Midwifery Research Journal, 83-89
Volume 2 Number 3 January 2025
URL: https://jurnal.cakrabirawamedia.com/index.php/mrj/

ISSN 3025-6364 (Print) 3025-6356 (Online)

Review of the Literature on Exclusive Breastfeeding and Stunting Incidents

Ernawati Kamuri
Puskesmas Tanarara
Email: ernawatikamuri@gmail.com

ABSTRACT

Indonesia has the second-highest rate of stunted children under five (toddlers) in Southeast Asia, according to a report by the Asian Development Bank (ADB). In 2020, the prevalence was 31.8%. The researcher employed the literature review method in this investigation. The study's goals were to determine the prevalence of stunting, correlate exclusive breastfeeding with stunting, and elucidate the connection between stunting and exclusive nursing. The databases used in this research are ScienceDirect, Proquest, and Google Scholar. With a total of five articles, the study's keywords were stunting for two years and exclusive breastfeeding. Four publications with a p-value < 0.05 were found in the literature review's findings, and the 90 infants.

Keywords: exclusive breastfeeding, stunting, children aged 2 years

BACKGROUND

Stunting can be caused by a number of factors, such as a history of exclusive breastfeeding, poor family income, immunization, parenting styles, knowledge of mothers and fathers, inadequate sanitation, lack of access to clean water and nourishing food, and nutrition in expectant moms (Chayani, Resqita, 2019).

Approximately 151 million children under the age of five suffer from stunting worldwide, with Asia accounting for 55% of these cases and Africa for 39%. One nation that has a high rate of stunting is Indonesia. According to UNICEF World Bank and JME stunting data from 2020, Indonesia ranks 115th out of 151 nations worldwide in terms of stunting prevalence (Health Data and Information, 2020). The Asian Development Bank (ADB) reports that the incidence of stunting.

Children who suffer from stunting, often known as toddlers or baduta (babies under two years old), will be less intelligent, more prone to illness, and possibly less productive in the future. Stunting will ultimately impede economic growth, exacerbate poverty, and raise inequality in general (TN2PK, 2017).

In 2017, 9.8% and 19.8% of Indonesia's toddlers aged 0-59 months were very short and short, respectively. This condition, specifically the percentage of extremely short toddlers (8.57%) and short toddlers (18.97%), rose from the previous year. In 2017, East Nusa Tenggara had the most proportion of extremely short and short children aged 0-59 months, while Bali had the lowest percentage.

Up to 48.3% of the current Baduta target was reached in 2020, according to the Height by Age index. There were 329,163 (7.3%) short baduta and 139,936 (3.1%) extremely short baduta from the entry's baduta target. West Nusa Tenggara has the largest percentage of extremely short and short baduta, while Kep. Bangka Belitung has the lowest percentage (Ministry of Health, RI 2021).

Sixty-three percent of babies nationwide are exclusively breastfed. This percentage is higher than the 44% goal set in the 2017 Strategic Plan. West Nusa Tenggara has the highest exclusive breastfeeding coverage rate (87.35%), while Papua has the lowest (15.32%).
According to data, Indonesia's coverage of infants exclusively breastfeeding was 67.74% in 2019, falling short of the Strategic Plan target of 50%. This year, four provinces continue to decline: Gorontalo (49.29%), Maluku (43.35%), Papua (41.42%), and West Papua (41.12%) (Ministry of Health, RI 2020).
Therefore, 66.06% of newborns in 2020 will be exclusively breastfed. This number is higher than the 40% goal set in the 2020 Strategic Plan. West Papua Province has the lowest proportion of exclusive breastfeeding coverage (33.96%), while West Nusa Tenggara Province has the highest (87.33%). Maluku 37.2% and West Papua 33.96% are the two provinces that have failed to meet the 2020 Strategic Plan target (Ministry of Health, RI 2021).

METHODS

This paper employs a literature review study as its methodology. This literature study was prepared using a variety of national and international journal websites, including ScienceDirect, Proquest, and Google Scholar. Use the keywords exclusive breastfeeding and two-year stunting to find articles from 2017–2021. Exclusive breastfeeding served as the study's independent variable. Additionally, the incidence of stunting is the study's dependent variable. Google Scholar, ProQuest, and Sciencedirect are the databases used in this literature review search. The keywords employed in this article search were "exclusive breastfeeding" and "stunting two years." use the Boolean operators AND and NOT.

