring or observing the independent and dependent variable data at one time means that each subject is observed only once.The instrument used in this researchis a microtoice. Identity Form, personal data i.e. name, age, gender, date of birth, address, parent's occupation, parent's education, family income, 24-hour recall form, as well as a questionnaire to determine the respondent's knowledge about nutrition for toddlers 2-5 years old

The population is mothers who have children aged 2-5 years in Petoaha Village. The number of samples in this study was determined based on the Slovin formula and obtained as many as 103 people using random sampling techniques. Analysis of the data used using the chi square statistical test with a probability p value = 0.05.

RESULT OF STUDY

Table 1 shows, as many as 41 respondents (39.8%) had sufficient stunting prevention efforts and as many as 62 respondents (60.2%) had insufficient stunting prevention efforts.

Table 1
Distribution of Respondents based on Stunting Prevention Efforts (N=103)

Stunting Prevention Efforts	n	%
Moderate	41	39,8
Less	62	60,2

Table 2
Bivariate Analysis of Stunting Prevention Efforts

Variabel	Stunting Prevention Efforts				Total		P value
	Moderate		Less				
	n	%	n	%	n	%	
Knowledge							
Moderate	33	80,5	8	19,5	41	100	0,000
Less	8	12,9	54	87,1	62	100	
Education							
Intermediate	30	93,8	2	6,2	32	100	0,000
Lowly	11	15,5	60	84,5	71	100	
SosioEconomic							
Intermediate	30	81,1	7	18,9	37	100	0,000
Low	11	16,7	55	83,3	66	100	
History of IMD							
Given	41	85,4	7	14,6	48	100	0,000
Not a given	0	0	55	100	55	100	
History of Breastfeedings							
Given	35	77,8	10	22,2	45	100	0,000
Not a given	10	17,2	48	82,8	58	100	
Total	**41**	**39,8**	**62**	**60,2**	**103**	**100**	

DISCUSSION

The age of toddlers is also called the golden years, which comes once and cannot be repeated, which is a period of growth and very much determines the development of human quality, to support children's growth and development, nutritional intake is the main thing (6). Knowledge is indispensable for a mother because a mother's lack of knowledge about stunting can cause a child to be at risk of stunting (7), based on the results of the bivariate test in table 2, it shows that 33 respondents (80.5%) had sufficient knowledge of stunting prevention. , this is in line with the general concept that with good or sufficient knowledge about something it will implement what is known, such as this that the respondent has sufficient knowledge about stunting so that he can take action as a prevention so that it does not happen to his child. The knowledge was sufficient as many as 8 respondents (19.5%) had insufficient efforts to prevent stunting.

Meanwhile, 8 respondents had insufficient knowledge but had sufficient stunting prevention efforts (12.9%), and 54 respondents (87.1%) had less knowledge with less stunting prevention. The results of research by Arnita, et al (2020) were obtained most (71.9%) mothers are knowledgeablehigh have good prevention efforts.If the mother has high knowledge about the meaning, symptoms, consequences of the occurrence ofstunting, and prevention on 1,000 DaysFirst Life (HPK), the moregood knowledge about effortstunting prevention (8).

Based on the results of the chi square variable statistical test of education, it shows a p value of 0.000 <0.005, this indicates that there is a significant relationship between maternal education and efforts to prevent stunting in children aged 2-5 years in Petoaha Village, Abeli District, Kendari City. Based on the theory, it is stated that education is one of the internal factors that will affect knowledge because higher education will make it easier for someone to receive information so that from the information obtained, mothers can understand how to prevent stunting in their children (9). The higher the level of education of the mother the better her knowledge and easier to absorb information (10)

The results of the statistical test for socio-economic variables in Table 2 show the p value of 0.000 <0.005, this indicates that there is a significant relationship between socio-economy and efforts to prevent stunting in children aged 2-5 years in Petoaha Village, Abeli District, Kendari City. Children who come from low income families are at 7.8 times the risk of becoming stunted compared to those with high income (11). Family income has an important role, especially in giving effect to their standard of living. The effect here is more oriented to welfare and health. Where the improvement of income will improve the nutritional status of the community (5).

IMD is performed immediately after birth, with the maximum time interval for placing the baby to the mother's chest after birth is 5 minutes. The first 5 minutes after the birth of a baby is considered the most time indicating that the baby is alert or active. Based on the results of the bivariate test in Table 2, it shows that as many as 41 respondents (85.4%) giving IMD have sufficient stunting prevention efforts.This is because mothers are very concerned about their children's health, where even though they have a history of IMD about providing efforts to prevent stunting, they still do it. Exclusive breastfeeding for 6 months and breastfeeding for up to 2 years and accompanied by a feeding pattern for children, while giving IMD which has less stunting prevention efforts were 7 respondents (14.6%). This is because some of the respondents cannot continue exclusive breastfeeding or breastfeeding for up to 2 years as well as other nutritional needs because the mother is busy outside the home. Meanwhile, 0 respondents (0%) were not given an IMD but had sufficient stunting prevention efforts, and 55 respondents (100%) were not given an IMD with less stunting prevention efforts. Children who did not get IMD were 2.63 (1.02-6.82) times more likely to be stunted (12).

Exclusive breastfeeding according to the Government Regulation of the Republic of Indonesia Number 33 of 2012 concerning Exclusive Breastfeeding is the provision of breastmilk (ASI) without adding and or replacing it with other foods or drinks given to babies from birth for 6 months (13). Based on the results of the bivariate test in Table 2, it shows that as many as 35 respondents (77.8%) with a history of exclusive breastfeeding have sufficient stunting prevention efforts, this is because the mother gave exclusive breastfeeding for 6 months then continued breastfeeding for 2 years accompanied by a pattern feeding children. This is done so that children still have good nutrition. Nutritional intake in accordance with the needs will help the growth and development of children. Babies who do not get enough breast milk have poor nutritional intake and can cause malnutrition, one of which can cause stunting. Eksclusive breastfeeding provides various benefits for mothers and babies where breast milk is natural food that is good for babies, practical, economical, easy to digest, has an ideal nutritional composition according to the needs and digestive capacity of the baby and breast milk supports baby growth, especially height due to calcium. Breast milk is absorbed more efficiently than breastmilk substitutes.

CONCLUSION

1. There is a relationship between Mother's Knowledge and Stunting Prevention Efforts in Children aged 2-5 years in Petoaha Village, Abeli District.
2. There is a relationship between maternal education and efforts to prevent stunting in children aged 2 - 5 years in Petoaha Village, Abeli District.
3. There is a relationship between socio-economy and efforts to prevent stunting in children aged 2 - 5 years in Petoaha Village, Abeli District.
4. There is a relationship between the history of IMD and efforts to prevent stunting in children aged 2 - 5 years in Petoaha Village, Abeli District.
5. There is a relationship between the history of exclusive breastfeeding and efforts to prevent stunting in children aged 2 - 5 years in Petoaha Village, Abeli District.
6. For further research, it is necessary to empower cadres to provide education to mothers of toddlers and monitor the growth and development of toddlers in an effort tostunting prevention in Southeast Sulawesi Province.

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