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The Relationship Between Exclusive Breastfeeding and Freguent Antenatal Care Visite with Stunting Incidence in Under-Fives in Sadai Village, Working Area Sungai Panas Primary Health Care Batam City

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Abstract: *Stunting is a short and very short body condition that exceeds a -2 SD deficit below the median length or height. Stunting is a public health problem because it is associated with an increased risk of morbidity and mortality, delayed motor development, and stunted mental growth. The purpose of this research isthe relationship between exclusive breastfeeding and the frequency of antenatal care visits with the incidence of stunting is known and the dominant factor that causes stunting in toddlers is known. This study was a quantitative study with a Case Control design and involved 23 mothers whose toddlers were diagnosed with stunting as respondents (cases) and 23 mothers whose toddlers were not diagnosed with stunting (as controls). This research was conducted in the Sadai sub-district, the working area of the Sungai Panas Public Health Center in Batam.Data processing and analysis chi square test (bivariate) and multiple logistic regression (multivariate).The results of the analysis using the chi square test showed that there was a*

significant relationship between exclusive breastfeeding and the frequency of antenatal care visits with the incidence of stunting. The results of the multivariate analysis show variablesthe dominant influence on the incidence of stunting is the variable Frequency of Antenatal Care visits. The government, if it wants to reduce the prevalence of stunting in Sadai village, the working area of the Sungai Panas Health Center, should increase education to the public, especially pregnant women, about the importance of regular quality pregnancy checks according to the rules.

Keywords: *Exclusive Breastfeeding, Frequency of Antenatal Care Visits and Stunting*

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Introduction

Stunting is a condition of too short stature or stunting of a person as measured by looking at the Z-score based on height based on age. Stunting is a serious problem that must be addressed immediately. As many as 43% of children or around 162 million children under the age of 5 in low- and middle-income countries are believed to be at risk of losing their potential for development and stunted growth which can experience morbidity and death, causing financial losses. Millions of children around the world are not only stunted in their growth and development, but also experience health problems that affect cognitive development which is not optimal so that the ability to understand is slower for children of their age. The causes of stunting are multifactor, namely most of them are inadequate nutritional conditions,

Three main sources of the importance of intervention in the first 1000 days of live birth, namely: 1) nutritional needs (high protein or as a food supplement given from conception to 2-3 years of age); 2) analysis of 54 nationally representative surveys from low- and middle-income countries shows a universal pattern of steep decline in height-for-age Z-score (HAZ) in children from birth to 23 months of age, without evidence of additional impairment between the ages of 24 and 59 months; 3) the prenatal period (adequate nutrition during pregnancy, the importance of pregnancy visits to get the right information so as to reduce gestational age as a 20% contributor to stunting (Leroy et al, 2014).

UNICEF (2020) states that one way to treat stunting is exclusive breastfeeding for the first 6 months without any other additional food. Exclusive breastfeeding contributes 30% to preventing stunting, in other words preventing stunting as a form of fulfilling one of the nutritional needs in the first 1000 days of life. Research result(Amaha & Woldeamanuel, 2021)stated that each visit to the ANC clinic reduced the likelihood of stunting by 6.8% ($p < 0.0001$). The likelihood of being stunted decreased by 7% ($p = 0.028$) for each class a girl spent in school.

Maternal and child health problems contributing to stunting are as follows: Before pregnancy: anemia 32%. Pregnant women - giving birth: Anemia 48.9%, (pregnant women: Anemia 48.9% and KEK 17.3%) besides that it is also found in pregnant women with a 28% risk of complications. Infants - Toddlers: Born prematurely 29.5%, Low Birth Weight 6.6%, Birth Length <48 cm 19.4%, Toddlers with diarrhea 9.8%, Toddlers with pneumonia 1.7%, Toddlers with malnutrition and malnutrition 7.1 %.(RI Ministry of Health., 2021).

The Indonesian Nutrition Status Survey (SSGI) at the BKKBN National Working Meeting, Wednesday (25/1) where the prevalence of stunting in Indonesia fell from 24.4% in 2021 to 21.6%

in 2022. The target I conveyed was 14% in 2024 The problem of stunting in the city of Batam in the last three years has decreased where in 2000 it was 7.21%; in 2021 it will be 6.02% and in 2022 it will be 2.24%. Even though the stunting rate at the city level has decreased, there are still many children who are stunted in the working area of the puskesmas. The number of stunted children under five is 59,466. If not handled properly, stunting will cause a state economic loss of 3% of Gross Domestic Product.

