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Factors Associated with the Incidence of Stunting in Toddlers in the Working Area of the Wanaraja Health Center, Garut Regency

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Abstrak

Stunting merupakan kondisi dimana balita memiliki panjang atau tinggi badan yang kurang dari usianya. Kondisi ini diukur dengan panjang atau tinggi badan yang lebih dari minus dua simpangan baku dari median simpangan baku pertumbuhan anak. Penyumbang angka stunting tertinggi terdapat di Kecamatan Wanaraja, yaitu sebanyak 262 (28,9%) balita stunting dari 907 balita yang telah diukur. Metode: Penelitian ini menggunakan penelitian kuantitatif dengan desain crosssectional. Data dianalisis menggunakan teknik uji analisis Chi-Square. Hasil: Hasil penelitian menunjukkan variabel yang berhubungan dengan kejadian stunting adalah status ekonomi rendah p-value 0,019 (95% CI 1,91-10,481), pendidikan ibu p-value 0,037 (95% CI 0,090-0,970). Tinggi badan ibu p-value 0,002 (95% CI 1,766-14,652), riwayat pemberian ASI eksklusif p-value 0,001 (95% CI 1,948 – 15,410), berat badan lahir p-value 0,009 (95% CI 1,359-11,130). Hasil analisis multivariat tinggi badan ibu memiliki risiko stunting tertinggi p-value 0,008 (95% CI 1,484-13,718) dan jenis riwayat pemberian ASI eksklusif merupakan faktor yang paling signifikan terhadap kejadian stunting p-value 0,005 (95% CI 1,621-14,433). Kesimpulan Tinggi badan ibu merupakan faktor yang paling dominan berhubungan dengan kejadian stunting.

Kata kunci: *Stunting, Balita, ASI Eksklusif*

Abstract

Stunting is a condition where toddlers have a length or height that is less than their age. This condition is measured by a length or height that is more than minus two standard deviations of the median standard deviation of the child's growth. The highest contributor to the stunting rate was in Wanaraja District, 262 (28.9%) stunting under-fives out of 907 children under five that had been measured. Method: This research uses quantitative research with a crosssectional design. The data were analyzed using the Chi-Square analysis test technique. Result: The results showed that the variables associated with the incidence of stunting were low economic status p-value 0.019 (95% CI 1.91-10.481), mother's education p-value 0.037 (95% CI 0.090-0.970). Maternal height p-value 0.002 (95% CI 1.766-14.652), history of exclusive breastfeeding p-value 0.001 (95% CI 1.948 – 15.410), birth weight p-value 0.009 (95% CI 1.359-11.130). The results of the multivariate analysis of maternal height had the highest risk of stunting p-value 0.008 (95% CI 1.484-13.718) and the type of history of exclusive breastfeeding was the most significant factor in the incidence of stunting p-value 0.005 (95% CI 1.621-14.433). Conclusion Mother's height is the most dominant factor in relation to the incidence of stunting.

Keywords: *Stunting, Toddler, Exclusive Breastfeeding*

INTRODUCTION

Stunting, or failure to thrive in children under five years of age, is a condition in which children under five have less length or height when compared to their age. This condition is measured by length or height that is more than minus two standard deviations of the median child growth standard (Data and Information Center of the Indonesian Ministry of Health, 2018). Toddler stunting is a chronic nutritional problem caused by many factors such as socioeconomic conditions, maternal nutrition during pregnancy, infant illness, and lack of nutritional intake in infants. Stunted toddlers in the future will have difficulty in achieving optimal physical and cognitive development. The danger of stunting will certainly continue in the process of physical and brain development and growth of the child, even the threat of a decrease in the level of productivity in adulthood to be vulnerable to disease. This condition will certainly have a long-term impact on reducing life expectancy, as well as increasing the burden of health costs given the high risk of morbidity and mortality in those with a history of stunting (Sumarmi, 2020).

