



Analysis of Relationship of Breastfeeding Behaviour in Working Mothers and The Incident of Stunting

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Abstract Stunting problems often occur in children who lack essential nutrients, especially protein, iron and other nutrients needed for optimal growth. Stunting is not only a physical problem that can be seen from short height, but also has serious long-term impacts on children's development. Exclusive breast milk is a primary need for babies, so it will have an impact on the baby's growth and development if it is not provided adequately. Breast milk that is not given exclusively in the first 6 months of a baby's life will have an impact on the maturation process of the immune system, causing the baby to be susceptible to infections (Wasiah, 2019). Bekasi Regency is an industrial area with more than 3.5 million residents and 44.6% of them are women. A total of 523 461 of them are working women who are in the productive age range of 15-49 years. In this age range, many working women are mothers who have to leave their babies and be cared for by someone else and cannot provide exclusive breast milk. The failure to provide exclusive breastfeeding is the driving force behind many cases of stunting in Indonesia. This research is a quantitative analytical research with a cross sectional approach with the respondents being working mothers who have children under five. P value is 0.021 and OR 8,000, so there is a significant relationship between breastfeeding behavior and the incidence of stunting in the Kedungwaringin Community Health Center Working Area. Working mothers with non-exclusive breastfeeding behavior increase the risk of stunting by 8,000 times compared to mothers who breastfeed exclusively.

Key word : Breastfeeding, Stunting, worker mother

1. BACKGROUND

The problem of stunting often occurs in children who lack essential nutrients, especially protein, iron and other nutrients needed for optimal growth. Stunting is not only a physical problem that can be seen from short height, but also has serious long-term impacts on children's development. The Indonesian Ministry of Health's Indonesian Nutrition Status Study (SSGI) report states that the prevalence of stunting in Indonesia has actually decreased from 27.7% in 2019, to 24.4% in 2021, dropping again by 2.8% to 21.6 % in 2022 with the largest incidence rate in children aged 3-4 years at 6%. Even though it has decreased, this figure still does not reach the standards set by WHO with a stunting rate target of less than 20%. The government, through various efforts, is trying to reduce the stunting rate to 17% by 2023, through Presidential Decree number 72 of 2021 concerning the Acceleration of Reducing Stunting with 5 pillars, namely commitment, efforts to prevent stunting, carrying out convergence efforts, providing good food, and carrying out breakthrough innovations and good data. However, the achievements have not met expectations. (Indonesian Ministry of Health, 2023) The impact of stunting is not only a health problem, but also has social and economic impacts. Children who

experience stunting can have impaired physical and mental development, tend to have low immunity, nutritional and health problems, weakened academic performance, and have an impact on productivity and the economy in the long term. (Lestari, 2023) The Ministry of Health through the Indonesian Nutrition Status Survey (SSGI) at the BKKBN National Working Meeting said that the prevalence of stunting in Indonesia fell from 24.4% in 2021 to 21.6% in 2022. The results of the SSGI are to measure stunting targets in Indonesia. Previously, SSGI was measured every 3 years to every 5 years. To achieve a reduction in stunting of up to 14%, coordination and collaboration are needed to accelerate reduction efforts through (Ministry of Health, 2023)

It is recommended that efforts to prevent stunting begin comprehensively from adolescence by intervening in preventing anemia so that cases of stunting in newborn babies can be avoided. The next phase is efforts to strengthen optimal nutrition through exclusive breastfeeding until 6 months of age, a clean and healthy lifestyle, sufficient physical activity, monitoring the child's growth and development in stages, and providing complementary foods after the exclusive breastfeeding period. (RI Ministry of Health, 2023) Research by Louis (2022) in Palembang City states that exclusive breastfeeding is an important factor that can reduce the risk of stunting. Exclusive breastfeeding can anticipate the incidence of stunting in children under five, with a P value of 0.002, they really need the nutrients in breast milk. Factors that influence giving exclusive breastfeeding to babies are mothers and families who must be informed about the importance of exclusive breastfeeding for babies and toddlers, IMD practices, giving MP-ASI, and non-nutritional factors to be able to give exclusive breastfeeding to babies and toddlers. (Louis et al., 2022).

