THE RELATIONSHIP BETWEEN SOCIAL PROTECTION AND STUNTING INCIDENCE IN TODDLERS

Dian Utama Pratiwi Putri[1]*, Anik Inayati[2]
[1]Master of Public Health, Faculty of Health, Universitas Mitra Indonesia, Jl. ZA. Pagar Alam No.7, Gedong Meneng, Rajabasa, Bandar Lampung, Lampung 40115, Indonesia
[2]Universitas Dharma Wacana, Jl. Kenanga No. 3 Mulyojati 16c Metro Barat, Lampung 34125, Indonesia
*dian@umitra.ac.id

ABSTRACT
A child is classified as stunted if the length or height according to age is lower than the applicable national standard. The study showed that heredity only slightly (4-7% in women) affects a person's height at birth. In contrast, the influence of environmental factors at birth was very large (74-87% in women). This proves that supportive ecological conditions can help children's growth and development. The research design in this study is analytic with a cross-sectional approach. Data analysis used univariate and multivariate analysis. The results of the analysis of the relationship between social protection ownership showed that as many as 159 (71.0%) toddlers who did not have social protection were stunted. Meanwhile, among toddlers with social protection, 94 (55.0%) experience stunting. The results of the analysis obtained OR = 2.004 meaning that toddlers who do not have social protection have a 2.004 chance times to experience stunting compared to toddlers who have social protection. There is a significant relationship between social protection and the incidence of stunting in children aged 0-59 months in Pringsewu Regency in 2021 (p-value = 0.001, OR = 2.004).

Keywords: social protection; stunting; toddlers

INTRODUCTION
Stunting is a condition of failure to thrive in children under five due to chronic malnutrition, especially in the First 1,000 Based on 2019 Ministry of Health data in Indonesia there were 27.7% stunted toddlers, Lampung Province 27.28% (2018), of the target of 14% (2024).1,2,3,4 The level of one's nutritional knowledge influences attitudes and behavior in food selection.5,6,7,8 The study showed that heredity only slightly (4-7% in women) affects a person's height at birth. In contrast, the influence of environmental factors at birth was very large (74-87% in women).9,10,11 Health services are very sensitive to changes in the economic situation. Disturbances in the economic situation will disrupt the accessibility of communities and families to health services, for example, immunization services, and care related to child growth, morbidity, and mortality.12,13,14,15 According to Adiyanti's research results, it shows that children who come from families with unprotected water sources with inappropriate types of latrines have a risk of suffering from stunting 1.3 times higher than children who come from families with water sources. protected and an appropriate type of latrine.

METHOD
The research design in this study is analytic with a cross-sectional approach. The multivariate test used is logistic regression which is a mathematical model approach used to analyze the relationship of one or several independent variables with dependent categories that are dichotomous/binary. The number of samples in the study was 359 respondents and added 10% to overcome samples with incomplete data. So that the total number of samples analyzed in this study amounted to 395 respondents. This research was conducted in Pringsewu District, Lampung, Indonesia.

RESULT AND DISCUSSION

Tabel 1.

Independent Variabel	Stunting Incident				Total		p-*value*	OR (95% CI)
	Stunting		Normal					
	f	%	f	%	f	%		
Social Protection								
There is'nt any	159	71,0%	65	29,0%	224	100%	0,001	2,004
There is	94	55,0%	77	35,9%	171	100%		(1,32- 3,04)

Relationship of Social Protection with Stunting Incidence in Toddlers 0-59 months

Used to analyze the relationship of one or several independent variables with dependent categories that are dichotomous/binary. The number of samples in the study was 359 respondents and added 10% to overcome samples with incomplete data. So that the total number of samples analyzed in this study amounted to 395 respondents. This research was conducted in Pringsewu District, Lampung, Indonesia. The research was carried out in June 2021. The results of the analysis obtained OR = 2.004 meaning that toddlers who do not have social protection have a 2.004 chance times to experience stunting compared to toddlers who have social protection. The results of the analysis show that there are still 224 (56.7%) children under five who do not have social protection. Meanwhile, there are 171 toddlers, or around 43.3% who already have social protection.

According to the researchers, the results of this study are in accordance with the conditions in Pringsewu District only has access to health insurance participants of 58.72%, so access to health insurance participants still needs to be increased to 100% in order to reduce the incidence of stunting. Efforts to reduce stunting are carried out through two interventions, namely specific nutrition interventions to address direct causes and nutrition-sensitive interventions to address indirect causes. Sensitive nutrition interventions include increasing access to and quality of nutrition and health services including social security. Nutrition-sensitive interventions are generally implemented outside the Ministry of Health.

CONCLUSION

The distribution of the frequency of toddlers experiencing stunting was 253 toddlers (64.1%). There is a significant relationship between social protection and the incidence of stunting in children aged 0-59 months in Pringsewu Regency in 2021 (p-value = 0.001, OR = 2.004).

ACKNOWLEDGEMENTS

The authors express sincere gratitude to the Pringsewu Health Office, participating health facilities, and all respondents who contributed to this study.

REFERENCES

Altare, C. et al. (2016) 'Factors associated with stunting among pre-school children in southern highlands of Tanzania', Journal of Tropical Pediatrics, 62(5), pp. 390–408. doi: 10.1093/tropej/fmw024.

Badriyah, L. and Syafiq, A. (2017) 'The Association Between Sanitation, Hygiene, and Stunting in Children Under Two-Years (An Analysis of Indonesia's Basic Health Research, 2013)', Makara Journal of Health Research, 21(2), pp. 35–41. doi: 10.7454/msk.v21i2.6002.

