http://ejournal.seaninstitute.or.id/index.php/healt
Jurnal Eduhealt, Volume 14, No. 02 2023
E-ISSN. 2808-4608

Overview of Stunting Incidents in Toddlers in the Work Region Puskesmas Wera

Erni Faturahmah[1] , Najmah[2]
[1,2]D-III Midwifery Academy Surya Mandiri Midwifery , Kota Bima , Indonesia

ARTICLE INFO

Keywords:
Incident, Stunting

ABSTRACT

Indonesia is the third country with the highest prevalence in Southeast Asia. In Indonesia, the average prevalence of stunting in toddlers was 36.4% in 2005-2017. The long-term impact of malnutrition in toddlers is disruption of brain development, intelligence, physical growth disorders and metabolic disorders in the body. The aim of this research is to find out the picture of stunting incidents in the Wera health center working area. Type of quantitative descriptive research. The variable in the research is a single variable, namely a description of the incidence of stunting. The research location was carried out in the working area of the Wera Community Health Center, Bima Regency, NTB in 2023. The population and sample in this study were all toddlers who experienced stunting using a sampling technique , namely total sampling . The research instrument used was a checklist sheet. Next, it is analyzed using univariate analysis . The research results show that in 2021 there were 66 (30.4%) stunted toddlers, while in 2023 there was an increase of 76 (35.1)% stunted toddlers. The highest number of stunted toddlers is Ntoke village, namely 28 (36.9%) stunted toddlers. Comprehensive efforts and prevention need to be made so that the problem of stunting toddlers is resolved, and in-depth research needs to be carried out regarding what factors are the most important as a result of the increase in stunting cases.

Email :
Ernifaturahmah18@gmail.com

1. INTRODUCTION

Indonesia enters as country to three with prevalence highest in Southeast Asia. In Indonesia prevalence stunting in toddlers averages 36.4 % in 2005-2017 [1] . Prevalence stunted toddlers in 2010 , namely 35.6%, experienced enhancement in 2013 , namely 37.2%, will but experience decreasea on in 2018 it became 30.8%. Although experience stunting is still decreasing in Indonesia Enough tall compared to with WHO target [2] .

Stunting , namely condition fail grow on toddler consequence lack nutrition chronic especially at 1,000 Days First Life (HPK) 1 . Impact period long If happen nutrition bad on toddler that is there is disturbance on development brain , intelligence , distraction growth physique And disturbance metabolism in the body 15 . Whereas in period long consequence bad that can be caused is decreasing ability cognitive And performance learning , decline immunity body so that easy sick , and risk tall For appearance diabetes , obesity , disease heart And vessels blood , cancer , stroke, and disability on old age 2 .

One of causal factors The highest rate of stunting aged 6-23 months in Indonesia is lack of knowledge And practice provision nutrition that is not right (Unicef Indonesia). By special explained that knowledge And practice that becomes obstacle main is the practice of exclusive breastfeeding still exists very not enough And giving nutrition lack of companion correct (41%) 3 . Study from Rini, et al , prove it that most influential factor to stunting incidents in toddler in Ketapang is factor knowledge Mother about nutrition . Besides that , factor attitude And behavior health Mother join in influence stunting incidence in Indonesia .

Analyze knowledge And attitude Mother pregnant to preventing stunting is important done , esp on area with high stunting rate . Through adequate understanding to knowledge And attitude

Mother in stunting prevention , then *stake* related *holders* will can determine direction motion and the work program that will be done in frame prevent And dealing with stunting[4] . Objective from study This is to get an idea stunting incidence in the region Work Public health center Which Wera ? can used as reject measuring do prevention *stunting* for government , power health And public until in the future number *stunting* always experience decline .

2. METHOD

This research is a type of quantitative descriptive research [5] . The variable in the research is a single variable, namely a description of the incidence of stunting. The research location was carried out in the working area of the Wera Community Health Center, Bima Regency, NTB in 2023. The population and sample in this study were all toddlers who experienced stunting using a *sampling technique* , namely total *sampling* . The research instrument used was a checklist sheet. Next, it was analyzed using *univariate analysis* [6]

3. RESULTS AND DISCUSSION

Table 1. Description of the incidence of stunting in toddlers during the last 3 years

No.	Year	Amount	Presentation (%)
1.	2021	66	30.4
2.	2022	75	34.5
3.	2023	76	35.1
Amount		217	100

Based on table 1, in 2021 there were 66 (30.4%) stunted toddlers, while in 2023 there was an increase of 76 (35.1)% stunted toddlers.

Table 2. Description of the incidence of stunting among toddlers in the Wera Community Health Center Working Area in 2023

No.	Village Name	Amount	Presentation (%)
1.	Tawali	14	18,5
2.	Hidirasa	1	1,3
3.	Ranggasolo	5	6,6
4.	Sangiang	1	1,3
5.	Nanga Wera	12	15,8
6.	Wera	3	3,9
7.	Mandala	3	3,9
8.	Nunggi	3	3,9
9.	Bala	4	5.3
10.	Ntoke	28	36.9
11.	Tadewa	2	2.6
Amount		76	100

Table 2 shows that some of Hidirasa and Sangiang villages are the villages with the lowest stunting rate, namely 1 (1.3%), and the most stunted toddlers are in Ntoke village with 28 (36.9%).

