Journal of Midwifery and Nursing, 6 (1) (2024) pp. 391-396

Published by: IOCSCIENCE

Journal of Midwifery and Nursing

Journal homepage: www.iocscience.org/ejournal/index.php/JMN

The differences about behaviour of providing breast milk's complementasry food by mother with under two years child stunting and non stunting in Kedungwaringin Health Centre Area

Dewi Agustin, Rizky Fitri Andini, and Ikha Prastiwi
[1,2,3]Midwifery, STIKes Bhakti Husada Cikarang, 17530. Indonesia

ARTICLE INFO

Article history:

Received Dec 28, 2023
Revised Jan 09 2024
Accepted Jan 30, 2024

Keywords:

Complementary food;
Non stunting;
Stunting.

ABSTRACT

Nutrition in the first 1000 days of birth (HPK) is seen as one of the main factors in a child's growth and development, this can influence the stunting status of children during that period. breast milk's Complementary food (MPASI), which is additional food given to babies after the baby is 6 months old, is given to accompany and complement breast milk. Breast milk must continue to be given to babies, at least until the age of 24 months. This research is aimed at finding out any differences in the pattern of giving MP ASI by mothers to stunting and non-stunting infants in the Kedungwaringin Community Health Center working area. This research is an observational study with a cross sectional approach, with a sample size of 34 respondents. where data on stunting and non-stunting was obtained based on data on the nutritional status of toddlers at the Kedungwaringin Community Health Center, followed by a questionnaire on providing MP ASI to the respondent's mother. The results of this study showed that the inappropriate behavior of giving MP ASI to stunted and non-stunting toddlers was 81.25% and 38.8%, the results of the chi square test showed a p value of 0.017 (< 0.05) There is a significant difference in the behavior of giving breast milk's complenetary food to stunted and non-stunting toddlers in the Kedungwaringin Community Health Center working area. Suggestion - It is important to carry out education and counseling regarding the behavior of giving complementary food which can be given before the pregnancy period.

Corresponding Author:

Dewi Agustin,
Midwifery Program,
STIKes Bhakti Husada Cikarang,
Jl. R.E. Marthadinata (By Pass) Cikarang Bekasi, West Java, Indonesia, 17530.
Email: dewi.agusthine@gmail.com

1. Introduction

Stunting is a condition where a toddler has less length or height compared to his age (Ministry of Health of the Republic of Indonesia, 2018). Stunting can occur as a result of malnutrition, especially during the First 1000 Days of Life (HPK). One way to prevent stunting is to provide nutrition and health services to mothers since pregnancy. This effort is very necessary, considering that stunting will affect the child's intelligence level and health status as an adult. The consequences of malnutrition at 1000 HPK are permanent and difficult to repair. The main cause of stunting in children is nutritional intake. Prevention of stunting should be done by efforts to meet nutritional needs from the time the child is in the womb

until the age of two years. Astari (2020) show on her research that parent educational level is significantly related with stunting prevention (Astari, 2020)

Stunting is a nutritional problem in the world, there are 165 million children under five in the world who are stunted. Eighty percent of stunted toddlers are spread across 14 countries in the world and Indonesia is ranked fifth in the countries with the largest number of stunted children (UNICEF, 2013). Data on stunting in Indonesia shows that the prevalence of stunting nationally has increased from 35.6% (2010) to 37.2% (2013) and to 30.8% (2018), while data from the results of the Nutrition Status Monitoring (PSG) in 2017 shows that the percentage of stunted toddlers in the toddler group (29.6%) is greater when compared to toddlers (20.1%) (Kinanti Rahmadhita, 2020).

Based on data on the prevalence of stunted toddlers collected by WHO, in 2020 as many as 22% or around 149.2 million toddlers in the world experienced stunting (World Health Organization, 2021). According to the Indonesian Toddler Nutrition Status Survey (SSGBI) in 2019, the stunting rate in Indonesia decreased to 27.7%. In the same year, the stunting rate in West Java also decreased to 26.21% (RI Ministry of Health, 2019) (Wulandari Leksono et al., 2021).

The results of the 2021 Indonesian Nutritional Status Study (SSGI), the prevalence of stunted toddlers in Indonesia is 24.4% and the prevalence in West Java of stunted toddlers is 24.5%, while in Bekasi district, stunted toddlers are 21.5%. In 2019, the prevalence of stunting in children under five was 27'7% and in 2021 it decreased to 24.4%. If you look at the distribution of stunting according to age groups in Indonesia, it is highest at 24-27 months of age and the lowest is 0-5 months of age (Indonesian Nutritional Status Study 2021) (Situation-Toddlers-Short-2016, n.d.)