Bhutta, Z. A. et al. (2013) 'Evidence-based interventions for improvement of maternal and child nutrition: What can be done and at what cost?', The Lancet, 382(9890), pp. 452–477. doi: 10.1016/S0140-6736(13)60996-4.

Entjang Indah (2000) Ilmu Kesehatan Masyarakat, Cetakan Ketiga Belas

Hardinsyah dan Supariasa. (2016). Ilmu Gizi Teori dan Aplikasi. Jakarta: EGC

Harikatang, M. R. et al. (2020) 'Hubungan pengetahuan dan sikap ibu dengan kejadian balita stunting di satu kelurahan di tangerang', Jurnal Mutiara Ners, 3(2), pp. 76–88. Available at: http://114.7.97.221/index.php/NERS/article/view/1178.

Hastono, S., & Sabri, L. (2010). Statistik Kasehatan. Jakarta: PT. Raja Grafindo Persada.

Kemenkes. (2018). Bulletin Jendela Data Dan Informasi Kesehatan. Situasi Balita Pendek (Stunting) di Indonesia

Kementrian PPN/BAPPENAS. (2018). Peraturan Menteri PPN/KEPALA BAPPENAS Nomor 1 Tahun 2018 Tentang Pedoman Rencana Aksi Nasional Pangan Dan Gizi Yang Menetapkan Ran-Pg, Pedoman Penyusunan Rad-Pg, Dan Pedoman Pemantauan Dan Evaluasi Ran/Rad-Pg. Jakarta.

Kementerian Desa, Pembangunan Daerah Tertinggal, Dan Transmigrasi, Panduan Fasilitasi Konvergensi Pencegahan Stunting Di Desa, Kementerian Desa, Pembangunan Daerah Tertinggal, Dan Transmigrasi, Jakarta, Desember 2018

Kementerian Perencanaan Pembangunan Nasional/Bappenas ,Pedoman Pelaksanaan Intervensi Penurunan Stunting Terintegrasi Dikabupaten/Kota, Jakarta, September 2018

Kementerian Perencanaan Pembanguan Nasional/Kepala Badan Perencanaan Pembangunan Nasional ,Keputusan Menteri Perencanaan Pembanguan Nasional/Kepala Badan Perencanaan Pembangunan Nasional Nomor Kep 42/M.Ppn/Hk/04/2020 Tentang Penetapan Perluasan Kabupaten/Kota Lokasi Fokus Intervensi Penurunan Stunting Terintegrasi Tahun 2021, Jakarta,2020

Kusumawati, E. et al. (2013) 'Model Pengendalian Faktor Risiko Stunting pada Anak Usia di Bawah Tiga Tahun Model of Stunting Risk Factor Control among Children under Three Years', pp. 249–256.

Kwami, C. S. et al. (2019) 'Water, sanitation, and hygiene: Linkages with stunting in rural Ethiopia', International Journal of Environmental Research and Public Health, 16(20). doi: 10.3390/ijerph16203793.

Larasati, N. N. (2018) 'Faktor-Faktor yang Berhubungan dengan Kejadian Stunting Pada Balita Usia 25-59 bulan di Posyandu Wilayah Puskesmas Wonosari II Tahun 2017', Skripsi, pp. 1–104.

Notoatmodjo, S. (2012). Metodologi Penelitian Kesehatan. Jakarta: Rineka Cipta.

Nursalam., (2014). Konsep dan Penerapan Metode Penelitian Keperawatan. Jakarta Salemba Medika

Peraturan Presiden Nomor 72 Tahun 2021 Tentang Gerakan Nasional Percepatan Perbaikan Gizi

Peraturan Presiden Nomor 59 Tahun 2017 Tentang Pelaksanaan Pencapaian Tujuan Pembangunan Berkelanjutan (Tpb)

Peraturan Presiden Nomor 83 Tahun 2017 Tentang Kebijakan Strategis Pangan Dan Gizi

Nasrul, N. (2019) 'Pengendalian Faktor Risiko Stunting Anak Baduta Di Sulawesi Tengah', PROMOTIF: Jurnal Kesehatan Masyarakat, 8(2), pp. 131–146. doi: 10.31934/promotif.v8i2.495.

Rahayu, B. and Darmawan, S. (2019) 'Hubungan Karakteristik Balita, Orang Tua, Higiene Dan Sanitasi Lingkungan Terhadap Stunting Pada Balita', Binawan Student Journal, 1(1), pp. 22–27. Available at: http://journal.binawan.ac.id/bsj/article/view/46.

Rosha, B. C. et al. (2016) 'Peran Intervensi Gizi Spesifik dan Sensitif dalam Perbaikan Masalah Gizi Balita di Kota Bogor', Buletin Penelitian Kesehatan, 44(2), pp. 127–138. doi: 10.22435/bpk.v44i2.5456.127-138.

Setiawan, E., Machmud, R. and Masrul, M. (2018) 'Faktor-Faktor yang Berhubungan dengan Kejadian Stunting pada Anak Usia 24-59 Bulan di Wilayah Kerja Puskesmas Andalas Kecamatan Padang Timur Kota Padang Tahun 2018', Jurnal Kesehatan Andalas, 7(2), p. 275. doi: 10.25077/jka.v7.i2.p275-284.2018. Sugiyono. 2016. Metode Penelitian Kuantitatif dan Kualitatif R&D. Bandung: Alfabeta

Strategi Nasional Percepatan Pencegahan Stunting Periode 2018-2024 (Stranas Stunting) Dengan Tujuan Mempercepat Pencegahan Stunting