Model Jalur Pencegahan Risiko Stunting Pada Kabupaten/Kota Dengan Prevalensi Stunting <20% dan >=20% Di Indonesia = Pathway Model for Prevention of Stunting Risk in Districts/Cities With Stunting Prevalence <20% and â¥20% In Indonesia

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Abstrak

Stunting anak 0-23 bulan di Indonesia merupakan masalah kesehatan masyarakat yang disebabkan oleh berbagai faktor langsung dan tidak langsung. Penelitian menggunakan data Riset Kesehatan Dasar, Survey Sosial Ekonomi Nasional dan Produk Domestik Regional Bruto per kapita tahun 2018 dengan pendekatan potong lintang bertujuan mengetahui model jalur hubungan langsung dan tidak langsung berbagai faktor risiko stunting dengan prevalensi stunting tingkat kabupaten/kota. Pengolahan data sekunder dilakukan pada Januari-April 2022. Sampel adalah 106 kabupaten/kota prevalensi stunting <20% dan 403 kabupaten/kota prevalensi stunting 20% (20%-<30%, 30%-40% dan >40%) yang diagregratkan pada tingkat kabupaten/kota dari 32.095 data individu anak usia 0-23 bulan yang diukur panjang badannya. Pemodelan menggunakan analisis jalur. Model jalur pencegahan risiko stunting memperlihatkan akses terhadap makanan (r=-0,31) dan pemeriksaan kehamilan (r=-0,29) berhubungan langsung dengan prevalensi stunting tingkat kabupaten/kota di kabupaten/kota prevalensi stunting <20%. Keluarga Berencana (r=-0,15), pemeriksaan kehamilan (r=-0,13) dan cuci tangan pakai sabun (r=-0,11) berhubungan langsung dengan prevalensi stunting tingkat kabupaten/kota di kabupaten/kota prevalensi stunting 20%. Tablet tambah darah ibu hamil (r=-0,02) dan inisiasi menyusu dini (r=-0,03) berhubungan tidak langsung melalui ASI eksklusif dengan prevalensi stunting tingkat kabupaten/kota di kabupaten/kota prevalensi stunting 20%-<30%. ASI eksklusif (r=-0,15) berhubungan langsung dengan prevalensi stunting tingkat kabupaten/kota di kabupaten/kota prevalensi stunting 20%-<30%. Cuci tangan pakai sabun berhubungan signifikan langsung dengan prevalensi stunting tingkat kabupaten/kota di kabupaten/kota prevalensi stunting 30%-40% (r=-0,22) dan >40% (r=-0,45). Model jalur menyimpulkan bahwa kabupaten/kota dapat memainkan peran penting dalam upaya pencegahan risiko stunting dengan memodifikasi sejumlah faktor risiko terutama pada keluarga anak 0-23 bulan.

.....Stunting in children 0-23 months in Indonesia is a public health problem caused by various direct and indirect factors. This study uses data from Basic Health Research, National Socio-Economic Survey and Gross Regional Domestic Product per capita in 2018 with a cross-sectional approach. Secondary data processing was carried out in January-April 2022. The samples were 106 districts/cities with stunting prevalence <20% and 403 districts/cities with stunting prevalence 20% (20%-<30%, 30%-40% and >40%) Aggregated at the district/city level from 32,095 individual data for children aged 0-23 months, whose body length was measured. The modeling uses path analysis. The stunting risk prevention pathway model shows that access to food (r=-0.31) and prenatal care (r=-0.29) is directly related to the prevalence of stunting at the district/city level in districts/cities with stunting prevalence <20%. Family planning (r=-0.15), pregnancy check-ups (r=-0.13) and hand washing with soap (r=-0.11) were directly related to the prevalence of stunting at the district/city level in districts/cities stunting prevalence 20 %. Blood supplement tablets for pregnant women (r=-0.02) and early initiation of breastfeeding (r=-0.03) were indirectly related through

exclusive breastfeeding with the prevalence of stunting at the district/city level in districts/cities stunting prevalence of 20%-<30% . Exclusive breastfeeding (r=-0.15) was directly related to the prevalence of stunting at the district/city level in the district/city stunting prevalence of 20%-<30%. Hand washing with soap is directly related to stunting prevalence at district/city level in districts/cities, stunting prevalence is 30%-40% (r=-0.22) and >40% (r=-0.45). The pathway model concludes that districts/cities can play an important role in preventing stunting risk by modifying a number of risk factors, especially in families of children 0-23 months.