

Preventing Stunting in Children

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ABSTRACT

Stunting is a public health problem experienced by children globally. These problems have various causes, and have long-term effects. Children who are stunted, views of parents who have stunted children, and programs to prevent stunting. Based on the literature, this article aims to describe the risk factors for stunting and the parent's roles in stunting prevention. The results of this study indicate that parents play a major role in children's health, especially related to nutrition so that it can reduce the incidence of stunting. Therefore, it is necessary to empower parents to improve the nutrition of their children.

Keywords: *Stunting, mother's knowledge.*

1. INTRODUCTION

Stunting is one of the consequences of children who are malnourished. This situation is common in many developing countries. The main problem in this condition is a lack of protein energy that occurs since children under two years of age [1]. Toddler period is a period that is very sensitive to the environment so that it needs more attention, especially nutritional adequacy [2]. Nutritional problems, especially stunting in toddlers, can hinder the development of children, with negative impacts that will occur in the next life such as intellectual decline, susceptibility to non-communicable diseases, decreased productivity, causing poverty and the risk of giving birth to babies with low birth weight [3].

The amount of BBLR prevalence can be caused by several factors. According to Soekirman and UNICEF, low nutritional status can be directly affected by low nutrient intake and malignancy of infectious diseases. Low nutrient intake can be caused by insufficient household level food availability. This food availability will be fulfilled, if the people's purchasing power is sufficient. The social economy of the community is a factor that plays a role in determining the purchasing power of a family. One of the parameters for determining the socioeconomic level of a family is the level of education, especially the level of childcare education. The role of a mother as the primary caregiver for her child is indispensable, from purchasing to serving food. If the mother's education and knowledge is low, the result is that she is unable to choose so that serving food for the family meets the requirements of balanced nutrition. This is in line with the results of research in Mexico that the

education of mothers is very important in relation to nutritional knowledge and fulfilment of family nutrition, especially children, because mothers with low education, among others, will find it difficult to absorb nutritional information so that children are at risk of stunting [4], [5].

In Indonesia, based on the results of Pusdatin Kemenkes RI [6], the magnitude of the problem Stunting relatively stagnant around 37% from 2007 to 2013. Of the 33 provinces in Indonesia, more than half have a degree of prevalence above the average national. But the prevalence of children under five suffered stunting in 2019 decreased compared to the years before, namely from becoming 27.7 percent. Results from Pusdatin Kemenkes RI [6] showed that the incidence of stunting infants is much influenced by income and education the parents are low. Families with incomes that high would more easily gain access to education and health so that the status of nutrition of children can be better [7]. Parents, especially mothers, are the first to be involved in children's nutritional health. Thus, the article is intended to describe the importance of knowledge of mothers in the prevention of stunting.

2. DETERMINANT FACTORS OF STUNTING

The problem of nutrition is a problem in the cycle of life, ranging from the time of pregnancy, babies, toddlers, teens, up to seniors. Nutritional problems can occur in all age groups, even nutritional problems in certain age groups will affect nutritional status in the next period of life cycle impact between generations [8]. The impact of malnutrition or the provision of nutrition are less precise

starting with slowing or retardation of growth of the fetus are known as IUGR (*Intra-Uterine Growth Retardation*). Factors principal that causes IUGR is the status of nutrition that bad of a mother at the time of conception, the growth of heavy weight low because of the content of the food that is not sufficient and high mother were short because of a shortage of nutrition during childhood and/or frequency of infection [9]. If there is no handling of IUGR, it will continue in the next generation so that there will be problems with short children between generations [8]. Substances of food, substances of growth and vitamins to the mother and the status of health is very important as a determinant of inhibition of growth. A mother who is deficient in nutrients, growth substances and vitamins are more likely to have stunted children and economic problems [10].

The fulfilment of the nutrient is adequate and are right, good nutrition macro and micro required to avoid or reduce the risk of stunting. The quality and quantity of breastfeeding that both are components essential in the diet because it contains a source of nutrition macro and micro were instrumental in the growth of linear. Giving food high in protein, calcium, vitamin A, and zinc can stimulate higher children. Providing adequate nutrition affects normal growth patterns so that they can catch up [11]. The setting and quality of food that is given to babies is very dependent on the education and knowledge of the mother and the availability of food at the level of the house ladder. Awareness of the mother would be the nutrients that both were given to children plays a role important in maintaining the quality of the food that is provided.

