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The Impact of Putting Preventive Measures in Place for Children Who Have Received Breast Milk in the Past

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ABSTRACT

Stunting is one of the most common causes of death in children with a history of breastfeeding. This study aimed to investigate the effectiveness of stunting prevention efforts in children History of Breastfeeding. The systematic literature review (SLR) method was used to collect and analyse research findings related to risk factors, intervention effectiveness, and best practices. The SLR was conducted in the PubMed, ProQuest, Scopus, ScienceDirect, and Google Scholar databases from 2019 to 2023. Ten articles met all inclusion criteria and were analysed in depth. A combination of exclusive breastfeeding, maternal nutrition education, growth monitoring, complementary feeding, supplementation for pregnant women, and community empowerment approaches has been proven to be most effective in reducing stunting. There was a significant difference in pregnant women's efforts to prevent stunting before and after receiving information, and the average previous score increased to 72 after receiving the information. The findings of this study confirm that the effective of stunted prevention programmes is greatly influenced by the availability of adequate inputs (funding, human resources, anthropometric equipment) and optimal implementation processes (monitoring, education, cross-sector coordination).

Keywords: *Stunting Prevention, Children, Breastfeeding History*

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INTRODUCTION

Children who are shorter or smaller than what is typical for their age are affected by stunting, a developmental issue. Malnutrition, especially while still in the womb, causes stunting in newborns (Setyowati et al., 2022) A public health concern, stunting is linked to a higher risk of illness, death, and stunted mental and motor development (Rahmadhita, 2020). Stunting has become more common every year. According to global data, the incidence of stunting was predicted to be 21.9% in 2018, or 149 million children under the age of five. In Southeast Asia, the number of children under the age of five who suffered from stunting was 14.4 million (WHO, 2019). One of the Sustainable Development Goals (SDGs) aims to prevent stunting by achieving food security and eradicating hunger and all types of malnutrition by 2030 (SDGs, 2018). According to data from the 2018 Sustainable Development Goals (SDGs), Indonesia ranks third in Southeast Asia with a stunting rate of 36.4% for children under five (SDGs, 2018). Based on the results of the Indonesian Nutrition Status Survey (SSGI), the prevalence of stunting in Indonesia decreased from 24.4% in 2021 to 21.6% in 2022, showing a decrease of 2.8 percentage points. This decline is in line with the Ministry of Health's target of a 2.7% reduction per year. However, a more ambitious target has been set for 2024, namely to reduce the stunting rate to 14%.

In 2024, the SSGI results show that the stunting rate will fall further to 19.8%, which exceeds the RPJMN target of 20.1%. Nevertheless, the Ministry of Health's long-term target is to reduce the stunting rate to 14% by 2024 or 14.2% by 2029, which means that further work needs to be done to achieve these targets. The emphasised stunting reduction strategy includes interventions from the pre-natal period, focusing on the nutritional intake of pregnant women and children, and implementing interventions in the six provinces that contribute the most to stunting cases in Indonesia.

Data from the Padang City Health Office shows that as of September 2023, there were 1,268 children identified as stunted based on the Community-Based Disability and Nutrition Electronic Reporting System (e-PPGBM). This monitoring system collects routine weighing reports of toddlers at integrated health service posts and is used as the basis for nutrition interventions at the community level. From a longitudinal perspective, the prevalence of stunting in Padang City was recorded at 20.04% in 2017. This picture is in line with the findings of the 2022 Indonesian Nutrition Status Survey (SSGI), which reported a stunting prevalence of 25.2%, indicating that this problem remains an issue that requires comprehensive handling.

However, e-PPGBM data shows a downward trend in stunting prevalence from 9.9% in 2022 to 9.8% in 2023. Currently, there are 1,002 children suffering from stunting, and the Padang City Government has set a target of reducing this to 10% by 2023. Among the 22 community health centres, the Air Dingin Community Health Centre has the highest prevalence of stunting, reaching 57.14%, which indicates a disparity in the distribution of cases between regions and the need for more targeted interventions.

Variations in prevalence rates obtained from various data sources indicate differences in measurement methodologies, surveillance coverage, and reporting dynamics. This situation opens up space for more in-depth scientific studies to understand the determinants of stunting and assess

the consistency of available empirical findings. In this context, the need for systematic and evidence-based research becomes increasingly important. A Systematic Literature Review (SLR) is relevant to collate, evaluate, and synthesise research findings related to risk factors, intervention effectiveness, and best practices in stunting prevention, thereby producing a strong scientific basis for the formulation of policies and strategies at the local level.

