JOURNAL LA MEDIHEALTICO

VOL. 05, ISSUE 05 (1118-1125), 2024
DOI: 10.37899/journallamedihealtico.v5i5.1645

The Relationship Between Mothers' Knowledge Level About Exclusive Breastfeeding and the Incidence of Stunting in Children Aged 24-59 Months

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Article Info

Article history:
Received 13 September 2024
Received in revised form 12 November 2024
Accepted 3 December 2024

Keywords:
Exclusive Breastfeeding
Knowledge
Stunting

Abstract

Children under five years-old (toddlers) were very vulnerable to nutritional deficits and one of the most common was stunting. Indonesia has the third highest prevalence in Southeast Asia. Stunting incidence often occurs in toddlers aged 24-59 months with one of the risk factors, namely unbalanced food intake, including not giving exclusive breastfeeding. Lack of maternal knowledge can cause poor parenting, especially exclusive breastfeeding. The aim of the study was to discovered the relationship between maternal knowledge and exclusive breastfeeding with the incidence of stunting in toddlers aged 24-59 months in work area of Kersana Public Health Center, Brebes Regency. This study used an observational analytic approach with sectional cross design. The number of research samples used in this study was 85 selective people with a technique of concecutive sampling. Data was taken using questionnaire and the analytical technique used Spearman correlation test. Most of respondents were aged 31-40 years (53,7%), elementary school education level (47,1%), maternal status (82,4%), and who had daughters (56,5%). The results of the Spearman correlation test showed that there was a significant relationship between the maternal knowledge (p = 0.000, r = -0.886), and exclusive breastfeeding (p = 0.000, r = -0.661) with the incidence of stuntin. The study concluded that there was a significant relationship between maternal knowledge and exclusive breastfeeding with the incidence of stunting in toddlers aged 24-59 months in work area of Kersana Public Health Center, Brebes Regency, with a negative correlation direction.

Introduction

Breast milk (ASI) is a crucial determinant of nutritional status for a child's growth and development (Nugraheni et al., 2020). According to Government Regulation No. 33 of 2012, exclusive breastfeeding is the breast milk given to an infant from birth for six months, without adding and/or replacing it with other foods or drinks (except for medicine, vitamins, and minerals) (Amir et al., 2018). Solid foods should be introduced after the child is six months old, and breastfeeding should continue until the child is two years old (Nugraheni et al., 2020; Novianti et al., 2021). Breast milk contains growth factors and antibodies. Growth factors in breast milk help the maturation process of organs and hormones, while antibodies help the immune system mature. This immune system maturation is crucial because an infant's immune

ISSN 2721-1215 (Print), ISSN 2721-1231 (Online)

system is not yet fully developed. If exclusive breastfeeding is not provided, the maturation of the immune system can be disrupted, making the infant more susceptible to infections (Wendiranti et al., 2017; Hanson & Korotkova, 2002).

The achievement of exclusive breastfeeding in Indonesia is still relatively low. According to the Ministry of Health, in 2010, the exclusive breastfeeding coverage in Indonesia was 31.0%, which decreased to 30.2% in 2013 (Pangkong et al., 2017). In 2017, the coverage increased to 61.33%, indicating an improvement compared to previous years. However, this figure has not yet reached the government's target of 80% exclusive breastfeeding coverage (Nugraheni et al., 2020). Data from the 2012 Central Java Provincial Health Profile shows that the exclusive breastfeeding coverage was only about 25.6%, a decrease from 45.18% in 2011, with the lowest coverage in Brebes Regency at 2.8%. According to data from the Brebes District Health Office, exclusive breastfeeding coverage was 26.46% in 2010, 28.77% in 2011, and 32.12% in 2012. These figures indicate that exclusive breastfeeding coverage in Brebes Regency remains very low (Normalasari & Mardiana, 2017).

A mother's knowledge can be one of the barriers to providing exclusive breastfeeding in Indonesia. Low levels of maternal knowledge can lead to poor parenting practices, particularly in exclusive breastfeeding (Hikmahrachim et al., 2020). Mothers with good knowledge are more likely to care for their children well, especially in terms of providing proper nutrition (Rahmawati et al., 2020). Knowledge is closely related to education, and higher education levels are expected to lead to better knowledge or information about nutrition (Mentari & Hermansyah, 2019). This is supported by studies by Nasrabadi et al. (2019) and Balogun et al. (2015), which found that the most significant factor in the failure to provide exclusive breastfeeding is the lack of knowledge, as some mothers do not know about exclusive breastfeeding (Langi et al., 2019).

