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STUNTING OCCURENCE DETERMINANT TO ELEMENTARY SCHOOL STUDENTS IN KAPUR IX SUBDISTRICT LIMA PULUH KOTA REGENCY Rince Alfia Fadri1), Sri Kembaryanti Putri1), Salvia2), Zulkifli3) Food Technology Study Program of Agriculture Polytechnic State of Payakumbuh Farm Study program of Agriculture Polytechnic State of Payakumbuh Nutrition Study Program of Padang Health Polytechnic email : alfiarince@gmail.com ABSTRACT One of Sustainable Development Goals (SDGs) action is Life Quality Repair, the strengthening of food resilience and nutrition to lower the prevalence of stunting (children with a short body).

For it in the Country's Medium Term Development Plan 2015 – 2019 has stated that one of the priorities of national development in the field of health in support of the welfare society is stunting prevalence decreases. To achieve this it needs to be started early and including in the age of elementary school children. Nutrient deficiencies for now at this age is still a problem, it is evident from the high prevalence of stunting in Lima Puluh Kota regency.

This research used design cross sectional aims to find out the factors that relate with the nutritional status of elementary school age children. Research done in Kapur IX subdistrict Lima Puluh Kota Regency amounted to 66 people. Data were collected using a questionnaire, includes nutritional knowledge, mothers characteristics, economic level, nutrient intake, and, whereas the data of nutrient status collected through the measurements of height by using microtois.

From this research found the prevalence of short children (stunting) amounted to 33,2%, most mothers have low education levels (59.1%). The majority of mothers are not working (80.3%), maternal nutritional knowledge is still low (74.2%), more are on the low

economic level (80.3%), Energy intake is more than < 90% of the number of nutritional adequacy (72%), while the more protein intake = 90% of the number of nutritional adequacy.

From statistical tests found a meaningful **relationship between the mother's** level of education and economic levels with nutritional status. The conclusions of this research, that **the factors affecting nutritional status** is the level of education of the mother and the level of the economy. For that need special attention from policy makers of nutritional Chronicle problems to the toddlers and further research.

Key Word : Nutrient Status, Stunting, Food Consumption INTRODUCTION **Sustainable Development Goals (SDGs)** or sustainable development is a development agreement that was agreed by more than 190 countries; including Indonesia, contains 17 goals and 169 development goals. SDGs program will become guidelines by the Government and County Government and the town was the spearhead for the realisation of the SDGs.

three main points the purpose of SDGs are; 1) **end poverty in all its** forms, 2) ending **hunger, achieve food security and** better nutrition and supports sustainable agriculture 3) Ensuring a healthy life and support the welfare for all for all ages. To achieve that goal, one of the action of the SDGs is improvements to the quality of life, strengthening of food security and nutrition to lower **the prevalence of stunting** (children with a short body).

For it in the country's **medium term development plan** (RPJMN) 2015 – 2019 has stated that one of the priorities of national development in the field of health in supporting of the welfare society is stunting prevalence decreases. The problem of **the prevalence of stunting** into focus because of the Basic Health Research results in 2013 notes, **the prevalence of stunting** reached 37.2% increase from the previous year. That is, not the maximum growth (short) suffered by about 8 million children of Indonesia, or one of the three children of Indonesia.

The **prevalence of stunting in Indonesia** are **higher than other countries in Southeast Asia, such as Myanmar (35%), Vietnam (23%), and Thailand (16%)**. Research result of Monitoring Nutritional Status (PSG) **the Ministry of health** of the Republic of Indonesia (2015) also States that amounted to 29% of Indonesia toddler include to short categories. West Sumatra Province belonging to the vulnerable category to short toddlers in sequence to 18 (8.3% very short, 19.4% short,) from 34 provinces in Indonesia. The prevalences of stunting in West Sumatra are also high i.e. 36.1% , with 11.2% a very short and 24.9% short.

Lima Puluh Kota regency including the highest stunting in West Sumatera (Ministry of health, Republic of Indonesia, 2015). Height body monitoring to the new kid school entrance is good metoda to know the growth and physical development because easy to do. According to the data of Height body Monitoring to the New Kid School Entrance (HBM) in West Sumatra with the index (Height/Age), in 1994 the prevalence of New Kids School Entrance are stunting (short) was 31.9%, and then in 1999 stunting prevalence increased to 37.8%.

This figure continues to hang on to a fairly high prevalence where basic health research results in the year 2010, the prevalence of stunting in children of school age, namely 35.6% with 15.1% of children with nutritional status is very short and 20.5% short. Nutritional status is closely related to the prevalence of short (stunting) and achievement of school children which is a determinant of the quality of human resources (HR) in the future. Intelligent children are the next generation and investment in Indonesia, in the heading to developed country to be taken at the global level.