Exclusive breastfeeding is defined as breastfeeding without any other food or drink supplementation except medication. Premature babies, babies with low birth weight, and babies who have hematological disorders do not have adequate iron reserves at birth generally require iron supplementation before the age of 6 months, which can be given together with exclusive breastfeeding. Based on the results of Pratama's research (2021), research data obtained from interviews showed that respondents were of the opinion that health workers had provided support for them to provide exclusive breastfeeding. However, it is suspected that this support is still not optimal. According to the results of research by Mawaddah, et al, it was found that there was a lack of education regarding postpartum breast examinations. j Post-natal breast examination needs to be carried out because breast examination is an effort to determine whether or not there are complications during breastfeeding, so things that are often related to obstruction of the breast-feeding process are factors in the mother's breasts such as the shape

of the nipple, blisters on the nipple, swelling of the breast. or breast milk is not flowing smoothly can be known. Disturbances in the breastfeeding process will have an impact on breast milk production, resulting in disruption of the exclusive breastfeeding process. Follow-up interviews conducted with respondents revealed that many of them complained that breast milk was not flowing smoothly, so they decided to give formula milk or water as a substitute for exclusive breast milk. This will certainly result in disruption to the baby's growth and development because exclusive breastfeeding itself is a protective factor against stunting.

Exclusive breast milk is a primary need for babies, so it will have an impact on the baby's growth and development if it is not provided adequately. Breast milk that is not given exclusively in the first 6 months of a baby's life will have an impact on the maturation process of the immune system, causing the baby to be susceptible to infections (Wasiah, 2019). Babies who are exclusively breastfed are 14 times more likely to survive the first six months of life than babies who are not exclusively breastfed (Wulandari Leksono et al., 2021) Exclusive breastfeeding coverage in Indonesia in the last 2 years is considered stagnant, it is stated that exclusive breastfeeding coverage according to SSGI data from the Indonesian Ministry of Health in 2021 reached 52.1% and reached 52.2% in 2022. (Indonesian Ministry of Health, 2023). This figure is different from WHO data which reports a significant decline in exclusive breastfeeding coverage from 69.7% in 2021 to 67.96 in 2021. (WHO, 2023).

Most mothers who have babies aged 7-12 months who cannot provide exclusive breastfeeding are working mothers. In line with data from the Indonesian Ministry of Health (2023) which states that the factors causing the decline in exclusive breastfeeding in the 3rd month in babies 0-6 months include lack of family support, mothers having to return to work after maternity leave and inadequate facilities, time and place. place to express breast milk at work. (Abdullah & Ayubi, 2013) When a woman has decided to work, she must be ready to carry out the dual role she has. Dual roles like this often become a problem, where the demands of responsibility and high workloads in completing work become one of the problems for working mothers in being able to divide their time and self in taking care of the needs of their family and work. This finding is in line with qualitative research conducted by Agus (2008) in Sukoharjo Regency.

Survey data from the Central Statistics Agency (BPS) in 2023, the number of women in the workforce currently reaches 52.74 (38.98) million people, of whom are of reproductive age and are engaged in sales, some of which require women to leave their babies behind. (BPS, 2023). In line with data, in order to support exclusive breastfeeding, since March 1 2012, Government Regulation Number 33 of 2012 concerning Exclusive Breastfeeding has been

ratified. Some of what was discussed included the baby's right to receive breast milk, the mother's right to breastfeed, the obligation of health facilities to facilitate exclusive breastfeeding, and the obligation of the workplace to provide a place to breastfeed.

