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The role of breastfeeding practices as part of reproductive health in preventing stunting in toddlers aged >24 months

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Abstract

Background: Stunting is a chronic nutritional problem that impacts child growth and development and is an important indicator of reproductive health. Optimal breastfeeding practices, such as Early Initiation of Breastfeeding (IMD), exclusive breastfeeding, and breastfeeding until two years of age, are part of reproductive health interventions that play a role in preventing stunting.

Purpose: To analyze the role of breastfeeding practices as part of reproductive health in preventing stunting in toddlers aged 24-59 months.

Method: This study used a correlational analytical design with a cross-sectional approach. The study population was 1,497 toddlers, with a sample of 94 respondents selected using a purposive sampling technique. Data were collected through questionnaires and anthropometric measurements, then analyzed using the chi-square test with a significance level of 0.05.

Results: The study showed a significant association between breastfeeding practices and stunting, including early initiation of breastfeeding (IMD) ($p=0.001$; $OR=0.175$), exclusive breastfeeding ($p=0.001$; $OR=0.023$), and breastfeeding until 24 months of age ($p=0.001$; $OR=0.089$). Overall, successful breastfeeding practices as part of reproductive health were significantly associated with stunting ($p=0.001$; $OR=0.019$), with toddlers who received optimal breastfeeding practices having a 98.1% lower risk of stunting.

Conclusion: Thus, breastfeeding practices are a crucial component in efforts to prevent stunting in toddlers, particularly within the framework of reproductive health interventions.

Keywords: Breastfeeding Practices; Exclusive Breastfeeding; Reproductive Health; Stunting.

INTRODUCTION

Stunting is a chronic nutritional problem characterized by impaired linear growth due to long-term malnutrition, particularly during the first 1,000 days of life. This condition not only impacts a child's height but also impacts cognitive development, increases the risk of disease, and impairs future productivity (Hadi, Fatimatasari, Irwanti, Kusuma, Alfiana, Asshiddiqi, & Gittelsohn, 2021). From a public health perspective, stunting also reflects the quality of reproductive health, as it is significantly influenced by maternal health from preconception through pregnancy and through breastfeeding. Stunting remains a serious public health problem in Indonesia.

Based on data from the 2022 Indonesian Nutritional Status Survey (SSGI), the national prevalence of stunting reached 21.6%, a figure still far from the Sustainable Development Goals (SDGs) target of below 14% by 2024. Stunting is a condition of growth failure in toddlers due to chronic malnutrition, especially in the first 1,000 days of life (HPK). One of the main factors causing stunting is suboptimal feeding practices, including low coverage of exclusive breastfeeding (Husain & Umar, 2025).

Globally, stunting remains a significant public health problem, particularly in developing countries. In Indonesia, the prevalence of stunting remains

relatively high, at 21.5% in 2023, although it has shown a downward trend in recent years (Tello, Rivadeneira, Moncayo, Buitrón, Astudillo, Estrella, & Torres, 2022). This figure remains above the threshold set by the WHO, necessitating sustainable and comprehensive interventions, including through a reproductive health approach. Stunting is a multidimensional phenomenon that occurs not only in children from poor families but also in families in the top 40% of the welfare level. This demonstrates the importance of providing pregnant and postpartum mothers with knowledge about proper and varied nutritional intake. Pregnant and postpartum women require adequate and varied nutritional intake. A mother's limited knowledge risks the health and growth of her child, both during pregnancy and during development (Sutraningsih, Marlindawani, & Silitonga, 2021).

At the regional level, Lampung Province still faces a serious stunting problem. Pringsewu Regency is one of the areas with a relatively high stunting prevalence, including within the jurisdiction of the Pringsewu Regency Health Office, which is a priority area for stunting management (Ekholuenetale, Okonji, Nzopotam, & Barrow, 2022). This situation indicates that specific interventions based on local risk factors are still crucial to effectively reduce stunting rates.

One important intervention within the reproductive health framework is optimal breastfeeding practices. Breastfeeding is an integral part of the continuum of care in reproductive health, starting from pregnancy through postpartum. Indicators of successful breastfeeding practices include Early Initiation of Breastfeeding (IMD), exclusive breastfeeding for six months, and continued breastfeeding until two years of age. Optimal breastfeeding practices have been shown to play a role in improving nutritional status, immunity, and supporting optimal child growth (Wibowo & Rustiawan, 2025).

