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THE RELATIONSHIP OF EXCLUSIVE BREASTFEEDING WITH STUNTING INCIDENTS IN TODDLER AGES (1 -5 YEARS) IN SAMPIRAN VILLAGE, TALUN DISTRICT, CIREBON REGENCY)

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ABSTRACT

In 2022, the Cirebon District faced a persistent issue of high stunting rates, affecting 15,299 cases or approximately 9.4% of its population. This study focuses on Sampiran Village, Talun Subdistrict, within the Cirebon District, aiming to investigate the correlation between exclusive breastfeeding and stunting in toddlers. Employing a cross-sectional study design with purposive sampling, data collection included questionnaires and anthropometric measurements provided by parents of the participating toddlers. Results revealed that 63.2% of toddlers did not receive exclusive breastfeeding, and 21% of them experienced stunting. Statistical analysis demonstrated a significant relationship between exclusive breastfeeding and stunting occurrence ($p < 0.05$), with an Odds Ratio of 1.133. This suggests that exclusive breastfeeding can reduce the risk of stunting by 1.133 times, emphasizing its crucial role in stunting prevention among toddlers. These findings underscore the urgency of promoting and educating parents and caregivers about the benefits of exclusive breastfeeding. Encouraging exclusive breastfeeding practices can potentially mitigate the prevalence of stunting in this vulnerable age group within the Cirebon District, ultimately contributing to better child health and well-being.

Keywords: *exclusive breastfeeding, stunting, toddlers, Sampiran Village, Cirebon District*

INTRODUCTION

The toddler years are a very important period because growth and development during this period have a big influence on future adult life. Fulfillment of good nutrition at this time can ensure optimal growth and development processes. Lack of nutrients during this period can cause growth and development disorders in the body's organs and systems, which will ultimately have an impact on future adulthood (Merryana Adriani, 2016).

One of the problems that is currently being focused on in Indonesia is stunting, namely the condition of toddlers who experience chronic growth and development disorders and are characterized by shorter height compared to children their age (Sumarni et al., 2020). Stunting is a public health problem that increases the risk of disease, death, and obstacles to physical growth and mental and motor development(Kementerian PPN/ Bappenas, 2018).

Stunting is caused by a lack of adequate growth and development, which indicates an inability to achieve optimal growth. This shows that even toddlers born with normal weight can experience stunting if they do not receive adequate nutrition (Ministry of Villages, Development of Disadvantaged Regions and Transmigration, 2017). Stunting can occur when the fetus is still in the womb and only becomes visible when the child is two years old (Hartati & Mariyana, 2020).

Pregnant women who experience low nutritional intake and infectious diseases will give birth to babies with Low Birth Weight (LBW) or baby body length below standard. Apart from the availability of food in the household, good nutritional intake is also influenced by the

practice of giving colostrum (the first breast milk to come out), Early Breastfeeding Initiation (IMD), exclusive breastfeeding, and giving appropriate Complementary Food (MP-ASI) (Kementerian PPN/ Bappenas, 2018). The period of a child's life from being in the womb to the age of two years (the first 1,000 days of life) is critical in supporting optimal child growth and development. One of the concepts for treating stunting is prevention during the first 1,000 days, including through exclusive breastfeeding. Exclusive breastfeeding is the provision of breast milk only, without additional fluids or other foods such as formula milk, water, honey, tea, or other foods except medicine and vitamins (Hizriyani, 2021). Exclusive breastfeeding has benefits, including being the best nutrition for babies, having a complete nutritional composition, increasing mental and emotional intelligence, and providing protection against infections and allergies (SJMJ et al., 2020).

The prevalence of stunting in Indonesia is still high. Based on the results of the 2018 Basic Health Research (Riskesdas), around 30.8% or around 7 million toddlers are stunted. However, data from the 2021 Indonesian Toddler Nutrition Status Survey (SSGBI) shows a decrease in prevalence to 24.4% or around 5.33 million toddlers. This is caused by the condition of babies who are already deficient in nutrition at birth and lack of fulfillment of nutrients during their growth (Fauzia et al., 2019). Indonesian President Joko Widodo targets to reduce the stunting rate to 14% by 2024 (Kemenko, 2022). In West Java, the prevalence of stunting in 2020 reached 26.21% based on the 2019 study of the nutritional status of Indonesian children under five (Sutarto et al., 2021).