The World Health Organization (WHO) global report in 2021 stunting prevalence rate is 22% or 149 million children under the age of five experience stunted growth and development due to chronic lack of essential nutrients in the diet. Indonesia is the 27th largest country in the world for stunting after Tanzania. The highest cases of stunting are found in the Burundi region of Africa (WHO, 2022).

Malnutrition in toddlers based on the Height-for-Age (TB/U) index includes the categories of very short and short. Basic Health Research (Riskesdas) in 2018 stated that the percentage of very short in toddlers aged 0-23 months (baduta) in Indonesia was 12.8%, while the percentage of short was 17.1%. This condition increased from the previous year where the percentage of very short was 6.9% and short was 13.2%. Among under-fives aged 0-59 months, the percentage of very short was 11.5%, while the percentage of short was 19.3%. This condition increased from the previous year, where the percentage of toddlers aged 0-59 months was very short at 9.8% and short toddlers at 19.8% (Ministry of Health, 2020).

The danger of stunting has become the main focus of national nutrition problems in Indonesia, this can be seen from Indonesia's SDG's indicators which mention the target of reducing stunting by 40%. This has shown the government's national commitment to the problem of stunting, and this commitment is the initial foundation for the development of subsequent campaigns and programs (Sumarmi, 2020).

Meanwhile, in the West Java region, the stunting rate states that the percentage of very short in toddlers aged 0-23 months (baduta) is 2.2%, while the percentage of short is 5.6%. In toddlers aged 0-59 months, the percentage of very short is 2.3%, while the percentage of short is 7.1% (Ministry of Health, 2020).

Riskesda (Basic Health Research) data shows that the prevalence of stunting in Garut Regency in 2018 reached 37.7%, and in 2021 according to SSGI (Indonesian Nutrition Status Study) it decreased to 35.2%. 75,258 or 30% of toddlers were weighed in 442 villages and 42 sub-districts, while the provisional results showed 12,593 (19.3%) toddlers were stunted. In Wanaraja sub-district, 262 (28.9%) toddlers were stunted out of 907 toddlers who had been measured (SSGI, 2021).

Efforts to reduce stunting rates are carried out through two approaches, namely a specific nutrition approach to address the direct causes of stunting and a nutrition-sensitive approach to address indirect causes (Ministry of Health, 2018). These two approaches, when taken together, constitute an integrated stunting reduction effort. Bappenas launched an integrated stunting reduction intervention guide for district governments in reducing the incidence of stunting. Based on these guidelines, there are 8 main indicators, including: percentage of infants with low birth weight (LBW); prevalence of underweight in children under five; prevalence of wasting in children under five; and percentage of infants less than six months old who are exclusively breastfed (Ministry of National Development Planning/Bappenas, 2018).

Meanwhile, research conducted by Nugroho et al in 2021 using the systematic review method, namely conducting a systematic review of 3 articles examining the factors associated with the incidence of stunting in children aged 24-59 months. From the results of the review, it is known that there are several influencing factors, namely energy intake, birth weight, mother's education level, family income level, parenting patterns and food diversity which have a p value = <0.05 (Nugroho et al., 2021).

The stunting conditions experienced by toddlers and children can be caused by several triggering factors such as maternal nutrition during pregnancy, illness in infants, and lack of nutritional intake in infants to the socioeconomic conditions of the community. A mother is an important key in determining the development of stunting, considering that the beginning of the child's development starts from the fetus. So the condition of the mother before pregnancy and during the pregnancy period is a condition that needs to be considered in combating stunting (Sumarmi, 2020).

