

Analysis Of Factors Affecting Stunting Incidence In Indonesia : Literatur Riview

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ABSTRACT

This study aims to analyze the factors that influence the occurrence of stunting. Stunting is a problem in child development. Factors causing stunting were based on the most influencing factors, namely: family income, exclusive breastfeeding, the work of the toddler's father, the nutritional knowledge of the toddler's mother, and the baby's birth weight. This research method is a kind of literature survey study from various international and national journals, which tries to summarize the current understanding of the topic. Stunting inhibits children's optimal growth and development and can make them more susceptible to infection. Many factors can influence the occurrence of stunting in early childhood, including maternal factors, small child factors, and environmental factors. Based on the results of the analysis, the prevalence of stunting in children under 5 years (toddlers) in Indonesia in 2015 was 36.4%. This means that more than a third of children under the age of five or about 8.8 million experience nutritional problems if their height is below normal.

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1. INTRODUCTION

Stunting is a problem of malnutrition which is caused by the consumption of food which is not sufficient for a long duration due to a lack of vitamins. Stunting can occur since the child is still in the womb and does not occur until the child is 2 years old (Ministry of Health, 2016). Stunting is a nutritional status based on PB or U or TB or U indicators, anthropometric standards to take into account the nutritional status of children, where the output limit threshold (Z-score) is < -2 SD to -3 SD (short or underdeveloped) and < -3 SD (very short or very neglected). Stunting is a public health problem associated with an increased risk of disease, death and stunting both in motor and intellectual development. Stunting is caused by growth failure and poor developmental retardation, which results in an inability to achieve maximum development. This proves that children born with normal body weight can face stunting if other wishes are not fulfilled by fulfilling adequate nutritional needs. (Ministry of Village Development of Abandoned Areas and Transmigration, 2017; Ministry of Health RI, 2016).

Developmental retardation above the World Health Organization limit of 20%. However, based on the Nutrition Status Control (PSG) in 2017, 26.6% of babies were registered as stunting. This number consists of 9.8% in very short types and 19.8% in short types. Based on this research, the stunting rate in children has decreased from 37.2% in the 2013 Riskesdas to 30.8% (Ministry of Health RI, 2018). Evaluation of the nutritional status of infants is most often attempted using anthropometric evaluation. In general, anthropometry refers to various measurements of body shape and body composition of various ages and nutritional levels.

Stunting is a linear developmental obstacle caused by inadequate vitamin deficiency and the impact of nutritional consumption and/or chronic and recurrent infectious diseases, as indicated by the z-number of body size for age (TB or U) less than -2 standard deviations (SD). RI Ministry of Health, 2016). The 2017 Nutrition Status Control (PSG) proves that the habit of stunting in children under the age of 5 in Indonesia is high, 29.6% above the World Health Organization limit of 20% (Ministry of Health Republic of Indonesia, 2018). Obstacles to growth and development that occur in early

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childhood are health conditions that cannot be underestimated considering the consequences of child stunting in adulthood. Some of the factors that are predicted to influence stunting include health history, mother's professional status, mother's education status, genital type, family scale, important carers, vitamin adequacy pattern, and mentoring pattern, child's birth weight, and child's health pattern. Income per person, mother's knowledge about vitamins and fertility period (Anugraheni, 2012).

History of disease in childhood can affect the development and progress of children. Constraints to eat during pregnancy can affect the baby's birth weight, such as babies with a body weight of less than 2500 grams or have low birth weight (LBW). Babies with low body weight are also related to the baby's body size at birth, as well as babies who are born large. A mother's professional status determines the amount of data she receives when it comes to work. This matter certainly also matches the level of education of the mother (Ahsan, 2014). Socio-economic aspects such as per capita income, parental education, knowledge of maternal nutrition, and household scale are also indirectly related to the formation of stunting. Income affects the family's nutritional adequacy and their ability to attend formal education. Small educational income with little nutritional knowledge is often associated with poor nutrition events (Kuntari, 2013).

