

CHAPTER I

INTRODUCTION

1.1 Problem Identification

Indonesia has seen economic growth and a decline in poverty over the past 20 years, but the country is still trailing behind in the fight against malnutrition, according to BPS data from 2022. The quality of human resources will be impacted by nutritional issues. Stunting in children under five is one of the nutritional issues that remains unresolved in Indonesia and poses a serious threat to the quality of human resources. A protracted period of undernutrition causes stunting, a chronic nutritional disorder that stunts children's growth. According to Beal et al (2018), stunting is a condition in which a child is shorter than average for their age and is a sign of growth failure brought on by chronic malnutrition during the first 1,000 days of life. According to Danaei et al (2016), a child's development during the first 1,000 days of life, or until the child is two years old, is the most critical because it can affect the child's future. Stunting during this time will have detrimental effects on later health, cognitive development, and academic and economic success.

Three common indicators used in Indonesia in assessing the nutritional status of children are: weight for age, height for age, and weight for height. All of these three indicators of nutritional status compared to WHO growth standards. The value of deviation weight (BB) or height (TB) from the normal value of BB or TB according to WHO growth standard is the so-called Z-score (Handbook for Monitoring Nutritional Status, 2017). In the case of assessing nutritional status of a child, the Z-score comes in handy, especially in the identification of cases

stunting based on height for age. The World Health Organization classifies stunted children as those whose value of the Z-score is less than -2.

Stunting in family members, especially children, occurs due to a combination of interrelated factors, such as nutrition, health, environment and economic conditions. One of the main causes of stunting is chronic malnutrition experienced by children, especially in the first 1,000 days of life. If a child or pregnant mother does not receive adequate nutrition, the risk of physical and cognitive growth retardation increases significantly.

Maternal nutrition during pregnancy also plays an important role in child development. Mothers who are malnourished or do not have access to adequate health services are at risk of giving birth to babies with low birth weight or stunted growth. Children born to malnourished mothers tend to have a higher risk of stunting in early life.

Stunting and the economy have a very close relationship, with poverty being one of the main causes of stunting. Families with low incomes often have limited access to nutritious food, health services, and a proper environment to support child development. This makes children from poor families more vulnerable to malnutrition, which leads to stunting. In addition, low parental education also exacerbates the problem of stunting due to a lack of knowledge about the importance of proper nutrition and health care for children.

Stunting is not a single factor issue, rather it is the outcome of multiple factors interacting, including socioeconomic factors within the home. A child's nutritional status can also be impacted by household socioeconomic factors like

food spending, the mother's educational attainment, sanitation, clean water availability, place of residence, gender of the child, and diet.

Low income households often lead to stunting due to an inability to provide their kids with a healthy diet. The mother's education background is also important in that more educated mothers generally know better about health and nutrition for their children.

Other predisposing factors to stunting may include the availability of clean water sources and hygienic conditions. Bad sanitary conditions and sources of clean water can predispose a child to infection and diseases that will hinder nutrient absorption, leading to stunting. Village households are more predisposed because of their bad access to health facilities.

Other considerations include the diet and gender of the child. Indeed, some studies have found differences in the prevalence of stunting between boys and girls, the former being more likely to suffer from stunting. A child's diet, that is the quantity and variety of intake, also determines his or her nutritional status.

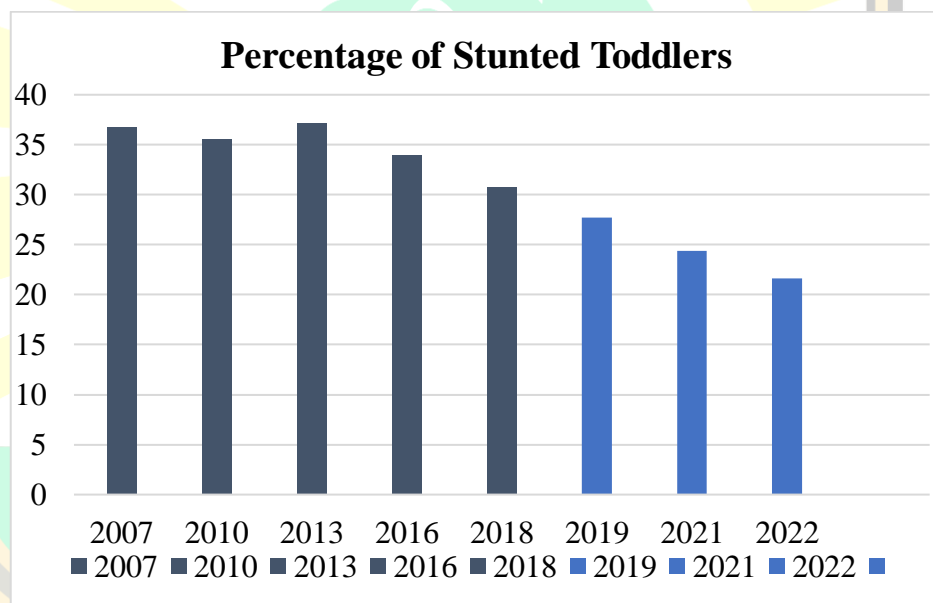
The economic impact of stunting is significant, especially in the long term. Stunted children tend to have stunted cognitive development, which results in lower learning ability and productivity as adults. As adults, they may face difficulties in getting a good job or having optimal productivity in the workplace, which in turn affects the competitiveness of the workforce at the national level. This decrease in productivity potential has a direct impact on a country's economic growth.