Based on the description above, although the stunting data in Garut Regency has decreased, the Garut Regency government has responded to the above situation with various policies and real programs to prevent and overcome the existing stunting problem. This can be seen with the commitment of the Deputy Regent that the stunting rate in Garut Regency in 2023 is targeted to be reduced to 14 percent. This was expressed by the Vice Regent of Garut Helmi Budiman after attending the 2021 Integrated Stunting Reduction Convergence Action Performance Assessment event at the Bappeda Hall, Jalan Patriot, Tarogong Kidul District, Garut Regency, Tuesday (5/7/2022). Based on research studies, the factors that cause stunting are known. Factors that cause stunting from mothers, namely, the mother's education level, and the mother's height. Factors causing stunting from infants are the history of LBW, the sex of the child, and the history of exclusive breastfeeding. Factors causing stunting from social factors are economic status. This encourages researchers to analyze the factors associated with the incidence of stunting in toddlers in the Wanaraja Health Center Working Area, Garut Regency.

The purpose of this study was to determine the factors associated with the incidence of toddler circumcision in the working area of the Wanaraja Health Center, Garut Regency.

RESEARCH METHODS

This study uses a quantitative approach that is analytic in nature. By using a cross sectional design, the measurement of independent variables and dependent variables is carried out at the same time. The independent variables consisted of economic status,

maternal education, maternal height, exclusive breastfeeding and low birth weight while the dependent variable was the success of exclusive breastfeeding.

Instruments are tools used in research to obtain data. Research instruments are defined as standardized data collection tools or data collection tools that have validity and reliability standards. In this study, the instrument or measuring instrument used was a questionnaire. The questionnaire is a list of questions that are given to other people (respondents) according to the request for use. The reason researchers use questionnaires is because questionnaires are representative (representative), can measure a large number of respondents, short time, save energy and can explore data related to research topics. The questionnaire was used to obtain data on factors associated with the incidence of stunting in toddlers in the working area of the Wanaraja Health Center, Garut Regency.

This study uses a structured questionnaire using a questionnaire containing a list of questions to respondents. The questionnaire was given to the respondents and then it was expected that each respondent would fill it in with the opinions and perceptions of each individual respondent himself. The questionnaire used in this study is a direct and closed questionnaire, meaning that the questionnaire is given directly to the respondent and the respondent can choose one of the alternative answers that are available.

This study uses primary data using a questionnaire containing questions based on the variables studied. The questionnaire was distributed by the researcher, filling in the data was carried out by the respondents themselves who were waiting for the researcher. If there are questions that are not understood, they can be asked directly. This research was conducted on mothers of stunting toddlers in the working area of the Wanaraja Health Center, Garut Regency.

Population is the entire object of research or the object under study. Population is a generalization area consisting of objects / subjects that have certain qualities and characteristics set by researchers to study and then draw conclusions. The population in this study were all stunted toddlers who were recorded as having undergone services at the Posyandu in the working area of the Wanaraja Health Center, Garut Regency. The sample is a component of the research population that is expected to represent the population (Sugiono, 2017). The sample selection technique used in this study was incidental sampling. The Inclusion Criteria are mothers who have stunted toddlers, mothers who are willing to become respondents, respondents live in the Wanaraja Health Center work area. Exclusion Criteria are criteria where the research subject cannot represent the sample because it does not qualify as a research sample. The exclusion criteria in this study are: not mothers of stunting toddlers in the working area of the Wanaraja Health Center,

Garut Regency.

Univariate analysis was used to describe the characteristics of the independent and dependent variables. The overall data in the questionnaire was processed and presented in the form of a frequency distribution table. So the researcher made a frequency distribution table of all variable distributions contained in this study. This analysis is the basic material for further analysis and has the function of looking at existing data, whether it is suitable for analysis and seeing an overview of the data that has been collected.

Bivariate is to see the relationship of each independent variable to the dependent variable has meaning or not, to see the relationship between two variables, namely one independent and one dependent, the Chi Square test is used. Then to determine the degree of significance of the relationship between the two variables tested, the Odds Ratio measure was used because the research design was cross-sectional.

Multivariate analysis was conducted to determine the relationship of more than one independent variable with one dependent variable, namely analyzing the effect of independent variables (height, education level, economic status, breastfeeding, birth weight) on the dependent variable (incidence of stunting) using logistic regression analysis, to determine which independent variable was more closely related to the dependent variable with a p value <0.25.