Health and nutrition are one of the essential needs of early childhood that must be met, with this it is hoped that children can grow and develop optimally according to their age group. Growing means increasing body size and the number of cells and tissue between cells. Indicators to determine growth are increases in height, weight and head circumference. Developing is an increase in a child's structure, function and more complex abilities, including Sensory abilities (the ability to hear, see, touch, feel, smell) Motor (consisting of gross, fine and complex movements) Communicate and interact (smile, cry, talk, etc) (Fitri et al., 2021).

Factors that influence children's growth and development are nutritional intake. Lack of nutrition in food causes children's growth to be disrupted which will affect the development of the entire body. Growth disorders can begin after a child is 6 months old because since then complementary foods are needed to fulfill nutritional needs. Food that is insufficient in both quantity and quality will have an impact on retarded growth (Rukmawati et al., 2020). Researh by Kurniasari (2022) show that factor was contributing stunting, one of them is giving breast milk as primary nutrition for babies untill six month with p value 0,046 (Kurniasari et al., n.d.).

The nutritional needs of babies are different from the needs of children and adults. Babies only need to be given breast milk until the age of 6 months, after 6 months every baby needs additional food, namely complementary food (Ministry of Health of the Republic of Indonesia, 2011). Complementary breast milk (MPASI) is additional food given to babies after the baby is 6 months old. So apart from complementary breast milk food, breast milk must also be given to babies, at least until the age of 24 months. The role of complementary breast milk food is not at all to replace breast milk but only to complement breast milk so in this case complementary breast milk food is different from weaning food given when The baby no longer consumes breast milk. Improper patterns of giving complementary food, in this case too early, will reduce breast milk consumption and if it is too late it will also cause the baby to be malnourished. Diarrhea in babies is still an important public health problem in Indonesia. Number of infant deaths in Indonesia currently it is 27 deaths per 1,000 live births. One of the biggest causes of death is diarrhea, UNICEF also stated that every 30 seconds a child dies due to diarrhea in Indonesia, and it is the second number in the world for killing children under five (WHO, 2021).

In the Framework of Action: Indonesia Complementary Feeding document, it is stated that providing complementary food in Indonesia is still inadequate and inappropriate. More than 40% of Indonesian babies are given complementary food at a too early age (under 6 months), in West Java, in

2018 the coverage of exclusive breastfeeding for babies aged 0-6 months was 37.29% with Bogor Regency in 2018. -15 out of 27 districts/cities in West Java for the highest exclusive breastfeeding coverage. Coverage of exclusive breastfeeding in Bogor Regency is only 45.5% (. Babakan Madang District, one of the areas in Bogor Regency, has a fairly low coverage of babies given exclusive breastfeeding, namely 23% in 2017. PIS-PK data for the Babakan Madang District, Bogor found that 83.7% of mothers provided drinks (liquids) or food other than breast milk before their children were 6 months old (West Java Provincial Health Profile, 2019).

Based on the research results of Sari (2017), the results showed that the accuracy of complementary food for normal toddlers, namely those who were given complementary food at the age of ≥6 months with a total of 35 people (78%) and <6 months with a total of 10 people (22%). Meanwhile, 38 children with stunting received complementary food at the age of ≥6 months (84%) and 7 people (16%) at <6 months (Lia Artika sari, 2021).

The results of the study showed that there was no influence of mothers' lack of knowledge regarding exclusive breastfeeding and correct provision of MPASI in the group of mothers who visited the posyandu and those who did not visit the posyandu. On average, complementary food was first given at the age of 3 months with bananas, packaged porridge and biscuits, although there were some mothers who gave complementary food at the age of 0 months (Asri Masitha Arsyati, 2019).

The results of this research hoped can help the government's efforts to reduce stunting rates and make sure how to prevent stunting in children through various integrated activities based on valid research results.

2. Methode

This research was an observational study with a cross sectional approach design where the independent variable and dependent variable are measured simultaneously. This method was used to measure the behavior of providing breast milk's complementary food by mother under 2 years child with stunting and non-stunting in the working area of the Kedungwaringin Health Center. In this study, the behaviour of providing was the independent variable and the incidence of stunting and non-stunting toddlers was the dependent variable.

