

# Re-defining stunting in Indonesia 2022: A comprehensive review

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## ABSTRACT

*Stunting is a condition of failure to thrive in toddlers due to chronic malnutrition, especially in the first 1000 days of pregnancy, in rural families, there is no term-stunting even mothers with toddlers stunting have different meanings to the condition of toddlers stunting this is motivated by the meaning obtained from the stock of knowledge. Stunting itself is divided into 2 namely short toddlers (stunted) namely short and very short toddlers (severely stunted) namely toddlers with body length (PB/U) or height (TB/U) based on age with a comparison of WHO-MGRS standards (Multicentre Growth Reference Study) 2006. In this study uses the type or research literature approach to analyse and described stunting in Indonesia. Conditions of stunting measured by height or body length that is minus two standard deviations of the median standard of toddler growth from WHO. The focus of this study is to look at the meaning of mothers with toddlers stunting and the actions of mothers with toddlers stunting. According to data from the Ministry of Health of the Republic of Indonesia, approximately 9 million toddlers experience it stunting with a prevalence of 37% in 2013. To the Ministry of Health's Basic Health Research in 2018, one of the factors for the high stunting seen directly is the low intake of nutrition and health. Decline stunting is considered important, therefore a multi-sectoral approach is planned through the synchronization of national, local, and community programs at the central and regional levels.*

### Keywords:

*stunting; toddler; growth; health; nutrition*

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## INTRODUCTION

Problems stunting is in the spotlight in the news, because stunting is considered a threat to national health, the cause of the problem stunting serious impact on the quality of Human Resources (HR) (Ulfah & Nugroho, 2020). One of the nutritional problems that have become a major concern at this time is the high height of under five children (Khadijah & Amelia, 2020). Indonesia is included among 17 countries, among 117 countries that have problems with stunting, wasting, and being overweight (Nurfita, 2021). For prevalence stunting under 5 years, Indonesia ranks second highest among ASEAN countries (Oktaviani et al., 2022). According to UNICEF, WHO, and the World Bank (2014) prevalence of stunting in toddlers in Indonesia is 37.2% obtained in the range 2005 to 2013 (Oktaviani et al., 2022). From Indonesia's Health Profile in 2015, it can be seen the percentage of children under five stunting 10.1%. In 2016 the percentage of stunting decreased to 8.5% until in 2017 the percentage under five stunting experienced an increase of up to 9.8% (Arsyad et al., 2021). The stunting prevalence has fluctuated but until now there is a problem stunting has not been resolved (Iqbal & Yusran, 2021). From 2015 to 2016 the prevalence of under-five stunting experienced a decrease which was previously 29% to 27.5% but from 2016 to 2018 it increased, namely 27.5%, 29.6% to 30.8%, it can be seen from the data that if the problem stunting not yet resolved (Ulfah & Nugroho, 2020).

From PSG data (2015) the percentage of children under five stunting in East Java in 2015 was 9.5% in 2016 the percentage of children under five stunting was 7.5% and finally the percentage of toddlers stunting reached 7.9% in 2017 (Laksono & Megatsari, 2020). This shows if the percentage of toddlers stunting in East Java fluctuated. To the Data and Information Center in 2016 shown the stunting in toddlers is very important to reduce because i) stunting is the result of mostly inadequate nutrition and also repeated bouts of infection in 1000 HPK (First 1000 Days of Life) children, ii) stunting causes long-term effects, namely reduced cognitive and physical development, reducing poor health capacity, iii) children will experience obesity in the future, iv) children's productive capacity is reduced. This study took information from toddler mothers because toddler mothers are the first place to get knowledge and nutritional intake (Mandarana et al., 2022). This adult problem of stunting is in the spotlight in the news because stunting is considered a threat to national health, the cause of the problem of stunting impact is serious on the Quality of Human Resources (HR) (Saputri & Tumangger, 2019).