The data used is in the form of a media questionnaire sheet. In answering these questions by giving a checklist mark. The data analysis method was carried out with the SPSS computerized program with univariate and bivariate analysis. After the results were obtained, the data were presented tabularly and texturally to make the data information more complete. Presenting the results using sentences. Presentation of data in the form of sentences starting from sampling, implementation of data collection and sample analysis results in the form of information from the data collection. Present the results of data processing using tables from simple to complex. Presentation of information in the form of numbers using row and column formats. In addition to being presented in tabular form as stated above, numerical data can also be presented in the form of a graph, or a complete frequency graph.

RESULT AND DISCUSSION

Uni Variate Analysis

This research was conducted in the working area of the Wanaraja Health Center. The research was conducted in several villages in Wanaraja. The number of respondents in this study were 86 mothers who had toddlers aged 24-59 months. The description of the

respondents who participated in this study is presented in the following table frequency distribution.

Table 1. Frequency Distribution of Respondents Based on Economic Status, Education, Maternal Height, Breastfeeding History, Birth Weight and Stunting

No	Variabel	Amount	(%)
1	Economic Status		
	Low	68	79,1
	High	18	20,9
	Amount	86	100
2	Mother Education		
	Low	57	66,3
	High	29	33,7
	Amount	86	100
3	Mothers Height		
	Risk	45	52,3
	Not Risk	41	47,7
	Amount	86	100
4	ASI History		
	Not Exclucive	62	72,1
	Exclusive	24	27,9
	Amount	86	100
5	Birth Weight		
	Risk	41	47,7
	Not Risk	45	52,3
	Amount	86	100
6	Stunting		
	Stunting	62	72,1
	Not Stunting	24	27,9
	Amount	100	100

Table 1 above shows that there were 86 respondents, the majority of respondents with low economic status were 68 people (79.1%) and the minority of respondents with high economic status were 18 people (20.9%). Of the 86 respondents, there were a majority of respondents with low education as many as 57 people (66.3%) and a minority of respondents with high education 29 (33.7%). There was a majority of at-risk maternal

height as many as 45 people (52.3%) and a minority of respondents with height not at risk 41 people (47.7%). Of the 86 respondents, there were a majority of respondents with a history of non-exclusive breastfeeding as many as 62 people (72.1%) and a minority of respondents with a history of exclusive breastfeeding as many as 24 people (27.9%). The majority of respondents with birth weight at risk were 41 people (47.7%) and the minority of respondents with birth weight not at risk were 45 people (52.3%). Of the 86 respondents 62 people (72.1%) experienced stunting and 24 people (27.9%) did not experience stunting.

2. Bi Variate Analysis

Table 2. Factors associated with the Incidence of Stunting in the Wanaraja Health Center Working Area in 2022

VARIABLE	Stunting		Not Stunting		Total		*P*	RR (95%IK)
	N	%	N	%	N	%		
Economic Status								
Income < Rp.1.975.220,92	53	85,5	15	62,5	68	79,1	0,019	3.533 (1,191-10,481)
Income > Rp.1.975.220,92	9	14,5	9	37,5	18	20,9		
Mothers Education								
Low (Not Educated)	37	59,7	20	83,3	57	66,3	0,037	0,296 (0,090-0,970)
High (High School, University)	25	40,3	4	16,7	29	33,7		
Mothers Heigth								
Risk (<145 cm)	39	62,9	6	25	45	52,3	0,002	5,087 (1,766-14,652)
Not Risk (>145 cm)	23	37,1	18	75	41	47,7		
ASI History								
Not Exclusive	51	82,3	11	45,8	62	72,1	0,001	5,479 (1,948-15,410)
Exclusive	11	17,7	13	54,2	24	27,9		
Birth Weight								
Risk (<2500 gram)	35	56,5	6	25	41	47,7	0,009	3.889

Not Risk (>2500)	27	43,5	18	75	45	52,3		(1,359-11,130)

1) Relationship between Economic Status and Stunting

Some of the factors that cause stunting are poverty. Poverty is considered to have an important role that is reciprocal as a source of nutritional problems, namely poverty causes malnutrition, otherwise malnourished individuals will slow economic growth and encourage the poverty process.

