Trends, Interventions and Challenges in Tackling Stunting and Low Birth Weight in Indonesia

Ardhiantie
Associate Planner
Directorate of Health and Community Nutrition
Ministry of National Development Planning/National Development Planning Agency (Bappenas)
Republic of Indonesia

Stunting Problem in Indonesia

Among 159 million stunted children in the world – 9 million live in Indonesia

Poverty, education, and environmental condition is linked to the nutritional status of children

Stunting in Children Under Five (%)

<table>
<thead>
<tr>
<th>Year</th>
<th>2007</th>
<th>2010</th>
<th>2013</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>36.8</td>
<td>35.6</td>
<td>37.2</td>
<td>30.8</td>
<td></td>
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</tbody>
</table>

Stunting in Children Under Two (%)

<table>
<thead>
<tr>
<th>Year</th>
<th>2007</th>
<th>2013</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>36.8</td>
<td>32.9</td>
<td>29.9</td>
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Stunting: a National Emergency

1 out of every 3 children in Indonesia is stunted

Stunting prevalence by income quintiles

- The problem of stunting occurs in almost all provinces in Indonesia.
  - Lowest: DKI Jakarta (17.7%)
  - Highest: East Nusa Tenggara (42.6%)
- Most provinces have high stunting prevalence (≥ 30%)

Source: Basic Health Research (Riskesdas) Ministry of Health 2007, 2010, 2013, 2018
Low birth weight and Anemia in Pregnant Women

**Prevalence of Anemia in Pregnant Women (%)**
- 2007: 24.5%
- 2013: 37.1%
- 2018: 48.9%

**Proportion of Babies Born with Low Birth Weight (%)**
- 2007: 5.4%
- 2010: 5.8%
- 2013: 5.7%
- 2018: 6.2%

**Proportion of Babies Born with Body Length < 48 cm at Birth (%)**
- 2013: 20.2%
- 2018: 22.7%

**Proportion of Exclusive Breastfeeding (%)**
- 2013: 38.0%
- 2018: 37.3%

- Anemia in pregnant women is still high and tends to increase.
- Anemia is associated with LBW.
- Children born with LBW pose greater risk to stunting in their first year of life.

Source: Basic Health Research (Riskesdas) Ministry of Health 2007, 2010, 2013, 2018

Multidimensional causes of nutrition problem

**Root Causes**
- Sociocultural, economic and political context
- Environmental Health & Health-care Services
- Poverty, Food Security and Nutrition, Education

**Indirect Causes**
- Purchasing Power, Access to Food, Information and Services
- Parenting & Feeding Practices

**Direct Causes**
- Availability and Food Consumption Patterns
- Infection Status
- Maternal and Children Nutrition Status

**Outcome**

Challenges

1. Continuous Support and Political Commitment
   - particularly at the provincial, district levels to prioritize nutrition improvement
2. Program capacity
   - well trained human resources, service standards, etc.
3. Quality of specific interventions
   - (iron tablet, food supplementation, etc)
4. ‘Sensitize’ the sensitive interventions
   - (early child development, social protection, water and sanitation, etc.)
5. Community-based program
   - such as reforming integrated health posts (Posyandu)
6. Behavioral change communication
   - with clear and right messages, including specific issue and adopt the local context
7. Effective Monitoring and Evaluation
   - Regular monitoring and surveillance to identify progress and problem solving

Policies and Commitments for Nutrition Improvement

- Scaling Up Nutrition
- Food Systems
- PERPRES KSPG
- Reduce Risk Factors
- GERMAS
- Reduce Malnutrition
- SUN Movement
- SDGs 2030
- Scaling Up Nutrition
- RPJMN 2015 – 2019
- National Medium-Term Development Plan
- RPK 2018
- National Annual Nutrition
- WHA 2025
- World Health Assembly
- SUN Movement Roadmap 2018 - 2020

Source: ILSI SEA Region Seminar and Workshop on Maternal, Infant and Young Child Nutrition, November 13-14, 2018, Kuala Lumpur, Malaysia
Community Nutrition Improvement Target in the National Medium-Term Development Plan (RPJMN) 2015-2019