However, previous research has shown varying findings regarding the relationship between breastfeeding practices and stunting. Some studies show a significant association, while others have found inconsistent results, particularly when breastfeeding indicators are not analyzed comprehensively (Purba, Halim, & Meldawati, 2024).

Public health issues are multi-causal, so solutions must be multidisciplinary. Public health, as an art and

practice, encompasses a broad spectrum. All activities, both direct and indirect, aimed at preventing disease (preventive), improving health (promotive), and providing therapy (physical, mental, and social therapy) constitute public health efforts. Maternal and child health and women's health throughout the life cycle are crucial public health issues because they significantly impact the quality of human resources for a generation (Wanawati, Sofiyanti, Hidayani, Cahyaningsih, Febrian, Ekayanti, & Mukaromah, 2024).

Breastfeeding is a natural way to provide nutritious food and drink in the early stages of a baby's life. Postpartum mothers' nutritional needs are important to consider during breastfeeding, as the mother's intake must not only meet her own needs but also contribute to the production of breast milk for her baby. Some of the benefits of breast milk for babies include reducing the risk of infant death from diarrhea and infection, reducing morbidity and mortality among malnourished children, providing protection against gastrointestinal infections, providing a source of energy and nutrition for infants aged 6 to 23 months, and preventing stunting (Wafi, 2020).

RESEARCH METHOD

This study employed a quantitative approach with a cross-sectional correlational analytical design, where independent and dependent variables were measured simultaneously to determine the relationship between them. This approach was used to analyze the role of breastfeeding practices as part of reproductive health in preventing stunting in toddlers. The population in this study was all mothers with toddlers aged 24–59 months in the Pringsewu Regency Health Office's work area, totaling 1,497 toddlers. The sample size was 94 respondents, determined using purposive sampling, which involved selecting the sample based on predetermined inclusion criteria in accordance with the research objectives.

The dependent variable in this study was the incidence of stunting in toddlers, measured by the height-for-age (H/A) index using WHO anthropometric standards. Toddlers were categorized as stunted if their z-score was <-2 SD. The independent variable was breastfeeding practices as part of reproductive health, operationalized through three main indicators: Early Initiation of Breastfeeding

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(IMD), exclusive breastfeeding for 6 months, and breastfeeding until 24 months of age. In addition, a composite variable of breastfeeding success was used to comprehensively describe breastfeeding practices.

Data collection was conducted using a structured questionnaire to obtain information regarding breastfeeding practices, and toddler height measurements were conducted using a stadiometer to determine stunting status. Anthropometric

measurements were conducted in accordance with WHO standard procedures to ensure data validity and reliability. Data analysis was performed using univariate analysis to describe the frequency distribution of each variable, and bivariate analysis using the chi-square test to determine the relationship between breastfeeding practices and stunting incidence. The statistical significance level was set at $\alpha = 0.05$ with a 95% confidence interval.

RESEARCH RESULTS

Table 1. Characteristics of Respondent (N=94)

Variable	Results	P-value	OR (95% CI)
Early Breastfeeding Initiation (n/%)		0.001	0.175 (0.059–0.524)
Yes	70/74.5		
No	24/25.5		
Exclusive Breastfeeding (n/%)		0.001	0.023 (0.005–0.107)
Yes	61/65.0		
No	33/35.0		
Breast milk up to 24 months (n/%)		0.001	0.089 (0.028–0.288)
Yes	66/70.0		
No	28/30.0		
Breastfeeding Success		0.001	0.019 (0.005–0.068)
Yes	43/45.7		
No	51/54.3		
Stunting (n/%)			
Yes	47/50.0		
No	47/50.0		

