



THE RELATIONSHIP BETWEEN ME TIME, REPRODUCTIVE HEALTH AND STUNTING RISK IN ADOLESCENT WOMEN AT SMAN 3 BABELAN

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ABSTRACT

Stunting describes chronic malnutrition during growth and development from early life and is a form of linear growth disorder that occurs especially in children. Stunting is an indicator of chronic nutritional status which describes stunted growth due to long-term malnutrition. To find out the relationship between me time, reproductive health and the risk of stunting in young women at SMAN 3 Babelan. With analytical observational design with cross sectional design. The technique in this research is Cluster Random. This is done by looking at class attendance. Analyzed using univariate and bivariate analysis using chi square analysis. The duration of the research was 5 weeks. From the results of the Chi Square test that has been carried out, the P-Value value (0.000) is smaller than the Alpha value (<0.05) which means that H_0 is rejected, which means there is a relationship between Me Time and the Risk of Stunting in Young Women at SMAN 3 Babelan , and there is also a relationship between reproductive health and the risk of stunting in young women at SMAN 3 Babelan. Conclusion: daily living habits and reproductive health conditions are factors that influence the incidence of stunting in adolescents. Research on stunting among teenagers in Indonesia really needs to be done because references on this topic are still very limited.

Keywords: Me Time, Reproductive Health, Adolescents, Stunting

INTRODUCTION

Stunting is a form of chronic malnutrition characterized by failure to thrive that occurs over a long period when children grow up with insufficient food and inadequate health care services. This condition can cause cognitive impairment, including delayed motor development, thought process failure and failure to achieve at school (Fanzo et al., 2019). Stunting is a condition of failure to thrive in toddlers due to chronic malnutrition in the first 1000 days of life (HPK). One of the causes of this is the quality of health of children and adolescents who do not receive balanced nutrition, as well as young women who experience anemia due to iron deficiency (Bandung City Health Office, 2022). Stunting is still a public health problem in developing countries, including Indonesia. Stunting does not only occur in children, but also in adolescents (Alwi et al., 2022).



Teenagers are children aged 10-19 years. WHO defines youth as a period in which an individual develops from the first time he shows secondary sexual signs (puberty) until he reaches sexual maturity (Ministry of Health). At this time the individual experiences psychological development and patterns of identification from children to adults. In addition, there is a transition from full social and economic dependence on parents to a relatively more independent state. During this period there were significant physical and psychological changes. Physical changes are marked by rapid body growth (growth spurt) and the maturation of the reproductive organs (Haryo et al., 2022).

Increased physical growth and development in adolescents as well as changes in lifestyle and eating habits, make nutritional needs in adolescence need special attention (Sudarmanto Sumarmi, 2020). Proper nutrition during the adolescent phase is necessary for optimal growth and development and may affect the health of future generations (Alwi et al., 2022). The adolescent phase is the last stage or opportunity to intervene and correct growth disorders that occur during childhood. This will also support maximum growth to break the cycle of nutritional disorders such as stunting between generations (Alwi et al., 2022).

Stunting in various countries, one of which occurs in the Philippines, the Philippines is one of the ASEAN countries in Southeast Asia, the prevalence of stunting in that country is around 30% in children under 5 years old which does not only occur in children but also in adolescents. The prevalence of stunting in Indonesia is still much higher compared to neighboring countries such as Malaysia (8.4%), Thailand (4.1% - 8.4%) and Vietnam (14-15%) (Alwi et al., 2022). In Indonesia, it ranks fifth in the prevalence of stunting in the world (Hadi et al., 2019). Based on world bank data for 2020, cases of stunting show that the prevalence of stunting in Indonesia ranks 115th out of 151 countries in the world and has not yet reached the national target to reduce stunting cases. And according to WHO, Indonesia is included in the third country with the highest incidence in Southeast Asia of 27.7% ((Deviantony et al., 2021). In West Java, the condition of stunting also shows quite high numbers where the prevalence in 2017 reached 29.2 % In 2019, the stunting prevalence rate in West Java has decreased to 26.21%. However, this prevalence rate is still far from the target (Erlita Firdanti et al., 2020). Bekasi City Health Office, 2014; Arfines and Fithia, 2017) shows that the stunting rate in the city of Bekasi where the prevalence of children aged 5-12 years with stunting is 13.2% (Amalia et al., 2019).

Stunting describes a chronic malnutrition status in the period of growth and development from the beginning of life and is a form of linear growth disorder that occurs mainly in children. Stunting is an indicator of chronic nutritional status which describes stunted growth due to long-term malnutrition. Stunted children are the result of chronic nutritional problems as a result of poor quality food, coupled with morbidity, infectious diseases and environmental problems (Weight & Lupiana, 2019).

MATERIALS AND METHODS

The type and plan for this research is quantitative. Quantitative Research is also research that can be interpreted as value free research. In other words, this research is called the application of the



principles of objectivity. This objectivity is obtained through the use of instruments whose validity and reality have been tested. This research uses "observational research methods". Observational research is a survey or research that explores how and why this health phenomenon occurs. Then carry out a dynamic analysis of the correlation between phenomena or between risk factors and effect factors (Notoatmojo, 2012).