Efforts to reduce the child experienced a stunting, need interventions include preventing and reducing disruption directly (specific nutritional interventions) and prevent and reduce disruptions indirectly (nutrient sensitive interventions). Specific nutritional interventions generally done in the health sector, but only contribute about 30%, while 70% is the contribution of sensitive nutritional interventions involving various sectors such as food security, the availability of clean water and sanitation, poverty reduction, education, social, and so on.

Stunting is a problem of chronic undernourishment caused by the intake of nutrients that are lacking in quite a long time due to inappropriate feeding with nutritional needs. Stunting occurs beginning from the time the fetus is still in the pregnancy and only appear when the child in two years old. Malnutrition at an early age increase infant and child mortality rates, causes the sufferer pain easily and has no maximum posture as adults.

Besides the stunting sufferers cognitive ability is also reduced, resulting in long-term economic losses for Indonesia. More than a third of children aged under five years in Indonesia are under a high average. Efforts that must be made include the improvement of nutritional status of communities because of stunting caused by poor nutrition.

Malnutrition is not only caused by economic factors but also because of the lifestyle of many consuming foods and junk food snacks from a pregnant mother to childhood. Nutritional problems is known as a multi complex problem. At the level of household, The present state of nutrition affected by the ability of the household provides food in

sufficient amount and type of nutritional, the mothers and children nutrition intake who are affected by the factor of education and behavior, as well as the state of health of household members.

Therefore handling nutritional problems requires an integrated approach that leads to economic empowerment of families, increasing the abilities and skills of the nutritional intake of the family as well as the improvement of the coverage and service and service quality of health. This research aims to look at the determinant factors relating to the occurrence of stunting in the elementary school children at Kapur IX subdistrict Lima Puluh Kota Regency. The data is expected useful for researchers and relevant agencies that will take the policy against the problem of nutrition in the area of research.

RESEARCH METHOD Cross sectional study design research was conducted in seven primary schools existing in the Kapur IX Subdistrict Limapuluh Kota Regency. The sample was taken from elementary school students class I and their mothers who each totaled 66 people by observing the criteria of inclusion and exclusion then the samples randomly selected by the method of simple random sampling.

Concerning to elementary school students performed the measurements of height (Height of Body) using microtoice with the accuracy of 0.1 cm and to their mother done interview about factors related to nutritional status (level of education, economic level, the level of knowledge about nutrition and employment) with guide of questionnaire, whereas to calculate energy and protein intake to be done through interviews using semi quantitative Food Frequency Quesioner/FFQ, then processed using nutrisurvey. Status of stunting nutritional enforced based on the height when < -2 SD.

The data obtained to be analyzed by univariate to get an overview distribution frequency and bivariat analysis using Chi-Square to see the relationship of two variables.

RESEARCH RESULT An overview of the location of Research Kapur IX is a subdistrict in Lima Puluh Kota Regency, West Sumatra, Indonesia. Kapur IX is one of the thirteen subdistrict which is in the eastern part of the Lima Puluh Kota Regency. Extensive area of Kapur IX subdistrict is 21.56% of the land area of Lima Puluh Kota regency, consisting of 7 nagari and 31 jorong. Nagari/Desa (villages) in Kapur IX subdistrict. i.e.

desa Muaro paiti, Pulau Sialang, Koto Bangun, Durian Tinggi, Sialang, Koto tengah and desa Lubuk alai. The population of Kapur IX subdistrict is 26.479 soul which consists of male 13.587 soul and female 12.892 soul with sex Rasio 105, 39% and the population density 37 soul/km². Source of livelihood of the population is farmers as well as farmers of rice or farmers of rubber and gambir with percentage 87%, 10% of traders and other 3% of population of productive age. Means of education in Kapur IX subdistrict has

been available since the level of kindergarten to high school.

Kindergarten means of education amounted about 20 (twenty) units. Elementary means of education spread in all nagari amounted to 31 (thirty one) units. 4 (four) units for Junior high school and 1 (one) unit for senior high school. In the field of health, facilities and health means in Kapur IX subdistrict is still very limited.

To serve 7 Nagari (villages) there are only 2 (two) units of local government clinic, 7 (seven) units of local government clinic client (Pustu), 10 (ten) units of maternity hut (polindes) and 30 units of Integrated Service Post (Posyandu). As for the medical personnel contained in this subdistrict consists of 4 (four) persons of doctors, 8 (eight) persons of nurses and 18 (eighteen) persons of midwives.

