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NUTRITIONAL STATUS OF PREGNANT WOMEN AND HISTORY PARITY FOR STUNTING IN TODDLER AGES 24-59 MONTHS

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ABSTRACT

Stunting is a condition where a child experiences growth disorders, which results in the child's height not being appropriate for his age as a result of chronic nutritional problems, namely a lack of adequate nutritional intake over a long period of time. Objective to analyze the relationship between maternal risk factors and the incidence of stunting among toddlers in the Karawaci Health Center working area This research design uses an observational analytical quantitative research type with a case control design. The case samples in this study were toddlers aged 24-59 months who experienced stunting with a TB/U toddler Z score < -2 SD and the data was recorded at the Karawaci Health Center in 2023 as many as 123 toddlers, and a control sample of 123 toddlers. Data were analyzed using the chi square statistical test. Results of bivariate analysis Overall, of the 11 variables carried out in the research, 5 of them showed a relationship between these variables and the incidence of stunting in toddlers, including a relationship between parity, of stunting. in toddlers aged 24-59 months who are in the working area of the Karawaci Health Center.There is no relationship between the nutritional status of pregnant women, with the incidence of stunting in toddlers aged 24-59 months in the working area of the Karawaci Health Center. And the factor that poses the greatest risk for stunting is the age of the mother at risk during pregnancy, where stunting is 3.42 times more likely to occur than mothers of normal age during pregnancy. There is a relationship between the number of parities, maternal age at pregnancy, history of anemia during pregnancy, birth interval and maternal education level with the incidence of stunting.

Keywords: history of parity; nutritional status of pregnant women; stunting

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INTRODUCTION

World Health Organization (WHO) and the World Bank Group, Stunting is estimated to affect 22% or 149.2 million children under 5 years globally in 2020. This figure has increased from 2019 which shows that stunting globally affects 21.3% or 144 million children. This happened because the impact of the pandemic occurred gradually, thus having an impact on food security and the community's economy. Therefore, an increase in the prevalence of stunting may be seen among children born in the first year of the pandemic. In 2020, more than half of the global percentage of children under 5 years experiencing stunting were in the Asian region with the highest rate of stunting cases at 53%, followed by the African region with 41%. The largest cases were found in the Asian region, namely 79 million cases. Southeast Asia has the second highest ranking for stunting cases, namely 15.3 million, below South Asia which reaches 54.3 million cases. Indonesia is the second country with the highest stunting cases in the Southeast Asia region after Timor Leste. Indonesia is still included in the category of very high stunting cases with a percentage of 31.8% in 2020 (Ministry of Health of the Republic of Indonesia, 2021).

Banten Province is among the top five regions with the highest stunting rates in Indonesia and is also included in 12 priority regions, according to the Indonesian Toddler Nutrition Status Survey (SSGBI) in 2021. Where there is not a single district/city where the prevalence is below 10%. Based on data from the Indonesian Nutrition Status Survey (SSGI), the stunting rate in Banten in 2022 fell by 4.5% (24.5% in 2021 to 20% in 2022 below the national figure of 21.6%). However, there are still 5 districts or cities with a prevalence above the average rate of stunting under five in Banten. The yellow zone is in Cilegon City and Serang City, Lebak Regency, Tangerang Regency; while green is in South Tangerang and Tangerang City. Therefore, the Banten Provincial Government has committed to accelerating the prevention of stunting in

Banten Province through cross-sectoral coordination, and strengthening through budgeting which must have clear output and contribute to reducing stunting. (Annur CM, 2023). Stunting incidents occur during pregnancy as a result of lack of nutrition during pregnancy, early initiation of breastfeeding in less than 1 hour of birth or not at all, breastfeeding stopping for approximately 6 months and the frequency of breastfeeding not being long enough, as well as providing food that accompanies breast milk for approximately 6-12 months, and the food given does not vary with frequency and texture that is not appropriate to age (Anggryni et al, 2021). To analyze the relationship between maternal risk factors and the incidence of *stunting* among toddlers in the Karawaci Health Center working area

METHOD

This research design uses a type of quantitative analytical observational research with a case control design, which is an observational study that assesses the relationship between exposure and disease by determining a group of people who are sick (cases) and a group of people who are not sick (control) and then comparing the frequency of exposure in the two groups. The data collection technique uses purposive sampling. The population in this study were mothers who had children aged 24-59 months, as many as 991. The sample in this study was 123 cases of stunted toddlers and 123 who were not stunted as controls. Data were analyzed using the *chi square* statistical test.