The analytical observational design used is cross-sectional. Cross sectional research design is a research design that aims to determine the relationship between the independent variable and the dependent variable only once at a time.

RESULTS

The results of the study presented univariate and bivariate analyzes which included age, me time in adolescents, reproductive health in adolescents, the risk of stunting in adolescents, the relationship between me time and the risk of stunting in adolescents, the relationship between reproductive health and the risk of stunting in adolescents.

Tabel 1. Me time is obtained with the risk of stunting in adolescents. From these data it is known that the majority of respondents experienced quite good Me Time and were not at risk of stunting, namely 29% (67 respondents). Based on the results of the analysis using the chi-square statistical test with sig. (2-tailed) and a margin of error of 0.050, the significance value of the relationship between Me Time and Stunting Risk in adolescents is <0.050, which is 0.000. Based on the results of the p value it can be stated that Ho is rejected and Ha is accepted. There are no cells that have an expected frequency below 5 and the expected frequency is 6.03. So by that it can be interpreted that there is a relationship between Me Time and the Risk of Stunting in young women at SMAN 3 Babelan in 2023.

The Relationship between Me Time and the Risk of Stunting in Young Women

Me Time	Risk of Stunting in Adolescents						Total		P Value
	Very Risky		At risk		No Risk		N	%	
	N	%	N	%	N	%			N
Not good	5	2.2	7	3.0	28	12.1	40	17.3	0,000
Pretty good	18	7.8	28	12.1	67	29	113	48.9	
Good	11	4.8	18	7.8	49	21.2	78	33.8	
Total	34	14.8	53	22.9	144	62.3	231	100	

Tabel 2. Based on table 2, reproductive health is obtained with a risk of stunting in adolescents. From these data it is known that the majority of respondents experienced quite good reproductive health and were not at risk of stunting, namely 27.27% (63 respondents). Based on the results of the analysis using the chi-square statistical test with sig. (2-tailed) and a margin of error of 0.050, the significance value of the relationship between Reproductive Health and Stunting Risk in adolescents is <0.050, which is 0.000. Based on



the results of the p value it can be stated that Ho is rejected and Ha is accepted. There are no cells that have an expected frequency below 5 and the expected frequency is 6.03. So by that it can be interpreted that there is a relationship between Reproductive Health and the Risk of Stunting in young women at SMAN 3 Babelan in 2023.

Relationship between Reproductive Health and the Risk of Stunting in Young Women

Reproduction health	Risk of Stunting in Adolescents						Total	P Value
	Very Risky		At risk		No risk			
	N	%	N	%	N	%	N	%
Not good	8	3.46	10	4.33	23	9.96	41	17.75
Pretty good	20	8.66	21	9.09	63	27.27	104	45.02
Good	6	2.6	22	9.52	58	25.11	86	37.23
Total	34	14.72	53	22.94	144	62.34	231	100

DISCUSSION

It can be seen that the results of the Chi Square test between Me Time and the Risk of Stunting in young women have good or high Me Time, namely 21.2% (49 respondents), and some respondents fall into the quite good category 29 (67 respondents) and poor. good rank 12.1% (28 respondents). After conducting interviews with 15 young women at SMAN 3 Babelan, they found that they had a healthy lifestyle and a good environment. One of the things that makes the lifestyle of young women healthy is that at SMAN 3 Babelan they always hold regular Friday clean activities and gymnastics every Friday, then 8 of the 15 young women take part in extracurricular activities which are held once a week. There are still many teenagers who do not participate in school activities, such as not taking part in extracurricular activities.

Chi Square test results between Reproductive Health and the Risk of Stunting in young women, some respondents had fairly good or high Reproductive Health, namely 27.27% (63 respondents). This shows that good reproductive health can avoid the risk of stunting. Most of the respondents in this study had sufficient knowledge and some had received information about reproductive health from teachers, parents and friends. Adolescent girls who have good knowledge tend not to marry at an early age, because they gain knowledge about marriage at an early age. from the environment around them, namely by looking at the lives of young couples who marry at a young age. Most young couples' lives experience economic difficulties. There are still many teenagers who do not take good care of their reproductive health, and there is a lack of knowledge among young women regarding early marriage, pregnancy and anxiety about facing pregnancy.



CONCLUSION

It can be concluded that there is a relationship between me time and the risk of stunting among teenagers at SMAN 3 Babelan, most of whom are in the "Pretty Good" category and are said to be "Not at Risk" as much as 29% (67 Respondents). Me time factors that influence stunting include irregular eating patterns, poor sleep patterns and lack of physical activity. There is a relationship between reproductive health and the risk of stunting in young women at SMAN 3 Babelan 2023, the highest in the "Quite good" category and said to be "No Risk" as much as 27.27% (63 respondents). Reproductive health factors that influence stunting are poor menstrual cycles, not maintaining good vulva hygiene, and pregnancy under the age of 20 (early marriage).

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