Based on Government Regulation Number 33 of 2012, exclusive breast milk (ASI) is breast milk given to babies from birth for six months, without adding and/or replacing it with other foods or drinks except medicines, vitamins and minerals (Indonesia, 2012)

The Bekasi Regency area is an industrial area with more than 3.5 million residents and 44.6% of them are women. A total of 523 461 of them are working women who are in the productive age range of 15-49 years. In this age range, many working women are mothers who have to leave their babies and be cared for by others and cannot provide exclusive breast milk. The failure to provide exclusive breastfeeding is the driving force behind many cases of stunting in Indonesia.

2. RESEARCH METHODE

This research uses a quantitative research method with an analytical research design using a cross-sectional approach, namely systematic scientific research on parts and phenomena as well as the causality of their relationships carried out at the same time. This research was conducted in the Bekasi Regency area in 2024. The research population and sample were working mothers with toddlers aged > 6 months - 60 months in the Kedungwaringin area, Bekasi Regency. The sampling technique used was accidental sampling.

3. RESULT AND DISCUSSION

1. Frequency Distribution of Exclusive Breastfeeding Behavior for Working Mothers with Stunting Incidents in the Kedungwaringin Community Health Center Work Area

TABEL 1

Variabel	Amount	%
Stunting Incident		
Stunted	29	78,4
Not Stunting	8	21,8
Mother Worker Breastfeeding Behaviour		
Not Exclusive	27	73
Exclusive	10	27
TOTAL	37	100

2. Analysis of the Relationship Between Breastfeeding Behavior in Working Mothers and Stunting Incidents in the Kedungwaringin Community Health Center Work Area

TABEL 2

Mother Worker Breastfeeding Behaviour	Stunting Incident				Total	P Value	OR (95%CI)
	Stunted		Not Stunted				
	N	%	N	%			
Not Exclusive	24	82,75	3	37,5	23	69,6	0,021
Eksklusif	5	17,25	5	62,5	10	30,4	
Total	29	100	8	100	33	100	

From table 1 above, the data that can be concluded is that 78.4% of toddlers are stunted (short), while 21.8% of toddlers are not stunted. In the results of research regarding the breastfeeding behavior of working mothers, it was found that 73% of working mothers gave breast milk exclusively and the remaining 27% of working mothers had non-exclusive breastfeeding behavior.

The results in table 2 can be concluded that statistically there is a significant difference in breastfeeding behavior between working mothers and the incidence of stunting in toddlers in the Kedungwaringin Community Health Center working area where there are 24 people (82.75%) working mothers who did not breastfeed exclusively as babies. and children experiencing stunting are in the short category, while working mothers who have exclusive breastfeeding behavior with children under five in the normal category are 17.25%, with a P value of 0.021, so it can be concluded that the statistical results based on chi square analysis show that there is a significant relationship. on exclusive breastfeeding behavior on the incidence of stunting in toddlers. The OR value in the table above is 8,000, so it can be concluded that working mothers with non-exclusive breastfeeding behavior increase the risk of stunting by 8,000 times compared to mothers who breastfeed exclusively.

When a child reaches the age of 5 (five) years, many parents often realize that the child's height does not match that of other children his age. New parents have suspicions that their child is stunted, many findings suggest that parents do not admit or refuse to admit that their child is one of the toddlers categorized as stunted or short katgoei. Statistically, the results of this study show that there is a significant relationship between exclusive breastfeeding behavior

and the incidence of stunting with a P value of 0.021. It can also be seen that working mothers with non-exclusive breastfeeding behavior with toddlers in the short category were 24 people (82.75%), while mothers with non-exclusive breastfeeding behavior and children in the normal category were 3 people (37.5%).

The results of the chi square analysis show that with a P value of 0.021, it can be stated in statistical results that there is a significant relationship in the behavior of exclusive breastfeeding among working mothers and the incidence of stunting. The OR value in the table above is 8,000, so it can be concluded that non-exclusive breastfeeding behavior increases the risk of stunting by 8,000 times compared to mothers who exclusively breastfeed their children.