RESULTS

Stunting incident

Stunting	Frequency (f)	Percentage (%)
Yes	40	66.7
No	20	33.3
Total	60	100

Based on data from 60 infants studied, there were 40 infants (66.7%) who experienced stunting and 20 infants (33.3%) who did not.

Exclusive Breastfeeding

Exclusive Breastfeeding	Frekuency (f)	Percentage (%)
Yes	26	`43.3
No	34	56.7
Total	60	100

Of the 60 respondents studied, there were 26 respondents (43.3%) who gave exclusive breastfeeding and 34 respondents (56.7%) who did not give exclusive breastfeeding.

The relationship of exclusive breastfeeding to the incidence of stunting

Exclusive Breastfeeding	Stunting		No Stunting		Total		*p*	PR
	f	%	f	%	f	%	0,001	0,5
Yes	11	18.3	15	25,0	26	43,3		
No	29	48.3	5	8,3	34	56,7		
Total	40	66,7	20	33,3	60	100		

Based on Table 4.3, there were 26 respondents who gave exclusive breastfeeding, of which 11 infants (18.3%) were stunted and 15 (25%) did not. Meanwhile, of the 34 respondents who did not give exclusive breastfeeding, there were 29 infants (48.3%) who were stunted and there were 5 infants (8.3%) who did not experience stunting. Based on the results of the chi-

square test, p value = 0.001 (p <0.05).

Stunting incident

Incident Stunting	Frekuency (f)	Percentage (%)
No stunting	39	65
Stunting	21	35
Total	60	100

Based on the results of the study showed that the number of children under five who experienced stunting was 35%.

Exclusive Breastfeeding

Breastfeeding	Frekuency (f)	Percentage (%)
Give	53	88,3
Don't give	7	11,7
Total	60	100

Based on the results of the study, it was found that respondents who gave breast milk were 88.3% while respondents who did not breast-fed were 11.7%.

The relationship of exclusive breastfeeding to the incidence of stunting

Exclusive breastfeeding	Stunting		No Stunting		Total		*p*
	f	%	f	%	f	%	0,013
Yes	11	24,4	9	60	20	33,3	
No	34	75,6	6	40	40	66,7	
Total	40	66,7	20	33,3	60	100	

The results of the bivariate analysis showed that respondents with stunting who were not breastfed were 75.6% and 40% of respondents who were not stunted who were not breastfed. While respondents with stunting who were breastfed were 24.4% and 60% of respondents who were not breastfed but were not stunted. Statistical test results obtained P value = 0.013 <0.05.

Stunting Incident

Type Sex	Stunting		Normal	
	N	%	n	%
Man	31	67,4	22	47,8
Woman	15	32,6	24	52,2
Total	46	100	46	100

This table shows that in the stunting group there are more males (67.4%) while in the normal group there are more females (52.2%).

The relationship of exclusive breastfeeding to the incidence of stunting

Breast Milk	Stunting		Normal		*p*	OR
	f	%	f	%	0,02	2,654
Not Exclusive	29	63,0	18	39,1		
Eksklusive	17	37,0	28	60,9		
Total	46	100	46	100		

The results of the analysis with research subjects in the stunting group with non-exclusive breastfeeding were 29 people (63.0%) and 17 people (37.0%) in the group who received exclusive breastfeeding. Subjects with normal status in the group who did not receive exclusive breastfeeding were 18 people (39.1%) while in the group who received exclusive breastfeeding there were 28 people (60.9%). The results of the chi-square test (X2) obtained a p value of 0.02 (<α=0.05).

Stunting incident

Category	Frekuency (f)	Percentage (%)
Short (-3 SD - <-2 SD)	21	23,3
Normal (-2 SD – 2 SD)	65	72,2
Tall (>2 SD)	4	4,4
Total	90	100

Based on the results of the study in table 4.9, there were 21 children with short nutritional status (23.3%), normal nutritional status 65 children (72.2%) and 4 children with high nutritional status (4.4%).

Exclusive Breastfeeding

Exclusive Breastfeeding	Frekuency (f)	Percentage (%)
Yes	30	33.3
No	60	66.7
Total	90	100

In this table there are 30 (33.7%) children who receive exclusive breastfeeding. Meanwhile, 60 (66.7%) other children did not get exclusive breastfeeding

The Relationship Between History of Exclusive Breastfeeding and Stunting

History Giving Exclusive Breastfeeding	Indicator PB/U				Total		*p value*
	Stunting		No Stunting				
	f	%	f	%	f	%	
No	19	21,1	41	45,6	60	66,7	
Yes	2	2,2	28	31,1	30	33,3	0,017
Total	21	23,3	69	76,7	90	100	

Based on the results of research conducted by Veronika (2018) on 90 respondents, it was found that babies who received exclusive breastfeeding were 30 children of which 28 children were not stunted and 2 children were stunted. Meanwhile, there were 60 babies who did not receive exclusive breastfeeding where there were 19 stunting babies.