Based on previous studies, in general, related studies or previous research only discuss the causal factors of stunting one of which is caused by poverty, and chronic malnutrition, seeing how community construction influences it stunting However, there has been no previous research that has looked at how meaning is stunting among mothers with toddlers stunting and the actions of mothers who have toddlers stunting towards toddlers stunting.

## METHOD

This study uses the type or research approach Library Studies (Library Research) (Supriyadi, 2017). Literature study approach can be interpreted as a series of activities related to methods of collecting library data, reading and recording, and processing research materials (Darmalaksana, 2020). Literature studies can also study various reference books and the results of similar previous studies which are useful for obtaining a theoretical basis for the problem to be studied. Literature study also means data collection techniques by conducting a review of books, literature, records, and various reports relating to the problem to be solved. Meanwhile, according to Sugiyono (2012), literature review research is a theoretical study, references, and other scientific literature related to culture, values, and norms that develop in the social situation under study (Sugiyono, 2012). This research

includes descriptive research, descriptive research focuses on a systematic explanation of the facts obtained when the research was conducted. Descriptive research is research that provides a description of the social phenomena under study by describing the value of variables based on the indicators studied without making connections and comparisons with a number of other variables. This study provides an overview of the condition of stunting in Indonesia from a social perspective.

## RESULT AND DISCUSSION

The problem of toddlers who are currently in the spotlight is stunting, stunting is a condition where children grow short (Prendergast & Humphrey, 2014), growth failure in toddlers and children is caused by unfulfilled nutritional coverage that occurs from the time the fetus is in the womb to the age of 1000 days after birth (Beluska-Turkan et al., 2019), this is a critical problem that needs to be addressed immediately because it will affect the condition of stunting toddlers in the future. Based on Basic Health Research in 2018 the number of children under five stunting in Indonesia is as much as 30.8% of the total number of children under five who should have dropped from Basic Health Research in 2013 where the number of children under five stunting as much as 37.2% of these data is toddlers stunting in Indonesia is still so high (Budiastutik & Nugraheni, 2018), as said by the WHO should the prevalence of children under five suffer stunting less than 20 percent but the reality on the ground today is more than 20 percent.

In fact, until now there are still many mothers who have toddlers stunting who do not understand the problems of toddlers, in particular stunting, because many mothers with toddlers stunting don't know what it is stunting, this is contrary to what the state proclaimed, that stunting is a thing that is not okay, which stunting is a state problem that needs to be eradicated because in the future it will endanger both the toddlers themselves and the country, such as in 2018 Vice President Jusuf Kalla called for an anti-corruption campaign-stunting because stunting considered a problem that will threaten the future of the nation's generation. From this, it encouraged researchers to conduct research related to the meaning and actions of mothers towards stunted toddlers where mothers of stunted toddlers did not know what stunting was.

Health behavior concept is an activity carried out by individuals that can be observed directly or cannot be seen by outsiders. Behavior is caused by the existence of a stimulus to the organism which then responds to the stimulus (objects that are closely related to illness and disease). Health behavior it is classified into 3 namely (Pakpahan et al., 2021).

The behavior of an individual to prevent disease and perform healing if already affected by the disease as well as recovery after recovering from illness. In health maintenance behavior is further divided into 3 aspects including (Pakpahan et al., 2021): 1. Individual behavior to prevent illness and perform healing if already affected by the disease and make recovery after recovering from illness; 2. Health improvement behavior, in this case, health is so dynamic and relative, so healthy individuals need efforts to achieve optimal health levels; 3. Patterns of behavior and consumption of food and drink are healthy but can also cause disease. The behavior of using health care systems/facilities or treatment and Health behavior environment is in terms of actions taken such as defecating in the latrine, using clean water, etc.

Health behavior includes health practices, namely: 1. Actions taken related to illness, such as immunizing toddlers, or taking medicine according to doctor's instructions, or carrying out recommendations suggested by doctors and Actions to maintain and improve health, in this realm, what is meant by consuming healthy food or doing sports.