Lack of exclusive breastfeeding and delays in early breastfeeding are two factors contributing to stunting in children in Padang City. Breastfeeding is essential for the baby's growth and development to meet their nutritional requirements (Setyowati et al., 2022). Breast milk contains colostrum, which is beneficial to children's growth and development, as well as their immune systems. According to (Kahssay et al., 2020), Stunting is 6.6 times more likely to occur in toddlers who are not exclusively breastfed. Furthermore, young children who are stunted will have lower intellect levels later in life and are more susceptible to sickness, reducing their productivity (Pramulya & Saparwati, 2021).

To prevent the increasing incidence of stunting in Padang City, the government has formed a Stunting Handling Team and developed a stunting prevention program. One of the efforts to overcome stunting is providing Breast Milk (ASI) and Complementary Foods (MPASI) to toddlers to meet their nutritional needs for growth and development (Nadeak et al., 2019). Health professionals, trained cadres, and target communities' collaboration are required to hasten the decrease in stunting instances. Empowering the community, particularly parents, by focusing on knowledge and information about giving breast milk and MPASI to their infants is a crucial step in preventing stunting. This is especially important for parents who have had stunted children in a short period of time (Sinambela, Darsono & Hidayah, 2019). In addition, it can help provide education and materials to a wider target population, as well as analyze toddler growth and development, nutritional intake, and the methods used by parents to feed their kids, such as appropriate exclusive breastfeeding.

The variation in prevalence figures from various sources reflects differences in coverage, measurement methods, and reporting dynamics. This situation indicates that the determinants of stunting are complex and multidimensional, requiring more in-depth scientific study. Factors such as breastfeeding history, delayed initiation of breastfeeding, and inappropriate complementary feeding are some of the factors that have been shown to influence stunting in various regions, including Padang City. On the other hand, the role of nutrition education, pregnancy check-ups, cadre empowerment, and cross-sector collaboration has been proven to be important components in reducing stunting rates (Kahssay et al., 2020; Pramulya & Saparwati, 2021).

In this context, the urgency of this study lies in the need to systematically examine empirical evidence related to the effectiveness of stunting prevention efforts in children with a history of breastfeeding. Information synthesised through a Systematic Literature Review (SLR) is needed to summarise varying findings, identify the most effective interventions, and strengthen the basis for policy formulation at the local and national levels. This approach is important given that stunting prevention efforts are closely related to the quality of nutrition interventions during the first 1000

days of life, the capacity of families to meet their children's nutritional needs, and the support of the health system.

Thus, this study aims to answer several important questions, namely:

1. What is the relationship between breastfeeding history and stunting in children aged 0–59 months based on research conducted in the last five years?
2. What interventions have been proven effective in preventing stunting in children with a history of breastfeeding according to empirical findings?
3. What supporting and inhibiting factors influence the success of stunting prevention programmes related to breastfeeding and complementary feeding practices in various regions?

This study sought to ascertain the effects of implementing stunting prevention measures on children who had previously been breastfed.

METHODS

This study uses a scoping review to map and synthesise scientific evidence regarding stunting prevention efforts in children with a history of breastfeeding. A scoping review was chosen because this method is more suitable than a systematic literature review (SLR) in the context of research aimed at mapping the scope of interventions, variations in study designs, and the diversity of empirical findings. The research reporting follows the PRISMA-ScR guidelines, which emphasise transparency in the process of identifying, selecting, and mapping evidence.

1. Research Question Formulation The questions were formulated using the PCC (Population–Concept–Context) approach as follows:
   a) Population (P): Children aged 0–59 months with a history of breastfeeding.
   b) Concept (C): Efforts to prevent stunting, including exclusive breastfeeding, complementary feeding, nutrition education, antenatal care, and public health interventions.
   c) Context (C): Research conducted in various regions and published in international and national scientific databases.
2. Literature Search Strategy The search was conducted on five major databases—PubMed, ProQuest, Scopus, ScienceDirect, and Google Scholar—using a combination of keywords and Boolean operators: "stunting prevention", "children", "breastfeeding history". The publication range is set from 2019–2023, adjusted to the latest evidence mapping needs related to stunting in Indonesia and globally.
3. Inclusion and Exclusion Criteria Inclusion:
   a) Original research articles (quantitative, qualitative, or mixed methods).
   b) Researching the relationship between breastfeeding history and stunting prevention or relevant interventions.
   c) Available in Indonesian or English.
   d) Full-text accessible.
   e) Published 2019–2023.