Stunting incident

Degree edit	Frekuency (f)	Percentage (%)
Mild stunting	5	5.2
Moderate stunting	26	26.8
Severe stunting	66	68.0
Total	9 97	100

This table shows that stunting babies aged 6-12 months who experienced stunting were 97 babies and most of the babies experienced severe stunting as many as 66 babies (68%), a small portion 26 babies (26.8%). experienced a moderate degree of stunting while 5 infants (5.2%) experienced mild stunting.

Exclusive Breastfeeding

Breastfeeding	Frekuency (f)	Precentage (%)
Non Breastfeeding	7	7.2
Partial	60	61.9
Predominant	25	25.8
Eksklusive	5	5.2
Total	97	100

Based on table 4.13 shows that most of the stunting infants aged 6-12 months were partially breastfed as many as 60 babies (61.9%), a small portion were given predominantly breast milk as many as 25 babies (25.8%), a small proportion 7 babies (7.2%) were given Non 62

Exclusive Breastfeeding and 5 babies (5.2%) were exclusively breastfed.

The Relationship Between Breastfeeding With The Degree Of Stunting In Infants Age 6 - 12 Months

Breastfeeding	Stunting Degree							
	Mild stunting		*Moderate stunting*		*Severe stunting*		Total	
	f	%	F	%	f	%	N	%
Non Breastfeeding	0	0	1	1	6	6,81	7	7,81
Partial	0	0	0	0	60	61,8	60	61,8
Predominant	0	0	25	25,77	0	0	25	25,77
Eksklusive	5	5,15	0	0	0	0	5	5,15
Total	5	5,15	26	26,77	66	68,61	97	100

Statistical Test Value Spearmen rho ρ=0,000 (α=0.05)

This table illustrates the association between breastfeeding and the degree of stunting in infants aged 6 to 12 months in the Puskesmas 63 Kenjeran Surabaya working area. The findings indicate that, of the 97 baby respondents, 60 babies (61, 8%) were classified as having severe stunting with partial breastfeeding, 25 infants (25.77%) were classified as having moderate stunting with breastfeeding, and 5 infants (5.15%) were classified as having mild stunting given exclusive breastfeeding. With a significant level of 0.01 (ρ <0.05), the Spearmen rho statistical test yielded a significance score of = 0.000.

DISCUSSION

Identification Of Stunting

Five publications that have identified the incidence of stunting share similarities, according to the literature review's findings. These include research The World Health Organization (WHO) defines stunting as a condition in which children's growth is hindered as a result of inadequate psychosocial stimulation, recurrent illnesses, and poor nutrition. Stunted (short) children are defined as those whose height (per age) is more than two standard deviations below the WHO median. Standards for Child Growth A disease known as stunting is characterized by an abnormality in which a person's height is shorter than that of others who are typically the same age (Mirza, dkk 2021).

Insufficient health care, such as ANC-Ante Natal Care (health treatments for bad parenting) and according to the research of Ni'mah and Nadhiroh (2015) also explained that toddlers who do not get exclusive breastfeeding are 4.6 times at greater risk of stunting. Children who do not get exclusive breastfeeding tend to experience a lack of nutrients needed in the growth process.

Identifying exclusive breastfeeding with stunting

Only 22.8% of children aged 0–6 months are exclusively breastfed, according to research findings and information from five publications that found a correlation between exclusive breastfeeding and the incidence of stunting (Indonesian Nutrition Experts Association, 2018). Non-exclusively breastfed kids are more likely to become ill quickly, which disrupts nutritional fulfillment since sick babies typically have trouble feeding, which leads to inadequate nutrition for toddlers, stunting, and developmental problems (Ma'idatul, 2020).

Pambudi's 2017 study found that premature weaning practices between the ages of 0 and 6 months lead to issues with cause-and-effect interactions, wherein babies suffer from malnutrition due to improper supplemental feeding.

The researcher's hypothesis is supported by the results of five reviewed journals, some of which have a history of exclusive breastfeeding that is inappropriate and may have a significant impact on children's future growth and development, including the possibility of stunting and malnutrition. According to Ma'idatul's research, 2020 babies who are not nursed exclusively will likely become unwell more quickly.