Stunting cases are influenced by many aspects. In The United Nation Children Fund, it is interpreted that aspects that directly affect nutritional status are nutritional intake and inflammatory disease conditions. If your nutritional intake is getting better, your nutritional status and immunity will be even greater, so you won't be susceptible to disease. In conditions of poor nutritional consumption, it will be very susceptible to disease, especially infectious diseases which will end in nutritional problems. In this draft it is also stated that nutritional status is also indirectly influenced by various factors such as food availability, educational patterns, environmental sanitation and health services. Availability of food, sanitation and health services in the flow first affect the consumption of nutrition and infectious diseases, while the parenting style does not only flow through it but can also directly affect nutritional status vertically. As a result, parenting needs to be observed and cannot be ignored in an effort to improve nutritional status, especially in toddlers.

About 8 million Indonesian children experience non-maximum development, or one in 3 Indonesian children. Aspects of the effect of stunting include the nutritional status of pregnant women on the growth and development of their fetus, where cases of nutrition must be examined from an early stage. If there is a deficiency in nutritional status early in life, it will result in subsequent lives such as stunted fetal growth (PJT), low birth weight (LBW), small, short, slender, low body strength and risk of death (Zaif et al, 2017). In Indonesia, one of the benchmarks for ensuring the nutritional status of pregnant women is the anthropometric indicator of upper arm circumference (LILA) in the mother, where inadequate energy and protein consumption in pregnant women can cause Chronic Energy Deficiency (CED). Pregnant women are at risk for CED if they have Upper Arm Circumference (LILA). In Indonesia, one of the benchmarks for ascertaining the nutritional status of pregnant women is the anthropometric marker of the upper arm circumference (light purple) in the mother, where inadequate energy and protein consumption in pregnant women can cause Chronic Energy Deficiency (CED). Pregnant women are at risk for CED if they have Upper Arm Circumference (LILA).

2. METHOD

The method used is to use literature studies from various international and national journals, this method seeks to summarize the current state of understanding of a topic. The literature review restates previously published material, and reports new facts or analysis and a literature review provides a summary of the best and most relevant publications and then compares the results presented in the articles.

3. RESULTS AND DISCUSSION

Stunting

Stunting is a baby who is taller or shorter than his age. This situation is measured by height greater than or less than 2 standard deviations of the World Health Organization standard for general height in children. Stunting in infants is a nutritional problem that is quite severe and is caused by many

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reasons, including: Babies struggle to achieve maximum physical and cognitive development (Ministry of Health RI 2018). Stunting is becoming a nutritional problem in Indonesia. Stunting describes a state of severe malnutrition from infancy and throughout growth and development. In Indonesia, 29.6 million people were affected by stunting in 2017 and 30.8 million people in 2018. The purpose of this research was to identify the relationship between infection, early initiation of breastfeeding, history of special breastfeeding, low birth weight, early marriage and development stunting.

Conclusion Based on the results of identification and analysis from various bases, the risk factors for stunting in Indonesia are consistently consistent in terms of mother, baby and the environment. The incidence of growth retardation increases with increasing maternal age during pregnancy. Based on the combined results of articles and journals, stunting is a vitamin status based on PB or U or TB a / U indicators, and anthropometric standards to calculate nutritional status in children prove that the measurement results exceed the threshold. (Z-score). < -2 SD to -3 SD (short or short) and < -3 SD. -3 SD (very short or very stunted). Stunting is a problem of severe malnutrition caused by consuming food that is not sufficient for a long time due to malnutrition. Stunting can occur because the fetus is still in the womb and does not grow until the child is 2 years old, resulting in poor development if it is not balanced with developmental efforts. Stunting is a public health problem associated with increased growth. Risk of illness, death or disability. Regarding physical and psychological growth. Stunting occurs due to growth retardation and insufficient growth catch-up, reflecting failure to achieve maximum growth (World Health Organization, 2014). The government cites steps to reduce the prevalence of stunting, and nutritional problems in Indonesia.

Adult education is not a risk factor for stunting because there are many risk factors for stunting. Not all aspects throughout pregnancy are in the mother's situation. Parental discipline directly influences parenting attitudes, which in turn affect children's food consumption. Nutritional enrichment in children under 5 years of age is not free from an increase in their desire to eat. The child's ability to eat independently without encouragement is one indicator of child development achievement. Some parents choose to send their toddlers to PAUD in order to get more ideas from their friends, this is in accordance with Sulistyawati's research (2016) which found that it supports children's growth and development in accordance with parents who have good sense tend to be more knowledgeable and able to apply their insights from less educated parents. This research found that medical history was not associated with the development of growth retardation. This is not in line with Compassion's research (2012). The research reported that the incidence and duration of illness were significantly related to the incidence of stunting in infants.