According to the Ministry of Health in 2018, stunting is defined as a condition in children aged 0-59 months where height-for-age is below minus 2 standard deviations (<-2SD) from the WHO median standard. Stunting is also referred to as chronic malnutrition (Kemenkes, 2018). Toddlers are particularly vulnerable to nutritional deficits, with stunting being the most common issue. According to the Ministry of Health in 2013, stunting is more common in children aged 24-59 months than in those aged 0-23 months, as growth velocity slows down between the ages of 3 and 5 years (Mentari & Hermansyah, 2019). According to the UNICEF Framework, one of the factors contributing to stunting in toddlers is an imbalanced diet, including the absence of exclusive breastfeeding during the first six months of life (SJMJ et al., 2020). A 2016 study in Kenya found a relationship between exclusive breastfeeding and stunting in children (Gewa & Chepkemboi, 2016). This aligns with a study conducted by Nugraheni et al. (2020), which found that children aged 6-24 months who were not exclusively breastfed had a 1.282 times higher risk of stunting compared to those who were exclusively breastfed, making the history of exclusive breastfeeding a factor associated with stunting (Nugraheni et al., 2020).

According to the WHO, Indonesia ranks third in terms of the highest prevalence of stunting in the Southeast Asia Regional (SEAR) region (Kemenkes, 2018). Data from the 2013 Basic Health Research (Riskesdas) showed that 37.2% of toddlers experienced stunting, and by 2018, this had decreased by 6.4% to 30.8%, placing Indonesia among the top five countries globally for stunting. According to the Ministry of Health in 2016, stunting remains a problem in Indonesia, as the national prevalence is still above the WHO tolerance level of 20% (SJMJ et al., 2020). The prevalence of stunting in Central Java province was 28.5% in 2017. Brebes is one of the districts in Central Java prioritized for stunting reduction (Nugraheni et al., 2020). Data from the Brebes District Health Office reported that 2,195 toddlers in Brebes suffered from stunting in 2018, a decrease from 9,241 toddlers in 2017. As of April 2019, the highest

number of stunted toddlers in Brebes was in the working area of Kersana Health Center, with 263 stunted toddlers in 2018 (Ratnasari & Endriani, 2020).

Based on the background of this issue, the researcher is interested in investigating the relationship between mothers' knowledge about exclusive breastfeeding and the incidence of stunting in children aged 24-59 months in the working area of Kersana Health Center, Brebes Regency.

Methods

This research is an observational analytic study with a cross-sectional design. The study was conducted in the working area of Kersana Health Center, Brebes Regency, in June 2022. The research sample consisted of mothers with toddlers aged 24-59 months in the Kersana Health Center working area who met the inclusion and exclusion criteria. The sample was collected using consecutive sampling, where subjects meeting the inclusion criteria were included in the study until the sample size was reached, totaling 85 participants. The research data were obtained through the collection of both primary and secondary data. Primary data were obtained through interviews with mothers of toddlers using a questionnaire to measure knowledge levels. Secondary data included height-for-age (H/A) measurements taken from the Maternal and Child Health (MCH) book. The data were statistically processed using the Spearman correlation test to assess the relationship between the two variables, as well as the correlation coefficient and direction of the relationship. The independent variables in this study were the level of knowledge and exclusive breastfeeding, while the dependent variable was the incidence of stunting. This study received ethical clearance from the Ethics Committee for Health Research (KEPK) of the Faculty of Medicine, Swadaya Gunungjati University, with reference number 43/EC/FKUGJ/IV/2022.

Result and Discussion

The characteristics of the mothers studied in this research included education, occupation, and age, while the characteristics of the toddlers included gender. As shown in Table 1, the majority of the mothers had elementary education (47.1%), were housewives (82.4%), and most were aged 31-40 years (43.5%). In the toddler group, more were female (56.5%) than male.

Table 1. Respondent Characteristics

Characteristic	Frequency (n)	Percentage (%)
Age		
31- 40 Years	37	43,5
21-30 Years	36	42,4
41-50 Years	12	14,1
Last Education		
Elementary school	40	47,1
Junior high school	21	24,7
Senior high school	21	24,7
Undergraduate	3	3,5
Occupation		
Entrepreneur	11	12,9
Housewife	70	82,4
Laborer	1	1,2
Teacher	1	1,2
Farmer	2	2,3
Gender of Toddlers		
Female	48	56,5

Male	37	43,5

Table 2. Mothers' Knowledge Levels About Exclusive Breastfeeding

Knowledge Level	Frekuency (n)	Percentage (%)
Low	20	23,5
Aquadate	11	13
Good	54	63,5
Total	**85**	**100,0**