3. Results and analysis

The results of chi square test can be seen in the following table:

Table 1
The result of chi square test for behaviour of providing breast milk's complementary food by mother with under two years child stunting and non stunting in Kedungwaringin Health Centre Area

Providing Complentary Food	Stunting						P Value	OR (95%CI)
	Yes		No		Total			
	N	%	N	%	N	%		
Not suitable	13	81,25	7	38,8	20	58,8		
Suitable	3	18,75	11	61,2	14	41,2	0,017	6.810
Total	16	100	18	100	34	100		

Test results by chi square above can be concluded that statistically there is a significant difference in the behavior of giving complementari food between mothers and toddlers who are stunting and non-stunting. The results of this study showed that the inappropriate behavior of giving breast milk's complementary food to stunted and non-stunting toddlers was 81.25% and 38.8%, the results of the chi square test showed a p value of 0.017 (< 0.05) Conclusion - There is a significant difference in the behavior of giving breast milk's complenetary food to stunted and non-stunting toddlers in the Kedungwaringin Community Health Center area.

When a baby or child passes the age of 2 years, parents often realize that their baby is stunted, it often happens that many parents deny that their child is one of the children with stunting status. The results of the research above are in line with the results of shows that there is a significant difference in the history of providing complementari food to stunted and non-stunting toddlers with a P value of 0.001. Research conducted by Wangiyana (2021) previously stated that there was a significant relationship between giving complementari food and the incidence of stunting in the Central Lombok region, West Nusa Tenggara with a P value of 0.049. The behavior of giving MP ASI to stunting and non-stunting toddlers in the Kedungwaringin Community Health Center area concluded that 58.95% of mothers had behavior that was not in accordance with the recommended pattern of giving MP ASI, both from the first age of giving complementari food, duration of giving ASI, form of MP ASI, portion of complementari food, frequency of giving complementari food and how to give complementari food. (Ni Komang Ayu Swanitri Wangiyana et al., 2020).

Statistically, the results of this study show that there is a significant difference in the behavior of giving complementari food between mothers with stunting and non-stunting toddlers, where there are 13 mothers (81.25%) with inappropriate behavior of giving complementari food and children experiencing stunting, while mothers with behavior of giving complementari food to mothers with appropriate behavior of giving MP ASI to non-stunting babies is 18.75%, with a P value of 0.017, it can be stated in the statistical results that there is a significant difference in the behavior of giving complementari food to mothers with stunting and non stunting. The OR value in the table above is 6,810, so it can be concluded that inappropriate complementary feeding behavior is 6,810 times morerisky for stunting toddlers than mothers who have appropriate complementary feeding . Result of research by Aisyah Cici (2021) also showed that frekuences of giving complementary food is significant with stunting with p value 0,028 (Cici et al., 2021).

Analysis results by Mirnawati (2020) are difference with this research that give conclusion that there's no relationship between the frequency of feeding and the exclusive breastfeeding edition with the occurrence of stunting children under two years. (Mirnawati, 2020)

4. Conclusion

Looking at the research results, it is necessary to provide education or health education for mothers and prospective mothers about providing appropriate and appropriate complementary foods, so that the incidence of stunting can be prevented more optimally. This is in accordance with research by Rosdiana (2020) that there is a significant difference between the suitability of giving MP-ASI to babies aged 6-12 months before and after being given health education. So it is hoped that health workers can provide comprehensive health education about providing appropriate and appropriate complementary food to mothers who have children aged 6-12 months in particular (Eva Rosdiana et al., 2020).

This result also give a conclusion that how reduce stunting is come from pregnancy planning, during pregnancy and also after birthing until 1000 first day of life (1000 HPK), analysis from Syukur (2021) show that history about defisit cronical energy during pregnancy is significant and giving 30% contributing to stunting (BSyukur, 2021), Prevention of stunting can be done as a teenager by preventing the incidence of anemia by giving blood supplement tablets to teenagers and pregnant women (Utomo et al., 2020)

The contribution of this research is to develop a programs for reducing stunting by education about giving complementary food. This study has limitations in terms of sample size and research design. the number of samples is relatively small. It is recommended that future researchers use a qualitative research design to dig deeper individually regarding the things that cause stunting by other factors or variables.

This reaserach is hoped can be contributed for additional references to increase science especially the field of midwifery.

Reference

Asri Masitha Arsyati. (2019). PENGARUH PENYULUHAN MEDIA AUDIOVISUAL DALAM PENGETAHUAN PENCEGAHAN STUNTING PADA IBU HAMIL DI DESA CIBATOK 2 CIBUNGBULANG. *Jurnal Mahasiswa Kesehatan Masyarakat*, *2*(3). https://ejournal.uika-bogor.ac.id/index.php/PROMOTOR/article/view/1935

Astari, L. . N. A. . dan D. (2020). Hubungan Karakteristik Keluarga, Pola Pengasuhan dan Kejadian Stunted Anak Usia 6-12 Bulan. Media Gizi dan Keluarga. *Media Gizi Dan Keluarga*.