Indonesia is projected to experience a peak of productive growth (Demographic Bonus) in 2035. However, this demographic bonus will be useless and will even become a burden to the state, if the prevalence of under-five stunting is not corrected at this time. Based on this, it is necessary to handle stunting in an integrated manner from all elements.Stunting research has been carried out a lot, but the research findings of this research will be valuable findings and will receive special attention from various policy makers in handling and reducing stunting in Indonesia.

Literature review

Stunt of Government Regulation Number 72 of 2021 is a disturbance in the growth and development of children due to chronic malnutrition and recurrent infections, which are characterized by their length or height below the standard set by the minister who administers government affairs in the health sector. While the definition of stunting according to the Ministry of Health (Kemenkes) is a child under five with a z-score value less than -2.00 SD/standard deviation (stunted) and less than -3.00 SD (severely stunted).(RI Ministry of Health., 2021).

The incidence of stunting originates from health conditions or poor nutritional status in pre-marital women or mothers during pregnancy. The period of growth and development of the fetus leading to birth so that nutritional disorders that occur during pregnancy will have a major impact on the health of both the mother and the fetus. Mothers who are short (height <150 cm) and thin (body mass index <18.5 kg/m2) have a greater risk of giving birth to stunted babies. Macro-nutrients and micro-nutrients in pregnant women need attention. During the perinatal period, the fetus is 28 weeks old in the womb until 7 days after birth. At this time is the process of child development.(Fahmil Usman, 2020).

Many factors lead to stunting in children. These factors can come from the child himself or from outside the child. Factors causing stunting can be caused by direct or indirect factors. The direct causes of stunting are nutritional intake, birth weight, number of children, and the presence of infectious diseases while the indirect causes are exclusive breastfeeding, parenting, health services, food availability, cultural factors, parental education, parental knowledge, economy and there are many other factors

Breast milk is the best food to meet the nutritional needs of infants for optimal growth and development. Exclusive breastfeeding starts from 1 hour (Early Breastfeeding Initiation (IMD) after birth until 6 months old. After 6 months of age, babies must be given MP ASI and continue breastfeeding until 2 years of age or more. This is because after 6 months of age Breast milk does not meet the baby's needs for energy, protein and micronutrients. In the first two years babies are prone to malnutrition problems, therefore breastfeeding is an inexpensive and effective intervention besides breast milk food(ASDI, IDAI, 2017).

Stunt can have a negative impact on children's lives in the future. According to the WHO (World Health Organization) the impact that can be caused if a child is stunted can be divided into

two, namely the short-term impact and the long-term impact.(RI Ministry of Health, 2018). One of the high-risk short-term impacts is an increase in the incidence of morbidity and mortality and the risk of long-term impacts. Learning capacity and performance that is less than optimal during the school period results in sub-optimal productivity and work capacity.

According to the Indonesian Ministry of Health (2019), stunting is a problem with various causes so intervention efforts are needed from various related sectors, including the following: prevention of stunting targeting pregnant women, prevention of stunting in newborns, health services for babies aged 6 months to 2 years , monitoring the growth of toddlers in posyandu is a very strategic effort to detect early growth disturbances.

Research Hypothesis

Ha: There is a relationship between exclusive breastfeeding and stunting in toddlers

H0: There is no relationship between exclusive breastfeeding and stunting in toddlers

Ha: There is a relationship between the frequency of antenatal care visits and the incidence of stunting in toddlers

H0: There is no relationship between the frequency of antenatal care visits and the incidence of stunting in toddlers

Methodology

The design of a community-based case-control study was carried out from research carried out in January - February 2023 in Sadai Village, the working area of the Sungai Panas Batam Health Center in 2023.The required sample size for this research is determined byusing the formula (Lemeshow, et al 1997) the calculation results obtained 23 people as cases and 23 people as controls.

The sampling technique uses non-probability sampling, namely systematic sampling based on the order of members of the population, according to predetermined inclusion and exclusion criteria (secondary data from puskesmas). Children with height for age z scores for height ≤ −2 SD were enumerated as cases, whereas children with z scores for height ≥ 2 SD to z scores for height +2 SD were counted as controls. With the following inclusion criteria: 1) Mothers under five who live in Sadai Sub-District, Batam City Health Center work area; 2) Mothers of toddlers who have toddlers diagnosed with stunting; 3) Mothers of toddlers who are willing to be respondents. While the inclusion criteria are mothers of toddlers who have toddlers diagnosed with stunting who have comorbidities such as congenital diseases or congenital abnormalities.