   Exclusions:

a) Review articles, opinions, editorials, proceedings without empirical data, or studies that do not explicitly address breastfeeding or stunting prevention.

4. Study Selection Process From the 124 articles found, titles and abstracts were screened, resulting in 38 articles for full-text evaluation. After the final selection stage, 10 articles met the inclusion criteria and were included in the evidence mapping.
5. Data Extraction and Analysis The extracted data includes: study characteristics, regional context, type of intervention, primary outcome, and key findings. The analysis was conducted narratively (narrative synthesis) to identify key themes, intervention patterns, and factors supporting or hindering stunting prevention.

RESULTS

The search process yielded 124 articles from five databases. After a multi-layered screening process according to the PRISMA-ScR guidelines, 10 articles were found to meet the criteria and were analysed further.

1. General Characteristics of the Studies The identified studies show heterogeneity in design (quantitative, qualitative, and mixed methods) and variation in regional context. However, all studies consistently report a significant relationship between a history of breastfeeding and a reduced risk of stunting.
2. Main Theme of Findings
   a. Effectiveness of Exclusive Breastfeeding in Preventing Stunting Most studies reported that children who did not receive exclusive breastfeeding had a 6.6 to 9.3 times higher risk of stunting. Findings consistently show that breastfeeding serves as a primary intervention in preventing growth deficits in early life.
   b. Maternal Nutrition Education as a Reinforcing Factor for Intervention Nutrition education-based interventions increase stunting prevention efforts by 50–70%, especially for pregnant women and mothers with young children. Increased knowledge influences the practice of providing complementary feeding, adherence to antenatal checkups, consumption of iron tablets, and other health behaviours.
   c. Monitoring Growth and Development and the Quality of Health Services Regular weighing activities, development monitoring, and capacity building for healthcare workers are strong determinants of program success. The availability of anthropometric tools, training for cadres, and service governance have been proven to contribute to increased intervention coverage.
   d. Community Intervention and Empowerment Empowerment programs, such as nutrition cadres, active posyandu, and cross-sectoral involvement, improve families' access to nutrition education and basic health services. Community efforts are particularly important in areas with a high risk of stunting.
   e. Multi-Component Interventions as the Most Effective Strategy The findings conclude that a combination—not a single intervention—shows the greatest impact, namely:
      1) Exclusive breastfeeding

2) Timely complementary feeding
3) Maternal nutrition education
4) Prenatal checkups and supplementation
5) Strengthening health services
6) Community empowerment

3. Factors Hindering Program Implementation Evidence shows several implementation barriers, including:
   a. lack of cross-sectoral coordination;
   b. limited human resources and the double burden on healthcare workers;
   c. lack of dedicated nutrition budget support;
   d. low community participation and stigma related to stunting;
   e. limited anthropometric tools and basic facilities.
4. Evidence of Changes in Maternal Behaviour Post-Information Intervention One study showed a significant increase in pregnant women's efforts to prevent stunting after receiving education, with their scores rising to 72 points. The paired t-test showed a significant difference ($p<0.001$) between before and after the intervention.

DISCUSSION

This study is the first study to systematically investigate the prevention of stunting in children History of Breastfeeding. Ten studies were included and analyzed. The incidence of stunting in toddlers was found to be correlated with exclusive breastfeeding in all 10 investigations.

Other signs of stunting in toddlers include speech delays and lowered IQ scores. This will be carried over into adulthood, which will affect the child's thought patterns (Khofiyah, 2019). Therefore, handling growth and development delays in toddlers is not only important for the child's current physical development, but also to ensure a healthy and productive future (Prasetya, 2024). The quality and quantity of breast milk decreases as the baby's age increases until the baby reaches the age of. The age of 24 months can be considered as an adaptation period to be able to eat according to the weaning period. with nutrition. After the baby is weaned, starting from the age of 24 months and above, the baby will begin to be able to adapt to consuming more food than before weaning (Hidayati 2021). Toddlers who are exclusively breastfed are 9.3 times less likely to be stunted compared to babies who are not exclusively breastfed or exclusive breastfed. Exclusive breastfeeding has an effect on combating malnutrition stunting in children because children are stunted in the womb and their growth is stunted (Astuti, Handayani, & Astuti 2020).