The results of this study state that toddlers who experience stunting and have low economic status are 85.5%, while toddlers who do not experience stunting and have low economic status are 62.5%. The statistical test results obtained a p-value of 0.019 means that it can be concluded that there is a relationship between economic status and the incidence of stunting. Stunting has a chance of 3.533 times (95% CI 1.191-10.481) in toddlers who have low economic status compared to toddlers with high economic status.

The results of this study are in line with the research of Zurhayati & Nurul H (2022) which shows that there is a relationship between income and the incidence of stunting in the UPT Puskesmas Tanjung Batu Kepri 2020 Working Area.

2) Relationship between Mother's Education and Stunting

Education is something that can bring someone to have or gain the widest possible insight and knowledge. People who have higher education will have broader insights and knowledge when compared to people who have lower education.

The results of this study stated that toddlers who were stunted and had mothers with low education levels were 59.7%. Toddlers who were stunted and had mothers with a high level of education amounted to 40.3%. The statistical test obtained a p-value of 0.037 means that it can be concluded that there is a relationship between maternal education level and the incidence of stunting. Stunting is 0.296 times (95% CI 0.090-0.970) likely in toddlers born to mothers with low education levels compared to toddlers born to mothers with high education levels.

The results of this study are in line with the research of (Huda T, 2024) which shows that there is a relationship between education and the incidence of stunting in the UPT Puskesmas Tanjung Batu Kepri 2020 Working Area. The results of this study are also in line with the research of Sari, et al (2019) which states that there is a relationship between the education of mothers of toddlers and stunting at Posyandu Arumdalu VIII Ngronggah Baru in 2019.

3) Relationship between Maternal Height and Stunting

Stunting in toddlers will have adverse effects on subsequent lives that are difficult to correct. Physical growth is related to genetic and environmental factors. Genetic factors include parental height. Maternal height is one of the risk factors for stunting.

The results of research conducted on toddlers in the Wanaraja Health Center Region, stated that toddlers who experienced stunting and had mothers with height at risk were 62.9%. Toddlers who are not stunted and have mothers with risky height are 25%. The statistical test results obtained a p-value of 0.002 means that it can be concluded that there is a relationship between maternal height and the incidence of stunting. Toddlers born to mothers with a height of less than 145 cm had a chance of 5.087 times (95% CI 1.766-14.652) compared to toddlers born to mothers with a height of more than 145cm.

This is supported by research conducted by Futihatul (2021), that the incidence of stunting in toddlers is significantly related to maternal height. From the results of the chisquare test analysis, it shows that height is associated with the incidence of maternal stunting P value 0.005 (p>0.05); OR: 1.26; CI: (0.58-2.73).

4) Relationship between breastfeeding history and stunting

Exclusive breastfeeding also contributes quite a lot in meeting nutritional needs. The fulfillment of the needs of infants 0-6 months can be met by breastfeeding alone. Exclusive breastfeeding is also important because at this age, food other than breast milk is not yet able to be digested by enzymes in the intestine, besides that the release of residual food combustion cannot be done properly because the kidneys are not yet perfect.

The many benefits of breast milk for growth and development support the results of this study. The results of this study showed that toddlers who were stunted and not exclusively breastfed were 82.3%, while toddlers who were not stunted and not exclusively breastfed were 45.8%. The statistical test results obtained a p-value of 0.001 means that it can be concluded that there is a relationship between exclusive breastfeeding and the incidence of stunting. Stunting has a chance of 5.479 times (95% CI 1.948-15.410) in toddlers who are not exclusively breastfed compared to toddlers who are exclusively breastfed.