Backer Health Behavior Classification (Ariadi, 2011) are 1. Healthy lifestyle (health behavior) which is in this case efforts to stabilize health and improve health include many things, including eating nutritious food, not smoking exercising regularly, getting enough rest as well as the lifestyle that has a positive impact on the health of the individual. And Sick behavior (illness behavior) is Includes responses from individuals regarding illness and disease, their view of disease, knowledge about illness, treatment if sick, and so on. And Sick role behavior is Covers sick person-related roles, obligations people illness, rights, and obligations that need to be known by patients and their closest people (family) This concept serves as a benchmark in analysis to determine the efforts made by mothers on their affected children stunting.

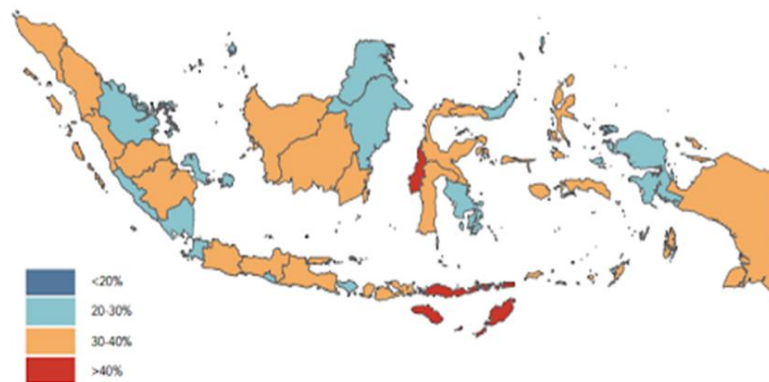
The Term of stunting or what is commonly called a dwarf (Hall et al., 2018), has begun to pay attention since it was echoed by Vice President Jusuf Kalla in July 2018 at the Borobudur Hotel when highlighting the "white revolution" program presented by vice presidential candidate Sandiaga Uno. Stunting is defined as failure to thrive especially during the first 1000 days of life resulting from chronic malnutrition stunting is more visible at the age of 2 years (De Onis & Branca, 2016), with the characteristics of toddler growth not according to age, not only in terms of physique but also in terms of slow intelligence, the next feature when growing up is the affected toddler stunting susceptible to disease, the lack of achievements achieved at school, Stunting itself is divided into 2 namely short toddlers (stunted) namely short and very short toddlers (severely stunted) namely toddlers with body length (PB/U) or height (TB/U) based on age with a comparison of WHO-MGRS standards (Multicentre Growth Reference Study) 2006 (Sari, 2021). Conditions of stunting measured by height or body length that is more than minus two standard deviations of the median toddler growth standard from WHO (Republic of Indonesia Ministry of Health Information Data Center, 2018) According to data from the Ministry of Health of the Republic of Indonesia approximately 9 million toddlers experience stunting with a prevalence of 37% in 2013. Discussing about Stunting and with the progress of the nation it is closely related, especially in the economic realm, from development data stunning in Indonesia Stunting This will hamper economic growth which results in increasing the poverty rate and widening inequality.

**Table 1.** Categories and thresholds of children's nutritional status based on index

| Index                                      | Category Nutritional Status | Threshold (z-score) |
|--|-----------------------------|---------------------|
| Weight According to Age (BB/U)             | Malnutrition                | <-3 SD              |
| Children Age 0-60 months                   | Malnutrition                | -3 SD to 2 SD       |
|  | Good Nutrition              | -2 SD to 2 SD       |
|  | More Nutrition              | >2 SD               |
| Body Length According to Age (PB/U) or     | Very short                  | <-3 SD              |
| Height According to Age (TB/U)             | Short                       | -3 SD to 2 SD       |
| Children Age 0-60 months                   | Normal                      | -2 SD to 2 SD       |
|  | Height                      | >2 SD               |
| Weight According to Body Length (BB/PB) or | Very thin                   | <-3 SD              |
| Weight According to Height (BB/TB)         | Which ones                  | -3 SD to 2 SD       |
| Children Age 0-60 Months                   | Normal                      | -2 SD to 2 SD       |
|  | Fat                         | >2 SD               |
| Body Mass Index by Age (BMI/U)             | Very thin                   | <-3 SD              |
| Children Age 0-60 Months                   | Which ones                  | -3 SD to 2 SD       |
|  | Normal                      | -2 SD to 2 SD       |
|  | Fat                         | >2 SD               |