Based on the table above, the results of the univariate analysis show a varied picture of breastfeeding practices among the 94 respondents. The Early Initiation of Breastfeeding (IMD) component showed quite high achievement, where the majority of respondents (74.5%) had implemented IMD immediately after delivery. In line with this, the practice of Exclusive Breastfeeding also showed a positive trend with the majority of respondents (64.9%) providing only breast milk for the first six months of the baby's life. Furthermore, the commitment of mothers to continue breastfeeding until the child is 24 months old is at a significant figure,

namely 70.2%. This percentage indicates a good awareness among respondents regarding the long-term benefits of lactation. However, there were contradictory findings in the variable of Breastfeeding Success. Although the practice of IMD and Exclusive Breastfeeding is relatively high, more than half of respondents (54.3%) were categorized as unsuccessful in breastfeeding overall. This indicates the existence of other determinants beyond duration and initiation that influence the effectiveness of the breastfeeding process in this population. It is known that the distribution of stunting incidence in the study population shows a balanced proportion in absolute

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terms. Of the 94 toddlers observed, 50.0% (n=47) were stunted, and 50.0% (n=47) were not stunted.

These findings indicate that the prevalence of stunting in the study area is very high (a serious public health problem), as this figure far exceeds the WHO threshold (below 20%). This provides a strong basis for further analysis of the relationship between breastfeeding practices and stunting, to determine whether breastfeeding failure significantly contributes to the high stunting rate.

Bivariate analysis results showed a statistically significant association between Early Initiation of Breastfeeding practices and stunting in toddlers ($p < 0.05$). Based on these data, the p-value was 0.001. Risk analysis showed an Odds Ratio (OR) of 0.175 with a 95% confidence interval (95% CI: 0.059–0.524). This can be interpreted as mothers who practice early breastfeeding (IMD) having a 0.175 times lower chance (or approximately 82.5% greater protection) of having a toddler with stunting compared to mothers who do not practice IMD. Clinically, the practice of early breastfeeding has been proven to be a significant protective factor against the risk of stunting in this study's respondent group, showing a highly statistically significant relationship between exclusive breastfeeding and the incidence of stunting in toddlers (p-value = 0.001). The Odds Ratio (OR) value of 0.023 indicates that exclusive breastfeeding is a very strong protective factor against stunting. In the context of risk, this value can be interpreted as toddlers who are not exclusively breastfed have a much greater chance (approximately 43 times) of experiencing stunting compared to toddlers who are exclusively breastfed. The results of the statistical test showed a statistically significant relationship between the duration of breastfeeding up to 24 months with the incidence of stunting in toddlers (p-value = 0.001). The Odds Ratio (OR) value of 0.089 indicates that breastfeeding up to 24 months is a very strong protective factor. Toddlers who do not receive breast milk until the age of 24 months have an approximately 11-fold risk ($1 / 0.089$) of experiencing stunting compared to toddlers who receive breast milk according to the recommended duration. The results of the statistical test showed a statistically significant relationship between successful breastfeeding and the incidence of stunting in toddlers (p-value = 0.001). Data analysis showed a very significant difference: in the group of mothers who successfully breastfed,

almost all of their toddlers (90.7%) had normal nutritional status (not stunted). Conversely, in the group of mothers who did not successfully breastfeed, most of their toddlers (84.3%) experienced stunting. The Odds Ratio (OR) value of 0.019 indicates that successful breastfeeding is a very strong protective factor. Clinically, this means that toddlers from mothers who are unable to breastfeed have a risk of approximately 52 times ($1/0.019$) of experiencing stunting compared to toddlers from mothers who are able to breastfeed.

DISCUSSION

The results of this study indicate that breastfeeding practices, including Early Initiation of Breastfeeding (IMD), exclusive breastfeeding, and breastfeeding until 24 months of age, are significantly associated with stunting in toddlers aged 24–59 months (p-value = 0.001). This finding confirms that breastfeeding practices, as part of reproductive health interventions, play a crucial role in preventing stunting, particularly during the first 1,000 days of life. Theoretically, IMD triggers the production of colostrum, which is rich in immunoglobulins to protect the infant's digestive tract, while exclusive breastfeeding ensures adequate micro- and macronutrient intake without external pathogen contamination. These findings align with other research which states that failure to breastfeed in the early stages of life is a strong predictor of growth faltering. This emphasizes that lactation interventions are not simply about nutritional fulfillment, but also provide an immunological foundation that prevents recurrent infections, one of the main pathways to stunting. From a reproductive health perspective, breastfeeding is part of a continuum of care that begins during pregnancy, childbirth, and postpartum. Successful breastfeeding is influenced not only by the baby's condition but also by the mother's biological and psychosocial readiness, making it an important indicator of successful reproductive health services (Belo, Gusmão, Moreira, & Soares, 2023).

