



## GENERAL REVIEW

### Risk Factors That Cause Stunting in Indonesia

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#### INTRODUCTION

The Sustainable Development Goals are emphasizing an intervention to prioritize solutions to the global challenge of poor child development in low and middle-income countries (LMICs). In 2015, about 25% of children under five years of age in low were stunted (Kim & Subramanian, 2017; Perkins et al., 2017; UNICEF, 2015).

Globally, the prevalence of stunting among children under age five has decreased. At the regional level, as compared to other regions, the very little decline in the prevalence of stunting is documented in Africa. East Africa and South-Central Asia had the highest prevalence of stunting. East Africa at 42%, and South-Central Asia at 36% (Black et al., 2013; Hagos, Hailemariam, Woldehanna, & Lindtj, 2017; Onis et al., 2013). In 2012, the WHO sets a global target to reduce the number of stunted children by 40% from the baseline 171 million in 2010 to 100 million by 2025 (Onis et al., 2013). The prevalence of stunting was 28% among lower-middle-income countries and 7.2% among high-income countries (Black et al., 2013).

This causes the death of 3 million children per year. In the year of 2011, Indonesia is ranked 5 of 81 countries with the largest

number of stunted children in the world that reached 7.547.000 children. Indonesia is reported to have a larger number of stunting children than some African countries, such as Ethiopia, the Democratic Republic of the Congo, Kenya, Uganda, and Sudan. Cases stunting in Indonesia year of 2015 as much 18,9% short and 10,1% very short, while in 2016 there 19,0% short and 8,6% very short, this occurs at the age of 0-59 months(Hardhana et al., 2017; Ohyver, Moniaga, & Restisa, 2017).

Risk factors for stunting cases in this Indonesia were analyzed descriptively, so we get the factors maternal nutrition, infection, teenage motherhood and short birth intervals, fetal growth restriction, preterm birth, childhood nutrition and environmental factors (Danaei et al., 2016). Fetal growth restriction, preterm birth and environmental are the leading risk factors worldwide (Novotny et al., 2017).

#### CONCLUSION

The WHO conceptual framework for stunting (2013) identified household and family factors, complementary feeding, breastfeeding practices and infections as the most plausible causes of stunting (Stewart, Iannotti, Dewey, Michaelsen, & Onyango, 2013). Contextual factors at community and

societal levels such as beliefs, norms, and livelihoods influence the proximate causes of stunting. Many studies corroborated in reporting significant association with Mother's education, household wealth, maternal age, child's gender, marital status, dietary diversity, parity, pregnancy intentions, health-seeking behaviour from the mother, socioeconomic status, diseases and infections are strongly associated with stunting (Abuya, Ciera, & Kimani-Murage, 2012; Hagos et al., 2017).

Stunting prevalence may vary across space at different scale. For this, it is important to study nutrition through several studies to provide control interventions taking into account the nutritional deficit distribution and its underlying origin factors. Thus, geographically targeted nutritional interventions may be more efficient and cost-effective if done in a similar way that has been done in developing countries. The findings of this study also indicated that interventions integrating household food insecurity in nutrition programs in the district might help to avert the burden of stunting.

### CONFLICT OF INTEREST STATEMENT

We declare that we have no conflict of interest.

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