Source: Nutrition status monitoring pocket book 2017

In RISKEDES (Basic Health Research) in the Ministry of Health, 30.8% of toddlers experience of stunting even though it was down to the previous year in 2013 toddlers were affected to stunting of 37.2% but this figure is still relatively high and there are two provinces with prevalence of stunting at above 40% as shown in the image below.



Sumber: Riset Kesehatan Dasar Kementerian Kesehatan, 2018

**Figure 1.** Geographic distribution of prevalence stunting by province

From the Basic Health Research of the Ministry of Health in 2018, one of the factors is the high number-stunting seen directly is the low intake of nutrition and health.

From the publication of the 2018 Ministry of Health explained that when talking about causes stunting not only because of nutrition however stunting caused by multidimensional factors, the most decisive intervention in the first 1000 days of pregnancy, from multidimensional factors can be described as follows: the first is When parenting is not good, is meant here is lack of parental knowledge and importance nutrition for growth news, specifically Mother. The data of the national team acceleration poverty alleviation shows that 60% of toddlers aged 0-6 months do not get breast milk-exclusive, then 2 out of 3 toddlers aged 0-24 months do not get complementary food for ASI (MP-ASI). This complementary food is given to toddlers when they are 6 months years old is useful for introducing food to toddlers. And the second Limited health services included service ANC-Antenatal Center (health services for mothers during pregnancy) Post-natal Care and quality early learning is Data from the Ministry of Health and the World Bank explained that the presence of toddlers in posyandu decreased from 2007 to 2013, a fairly large decrease that start it 79 percent to 64% At a minimum household/family access to nutritious food, this is because until now the price of food that fulfills nutrition in Indonesia is still relatively expensive, from RISKED 2013 states that 94% of food commodities in Jakarta are more expensive compared to New Delhi, in Singapore vegetables are cheaper compared to in Indonesia, from here it was recorded that 1 in 3 mothers experienced anemia. And the Lack of access to clean water and sanitation, according to data collected, 1 out of 5 families still dispose of it in the open and also 1 out of 3 families do not have access to clean water for drinking.



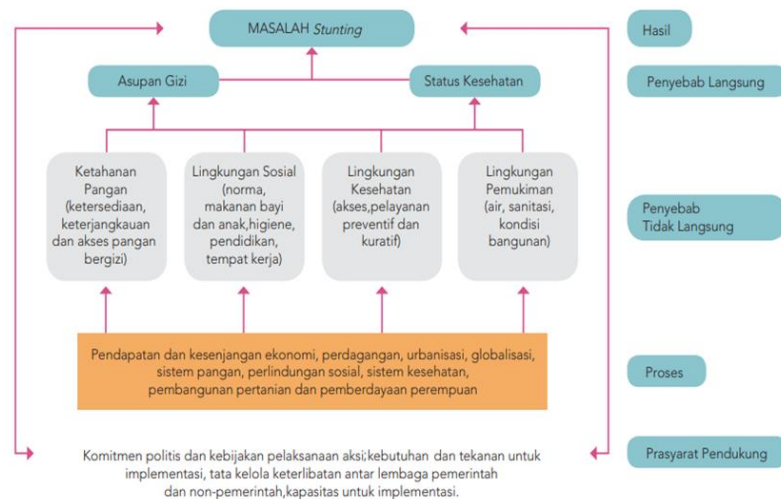


Figure 2. Causal framework stunting in Indonesia

In 2010 a global movement which is commonly called Scaling-Up (SUN) was realized with a note that all individuals have the right to get nutritious and sufficient food, Indonesia joined this movement in 2012 (Shrimpton et al., 2016). By joining Indonesia in the core movement of the intervention framework stunting is translated which is then used as a program of the Ministry and related institutions. This framework is divided into 2, namely specific nutrition interventions and sensitive nutrition interventions. This specific nutritional intervention is planned for the first 1000 days of life (HPK), and the implementation time is short, in contrast to this sensitive intervention carried out in external sectors such as providing clean water, and making food selections.