The findings in this study are in line with the results of Wijayanti's research (2020) which showed that of 44 toddlers who were stunted, 86.36% were toddlers with a history of not receiving exclusive breastfeeding, with a P value of 0.001 indicating a significant relationship between exclusive breastfeeding and toddlers. aged 24-60 months who experience stunting (Wijayanti et al., 2020). Observational case study research in Padang by Santika (2020) also reported a similar thing, namely that there was a significant relationship between exclusive breastfeeding and the incidence of stunting with an OR value of 38.89. The OR value concludes that the risk of stunting is 38.89 times greater for children who are not exclusively breastfed. (Health et al., n.d.)

Stunting is a chronic nutritional problem experienced by many Indonesian children, the majority of which occurs in children aged 3-4 years. Stunting is not only a health problem, but also has social and economic impacts. Stunted children experience physical and mental development disorders, low immunity, nutritional and health problems, low academic achievement, and have an impact on productivity and the economy in the long term (Putri, 2023). Handling stunting incidents cannot only use one or two strategies to overcome them. Holistic and integrated efforts are needed that are carried out targeting not only pregnant women, breastfeeding mothers and children, but also teenagers and Women of Childbearing Age (WUS). Many parents in Indonesia still do not have adequate knowledge and awareness in fulfilling their children's rights to the need for healthy food and adequate balanced nutrition. Parental care patterns in providing food to children incorrectly also support the opportunity for malnutrition in children, where children do not get the nutrition needed for good growth and development in their golden period. (Coordinating Ministry for Human Development and Culture of the Republic of Indonesia, n.d.)

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Parental care patterns in providing food to children incorrectly also support the opportunity for malnutrition in children, where children do not get the nutrition needed for good growth and development in their golden period. (Coordinating Ministry for Human Development and Culture of the Republic of Indonesia, n.d.) Exclusive breastfeeding, which is one of the nutritional indicators in the framework of the national strategy to accelerate stunting reduction in Indonesia, is currently experiencing problems where only 60.2% of toddlers have access to exclusive breastfeeding. (Coordinating Ministry for Human Development and Culture of the Republic of Indonesia, n.d.).

Bekasi Regency is an industrial area which has more than 3.5 million people as residents and 44.6% of them are women. Of this number, 523 461 of them are working women who are in the productive age range of 15-49 years. Working women of productive age will be faced with reproductive obstacles in this phase, including pregnant women who need to adjust

to the conditions of their pregnancy, mothers who have to leave their babies and be cared for by someone else and exclusive breastfeeding that cannot be provided. The failure to provide exclusive breastfeeding is one of the drivers of many cases of stunting in Indonesia. Based on the research above, it is not only education for working mothers that is the key to success in efforts to reduce stunting rates, especially in the Kedungwaringin health center working area.

However, education is also provided to companies or offices that employ women of reproductive age to help facilitate the needs of breastfeeding mothers. This education includes:

1. Socialization of Health Law no. 36 of 2009 and PP no. 33 of 2012 concerning exclusive breastfeeding, especially regarding support for exclusive breastfeeding in the workplace and providing sanctions for people who prevent exclusive breastfeeding.
2. Approach to policy decision makers regarding lactation facilities in the workplace.
3. Education for mothers, families and leaders at work as well as moral strengthening for mothers to be able to breastfeed exclusively and manage breast milk properly.

4. CONCLUSIONS AND RECOMMENDATIONS

From the results of the research described above, it can be concluded that it is necessary to provide education or health education about exclusive breastfeeding, not only to mothers and prospective mothers, how to motivate and inform them about appropriate management of breast milk, but also to approach decision makers to be able to support exclusive breastfeeding in accordance with the mandate of Health Law No.36 of 2009, so that the aim of accelerating the reduction of stunting or preventing stunting incidents can be carried out more optimally.

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