According to (Utari et al., 2023) Exclusive breastfeeding, complementary foods (MPASI), measuring and weighing infants, testing pregnant women, iron tablets (TTD), and extra food (PMT) for pregnant women with specific diseases are some of the strategies used in Indonesia to prevent stunting. In order for the stunting prevention program to be successful, the community, health professionals, and the government must work together. According to (Anggreni D, et al., 2022) the research results obtained were that the stunting reduction strategy carried out by the Dolok Sigompulon Health Center had been running well, the resource person carried out pregnancy checks

with medical personnel, took additional blood tablets and TT1 and TT2 immunizations, received additional food (PMT), breast milk up to 24 months, MPASI, deworming medicine, complete basic immunization in children, caring for and treating diarrhea, receiving zinc supplementation, nutritional fortification, growth retardation, and nutritional information. 56.62% of respondents' answers or the average respondent answered "yes".

According to the study's findings, community needs, network and communication nature, and institutional structure all contributed to the downsizing program's effectiveness at the Air Beliti Health Center in Musi Rawas Regency. On the other hand, corporate culture and external networks are also factors that have nothing to do with the success of the downsizing program (Yuli Zulaikha, Windusari & Herawati Idris, 2021). According to the study's findings, Rajeg District, Tangerang Regency, has not been implementing integrated stunting prevention as quickly as it might. Particularly at the lower level, there is still a shortage of implementers in terms of both quantity and quality. The attitudes of decision makers and the reactions of implementers in implementing policies are quite good, but the understanding of implementers regarding policy implementation is still lacking (Shauma, Udzu Nabila & Purbaningrum, 2022). The study's findings demonstrate that the Kampar Kiri Hilir Health Center's efforts, empowerment, collaborations, media, techniques, and resources all have an effect in preventing stunting. The causes of stunting lie in inadequate education, lack of knowledge about mothers and inadequate facilities in the mother's home. Ramiza (Hariani & Maharani, 2021). Results, that obtained, This study's goal is to characterize the prevention and control efforts of stunting for toddlers to the Tilongkabila Health Center is prevention efforts adequate category 36 respondents, good category 32 respondents, and 31 respondents category less. Prevention of good category 79 respondents, relative category 5 respondents, category less 15 respondents. So the illustration of prevention efforts adequate category and prevention of good category. (Melika Inda Panigoro, Andi Akifa Sudirman, Dewi Modjo, 2023). The study's findings demonstrate the effectiveness of the LNPPG program in preventing stunting through the provision of health services to the community, the establishment of a Health Post, and food additives. But in its implementation, it still encounters various obstacles that prevent it from achieving its expected goals. (Yasri & Yusran, 2022).

The results of the study showed that there was a significant difference in pregnant women's efforts to prevent stunting before and after receiving information, and the average previous score increased to 72 after receiving information. Univariate analysis of 50 previous respondents showed that 60% did not prevent stunting, while after receiving health education only 10% of respondents did not prevent preeclampsia. The paired t-test conducted on education data before and after receiving health information produced a value of 0.000 which is smaller than $\alpha = 0.05$, this shows that the difference between before and after receiving health information is significant (Hasliani & Rahmawati, 2020). In Nabila and Dini's research (2022), policy implementation can be evaluated based on the success of the policy and realistic policy objectives. When policies and objectives are too ideal to implement, they are also difficult to implement. To see the effectiveness of policy implementation, we can measure the level of success using standards and objectives, classifying the provisions that form the basis for implementing integrated policies to accelerate the prevention of

deformation, and whether policy implementers know and understand the objectives of policy implementation. Every policy implementation process requires quality resources in accordance with established guidelines and adequate resources. In this case, it is about human resources and financial resources / budget.

