

From the result of study which conducted by Campbell et al. [6], it was known that quantity of staple foods as a supplier of nutritional intake was associated with the incidence of stunting. The higher quantity of staple foods, the lower the incidence of stunting. This is clearly different according to socio-economic status. Yet another study mentioned that nutritional intake is not the main triggering factors of malnutrition at all times [6-8]. At the age of 0 to 6 months, the staple food is breast milk. Obstacles of breastfeeding were resulting to the incidence of severe malnutrition. The incidence of chronic malnutrition can be known

Practice based

The practice of breastfeeding in this study was described according to the variable early initiation of breastfeeding, exclusive breastfeeding, duration of breastfeeding, daily frequency of breastfeeding, obstacles of breastfeeding, and current status of breastfeeding (Table 4).

Early initiation of breastfeeding was still very low at 23.4%. The low percentage of early initiation of breastfeeding is not in accordance with UNICEF/WHO recommendation. Exclusive breastfeeding was also very low, just 24.9%. Duration of breastfeeding was not fully in accordance with the rules of science that gives freedom of time for the infants. The percentage of mothers that breastfeed in accordance with the willingness of their infants, which was known by the emptiness of breast milk was 34.8%. Obstacles of breastfeeding were found in 23.9% of mothers.

Obstacles based on the relationship

Due to the occurrence of obstacles in breastfeeding, the growth of children's height was hampered. From the results of statistical analysis, it was known that there was a relationship between obstacles of breastfeeding and children's height. The results of the relationship between obstacles of breastfeeding and children's height were as follows:

Energy intake was lower than recommended daily requirement, which was 67.7%. Protein intake was also lower than recommended daily requirement with 50.7%. Lower macronutrient intake followed with lower micronutrients intake, vitamin A with 42.8% and zinc were 80%.

Nutritional status

Nutritional status in this study was known through the use of anthropometric indices, ie weight-for-height, height-for-age and weight-for-age (Table 3).

Nutritional problems based on the three indices were still high. The threshold to determine the nutritional problem-free area based on the principle of normal distribution is <5%. The nutritional status facts were according to the weight-for-height, height-for-age and weight-for-age indices, for severe thinness, stunting, and severe malnutrition categories with 10.4%, 12.4%, 2.6% respectively.

The data in this study demonstrated that the intake of macronutrients and micronutrient also occurs in 0 to 6 months period. In the case of low nutritional intake in a study conducted in Tanzania, children who did not receive breast milk due to concern of HIV infection, it was known that the height was hampered gradually [10]. Fulfillment of nutrient intake can be influenced by many variables, including the number of children, education and income [11].

In this period, it had ever been found children with low energy intake, which was as much as 67.7%. Low protein intake even reached

practices. Mother's potentials can be maximized for determining their own way of overcoming the problem is a good thing to follow [22].

From the results of statistical analysis it is known that due to obstacles of breastfeeding it was found growth disorders in children ($p < 0.002$). So increase in the child's height is influenced by breastfeeding [23]. Results of a study in South Africa suggested that shortness in children was because of not performing recommendation of proper feeding for children, which are exclusive breastfeeding, breastfeeding up to 2 years old and the provision of complementary foods for children started at age 6 months [10,14]. Findings in this study served as an input for the nutrition program managers to give serious concern to the techniques of handling problems with breastfeeding. This can be done by placing a lactation counselor at all basic health services. Performing more training for breastfeeding motivators at each neighborhood health center is a good strategy. Maximizing vitamin A supplementation and the need for addition of zinc capsules for nursing mothers are also recommended. These options are good since it has great leverage and its achievements are easy to measure.

Community empowerment in an effort to increase breastfeeding provides many benefits to reduce the incidence of stunting in children aged 0 to 6 months. From this study, it is recommended to provide assistance to mothers with obstacles of breastfeeding. The focus is on those infants aged 0 to 6 months.

Conclusion

Obstacles of breastfeeding contributed to the high percentage of stunted children in the study area. The main obstacles are low early