The number of toddlers in West Java is 4,308,604 people. Based on the 2020 nutrition survey using the electronic Community-Based Reporting Recording System (e-PPGBM), there were 2,897,336 toddlers whose height was measured in August, and 277,847 toddlers were found with stunting based on data as of January 4, 2020 (West Java Provincial Health Service, 2021). The stunting rate in Cirebon City in August 2020 reached 13.6% of the number of toddlers in the city (Kesehatan et al., 2020). Meanwhile, in Cirebon Regency, the stunting rate is still quite high, with the number of stunting cases reaching 15,299 or around 9.4% in 2022 (Rahmadhita, 2020).

Stunting has short-term impacts in the form of failure to thrive, obstacles to cognitive and motor development, as well as suboptimal physical body size, and metabolic disorders. In the long term, stunting can cause a decrease in intellectual capacity, permanent disruption of nerve and brain structure and function, and impact on learning ability at school age and productivity as an adult (Sari, 2016). In addition, malnutrition also increases the risk of non-communicable diseases such as diabetes mellitus, hypertension, coronary heart disease, and stroke (Bappenas, 2018).

Based on the description of the problem above, the authors are interested in researching "The relationship between exclusive breastfeeding and the incidence of stunting in toddlers." Against this background, the formulation of the research problem is as follows: "Is there a relationship between exclusive breastfeeding and the incidence of stunting in toddlers?"

This study aims to determine the relationship between exclusive breastfeeding and the incidence of stunting in toddlers. The specific purpose of this research is to find out the pattern of exclusive breastfeeding in toddlers and to find out the incidence of stunting in toddlers.

METHOD

This research uses a cross-sectional study approach with a purposive sampling technique. The research population was stunted toddlers in Sampiran village, Talun District, Cirebon Regency. The initial population found was 36 people, and the research sample was 19 people. Sampling used the Slovin formula with a significance level of 0.05. The research instruments used are questionnaires and anthropometry which will be filled in by parents of toddlers who are respondents. The research location was Sampiran village, Talun District, Cirebon Regency, and the research time was carried out from 28 November 2022 to 24 March 2023. Data analysis was carried out through univariate analysis to determine the frequency and percentage distribution of the variables studied.

RESULTS AND DISCUSSION

Based on univariate and bivariate data analysis on the relationship variable of exclusive breastfeeding with the incidence of stunting in Sampiran Village, Talun District, Cirebon Regency, the following results were obtained.

Table 2. Frequency Distribution of Respondents Based on Exclusive Breastfeeding in Sampiran Village, Talun District, Cirebon Regency

No	Exclusive Breastfeeding	Frequency	%
1	Given	12	36,8
2	Not given	21	63,2
Total		33	100

Based on the table above, it is known that 63.2% of children under five are not given exclusive breastfeeding in the village of Sampiran, Talun District, Cirebon Regency.

Table 3 Frequency Distribution of Respondents Based on Stunting Incidents in Sampiran Village, Talun District, Cirebon Regency

No	Category	Frequency	%
1	Stunting	12	36,8
2	Not Stunting	21	63,2
Total		33	100

Based on the table above it is known that 36.8% of toddlers are included in the stunting category, and 63.2% of toddlers are not stunted, in the village of Sammpiran, Talun District, Cirebon Regency.

Table 4. The Relationship between Exclusive Breastfeeding and Stunting in the Village Sampiran, Talun District, Cirebon Regency

Exclusive breastfeeding	Learning Outcomes		Value of ρ*	OR (95% CI)	
	Not Stunting	Stunting			
	N (%)	N (%)			
Exclusive breastfeeding given	12 (100%)	0(0%)	0,012	1,133	(0,485-2,646)
Exclusive breastfeeding is not given	14 (41,6%)	7 (58,4%)			

From the results of the study, it was found that 63.2% of toddlers were not given exclusive breastfeeding and 41.6% of toddlers experienced stunting in the village of Sampiran, Talun District, Cirebon Regency. From the data analysis, it was found that there was a significant relationship between exclusive breastfeeding and the incidence of stunting in the village of Sampiran, Talun District, Cirebon Regency. From the results of the analysis, the Odds Ratio value OR = 1.133 means that babies who are given exclusive breastfeeding 1.133 times prevent stunting (Yatno et al., 2021).

Breast milk is a nutritional intake, if given according to needs it will help the growth and development of children. Children who do not get enough breast milk mean they have poor nutritional intake which can cause malnutrition, which can cause stunting. Exclusive breastfeeding is giving only breast milk for six months without any additional fluids, such as formula milk, oranges, honey, tea, water, or fruit juice, and also not allowed to give other foods, such as bananas, milk porridge, biscuits, porridge or team rice (Pratama & Irwandi, 2021). After the baby is six months old, the baby is given complementary food with breast milk and continues to be given until the baby is 2 years old or more.