Theory backs up the findings of this journal review. Veronika Scherbaum, a nutritionist at the University of Hohenheim in Germany, claims that because breast milk contains both macro and micronutrients, it may lower a child's risk of stunting. Mothers are therefore encouraged to continue.

Relationship between exclusive breastfeeding and stunting

According to the literature review's findings, five publications share a p-value of less than 0.05 regarding the association between stunting and exclusive breastfeeding. These articles analyzed data from 90 respondents who had 30 children exclusively breastfed, of whom 28 were not stunted and two were. In the meantime, 19 of the 60 infants who did not receive exclusive nursing were stunted. Therefore, it can be said that the occurrence of stunting in children under two years old is significantly correlated with exclusive breastfeeding. The researcher's hypothesis is supported by the results of five evaluated journals, which show that infants who are not breastfed exclusively are at extremely high risk of experiencing.

The findings of this journal review are corroborated by the notion (Stunting Bulletin 2018) that a baby's growth, including the risk of stunting, is greatly influenced by the nutrition it receives at birth. Stunting may result from a number of causes, including early weaning, inability to offer exclusive breastfeeding (ASI), and failure to implement early beginning of breastfeeding (IMD).

CONCLUSION

The incidence of stunting is identified based on the height-for-age index (TB/U) with a Z-score of less than -2 SD, typically appearing when a child reaches the age of two. Additionally, there is a significant relationship between exclusive breastfeeding and stunting. Among 90 babies who received exclusive breastfeeding, 28 were not stunted, and only 2 experienced stunting. In contrast, among 60 babies who did not receive exclusive breastfeeding, 19 were stunted. These findings suggest that exclusive breastfeeding plays a crucial role in reducing the risk of stunting in children under two years old.

REFERENCES

Andri Mursyita, SKM, MKM. (2020). Stunting Situation in Indonesia.

Asian Development Bank (ADB), November 25, (2021). The Highest Prevalence of Stunting Toddlers in Indonesia 2nd in Southeast Asia.

Data and Health Information Window Bulletin, (2018). The Situation of Stunting Toddlers in Indonesia. ISSN 2088 – 270 X.

Essa, N.P. (2019). The relationship between breastfeeding and the degree of stunting in infants aged 6-12 months in the working area of the Kenjeran Public Health Center Surabaya.

Fauzan, I.P., Nelly, M,. Shirley, E. S. K. (2019). Relationship of Exclusive Breastfeeding (ASI) with Stunting Incidence in Baduta in Manado City. Journal of e-Biomedicine (eBm), volume 7, Number 2, July-December 2019.

Kiki, L. (2020). The Relationship between Breastfeeding and Stunting Incidence in Toddlers 24 Months in the Work Area of Emparu Health Center, Sintang Regency. Journal of

Public Health, Vol. 9 No. 4, October 2020, p. 529-536.
Ministry of Health, RI. (2017). Indonesia's 2018 Health Profile. https://pusdatin.kemkes.go.id/resources/download/pusdatin/profil-kesehatan indonesia/Profil-Kesehatan-Indonesia-tahun-2017.pdf.
Ministry of Health, RI. (2018). Indonesia Health Profile 2019. https://pusdatin.kemkes.go.id/resources/download/pusdatin/profil-kesehatan-indonesia/PROFIL_KESEHATAN_2018_1.pdf.
Ministry of Health, RI. (2019). Indonesia Health Profile 2020. https://pusdatin.kemkes.go.id/resources/download/pusdatin/profil-kesehatan-indonesia/Profil-Kesehatan-indonesia-2019.pdf.
Ministry of Health, RI. (2018). Prevent Stunting is Important.
Mirza, R. P., Syahlis, I. (2021). The relationship between exclusive breastfeeding and stunting in Hinai Kiri Health Center, Secanggang District, Langkat Regency. Medical Journal STM (Medical Science and Technology), Volume IV No I Year 2021.
Mufdlilah, et al.(2017). Empowerment of Breastfeeding Mothers in the Exclusive Breastfeeding Program Nuradhiani, (2020). Exclusive Breastfeeding and Complementary Foods (MP-ASI) on Stunting Incidence in Developing Countries.
TNP2K- Communication Unit, (2017). 100 Priority Districts/Cities for Interventions for Stunting.
Yesenia, V. P., Mauren, I. P., Nova, H. K. (2018). The relationship between a history of exclusive breastfeeding and stunting in children aged 6-24 months in the working area of the Koya Public Health Center, Minahasa Regency.