Stunting also contributes to increased health costs. Children who are stunted are more susceptible to various diseases due to their weaker immune

systems. This leads to an increased burden of health costs for both families and governments. Countries with high stunting rates tend to have to allocate more resources to address these health issues, which in turn can slow down economic development. Stunting also exacerbates economic inequality, as children affected by stunting tend to have a lower chance of escaping poverty.

The graph 1.1 shows the percentage of stunted toddlers in Indonesia from 2007 to 2022.

Figure 1.1 Stunting Prevalence in Indonesia



Source: Handbook of Nutrition Status Survey of Indonesia (SSGI) 2022

From 2007 to 2013, the prevalence of stunting was at a high level, ranging from 35-37%. This shows that from 2007 to 2013, there was no significant decrease in the prevalence of stunting, reflecting the challenges in addressing this issue in that period. From 2016 to 2018, there was a slight decrease in stunting prevalence, staying below 35%, around 32-34%. In 2018, there was a further decline, indicating that prevention efforts were beginning to show results. Furthermore, in the period 2019 to 2022 there was a more significant decrease in

the prevalence of stunting, from around 27% in 2019 to around 20% in 2022. This decline indicates that intervention programs carried out by the government and the community are starting to have a real positive impact.

The graph above shows a positive downward trend in the prevalence of stunting among children under five in Indonesia, especially after 2016. The most significant improvement occurs between 2019 and 2022, indicating that programs to reduce malnutrition and improve child health are effective. However, given the high stunting rates in previous years, consistent efforts are needed to achieve the national target for stunting reduction. By 2024, the government hopes to reduce the percentage of stunted children in Indonesia to less than 14%.

Unless stunting is taken care of, it will have negative effects. The quality of human resources is correlated with the long-term effects of stunting or malnutrition. There are a number of potential causes, such as financial constraints brought on by low purchasing power and restricted access to healthcare. Creating a package of nutrition and other interventions to enhance child health at a reasonable cost is a major concern for Indonesian policymakers.

Preventing stunting through investments in nutrition and health services is an effective economic solution. Nutrition intervention programs, especially during the critical first 1,000 days of a child's life, have great potential to reduce stunting and improve the quality of future human capital. By improving the quality of child nutrition and providing better access to healthcare, a country can build a more productive workforce, which in turn supports stronger and more sustainable economic growth.

Various findings from earlier research on stunting are reported. Different variables studied, different samples, different observation periods, or different methodology all contribute to these contradictory results. The need for additional research on this topic is demonstrated by the variety of findings from earlier investigations. Because it examines the effects of multiple socioeconomic factors, such as food expenditure, mother's education, sanitation, water source, area of residence, child gender, child diet, and the total of food expenditure, this study is interesting to conduct.

1.2 Problem Statements

Stunting is still a global issue, so it requires improved management. Numerous socioeconomic factors, including food expenditure, maternal education, water sources, sanitation, area of residence, child gender, and diet, can have an impact on stunting. This study intends to close the gap in the formulation of the problem and offer suggestions to policy makers for evaluating the influence of socioeconomic factors on stunting rates. Furthermore, it is anticipated that this research will aid in the development of efficient policies and interventions aimed at decreasing the incidence of stunting in Indonesia.

1.3 General Research Objectives

The research goals of this study, which are based on the formulation on the problem previously mentioned, are as follows:

1. Aims to determine how food expenditure affects the incidence of stunting.
2. Aims to determine how maternal education affects the incidence of stunting.
3. Aims to determine how sanitation affects the incidence of stunting.
4. Aims to determine how water sources affect the incidence of stunting.

5. Aims to determine how living area affects the incidence of stunting.
6. Aims to determine how a child's gender affects the incidence of stunting.
7. Aims to determine how a child's diet affects the incidence of stunting.

