CHAPTER I

INTRODUCTION

1.1 Research Background

In 2012, the United Nations Children's Fund (UNICEF), the World Health Organization (WHO) and the World Bank reported at least 6.6 million children died. Globally, 45% of total deaths are caused by malnutrition. Child malnutrition can increase the risk of death from infection, increase the frequency of aggravating the infection, and cause inhibition of the healing process of the disease (UNICEF, 2018). In addition, the interaction between malnutrition and infection can potentially exacerbate disease and nutritional status in children.

In the same year, about 162 million children under five years of age suffered from stunting (You et al., 2010). Children with stunting are children under five years of age who have height-for-age Z-scores (HAZ) <-2, and are categorized as severe stunting if HAZ <-3 when compared to the WHO Multicentre Growth Reference Study (MGRS) standard 2005 (Center of Data and Information for the Ministry of Health, 2016). The World Health Assembly (WHA) has a target of 40% reduction in stunting rates for children under five years of age by 2025.

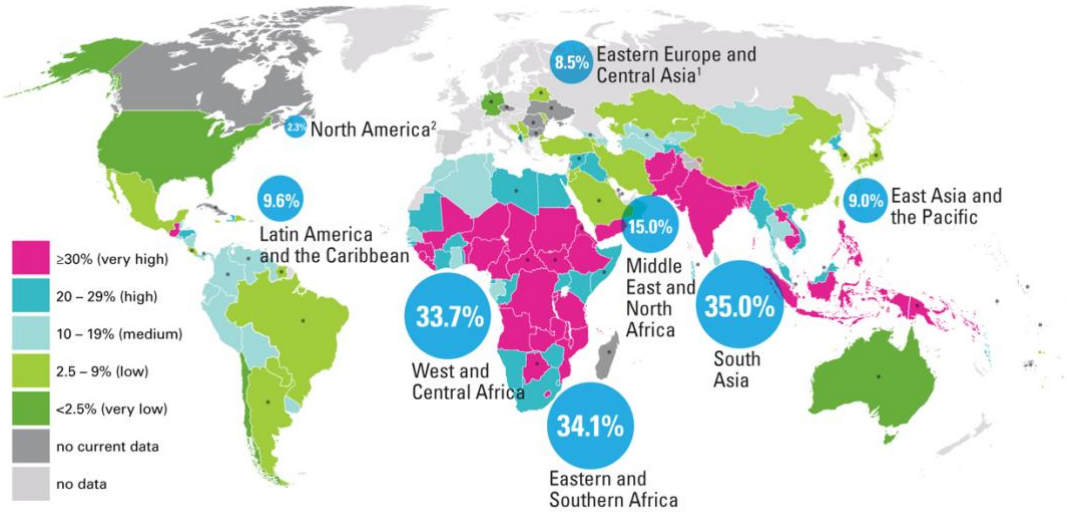

Figure 1.1 Percentage of Children Under-Five Who Are Stunted in 2017

Source: UNICEF, WHO, World Bank Joint Child Malnutrition dataset

The picture above illustrates the level of stunting in each region. It can be concluded that the 3 (three) regions with high stunting rates are South Asia, Eastern and Southern Africa, as well as West and Central Africa. Specifically, Indonesia is one of the countries with a worrying stunting rate.

According to WHO, stunting prevalence of 20% or more will be a public health problem. Therefore, stunting is a health matter that should be solved since the stunting rate in Indonesia is still high. Based on the data obtained from the Ministry of Health, Indonesia has the highest prevalence of stunting, compared to some countries in Southeast Asia such as Myanmar, Vietnam, Malaysia, Thailand, and Singapore.

In addition, according to Basic Health Research (RISKESDAS) in 2013, the problem of stunting in Indonesia is still serious, reaching 37.2%, which varies from the lowest in Kepulauan Riau, Yogyakarta, DKI Jakarta and East Kalimantan with the prevalence of stunting less than 30% to the highest in East Nusa Tenggara reaching more than 50%.

There are 4 (four) priority programs in 2015-2019 that focus on health development in Indonesia, namely decreasing maternal and infant mortality, decreasing the prevalence of stunting, controlling infectious diseases, and controlling non-infectious diseases (Center of Data and Information for Ministry of Health, 2016). Increasing community nutritional status, which includes the decreasing prevalence of stunting, is an effort to achieve one of the national development priorities listed in the National Medium Term Development Plan (RPJMN) 2015-2019 with the prevalence of stunting target reduces to 28%.

According to You et al. (2010) the main cause of stunting in children under five years of age is found at the household and family level, which are poor nutrition and maternal health during pregnancy, inadequate breastfeeding, and infectious diseases. Stunting starts from the beginning of pregnancy until 24 (twenty-four) months, which is known as the first 1000 (thousand) days of life, therefore the mother's health and nutrition status play an important role. However, after childbirth, improper child feeding practices, recurrent disease infections, poor hygiene behaviors, and poor parenting behaviors are the

direct causes of maternal and childhood nutritional problems. Some of the factors that cause the problem are lack of education and knowledge of caregivers, unclean water use, unhealthy environment, limited access to food and low income (UNICEF Indonesia, 2012).

This study focuses on the role of parents in stunting children by paying attention to the level of education that has been completed. several studies have been conducted to determine the influence of parental education, both mother and father, on children's nutrition. But the results can be different or contradictory from one another. The contrasting findings of these studies show that the relationship between parental education and child nutrition, particularly the relative contribution of maternal and paternal education, is far from clear.

Glewwe (2014) describes the pathway in which parental education may affect child nutrition by developing a conceptual model. From his study, parental education causes changes in child nutrition through interconnected channels. Higher education leads to changes in parental values, affecting household income and resources allocation, both for children’s nutrition and parents’ health knowledge. More of years schooling spent by parents improves cognitive skills that also affect parents’ health knowledge, household income, and health and nutritional inputs.

1.2 Problem Identification

Based on the description of the research background above, the occurrence of stunting in children age 0-59 months is caused by health, social, and economic factors. Thus, the main question regarding the problems in this research is; “does parental education affect stunting in children age 0-59 months in Indonesia”?

1.3 Research Objective

Based on the research background and problem identification above, the main objectives of this research are:

1. To see whether parental education affects stunting in children age 0-59 months,
2. To analyze other associated risk factors of stunting in children age 0-59 months.

1.4 Research Advantage

1. This research provides information about the factors that affect stunting in children age 0-59 months in Indonesia by using IFLS data.
2. This research is expected to be used as a reference and insight on stunting in economic issues.