Table 3. Exclusive Breastfeeding

Exclusive Breastfeeding	Frekuency (n)	Percentage (%)
Yes	65	76,5
No	20	23,5
Total	**85**	**100,0**

Table 4. Stunting Incidence in Toddlers Aged 24-59 Months

Stunting	Frekuency (n)	Percentage (%)
Normal	62	72,9
Stunting	23	27,1
Total	**85**	**100,0**

Table 5. Relationship Between Mothers' Knowledge About Exclusive Breastfeeding and Stunting Incidence in Toddlers Aged 24-59 Months

Tingkat Pengetahuan	Nutritional Status (H/A)		Total		P value	r
	Stunting	Normal				
	n	n	n	%		
Good	0	54	54	63,5	.000	-.886**
Adequate	3	8	11	13		
Low	20	0	20	23,5		
Total	**23**	**62**	**85**	**100**		

Table 6. Relationship Between Exclusive Breastfeeding and Stunting Incidence in Toddlers Aged 24-59 Months

Exclusive Breastfeeding	Nutritional Status (H/A)		Total		P value	r
	Stunting	Normal				
	n	n	n	%		
Yes	7	58	65	76,5	.000	-.661**
No	16	4	20	23,5		
Total	**23**	**62**	**85**	**100**		

From Table 2, it is evident that 54 mothers (63.5%) had a good knowledge of exclusive breastfeeding, while the fewest, 11 mothers (13%), had adequate knowledge. Table 3 shows that the majority of mothers, 65 (76.5%), exclusively breastfed their children. In Table 4, most toddlers had normal nutritional status, with 62 (72.9%) in the normal category.

Table 5 shows that stunting was most prevalent among toddlers whose mothers had low knowledge (23.5%), while normal nutritional status was more common among toddlers whose mothers had good knowledge (63.5%). The Spearman correlation test results showed a p-value of 0.000 ($p<0.05$), indicating a significant relationship between maternal knowledge and stunting incidence. The correlation coefficient (r) was -0.886, indicating a negative correlation with very strong strength. This suggests that the higher the knowledge level about exclusive

breastfeeding, the lower the stunting incidence in toddlers aged 24-59 months in the Kersana Health Center working area.

Table 6 shows that stunting was found in 7 (10.8%) toddlers who had a history of exclusive breastfeeding and in 16 (23.5%) toddlers who did not receive exclusive breastfeeding. The Spearman correlation test results showed a p-value of 0.000 ($p<0.05$), indicating a significant relationship between exclusive breastfeeding and stunting incidence. The correlation coefficient (r) was -0.661, indicating a negative correlation with strong strength. This suggests that the better the provision of exclusive breastfeeding, the lower the stunting incidence in toddlers aged 24-59 months in the Kersana Health Center working area.

Discussion

Respondent Characteristics

The results of this study show that most respondents were aged 31-40 years. Age is one of the factors that influence knowledge. As a person ages, their knowledge tends to increase, but at a certain age, or approaching old age, the ability to retain or recall knowledge may decrease. Age also influences a mother's capability and readiness. A mother's age determines her parenting style and decision-making regarding her child's nutrition, as older mothers may have more experience and maturity in caregiving and feeding decisions (Rahmawati et al., 2020).

This study also found that most respondents had a low level of education (elementary school). The level of education depends on the length of time spent in school. According to a theory, education is one of the internal factors that influence knowledge, as higher education makes it easier for someone to receive information. This education level is related to a mother's ability to absorb information regarding nutrition and health. Low education can make it difficult for mothers to receive nutritional information, and therefore, low knowledge may put their children at risk of stunting (Yoga, 2020).

The study also showed that most respondents were housewives. Housewives are considered to have more free time to seek information and knowledge about matters related to exclusive breastfeeding. Moreover, housewives are assumed to take care of their children themselves, giving their children more attention, which allows for optimal exclusive breastfeeding compared to working mothers. Working mothers may have less time to pay attention to their toddler’s diet. Therefore, both working and non-working mothers should be able to balance their time to ensure their children receive proper nutrition, leading to better child development (Lelo et al., 2021).