In overcoming stunting The government forms pillars to prevent its increase in stunting in Indonesia, including: Pillar reads the commitment and vision of the country's leaders means that commitment implanted by the President and Vice President as needed by the Ministry and institutional (K/L) related to the intervention stunting both at the central and regional levels, not only limited to that but strategies and policies are needed along with national and regional targets. And reads a national campaign focused on understanding behavior change, political commitment, and accountability means from a survey conducted by related institutions the campaign was so effective in reducing the prevalence of stunting, therefore it is necessary to hold a national campaign either that campaign either directly or indirectly campaign through the mass media, as well as advocacy on an ongoing basis. And then pillar reads Convergence, Coordination and Consolidation of National, Regional, and Community Programs It means intended painful or strengthening convergence, coordination, and consolidation as well as expand the range of programs launched by Ministries/Institutions (K/L) and also the need to improve the quality of existing service programs (BPSPAM, Puskesmas, PKH, Posyandu, PAUD, etc.), in addition, to support for pregnant women, breastfeeding mothers and toddlers in the first 1000 days the birth of HPK) is needed to reduce the numbers tuning. And also Pillar reads Continue to push for a "Nutritional Food Security" policy means This pillar focuses on encouraging and ensuring the fulfillment of food "which means This pillar focuses on encouraging and ensuring the fulfillment of nutritious food. As well as a pillar is monitoring and evaluation this pillar is the last pillar of many monitoring exposures about the national campaign, from monitoring results and evaluation period can be seen whether show exists to change and success in the prevention of stunting.

In addition to planning the pillars as a form of central government commitment, the Vice President of the Republic of Indonesia in ministerial level coordination on July 12 2017 decreased stunting considered important, therefore a multi-sectoral approach is planned through synchronization of national, and local and community programs at the central and regional levels. In addition to the pillars above, it is also explained in the Handling Pocket Book Stunting (2017), this specific nutritional intervention is aimed at the fetus in the first 1000 days of pregnancy (PHK) and contributes to a 30% reduction in stunting.

## CONCLUSION

The conclusion of the study states that stunting has occurred in Indonesia. The development of stunting in Indonesia is caused by many factors, including education, environment, economy, and nutrition consumed by pregnant women. It was explained that there was a relationship between the level of education of the mother (low) on stunting (height) in toddlers. Data is also found stunting in toddlers who are not exclusively breastfed giving rise to a significant relationship. The use of one approximation stunting prevalence for children living in urban communities may be unreliable because it masks important differences between socioeconomic groups that exist within urban settings. In addition, age-specific patterns in stunting can vary between and within urban and rural communities. These differences require further research as they could have important implications for properly targeting nutrition interventions, programming, and resource allocation. Problem stunting is closely related to the social construction of society. Differences in social construction forming an understanding of health/illness and toddler parenting stunting in rural and urban areas in Jember. The social construction is influenced by the mother's education, age of early marriage, a place to live after marriage, responsibility for caring for toddlers, and economic priorities in the community which causes a lack of public knowledge about nutrition. There are factors stunting complexity so interventions are needed to improve women's nutrition, reduce birth rates and improve household hygiene. In the community, the intervention was carried out on mothers with low socioeconomic education. Defining factor stunting in the lowland ecosystem zone is energy intake, in the medium plains is the practice of compassion and environmental sanitation and in the mountainous zone is environmental sanitation. Factors that influence the occurrence of stunting were the mother's education, family income, the mother's knowledge about nutrition, exclusive breastfeeding, age at which complementary foods were given, zinc adequacy level, iron adequacy level, history of infectious diseases, and genetic factors from parents.

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