Factors Causing Stunting

1. Nutritional status of pregnant women

The effect of nutrition on young children who experience stunting can interfere with growth and cognitive development that is lacking. Based on the results of a survey on the nutritional status of working pregnant women at the Al-Jasa Health Center, from a sample of 137,111 (81%) mothers with normal LILA and normal nutritional status of the mother. 26 (19%) for LILA SEZ. Declining food diversity and reduced food portions are factors that affect KEK (Azizah & Adriani, 2017). PURPLE 23.5cm is required to avoid SEZ risk. Pregnant women must pay attention to the food that is absorbed by the body to cover the diet during pregnancy. A good mother's diet is to consume foods that are high in protein, fat, calcium and calories, such as tempeh, tofu, fish, eggs, vegetables, fruits and nuts.

Various studies report that nutritional status can be caused by health conditions, family socio-economic status, and socio-culture. The poor pattern of living areas is one of the triggers for the formation of nutritional problems. This study was taken from Arjasa which showed a significant relationship between nutritional status and the incidence of growth retardation in mothers who used LILA during pregnancy. This research is in line with Sukmawati's findings in 2018. Alfarisi, Nurmalasari & Nabilla, 2019 and Erna, 2015 show that there is a relationship between the nutritional status of pregnant women based on LILA and the incidence of stunting in infants.

The researchers' analysis found that education at home, including diet, parenting, hygiene, and access to health services, was associated with stunting in children under the age of five.

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2. Exclusive breastfeeding

According to the Government Regulation of the Republic of Indonesia Number 33 (No. 33 of 2012) concerning Exclusive Breastfeeding, Exclusive Breastfeeding means the addition or replacement of other food and drinks given to babies during the first 6 months of life. (ASI) without breast milk alone can meet the needs of infants aged 0-6 months. Exclusive breastfeeding is also important because at this age food other than breast milk has not been digested by the enzymes in the intestine.

Incidence of stunting is caused by low family income, non-exclusive breastfeeding, poor MP-ASI provision, incomplete immunization with the most dominant factor influencing is breastfeeding which does not exclude stunting in infants, namely babies who do not start breastfeeding (IMD) and babies who are not exclusively breastfed. Advice and efforts to improve health services are needed to improve health conditions and reduce the risk of stunting in children. The pattern of care includes the ability of the family to provide time, attention and support to meet the physical, intellectual and social desires of children who grow up in the family. Childcare is realized in many ways, including breastfeeding and complementary feeding, psychosocial stimulation, environmental hygiene and cleanliness, home health practices looking after sick children, and patterns of utilization of health services.

3. Birth Weight

Stunting is a severe condition that proves failure to thrive due to long-term malnutrition. 1 Stunting is another sign of low birth weight (LBW) and malnutrition in childhood which can lead to imperfect development in later years. 2, 3. The world is shrinking, increasing. Another research by Beal et al. as well as low education.

A number of studies have examined the relationship between underweight and stunting, including a study conducted in Yogyakarta which found a relationship between birth weight and stunting.

4. Economic Factors

Poverty is one of the factors causing nutritional problems. Poverty is believed to play an important and reciprocal role as a cause of nutritional problems. Poverty causes malnutrition. Otherwise, malnourished people slow down economic growth and contribute to the poverty process. Because when a person experiences malnutrition, it directly causes a decrease in labor productivity due to physical disorders and cognitive decline which has an impact on the level of education and the family economy. The challenge in tackling hunger and malnutrition is ensuring that the poor, especially mothers and children under the age of five, have access to affordable, adequate and balanced food.

4. CONCLUSION

Based on the 2015 stunting factor analysis conducted by PSG Indonesia, the prevalence of stunting in Indonesia is 29%. That figure dropped to 27.5% in 2016. However, the prevalence of stunting babies increased again in 2017 to 29.6%. It is hoped that the editorial level will continue to decline for some time in order for all the government's plans to bear positive results. The decline in the prevalence of stunting is because the community and the government are now able to intervene together. Affiliates are encouraged to strengthen community empowerment in relation to increasing knowledge and awareness of maternal health and parenting. Factors that influence the incidence of stunting include birth weight, economic factors, exclusive breastfeeding and nutritional status of the mother during pregnancy.

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