Specifically, the study results showed that early initiation of breastfeeding (IMD) was significantly associated with stunting (p=0.001; OR=0.175). This suggests that children who received IMD had a lower risk of stunting compared to those who did not. Within the reproductive health framework, IMD is part of quality delivery care, enabling early contact between

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mother and baby. This process supports successful lactation by stimulating the hormones oxytocin and prolactin, and allows the baby to receive nutrient- and antibody-rich colostrum [1]. Furthermore, IMD also improves the sustainability of breastfeeding practices, thus having long-term effects on the child's nutritional status and growth.

Exclusive breastfeeding showed the strongest association with stunting ($p=0.001$; $OR=0.023$), indicating that exclusive breastfeeding was the primary protective factor in this study. In the context of reproductive health, exclusive breastfeeding is an essential part of postpartum care, playing a role in ensuring adequate infant nutrition in the first six months of life. Breast milk contains complete macro and micronutrients, is easily absorbed, and contains bioactive components that support optimal growth and development. Furthermore, exclusive breastfeeding plays a role in reducing the incidence of infections, such as diarrhea and respiratory infections, which are indirect risk factors for stunting (Ekholuenetale, Okonji, Nzopotam, & Barrow, 2022). This finding aligns with previous research showing that children who are not exclusively breastfed have a higher risk of stunting (Hadi et al., 2021; Wibowo, Winingsih, Darmayanti, Widiastuti, Noviani, & Praningrum, 2024).

Furthermore, breastfeeding until 24 months of age has also been shown to have a significant association with stunting ($p=0.001$; $OR=0.089$). This demonstrates that continued breastfeeding is a crucial component of maternal and child reproductive health, particularly in the follow-up phase after exclusive breastfeeding. During this period, children begin receiving complementary foods (MP-ASI), but still require the nutritional support and immunological protection provided by breast milk. Therefore, continued breastfeeding until the age of two years plays a role in maintaining a child's nutritional status and preventing growth disorders (Tello et al., 2022).

Overall, successful breastfeeding practices, which combine early initiation, exclusive breastfeeding, and continued breastfeeding for up to 24 months, showed a very strong association with stunting ($p=0.001$; $OR=0.019$). This suggests that a comprehensive approach to breastfeeding as part of reproductive health is more effective in preventing stunting than a partial approach. Children who received optimal breastfeeding practices had a 98.1% lower risk of

stunting, underscoring the importance of integrating breastfeeding interventions into reproductive health programs.

These findings align with previous studies demonstrating that optimal breastfeeding practices are a key determinant of children's nutritional status. Other research has shown that exclusive breastfeeding significantly protects children from stunting (Hadi et al., 2021). Other studies have also confirmed that a combination of good breastfeeding practices contributes to significantly reducing stunting prevalence in various populations (Tello et al., 2022; Ekholuenetale et al., 2022).

Interestingly, the Breastfeeding Success variable in this study had the highest risk value ($OR = 0.019$) compared to other variables. This indicates that the quality of the breastfeeding process, such as correct attachment technique and effective sucking, is far more crucial than simply breastfeeding duration. These results provide a new perspective, corroborating other studies that have found that many mothers exclusively breastfeed, yet their babies still experience growth problems due to ineffective breastfeeding techniques. Conversely, these results contrast with several studies in urban areas that show environmental sanitation factors are more dominant than lactation factors, suggesting that in this study area, maternal factors and breastfeeding behavior remain the primary determinants (Pratiwi, Dewi, Irwan, Laddo, Nurmadilla, Jafar, & Rauf, 2022).