After the households with cases and households with controls were identified, the sample size was allocated proportionally using a systematic sampling technique from a total population of 138 individuals. The first household is selected by simple random method and the rest are selected systematically by using an odd number.

Data collection procedures and instruments

Data was collected through house to house visits. The questionnaire was developed from various sources of information according to the research variables. The research step was to conduct home visits according to data from sampling from the population (secondary data), then face-to-face interviews were carried out with subjects who met the requirements using a questionnaire that had been developed and had been tested for validity and reliability.

Research result

The results of the univariate analysis showed that 54.3% of respondents did not work, most of the respondents had basic education 52.2%, with income< 4,500,000, - who have toddlers in the age range of 24-36 months as much as 78.3%.

Bivariate test results using the Chi – Square test were obtainedthe p-value is 0.003, thus H0 is rejected, meaning that there is a significant relationship between exclusive breastfeeding and stunting. The OR calculation results show that babies who are not given exclusive breastfeeding will be at risk of 8,229 times experiencing stunting. In addition, the results of statistical tests with Chi Square obtained p-value = 0.037, thus H0 was rejected, meaning that there was a relationship between visits to Ante Natal Care (ANC) and the incidence of stunting in toddlers. Results OR calculations show that pregnant women who do not carry out pregnancy checks according to the rules will be at risk of 4.407 times stunting in their children under five.

Furthermore, the results of the multivariate test using the multiple regression test obtained the strong value of the β effect from the ANC visit of 0.168, meaning that there was an effect of ANC visits on the incidence of stunting of 16.8%. And it was also obtained that the effect of exclusive breastfeeding was 0.096, meaning that there was an effect of exclusive breastfeeding on the incidence of stunting of 9.6%. Thus it can be concluded that the variable that has the dominant influence on the incidence of stunting is the variable ANC visits.

Discussion

The results of hypothesis testing with statistical tests using the Chi Square test obtained a p value of 0.003, meaning that there is a significant relationship between exclusive breastfeeding and stunting. The OR calculation results show that babies who are not given exclusive breastfeeding will be at risk of 8,229 times experiencing stunting. These results are supported by research(Louis et al., 2022), stated that the results of the chi square test obtained p = 0.000 (0.000 <0.05), meaning that there is a relationship between exclusive breastfeeding and the incidence of stunting in toddlers. Meanwhile, in the odds ratio test, the value of OR = 61 was obtained, which means that children who are not exclusively breastfed have a 61 times greater chance of experiencing stunting compared to toddlers who are exclusively breastfed. Exclusive breastfeeding can reduce the risk of occurrence.

These results are supported by the theory(Ministry of Villages, Development of Disadvantaged Regions & Indonesia, 2017), stateStunting is a condition where a person's height is shorter than the height of other people of the same age. Stunting can be caused directly or indirectly. The direct causes include: 1) chronic lack of nutrient intake 2) the occurrence of

infectious diseases resulting in metabolic disorders and increased nutritional needs. Indirect causes of stunting can be caused by mothers under five who have poor nutritional status before and during the mother's pregnancy, lack of knowledge, economic factors, and environmental sanitation. This result is also supported by the theory that services are still limited, including ANC services – Ante Natal Care (health services for mothers during pregnancy.

The results of this study are in line with research(Diani Magasida & Erawati, 2022), stated that the quality of antenatal care was significantly related to the incidence of stunting, including the frequency of antenatal care visits and the standard of antenatal care, but the quality of antenatal care was not significantly related to the incidence of stunting, namely the place of antenatal care visits. Furthermore, the results of this study also reveal the dominant factor that influences stunting in the Sadai sub-district, namely the variable frequency of antenatal care visits.

Conclusion

Based on the results of the data analysis and discussion that has been described, this study concludes that exclusive breastfeeding, the frequency of visits to maternal services during pregnancy (antenatal care), is significantly related to the occurrence of stunting and the frequency of visits to maternal services during pregnancy (antenatal care) is a variable. which is the most dominant as a cause of stunting so that it must receive special attention. If the government wants to reduce the prevalence of stunting in the Sadai sub-district, the working area of the Sungai Panas Health Center, it should increase counseling to the public, especially pregnant women, about the importance of regular quality prenatal check-ups according to the rules.

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