Mothers' Knowledge About Exclusive Breastfeeding and Stunting Incidence

This study found a relationship between mothers' knowledge about exclusive breastfeeding and the incidence of stunting in toddlers aged 24-59 months in the working area of Kersana Health Center, Brebes Regency. These findings align with the theory that knowledge or cognition is a critical domain in shaping one's actions. According to Notoadmodjo (2003), behaviors based on knowledge tend to last longer than those not founded on knowledge. A previous study by Langi (2019) showed a significant relationship between mothers' knowledge and stunting incidence in children aged 2-5 years in the working area of Kawangkoan Health Center, Minahasa Regency ($p=0.01$) (Langi et al., 2019). Similarly, research conducted by Wulandari et al. (2016) indicated that mothers with low knowledge had a 1.644 times higher risk of having stunted toddlers compared to mothers with good knowledge. Kusumawati et al. (2015) also found that children classified as stunted were more likely to have mothers with lower knowledge. A lack of knowledge regarding exclusive breastfeeding can impact breastfeeding practices. Several factors that may contribute to poor knowledge about exclusive breastfeeding include insufficient or unclear information and a lack of understanding of the information received (Margawati & Astuti, 2018).

Knowledge is a key factor in exclusive breastfeeding, as a lack of awareness of its importance may lead mothers to rarely breastfeed and substitute it with formula or prematurely introduce complementary feeding (MPASI). One of the benefits of exclusive breastfeeding is promoting the baby's growth, especially in height, as calcium from breast milk is absorbed more efficiently than from formula or other substitutes. Consequently, babies who are exclusively breastfed tend to be taller and grow in line with growth curves compared to those fed formula. This is consistent with Rayhana and Amalia's (2020) study on the impact of breastfeeding, immunization, MPASI, maternal and child diseases on stunting in toddlers, which showed that toddlers who were not exclusively breastfed had a 0.2 times greater risk of stunting compared to those who were (Rayhana & Amalia, 2021).

Parenting is closely linked to the mother's level of knowledge, particularly regarding the importance of nutritional intake. Therefore, efforts to increase mothers' knowledge about nutrition are crucial for stunting prevention. The higher the knowledge, the better the family's food security, child-rearing practices, understanding of the right time to introduce breastfeeding, and awareness of the potential impact of nutritional problems on children. Consequently, efforts to enhance maternal knowledge with support from various parties, such as family, community leaders, and health workers, particularly regarding children under 60 months, could include health education sessions or seeking information through social media to help reduce stunting incidence (Komalasari et al., 2020).

Exclusive Breastfeeding and Stunting Incidence in Toddlers Aged 24-59 Months

This study found a relationship between exclusive breastfeeding and the incidence of stunting in toddlers aged 24-59 months in the working area of Kersana Health Center, Brebes Regency. These findings align with research by Umiyah & Hamidiyah (2020), which showed a relationship between exclusive breastfeeding and stunting in toddlers, with an OR = 61, indicating that toddlers who were not exclusively breastfed were 61 times more likely to experience stunting compared to those who were exclusively breastfed (SJMJ et al., 2020). This is also consistent with research conducted by Komalasari et al. (2020), which found that exclusive breastfeeding was associated with stunting in toddlers, with an OR = 11.111, meaning that toddlers who were not exclusively breastfed had an 11.111 times higher risk of stunting than those who were exclusively breastfed (Komalasari et al., 2020).

The relationship between exclusive breastfeeding and stunting is consistent with the theory that toddlers' nutritional status is influenced by exclusive breastfeeding. Breast milk is the best food for newborns up to 6 months of age, as it contains essential nutrients for the baby's growth and development. All the nutrients needed during the first six months of life can be provided by breast milk, and it can meet half of the nutritional needs of infants aged 7-12 months. In the second year of life, breast milk provides one-third of the required nutrients. Breast milk not only contains high-value nutrients essential for growth and neural and brain development but also contains immunity-boosting elements that protect babies from infectious diseases (Komalasari et al., 2020).

Breastfeeding also correlates with a child's height growth. The duration of breastfeeding is positively associated with a child's height growth, as the longer a child is breastfed, the faster they tend to grow, particularly in the second and third years of life. The relationship between exclusive breastfeeding and stunting may be related to the nutritional content in breast milk that is not provided to babies who are not exclusively breastfed, thus triggering stunting (Dewi et al., 2019).

Conclusion

The conclusions drawn from this study are that the level of maternal knowledge about exclusive breastfeeding in the Kersana Health Center working area, Brebes Regency, was categorized as good (63.5%). The stunting incidence in toddlers aged 24-59 months in the Kersana Health

Center working area was 27.1%. There was a significant negative relationship with very strong correlation strength between maternal knowledge and stunting incidence in toddlers aged 24-59 months. Additionally, there was a significant negative relationship with strong correlation strength between exclusive breastfeeding and stunting incidence in toddlers aged 24-59 months in the Kersana Health Center working area.

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