Research shows that the more high-level mother followed by increasingly easy access to the capital to get information about nutrition and health, so the matter was related positively with an increase in the consumption of energy toddlers. This condition also explains the importance of maternal education for the quality of children's nutrition [12]. Research in East Nusa Tenggara indicates that the role of the mother acts as a "*guard gate*" in maintaining consumption of home stairs and status of nutrition is very prominent. This role can be seen from the influence of education on knowledge of maternal nutrition, access to nutrition and health information, nutrition practices and maternal health as well as the allocation of food and non-food (income) spending [13].

Research in Ethiopia identified factors associated with stunting higher in infants who were given breast milk. The results showed that babies of mothers who had low zinc concentrations in breast milk were shorter. Factors primary else associated with the occurrence of stunting is a factor of social economy. Status social economic, age, type of sex, and education mother is a factor critical of the status of nutrition adolescents (less heavy weight and short) [14]. The research that is done in countries income middle and low or country flourish

may indicate that children who live in the area are seedy, as the increasing age of the child, the risk of stunting deteriorated [15]. The health of children is also a factor determinant of inhibition of growth. Children who experienced diarrhea, recurrent or prolonged during the period of childhood increases the risk of stunting.

3. IMPACT OF STUNTING

Stunting in children has consequences for productivity in adulthood. Stunting is a growth disorder that can indicate a disturbance in the body's organs. One of the organs most rapidly suffered damage on condition of disorders of nutrition is the brain. The brain is a nerve centre that is closely related to the child's response to seeing, hearing, thinking, and doing movement. It is supported by the opinion Almtsier [16] which says that the shortage of nutrients can lead to disruption of the function of the brain.

Consequences of the largest of stunting is increasing morbidity and mortality of children, the risk of obesity is more substantial in the adult and susceptible to the disease is not contagious like diabetes, heart disease vessels of the blood, cancer, and stroke. The impact of stunting can also be seen on obstacles to children's cognitive development and the opportunity to suffer from degenerative diseases [17].

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4. THE PREVALENCE OF STUNTING IN INDONESIA

In global, in the year 2011 more than 25% the number of children aged under five years are approximately 165 million children suffered stunted, whereas for the level of Asia, in the years 2005 to 2011 Indonesia occupied the rank fifth prevalence of stunting the highest. The prevalence of children under five suffering stunting in 2019 decreased compared to 2018, from 30.8 percent to 27.7 percent. Despite the decline, the number is still quite high for 28 of the 100 infants who suffered stunting. The Central Bureau of Statistics (BPS) also explained, the prevalence of children under five suffering stunting Indonesia is still high if compared with the countries of middle income. Handling stunting needs to be a concern considering that it can have an impact on the level of intelligence, susceptibility to disease, reduce productivity, and hinder the economy such as economic growth, increasing poverty and inequality [6].

This paper explores how the literature promotes mother's knowledge to prevent stunting in children.

5. THE ROLE OF PARENT IN STUNTING PREVENTION

Parents' knowledge about nutrition helps improve nutritional status in children to reach maturity for growth in children. The incidence of stunting can cause health problems both physically and psychologically. Therefore, not all children can grow and develop according to their age, some children experience obstacles and disorders [18]. In accordance with research conducted by Narsikhah [19] that there is a significant relationship between parental knowledge and the incidence of stunting in children. This study is also in line with research conducted by Hestunigtyas [20] where there is an influence between the provision of nutritional counselling on knowledge, attitudes, practices of mothers and nutritional intake, where only knowledge has a relationship between the provision of nutritional counselling to knowledge.

6. CONCLUSION

According to the research results, that education is one of the factors internal will affect knowledge because with education high will facilitate someone in receiving information so that from the information that is obtained the mother can understand how to prevent the incidence of stunting in children. It is in line with the theory of the other states that people with levels of education were better and would be more convenient to receive information from the people with the level of education that is lacking. Information is used as the provision mother to care for children under five in the lives of everyday children so that children are not at risk of experiencing stunting.

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