Exclusive breastfeeding for the first 6 months of life is a simple yet highly effective way to prevent stunting. The impact of not receiving exclusive breastfeeding includes inadequate initial nutritional intake, impaired cognitive development, and impaired growth and development. Research has found that toddlers who are not exclusively breastfed are 47.23 times more likely to experience stunting than those who are (Husna & Farisni, 2022). However, the implementation of exclusive breastfeeding in the community still faces various obstacles, such as a lack of maternal knowledge, sociocultural influences, and limited environmental support, including from health workers and cadres. The exclusive breastfeeding rate in Makassar City is only 67%, and in the Kassi-Kassi Community Health Center (Puskesmas) area of Makassar City, it is around 65%. This coverage falls short of the government's target of

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80% (Iskandar, Syam, Ahmad, Sudirman, Nur, & Agustin, 2025).

Overall, the consistent significance across all lactation variables (p -value <0.05) demonstrates that stunting in the study area is cumulatively influenced by the failure of natural nutrition practices. The finding that 84.3% of respondents who failed to breastfeed had stunted children is a warning to health practitioners, particularly midwives, to strengthen lactation counseling from the prenatal period. Comparison with the WHO global standard confirms that although the respondents' exclusive breastfeeding coverage is quite good (64.9%), without optimal breastfeeding techniques and continued success for up to two years, the risk of stunting remains high. Therefore, the synergy between lactation duration and quality breastfeeding techniques is an integral preventive strategy in efforts to reduce stunting prevalence.

However, this study still found a proportion of mothers who had not successfully implemented optimal breastfeeding practices. This indicates that successful breastfeeding as part of reproductive health is influenced by various factors, such as maternal knowledge, family support, employment status, and access to health services. Furthermore, health care system factors, such as the quality of lactation counseling and support from health workers, also play a significant role in breastfeeding success.

The implication of this study is the need to strengthen integrated reproductive health interventions, particularly during the first 1.000 days of life. Possible measures include increasing coverage of early initiation of breastfeeding in maternity facilities, promoting exclusive breastfeeding, and supporting continued breastfeeding through two years of age. Furthermore, an educational and promotive approach involving mothers, families, and health workers is needed to comprehensively improve the success of breastfeeding practices as a stunting prevention measure.

CONCLUSION

Comprehensive breastfeeding practices as part of reproductive health play a significant role in preventing stunting in toddlers aged 24–59 months. Partially, each indicator of breastfeeding practices, namely Early Initiation of Breastfeeding, exclusive

breastfeeding, and breastfeeding until 24 months of age, has been shown to be significantly associated with stunting and have a protective effect against growth disorders in toddlers. Overall, optimal breastfeeding practices as an integral part of the reproductive health framework showed a very strong association with stunting ($p < 0.05$; $OR = 0.019$), indicating that toddlers who receive optimal breastfeeding practices have a 98.1% lower risk of stunting compared to toddlers who do not receive optimal breastfeeding practices. Therefore, as a clinical implication, successful breastfeeding is a vital indicator in the continuum of care for reproductive health services. Future stunting prevention efforts must not only focus on fulfilling the quantity or duration of breastfeeding, but must also prioritize improving the quality of breastfeeding techniques and strengthening lactation counseling from the antenatal period to ensure the effectiveness of nutrient transfer and immunological protection for toddlers in the first 1.000 days of life.

SUGGESTION

It is necessary to improve the quality of education, counseling, and support for mothers from preconception through pregnancy, childbirth, and postpartum as part of reproductive health services. Reproductive health policies and programs integrated with stunting prevention efforts should be strengthened, particularly through increasing the coverage of early initiation of breastfeeding (IMD) in delivery facilities, developing classes for pregnant and breastfeeding mothers, and providing easily accessible lactation counseling services. Furthermore, regular program monitoring and evaluation are needed to ensure the success of breastfeeding practices in the community. It is hoped that there will be increased participation of families, especially husbands, in supporting breastfeeding practices as part of reproductive health. Emotional, social, and practical support from families are crucial in improving breastfeeding success and indirectly contribute to stunting prevention in toddlers. Further research with stronger designs, such as cohort or case-control studies, and examining breastfeeding practices within a broader reproductive health framework by incorporating other variables such as maternal nutritional status, socioeconomic factors, family support, and the quality of health services are

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recommended to obtain a more comprehensive picture of the determinants of stunting.

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