This is in accordance with research conducted by Sr. Anita Sampe in 2020. The results of the study used the chi-square test and continued using the odds ratio test. The chisquare test results obtained p = 0.000 (0.000 <0.05), this indicates that there is a relationship between exclusive breastfeeding and the incidence of stunting in toddlers. While the odds ratio test obtained an OR = 61 value, which means that toddlers who are

not exclusively breastfed have a 61-fold chance of experiencing stunting compared to toddlers who are exclusively breastfed. Exclusive breastfeeding can reduce the risk of stunting.

5) Relationship between Birth Weight and Stunting

The results stated that toddlers who experienced stunting and were born with less birth weight were 56.5%. Toddlers who were not stunted were also born with a low birth weight of 25%. The statistical test results obtained a p-value of 0.009 means that it can be concluded that there is a relationship between the birth weight of toddlers and the incidence of stunting. The RR = 3.889 (CI 1.359-11.130) indicates that birth weight toddlers are at higher risk of 3.889 times experiencing stunting than birth weight toddlers who are not at risk.

The results of this study are in line with the research of (Huda T, 2023) which shows that birth weight has a significant relationship with the incidence of stunting, p value < α, namely 0.001 < α (0.05). With an OR value of 9.625 where toddlers with low birth weight have a risk of 9.625 times to experience stunting. The results of this study are also in line with research conducted by Nurul Farhanah (2018) which shows that the relationship between birth weight and the incidence of stunting in the Pisangan Health Center work area with a p value (0.015).

3. Multivariate Analysis

Multivariate analysis in this study used multiple logistic regression using the backward Likelihood Ratio method with a 95% confidence interval (95% CI) with α = 0.05. Multivariate tests were carried out by including all research variables, namely economic status, mother's education, mother's height, breastfeeding history and birth weight. In the first modeling analysis results, all variables were included, it was found that there was only 1 variable whose p value> 0.05, namely birth weight. In step 2, the largest p value was the economic status, further modeling the economic status variable was removed from the model, then in step 3 there was 1 variable with the largest p value was education, so further modeling the education variable was removed from the model.

Step 4 of the multivariate analysis results between the dependent variable and the independent variable shows that the final model of the logistic regression equation to determine the independent variable that most affects the dependent variable. There are two variables that show significant results as risk factors for the incidence of stunting in toddlers can be seen in Table 3.

Table 3. Logistic regression test results Analysis of Factors Associated with the Incidence of

Toddler Stunting in the Working Area of Puskesmas Wanaraja Garut Regency

Variable	B	S.E.	Wald	Df	P-Value	RR	95%IK (RR)	
							Lower Limit	Upper Limit
Mother Height	1,507	0,567	7,056	1	0,008	4,513	1,484	13,718
History ASI	1,576	0,558	7,984	1	0,005	4,837	1,621	14,433
Constant	-5,428	1,258	18,611	1	0,000	0,004		

After multivariate analysis, maternal height and exclusive breastfeeding are factors that cause stunting in toddlers in the Wanaraja Health Center working area, while other variables are confounding variables.

Of the two factors that have a relevant relationship to the incidence of stunting, maternal height is the factor with the greatest risk of stunting. This can be seen from the results of multivariate analysis, namely a p-value of 0.008 (95% CI 1.484-13.718). The results showed that toddlers who had mothers with a height of less than 145cm had a 4.513 times chance of experiencing stunting compared to children who had mothers with a height of more than 145cm.

This is supported by research conducted by Futihatul (2021), that the incidence of stunting in toddlers is significantly related to maternal height. From the results of the chisquare test analysis, it shows that height is associated with the incidence of maternal stunting P value 0.005 (p>0.05); OR: 1.26; CI: (0.58-2.73).

CONCLUSSION

Based on the results of data analysis and discussion in this study, it can be concluded that the factor most associated with the incidence of stunting is maternal height with OR 5.087. It is necessary to implement intervention programs to prevent stunting cases through parenting counseling, health promotion and improvement of feeding practices, promotion of healthy pregnancy, exclusive, timely complementary feeding, and promotion of healthy behavioral health, as well as reducing economic inequality.

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