The benefit of exclusive breastfeeding is that it supports children's growth, especially height because the calcium content in breast milk is more efficient than formula milk. Breast milk is the best food for babies because it contains all the nutrients (Nur, Abidah & Nelly, 2014). So babies who are given exclusive breast milk tend to be taller and fit the growth curve compared to babies who are given formula milk. Breast milk contains more calcium and can be absorbed by the body well so that it can maximize growth, especially height, and avoid the risk of stunting (Nur & Marissa, 2014). Breast milk also has lower levels of calcium, phosphorus, sodium, and potassium than formula milk, while copper, cobalt, 8, and selenium are found in higher levels. The content of breast milk is to the baby's needs so that it can maximize the baby's growth, including height. Providing exclusive breast milk is very beneficial for the mother and baby because breast milk is a natural food that is good for babies, practical, economical, easy to digest, and has an ideal nutritional composition. according to the baby's digestive needs and abilities breast milk supports the baby's growth, especially height because breast milk calcium is absorbed more efficiently than formula milk. Exclusive breastfeeding is not the only factor that causes stunting, several other factors trigger stunting in toddlers,

including nutritional intake, infectious diseases, food availability, nutritional status of pregnant women, birth weight, birth length, and MPASI.

This research is in line with research conducted by (SJMJ et al., 2020) regarding exclusive breastfeeding and the incidence of stunting in toddlers, where the research results showed that there was a relationship between exclusive breastfeeding and the incidence of stunting in toddlers and similar research was also carried out by (Latifah et al., 2020) regarding the relationship between giving exclusive breast milk and the incidence of stunting in toddlers 1 - 5 years old, where research results were obtained from 48 respondents, 42 respondents gave exclusive breast milk, 41 respondents did not experience stunting, 1 respondent experienced stunting, 6 respondents did not give exclusive breast milk, 5 respondents experienced stunting and 1 respondent did not experience stunting, so there is a relationship between exclusive breastfeeding and the incidence of stunting in toddlers 1-5 years old (Mabud et al., 2014). Exclusive breastfeeding has a major contribution to a child's growth and development and immune system. Children who are given exclusive breast milk will grow and develop optimally because breast milk can meet the nutritional needs of babies from birth to 24 months of age (Louis et al., 2022). Many factors cause stunting in children, these factors can come from the child himself or from outside the child. Factors that cause stunting can be caused by direct or indirect factors (Usman & Ramdhan, 2021). The direct causes of stunting are nutritional intake and the presence of infectious diseases, while the indirect causes are parenting patterns, health services, food availability, economic culture, and many more.

In this research, the factors that cause mothers not to breastfeed exclusively include the reasons that breast milk does not come out and the mother works so it is difficult for her to breastfeed exclusively. The reason for working makes mothers not give exclusive breast milk to their babies so that they provide food. An early breastfeeding companion is the solution.

CONCLUSION

Based on the results of research conducted in Sampiran Village, Talun District, Cirebon Regency, it can be concluded that 63.2% of toddlers are not given exclusive breast milk, and 21% of toddlers are stunted. The statistical test results showed that there was a significant relationship between exclusive breastfeeding and the incidence of stunting, the p-value was 0.012 (<0.05), and the Odds Ratio OR=1.133, meaning that babies given exclusive breastfeeding were 1.133 times more likely to prevent stunting.

In the context of this journal article, several suggestions can be given to various parties regarding exclusive breastfeeding and the incidence of stunting in toddlers. For the public, it is recommended to increase their knowledge about the importance of exclusive breastfeeding and its relationship with the incidence of stunting in toddlers. Counseling through social media and active participation in outreach activities can help the community prevent stunting in the surrounding environment.

For educational institutions, it is recommended to expand references related to exclusive breastfeeding and the incidence of stunting as additional literature in teaching materials. This will help increase students' understanding of the importance of exclusive breastfeeding and its implications for the growth and development of toddlers.

For health institutions, it is advisable to provide counseling to the public about the relationship between exclusive breastfeeding and the incidence of stunting in toddlers. Media

leaflets or brochures can be used as a means to convey this information. By increasing knowledge and insight, it is hoped that the fulfillment of toddler nutrition can be improved so that stunting can be prevented.

For future researchers, it is suggested to conduct a more comprehensive study by considering the addition of other variables related to exclusive breastfeeding and stunting. More in-depth research can provide a better understanding of the factors that contribute to stunting and provide the basis for more effective interventions in the future.

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