Responden Short Nutritional Status (stunting) obtained through measurements of height versus age of child (W/A) can we see at picture 1. / Pict.1. Distribution of respondents based on stunting From the pict.1 can be seen that almost half of research respondents suffer from stunting incident amounted about 22 people (33.2%).

Maternal Characteristic Maternal characteristics were measured from the level of education, employment status, economic status and level of knowledge. Distribution of respondents based maternal characteristics can be seen in table 1. Table 1. Distribution Of Respondents Based On Characteristics (Level Of Education, Employment status, Economic Status and level of knowledge) Variable _Category _f _% _Level of Education _Low _39 _59.1 __ _High _27 _40,9 _Employment Status _Working _13 _19.7 __ _Not Working _53 _80.3 __ _Level Of Knowledge _Low _49 _74.2

__ _High _17 _25.7 _Economic Status _Low _53 _80.3 __ _High _13 _19.7 __ Table 1 shows that over half of the respondents have low education levels and most of them do not work. While the level of knowledge about the science of nutrition and the status of the economy, more than half of the respondents had the low level of knowledge and economic status. Table 2. The Average Intake Of Nutrients Nutrients _Min _Max _Average _SD _Energy (cal) _1058 _1989 _144,76 _254,09 _Protein (gram) _28.42 _65 _43,176 _8,34 __ _Animal Protein _7,27 _25,76 _17,12 _4,61 __ _Vegetable Protein _13.21 _47,92 _25,29 _6,57 __ From the Table 2 can be seen that the average of energy consumption is still less than recommended number of adequacy (RDA).

The adequacy of energy for ages 4 – 6 years according to RDA 1998 is 1700 CAL/day and 32 protein grams/day, and for ages 7 – 9 years energy adequacy is 1900 CAL/day and protein 37 grams/day. As for the average protein intake above the recommended nutritional adequacy. Seen from the protein intake based on the source, vegetable

protein is more than animal protein. Energy Intake / Figure 2.

Frequency Distribution Of Respondents Based On Energy Intake From Pict. 2, it can be seen that most of the children have the energy intake less than (70%). Protein Intake / Pict. 3. Frequency Distribution Of Respondents Based On Protein Intake From Picture 3, it can be seen that generally the children have sufficient protein intake (94%).

Parents' height factor relationship, socio demographic, food intake, and septal anatomy with stunting conditions of elementary students in Kapur IX subdistrict **Lima Puluh Kota regency**. As for the variable nutritional status, intake, and septal Anatomy are also not significantly proven to be related to stunting. These findings are inconsistent with the theory and research that has been done by Wamani (2007), which declared the birth weight, the status of the intake of BREAST MILK, mother's age, number of families, socio economic status, and birth order also have a positive correlation with the high numbers of **prevalence of stunting in** Iran. This **can be seen in table** 4. Variable __Normal value (n = 66) _Stunting (n = 22) _P value __Parents's Heigh _No descendants _34 (48,5%) _5 _0.0001* __Descendants _32 (51,%) _17 __Socio Demographic _Heigh _32 (51,%) _7 _0.092* __Fulfill _34 (48,5%) _15 __Food Intake _Unfulfill _32(51,%) _8 _0.93* __Less _34 (48,5%) _14 __Septal Anatomy _Normal _53 (80,3%) _17 _0,1,27** __Septal _13 (19,7%) _5 __Table 4.

Parents' height factor Relationship, socio demographic, food intake, and septal anatomy with stunting conditions of elementary students in Kapur IX subdistrict **Lima Puluh Kota regency**. DISCUSSION Nutritional status of stunting children Nutritional status is a manifestation of the body condition which reflects the results of each food consumed.

Food intake that does not meet the adequacy in a long time will result in the occurrence of nutritional deficiencies that affect the growth of children. In this study, with an index of nutritional status of H/A are classified into two categories, short (stunting) when $< - 2$ at elementary school and normal when $= - 2$ at elementary school. The data of stunting condition obtained by Anthropometry measurement, the measurement of growth in height and weight (Gibson, 2005).

Direct measurement of height to the subject, with a cut off stunting point if height 120 cm $<$, and normal if height = 120 cm. While sosiodemografi data obtained by means of in-depth interviews using an open ended question to parents subjects included the level of education, the type of employment, and the income of the parents which refers to MWF (Minimum wage Families) in **Lima Puluh Kota Regency**.

The data obtained are then analyzed using univariate analysis **to find out the**

characteristics of data, then analysis bivariat obtained analyzed using univariate analysis to find out the characteristics of the data, continued to bivariat analysis. On this research obtained the number of children with nutritional status of stunting is still high i.e., 33.2%.

