

Stunting in Indonesia and Its Determinants

ANALYSIS OF THE SITUATION AND ISSUES

Nutrition is one of the key aspects for developing quality human resources and nation-building. One of the significant nutritional problems and a global focus is stunting in toddlers.

UNICEF/WHO/World Bank estimate the global prevalence of stunting in toddlers to be 22.3%, or 148.1 million children, in 2022. More than half of the world's stunted toddlers come from Asia (76.6 million), and about 30% (63.1 million) come from Africa (UNICEF/WHO/World Bank Group – Joint Child Malnutrition Estimates 2023 edition).

THE RESULTS OF THE INDONESIA HEALTH SURVEY 2023

Based on the results of SKI 2023, the national average recorded a stunting prevalence of 21.5%, and there has been a decrease in stunting prevalence over the past 10 years (2013-2023). However, this progress has not yet met the RPJMN 2020-2024 target, which aims for a stunting prevalence of 14% by 2024.

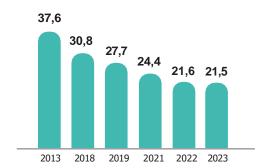


Figure 1. Trends in Stunting Among Toddlers in Indonesia year 2013-2023

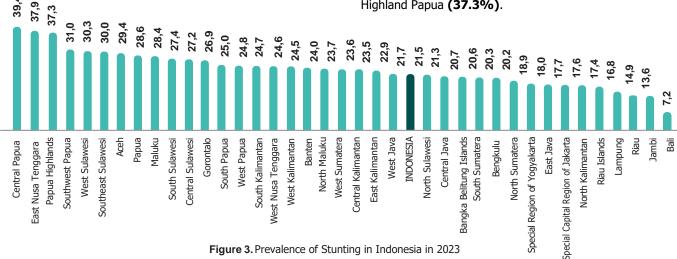


Approximately 1 in 5 toddlers in Indonesia experience stunting, with the highest number of cases occurring in the age group of 24 to 35 months.



Figure 2. Prevalence of Stunting in the Age Group of 0 - 59 Months

Out of 38 provinces in Indonesia, 15 provinces have a stunting prevalence below the national average. The three provinces with the highest stunting prevalence are Central Papua (39.4%), East Nusa Tenggara (37.9%), and Highland Papua (37.3%).



DETERMINANT FACTORS

Determinants of stunting are factors that contribute to the occurrence of stunting in toddlers, and they are interrelated and can reinforce each other. These determinants occur in three periods: prenatal, birth, and postnatal periods.

PRENATAL PERIOD (BEFORE BIRTH)



Pregnant Women at Risk of Protein Energy Malnutrition (PEM)

16,9 %



Pregnant women receiving Iron Supplementation **92,2** %



Pregnant women taking Iron Supplementation **44,2 %**



Pregnant Women Receiving Supplementary Feeding **32,1 %**



ANC K4 **68,1 %**



Infectious Diseases in Pregnant Women

TB 0,1 % Malaria 0,3 %

BIRTH PERIOD



Mothers delivering in Healthcare Facilities **89,9 %**



Immediate breastfeeding within less than 60 minutes after birth **94.1 %**

POSTNATAL PERIOD (AFTER BIRTH)



Tuberculosis infection in breastfeeding mothers **0,1%**



Exclusive breastfeeding (bayi 0-5 bulan)

68,6 %



Dietary diversity of infants 60,9 %



Toddlers measured for height \geq 2 times **85** %



Prevalence of Diarrhea **7,4 %**



Malaria infection in breastfeeding mothers

0,4 %



Consumption of Animal-sourced Complementary Foods **78.4** %

70,4 70



Toddlers measured for weight \geq 8 times

55,8 %



Prevalence of Acute Respiratory Infections (ARI) in Toddlers **34,2** %

HOUSEHOLD FACTORS

ACCESS TO DRINKING WATER



Proportion of household with access to basic drinking water

89,6 %



Proportion of household with access to limited basic drinking water 3.0 %

BASIC SANITATION AND HYGIENE



Proportion of household with access to adequate individual sanitation

69,4 %



Proportion of households with access to safe sanitation

11,5%



Proportion of households with access to basic hygiene

78,9 %

The critical period for stunting prevention is during the First 1000 Days of Life (F1000DL). Education for mothers and families is crucial to optimize child growth during the F1000DL to prevent stunting. Parenting practices, economic status, low birth weight, and nutritional intake are also factors that need to be considered for stunting prevention.

CONCLUSION



In 2023, there was a decrease in the prevalence of stunting in toddlers by 0.1%



Compared to 2022, in 2023, there were 19 provinces that experienced a decrease in the prevalence of stunting in toddlers, while 15 provinces experienced an increase in the prevalence of stunting in toddlers.



5 provinces with the highest number of stunting cases are West Java, Central Java, East Java, North Sumatra, and Banten.



The current prevalence of stunting is influenced by various factors during the prenatal and perinatal periods, especially pregnant women with PEM and antenatal care (K4) examinations. Compared to 2022, in 2023, the proportion of pregnant women with PEM increased while antenatal care (K4) decreased. Both of these factors are determinants of nutritional status before childbirth that require attention.

*Materials can be viewed at www.badankebijakan.kemkes.go.id



Kementerian Kesehatan

Badan Kebijakan Pembangunan Kesehatan

Fax. 021-4243933 E-mail : humas.bkpk@kemenkes.go.id



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