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<tr>
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<tbody>
<tr>
<td>Prevalence of anemia in pregnant mothers</td>
<td>37.1</td>
<td>48.9</td>
<td>28.0</td>
</tr>
<tr>
<td>Proportion of babies born with low birth weight</td>
<td>10.2</td>
<td>n.a</td>
<td>8.0</td>
</tr>
<tr>
<td>Percentage of babies aged &lt; 6 months received exclusive breastfeeding</td>
<td>38.0</td>
<td>37.3</td>
<td>50.0</td>
</tr>
<tr>
<td>Prevalence of overweight in children under 5 years old</td>
<td>19.6</td>
<td>17.7</td>
<td>17.0</td>
</tr>
<tr>
<td>Prevalence of stunting in children under 2 years old</td>
<td>32.9</td>
<td>29.9</td>
<td>28.0</td>
</tr>
<tr>
<td>Prevalence of obesity in population aged &gt; 18 years old</td>
<td>15.4</td>
<td>21.8</td>
<td>15.4</td>
</tr>
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Source: Indonesia’s National Medium-Term Development Plan (RPJMN) 2015-2019 Basic Health Research (Riskesdas) Ministry of Health, 2013 and 2018

Integrated Nutrition Interventions

1. Agreement to implement integrated nutrition intervention
2. Strengthening the integration of specific and sensitive interventions
3. Selecting the priority location for integrated nutrition intervention
4. Developing key messages on nutrition (precise, simple, and local specific)
5. Nutrition Campaign: developing the material and media utilization

Multistakeholder Approach: The key principle for nutrition improvement

Effective Interventions
- Iron tablet supplementation
- Education of reproductive health and nutrition
- Promotion of exclusive breastfeeding
- Complementary feeding, Fortified Food
- Campaign for balanced nutrition and behavioral change
- Micronutrient supplementation (sprinkle)
- Macronutrient supplementation (food supplementation)
- Management of malnutrition
- Vitamin A supplementation
- Protection for SALT (Iodine and fluorosis)
- Provision of warm medicine
- Non-wheat food assistance

Intermediate Outcome
- Young Women, Pregnant Women & Breastfeeding Mothers
- Adequate Consumption
- Care-giving
- Access to Health Facility and Environmental Health
- Child Under 2 YO
- Diarrhea
- Malnutrition
- Stunting
- Underweight
- Wasting

Enabling Factors
- Advocacy, NHI, Civil Registration, Birth certificate, Village Fund, Regional Incentive Funds, Food safety and security

Strategy on Acceleration of Nutrition Improvement Using Multisectoral Approach

Specific Intervention (MoH)
- Iron tablet supplementation
- Promotion for exclusive breastfeeding
- Complementary feeding, Fortified Food
- Campaign for balanced nutrition and behavioral change
- Micronutrient supplementation (sprinkle)
- Macronutrient supplementation (food supplementation)
- Education & Counseling Class for Pregnant Mother
- De-worming medicine
- Management of malnutrition
- Vitamin A supplementation

Sensitive Intervention
- Education on Maternal and Child health and nutrition
- Parenting Class
- Non-wheat food assistance (CIT)
- Education on Maternal and Child Health and Nutrition
- Food Security Monitoring the Fortified Food
- Education on Maternal and Child Health and Nutrition

Enabling Factor
- MoH (Civil Registration, Birth Certificate, facilitate the programs and activities on nutrition through APDR)
- Min. of Village (Budgeting the village fund for nutrition)
- MoF (Incentive Systems)
- BPS Kesnas (National Health Insurance)

Strategy on Acceleration of Nutrition Improvement Using Multisectoral Approach

ILSI SEA Region Seminar and Workshop on Maternal, Infant and Young Child Nutrition, November 13-14, 2018, Kuala Lumpur, Malaysia
Setting Priority Location of Integrated Intervention

Selecting priority location based on poverty and stunting rates brings different sectors responsible for nutrition specific and sensitive interventions to better coordinate the program implementation at all levels, from central government to communities.

- **2017**: Pilot - 8 districts
- **2018**: 100 Districts
- **2019**: 160 Districts
- **Post 2019**: Gradual expansion to 514 districts (National Program)

**THANK YOU**