Table 1.
Maternal characteristics based on nutritional status of pregnant women, history of parity in the of *stunting* among toddlers

Karakteristik	f	%
Stunting	123	50
Not stunting	123	50
Nutritional Statys on Pregnancy		
KEK (LiLA < 23.5 cm)	70	28.4
Normal (LiLA ≥ 23.5 cm)	176	71.6
Parity		
Multipara	136	55.3
Primipara	110	44.7

Based on the distribution of maternal nutritional status during pregnancy, the results showed that of pregnant women with KEK nutritional status (LiLA < 23.5 cm), 34 children were found to have stunted toddlers (27.6%) and 26 children who were not stunted (21.1%). Meanwhile, from mothers who did not have CED (LiLA > 23.5 cm), 89 children (72.4%) were stunted and 97 children (78.9%) were not stunted. Based on the distribution of maternal factors, namely history of parity, among multiparous mothers (second or more pregnancies), 81 children were found with stunting (65.9%) and 55 children (44.8%) without stunting. Meanwhile, primiparous mothers (first pregnancy) had 42 children with stunting (34.1%) and 68 children without stunting (55.2%).

Table 2.
Hasil Analisis Bivariat Variabel Independen terhadap Kejadian *Stunting*

Variabel Independen	Kejadian *Stunting*						p-value	OR
	Stunting		Tidak *Stunting*		TOTAL			
	f	%	f	%	f	%		
Nutritional Statys on Pregnancy								
KEK (LiLA < 23.5 cm)	34	56.7	26	43.3	60	100	0.299	1.42
Normal (LiLA ≥23.5 cm)	89	47.8	97	52.2	186	100		(0.793 - 2.561)
Parity								
Multipara	81	59.6	55	40.4	136	100	0.001	2.38
Primipara	42	38.2	68	61.8	110	100		(1.425 - 3.991)

Based on the table of bivariate analysis results between risk factor variables for the incidence of stunting, it was found that the nutritional status of mothers during pregnancy did not have a significant relationship with the incidence of stunting in toddlers ($p>0.05$). Meanwhile, the maternal parity variable shows that birth status/mother's parity is related to the incidence of stunting in toddlers ($p<0.05$). Mothers with multiparous status have a 2.38 times greater risk of having stunted toddlers compared to mothers with primiparous status (p= 0.001; OR= 2.38; CI= 0.79-2.56).

DISCUSSION

The relationship between maternal nutritional status during pregnancy and the incidence of stunting

Based on table 2, it can be seen that from pregnant women with CED, 34 (27.6%) children were stunted, while from pregnant women who did not have CED, 89 (72.4%) children were stunted. In other words, in this study, the results showed that stunted children were more common in pregnant women who did not have CED. And from the table of bivariate analysis results, it was found that maternal nutritional status during pregnancy did not have a significant relationship with the incidence of stunting in toddlers (p>0.05).

According to theory, the nutritional status of the mother before and during pregnancy can influence the nutritional status of the mother and baby. The mother's nutritional intake affects the growth and development of the fetus, because the fetus's nutritional needs originate from the mother. If the mother experiences malnutrition, it can cause various risks such as bleeding, abortion, stillbirth, low birth weight (LBW) babies, congenital abnormalities, mental retardation, and so on (Sulistyoningsih, 2011). When women experience malnutrition in the final trimester, they are at risk of giving birth to babies with low birth weight (< 2,500 grams) (Arisman, 2004). This is in line with research conducted by Anna (2021) in the Jatinom Community Health Center working area, Klaten, where the results of calculations using Chi-Square correlation obtained a p value of 0.605, which means there is no relationship between the history of KEK pregnant women and the incidence of stunting at the age of 3-5 years. Likewise, research by Kristiana et al (2016) showed that a history of CED during pregnancy was not statistically related to the incidence of stunting in toddlers (OR=0.61, 95% CI=0.32-1.14). The research is different from that conducted by Ratna, et al (2020), where it was found that mothers who had LiLA < 23.5 cm were at risk of giving birth to toddlers who experienced stunting (p=0.000).

The relationship between maternal parity and the incidence of stunting

Based on the research results in table 2, it was found that from multiparous mothers there were 81 (65.9%) stunted toddlers, while from primiparous mothers there were 42 (43.1%) stunted toddlers. And the conclusion from the bivariate analysis was that birth status/mother's parity was related to the incidence of stunting in toddlers (p<0.05). Mothers with multiparous status have a 2.38 times greater risk of having stunted toddlers compared to mothers with primiparous status (p= 0.001; OR= 2.38; CI= 0.79-2.56). The results of research conducted by Seni Rahayu et al (2019) show that mothers with primiparous and multiparous parity (having less than 4 children) have a lower risk of having stunted toddlers than mothers with grandemultiparous parity (having more than 4 children) (with OR= 0.4). Parity is an indirect factor in the occurrence of stunting, because parity is closely related to parenting patterns and meeting children's nutritional needs, especially if supported by poor economic conditions. Children born to mothers with high parity have a greater chance of experiencing poor parenting and inadequate nutritional needs during the growth period. Children who have a large number of siblings can cause growth delays due to competition for limited nutritional sources available at home. This is also in line with research conducted by Palino et al (2017) which shows that in the Puuwatu Kendari Health Center working area, toddlers who have mothers with high parity have a 3.25 times greater risk of experiencing stunting compared to toddlers who have mothers with low parity.

CONCLUSION

There was no relationship between the nutritional status of pregnant women, with a V Palue of 0.299, but for the parity variable there was a significant relationship, a V Palue of 0.001.

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