BSyukur, S. (2021). *Open Access Analisis Masalah Stunting (Pendek) pada Baduta di 1000 Hari Pertama Kehidupan di wilayah Kerja Puskesmas Telaga Kabupaten Gorontalo*. *4*(2).

Cici, A., Haryati, P., & Mahmudiono, T. (2021). *Frekuensi Pemberian MP-ASI pada Baduta Stunting dan Non-Stunting Usia 6-24 Bulan Di Wilayah Kerja Puskesmas Sidotopo Kota Surabaya Frequency of Complementary Feeding Practices in Stunting and Non-Stunting Under Two Aged 6-24 Months in Sidotopo Health Cent*.

Dinas Kesehatan Provinsi Jawa Barat. (2019). *Data Profil Kesehatan*.

Eva Rosdiana, Febri Yusnanda, & Lia Afrita. (2020). *PENGARUH PENDIDIKAN KESEHATAN TERHADAP KESESUAIAN PEMBERIAN MP-ASI GUNA PENCEGAHAN STUNTING PADA BAYI USIA 6-12 BULAN DI WILAYAH KERJA PUSKESMAS BAITUSSALAM ACEH BESAR*. *6*(2). https://jurnal.uui.ac.id/index.php/JHTM/article/view/1158

Fitri, N., Sari, P., Astuti, S., & Aryuti Nirmala, S. (2021). *PADA BALITA STUNTING USIA 24-59 BULAN* (Vol. 7, Issue 1).

Kinanti Rahmadhita. (2020). Permasalahan Stunting dan Pencegahannya. *Jurnal Ilmiah Kesehatan Sandi Husada*.

Kurniasari, R., Suyani, S., Daerah Soejarwadi Klaten, J. R., Ki Pandanaran NoKM, J., Sel, K., Klaten, K., & Tengah, J. (n.d.). *FAKTOR RESIKO TERJADINYA STUNTING PADA BADUTA*. http://journal.stikeskendal.ac.id/index.php/PSKM

Lia Artika sari. (2021). Complementary Feeding or Infants Aged 0-6 Months and The Related Factors. *Urnal Kesehatan Komunitas (Journal Of Community Health)* , *7*(2). https://jurnal.htp.ac.id/index.php/keskom/article/view/930

Mirnawati. (2020). Hubungan frekuensi pemberian makanan dan riwayat asi eksklusif dengan kejadian stunting pada baduta di desa parappe. *Journal of Health, Education and Literacy (J-Healt*. https://doi.org/10.15294/kemas.v14i3.1562

Ni Komang Ayu Swanitri Wangiyana, Titi Pambudi Karuniawaty, Ristania Ellya John, Ratu Missa Qurani, & Jeslyn Tengkawan. (2020). THE COMPLEMENTARY FEEDING PRACTICE AND RISK OF STUNTING AMONG CHILDREN AGED 6-12 MONTHS IN CENTRAL LOMBOK. *Jurnal Penelitian Gizi Dan Makanan*, *43*(2). https://pgm.persagi.org/index.php/pgm/article/view/666

Rukmawati, S., Astutik, P., & Slamet, P. R. (2020). The Relationship Between Complementary Feeding and Stunting Eventsin 2 to 5 Years of Age. *Journal for Quality in Public Health*, *4*(1), 27–32. https://doi.org/10.30994/jqph.v4i1.146

Utomo, E. T. R., Rohmawati, N., & Sulistiyani, S. (2020). Pengetahuan, dukungan keluarga, dan teman sebaya berhubungan dengan konsumsi tablet tambah darah pada remaja putri. *Ilmu Gizi Indonesia*, *4*(1), 1. https://doi.org/10.35842/ilgi.v4i1.147

WHO. (2021). *Diarrhoea remains a leading killer of young children, despite the availability of a simple treatment solution*. https://data.unicef.org/topic/child-health/diarrhoeal-disease/

Wulandari Leksono, R. A. T. . H. E. ., Kartika Prameswary, Sekar Pembajeng, Felix, Shafa Ainan Dini, Rahmadina, Hadayna, Roroputri Aprilia, & Hermawati. (2021). Risiko Penyebab Kejadian Stunting pada Anak. *Jurnal Pengabdian Kesehatan Masyarakat: Pengmaskesmas*, , *1*(2), 34–38.