This result is higher than the result of the research done by the Abas Basuni Jahari (2001) in Sukabumi regency of West Java which find short or stunting amounting to 25.3%, and this number is almost equal to the number of prevalence stunting child in Indonesia. There are still short children on this research suspected due to lack of the income of parents cause the purchasing of the fulfillment of the needs of food decreased that affected to their nutritional status.

According to Seotjningsih (1998), there are another factors that cause the nutritional status of short (stunting) occurred, that are genetic factor, infectious diseases as well as the patterns of caregiving and nursing mothers to their children. The mechanisms of the relationship between the generation to the stunting occurrence through the results of genetic interactions and environmental conditions of mothers especially during pregnancy such as nutrient consumption.

The mother's environment will affect the level and timing of developmental gene expression as an epigenetic phenomenon known as imprinting. The mechanism of imprinting occurs through specific DNA methylation process that occurred during early development and will determine whether a gene appears or not originally come from parents (Atmarita, 2004).

Opinion was also expressed by Black (1999), which declared "the children of the higher family will have a higher height when born and will increase more rapidly in line with the time". Variables in this research shows no significant relationship with stunting condition. Among them, namely the socio demographic variables, although in univariate analysis found there is a tendency stunting conditions found more in the low socio demographic, in the sense that in families with incomes below the District Minimum wage, low education at < 9, unfixed parents employment, but this is not significantly related to statistically determinant.

In the theory of socio demographic conditions contributes stunting to children which can be explained to parents with low education that caused lower life skill. So in achieving the opportunity to work is blocked by the difficulties to get a good job affected to family's income because of unfixed employment. But the result of this research found that there is no meaningful relationship between the mother's employment status with the status of nutrition ($p > 0.05$), where the short children more

on not working mothers compared to working mothers.

This result is not in line with research done by Mulyono (2000), infants who show a significant relationship between the mother's job with nutritional status where the working mothers have more short children (< - 2 at elementary school) compared with a mother who does not work. Working Moms who are more outside will have more money to invest in or allocated to their children and instead more and more time at home with children (eating and playing) then fewer time for earning a living.

Both of these things (money and time) will affect the quality of children nutrition of mothers working outside, the distance between home and place of work with a lot of other factors, all affect food and parenting arrangement to their children. So that mothers who do not work will have more time with their children and affecting their children nutritional status increasing.

The relationship of maternal Characteristics with the occurrence of Stunting The results of this research found a meaningful relationship between the educational level of mothers with nutritional status ($p < 0.05$), where short children more occurred on low educated mothers. This results is in line with the research done by Mulyono (2000) to infants that indicate the existence of a meaningful relationship between the educational level of the mothers with the children nutritional status.

Education level will affect the health and prosperity of the children, because it is not detached from the circumstances of children nutrition. Mothers with a high level of education will have a much clearer chance in absorbing information when compared to mothers who are less educated or not. Therefore, with a quite level of education which is expected a mother willing and able to behave well in order to improve the nutritional status of children.

Soekirman (1990) also explains that education level will affect food consumption through the selection of groceries. Higher educated people tend to pick foods that are better in quality and quantity of dishes than low or medium educated people. The higher the educational level the better nutritional status.

On this research is not significant proven the correlation between intake with stunting due to the approach of using the FFQ (Food Frequency) open the opportunity to the existence of bias recall, because relying on memory instead of real measurement of intake per day of the respondents. High stunting prevalence number much found the intake that does not meet the RDA, the majority of food composition both in the amount or quality of nutrition still not meet the RDA respondents.

Again, the study comparisons of the intake in each region need to be evidenced in the research that will come up with a better research approach. As for the variable of nutritional status, intake, and septal Anatomy are not significantly proven to be related to stunting. These findings are in line with the theory and research that has been done by Wamani (2007) that declared the birth weight, the status of the intake of BREAST MILK, mother's age, the amount of family, socio economic status and birth order also have a positive correlation with the high numbers of prevalence of stunting in Iran.

The theory States that the blocked growing condition, including absolute stunting affected by intake, with the intake meets the RDA (number of nutritional Adequacy) then the children will grow up optimally. The intake meets the RDA must fulfill 13 (thirteen) general guidelines of balanced nutrition, including carbohydrates, protein, vitamins, minerals and water.

CONCLUSION Almost half the children are suffering a stunting. Educational and economy level is determinant factor of stunting occurrence in Kapur IX subdistrict Limapuluh Kota Regency. SUGGESTION Thus it is important to be advance analyzed some closed enviromental factors that affected phenotype stunting in Indonesia, such as intake of nutrition and family socio demographic conditions, considering the gene will not be expressed if the environmental conditions do not support. BIBLIOGRAPHY [1] Rr. Vita N.

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