The Indonesian stunting prevention program hasn't been able to lower the prevalence of stunting as effectively as it could. This is a result of significant difficulties encountered in the field. According to research by Mutia (2020), top-down planning, a lack of specific funding for nutritional interventions, a lack of guidelines or standard operating procedures (SOP) for addressing stunting, and a lack of recording and reporting for program interventions are the reasons why the stunting prevention program has failed to lower stunting rates (Muthia, Edison & Yantri, 2020). This study is consistent with research by Rahayu et al. (2023), which notes that the field restrictions are in the input side, specifically the insufficient budgetary support for program implementation and the absence of human resources (HR) for assistance. The implementation of the stunting prevention program in Indonesia is hampered by a lack of funding, insufficient roles and responsibilities of stakeholders, inadequate oversight functions, and a lack of program innovation to support the implementation of stunting prevention programs (Syafrawati et al., 2023).

According to the study by Ginting et al. (2023), the obstacles include low community participation levels, a lack of coordination in activity planning between program managers and leaders, a lack of anthropometric equipment availability and adequacy, a lack of human resources and dual roles, and families' fear of stunting-related stigma. This is in line with the study (Herawati et al., 2022), which indicates that poor coordination, personnel capacity, and commitment are the problems at the district and village levels. According to a study done in Lebanon, IPC collaboration improves patient outcomes. The feedback from the experience of IPC collaboration practice is very positive and enhances healthcare service outcomes (Habre et al., 2023).

This study is also consistent with research conducted by (Sari, 2023), which demonstrates that nutritional counseling sctivities and cooking demonstration for meal preparation have been successful in preventing stunting. The purpose of these exercises is to improve the behaviors and knowledge of moms who have toddlers. It is well established that increases in child health, survival, and development are linked to educational interventions that increase mothers' understanding of nutrition and cognitive stimulation (Ahmed et al., 2023).

The input and process aspects need to be considered for the stunting prevention program to be implemented as effectively as possible. This entails reviewing budgetary concerns and guaranteeing the availability of top-notch human resources for assistance. Mothers with young children should be the first to get involved in the process, followed by cross-sector policy stakeholders for program planning and reporting. According to the Ethiopian study (Tamir et al., 2022), policymakers should create interventions to lessen stunting in children, especially those under five, by implementing economic empowerment strategies in areas at risk of stunting and educating women. An ideal program output will result from achieving optimal input and process features. Given that over one-third of Indonesian children under the age of five suffer from stunting, the country's stunting problems are critical (Permatasari et al., 2021).

The findings of this study confirm that the effectiveness of stunting prevention programmes is greatly influenced by the availability of adequate inputs (funding, human resources, anthropometric equipment) and optimal implementation processes (monitoring, education, cross-sector coordination). Successful prevention programmes are those that are able to integrate nutrition education, family economic empowerment, improved quality of health services, and active community involvement. However, this study has several limitations. First, methodological variations between studies may affect the consistency of findings. Second, most studies are observational in nature and therefore cannot confirm a direct cause-and-effect relationship. Third, the use of English and Indonesian articles alone has the potential to overlook relevant literature from other countries. Therefore, further research is recommended to include experimental study designs and a broader search scope.

CONCLUSIONS

Prevention of stunting in children with a history of breastfeeding is greatly influenced by the effectiveness of family-based interventions, nutrition education, and health system support. Proven effective strategies include exclusive breastfeeding, provision of appropriate complementary foods, improved growth monitoring, and intensive education for mothers, especially during the first 1,000 days of life. In addition, economic empowerment of communities in areas at high risk of stunting and improving women's educational capacity are strategic factors that strengthen the impact of nutrition interventions. Increased family income, economic independence, and maternal knowledge have been shown to improve parenting practices, nutritional intake, and access to health services. Ideal programme outcomes will be achieved when all input features (funding, human resources, infrastructure) and implementation processes (coordination, monitoring, education) are optimally implemented, enabling sustainable efforts to accelerate stunting reduction.

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Suggestions for program holders in Indonesia to overcome stunting, National Strategy for Accelerating Stunting 2018–2024, 1000 HPK, and PMT. Additionally, a number of initiatives have been implemented to prevent stunting, including the provision of exclusive breastfeeding, the provision of complementary breastfeeding food (MPASI), the measurement and weighing of infants, the examination of pregnant women, the provision of iron tablets (TTD), and the provision of additional food (PMT) to pregnant women with specific diseases. In order for the stunting prevention program to be successful, the government, health workers, and the community must collaborate well.

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