4. CONCLUSION

In this research, there are several limitations, namely that this research uses secondary data from the Wera Community Health Center, Bima Regency. Where the research was not designed directly to examine the factors that influence the occurrence of stunting and did not deal directly with respondents, and did not examine health problems aimed at evaluating *Millennium Development Goals (MDGs) indicators*, so the variables used in the research were very limited. Therefore, all the factors and problems that cause stunting are not studied. Table 1 shows that in 2021 there were 66 (30.4%) stunted toddlers, while in 2023 there was an increase of 76 (35.1)% stunted toddlers. This shows that there has been an increase in the number of stunting toddlers in the last 3 years. Meanwhile, in table 2, the highest number of stunted toddlers is Ntoke village, namely 28 (36.9%) stunted toddlers.

Stunting is a condition where the body is short and very short until it exceeds a deficit of 2 SD below the median body length or height 7 . Age under five years is the golden period in determining the quality of human resources in terms of physical growth and intelligence, so this must be supported by good nutritional status. A child who experiences stunting during this period tends to have difficulty achieving optimal height in the following period 8 . This can cause impaired development of cognitive and psychomotor functions, intellectual decline, increased risk of degenerative diseases and reduced productivity in the future.

The high incidence of stunting is of course influenced by many factors such as age, education and experience of mothers of toddlers, sources of information, health workers, knowledge, attitudes of mothers of toddlers, infectious diseases experienced by toddlers, exclusive breastfeeding, LBW and others 7 . Factors that have a greater influence on the incidence of stunting in toddlers include inadequate nutrition and infection. Apart from that, the effect of birth weight on height is greatest in the first 6 months of age. If in the first 6 months toddlers can improve their nutritional status, then there is a possibility that toddlers can grow normally in height and avoid stunting at the following age 14 . The problem of stunting in toddlers describes chronic nutritional problems, influenced by the condition of the mother, fetus, infancy or toddlerhood, including diseases suffered during infancy. Like other nutritional problems, it is not only related to health problems, but is also influenced by various other conditions that indirectly affect health 2 .

In Rini at al.'s research (2021), knowledge is one of the determining factors in a person's health behavior. It is hoped that adequate maternal knowledge regarding stunting since pregnancy will be able to increase positive attitudes and behavior in an effort to prevent stunting, including in efforts to fulfill nutrition since pregnancy. Apart from knowledge, attitudes are also related to the prevention of stunting, including the mother's efforts to improve the nutrition of pregnant women by consuming good food, consuming blood supplement tablets and efforts to maintain their health during pregnancy so that they are protected from disease 4 .

Apart from that, in Dian and Reski's (2018) research, other factors that cause stunting are body length and birth weight. The risk of growth disturbances (growth faltering) is greater in babies who have experienced faltering previously, namely conditions during pregnancy and prematurity. Birth weight less than 2500 grams will carry the risk of death, impaired growth and development of the child, including the risk of being stunted if not handled properly 9 .

Other causes of stunting are maternal education, parental income, exclusive breastfeeding 10 . That if a family has a low income, it is very possible that it will not be able to meet food needs in good quality and quantity which can be a contributing factor to stunting 11 . Breast milk is the best and most ideal nutritional intake for newborn babies. So if a baby does not receive exclusive breast milk, it creates an opportunity for stunting for toddlers [12] . Apart from that, education does influence individuals or mothers in acquiring existing knowledge or the desire to obtain information [13] .

REFERENCES

[1] Unicef, WHO, World Bank Group. Levels and trends in child malnutrition. Geneva. 2017.
[2] RI Health. 'Situation of Short Toddlers', Data Center Dan Information from the Indonesian Ministry of Health , pp. 2018. 2442–7659.
[3] Proverawati , A. LBW (Heavy Body Born Low). Nuha Medika :Yogyakarta.2010 .
[4] Rini , at all. Description Knowledge about Stunting And Attitude Mother in Preventing Stunting School Tall Knowledge Health Muhammadiyah . Klaten . 2021.
[5] Sugiyono . Method Study Quantitative , Qualitative , and R&D. Bandung: Alfabeta , CV. 2017.
[6] Regards. Draft And Application Methodology Study Knowledge Nursing . Jakarta : Salemba Medika . 2018.
[7] *Manary* MJ, *Solomons* NW . Nutrition Health Society , Nutrition And Development Child . Jakarta: Books ECG Medicine . 2009.
[8] Haile, Demwoz, dkk. *Exploring spatial variations and factors associated with childhood stunting in Ethiopia: spatial and multilevel analysis*. Eithopia: BMC Pediatrics. 2016.

[9] Dian F. & Seril RO Overview Factor Risk Incident *Stunting* On Toddler In the Work Area Public health center Nangalo . STIKes Mercubaktijaya . Padang. 2018.
[10] Yuliana , Wahida And Bawon Nul Hakim. Emergency Stunting with Engaging Family. Sulawesi South : Foundation Ahmar Indonesian Scholar . 2019.
[11] Sari Ruri , et al . Connection Income Family With Incident *Stunting* On Toddlers in the Community Health Center Area Seginim South Bengkulu Regency . *Chmk Midwifery Scientific Journal* Vol.3 (2). 2020.
[12] Wijayanti , EE Relations Between LBW, exclusive breastfeeding with Incidence of Stunting in Toddlers Age 2-5 Years . *Journal Dr. Health Soebandi* Vol. 7, No. (1). 2019.
[13] Noval I., Abul A., & Cici W. Relationships Education Mother , Knowledge , Attitudes and Patterns Foster Regarding Nutritional Status Child . STIKES Hope Mother . Jambi. 2022.
[14] Astari Ld , Nasoetion A & Dwiriani CM. The correlation between family , child rearing and stunting prevalence among 6-12 months babies. Nutrition and Family Media . 2005.
[15] Health Department Province South Sumatra . Nutrition Not enough Causes of Stunting. https://www.dinkes.sumseprov.go.i. 2016.