

# THE ROLE OF BKKBN IN ADDRESSING STUNTING IN INDONESIA

## POLICY BRIEF

### **Executive Summary**

*Human quality greatly affects the success of national development programs in Indonesia. As part of the government's efforts to ensure successful development, the improvement of human quality and human competitiveness are one of the central concerns in the National Medium-Term Development Plan IV of 2020-2024. Human quality itself is determined by the quality of a child's development during her first 1,000 days of life. Inadequate or inappropriate nutritional intake during this 'golden' period may lead to a condition known as stunting, which adversely impacts the child later in life. To prevent stunting, cross-sectoral cooperation with programs that complement one another and that corresponds with the life cycle approach is important to have. In line with its primary role in family development, BKKBN focuses on maternal and prepartum health to ensure that expecting and breastfeeding mothers as well as their babies can be protected from the risk of stunting.*

### **Background**

Human quality greatly affects the success of a nation's development, and one of the most crucial factors behind human quality is a child's growth and development during her first 1,000 days of life. Nutrition deficiency during this time, often called as the golden period, is highly likely to result in a condition called stunting, in which a child's physical and intellectual abilities may be impaired. Stunting affects not only the child, but also families and the country. According to the World Health Organization (WHO) Conceptual Framework (2013), stunting leads to short-term consequences in three areas, namely health

including high rate of mortality and morbidity, growth and development, and economy.

### **The State of Human Quality**

Stunting, according to WHO, is the impaired growth and development that children experience from poor nutrition, repeated infection, and inadequate psychosocial stimulation. Today, Indonesia has the fifth highest childhood stunting rate in the world. The 2013 RISKESDAS (Basic Health Research) of the Ministry of Health found that Indonesia's stunting prevalence stood at 37.2%. This was higher than the maximum threshold that the WHO stipulated at 20%. The prevalence rate meant that there were 8.9 million Indonesian children with impaired growth, or that 1 of every 3 children in Indonesia was stunted. In 2018, stunting prevalence declined to 30.8%, and it was expected to decline even further to 28% by 2019.

### **The Factors Behind Stunting**

Stunting is caused by several factors. Citing from WHO's recent publication of *Reducing Stunting in Children* (2018), mothers with low education background from low-income families are more likely to have children who experience stunting. The reason is that low-income households may be deprived of nutritious food during pregnancy for the mothers and during childhood for the child, exclusive breastfeeding up to six months, quality supplementary feeding, and access to water and sanitation facilities.

According to a UNICEF research in India (2013), stunting starts from pre-conception when a female adolescent who becomes a mother is undernourished and anaemic and suffers from diarrhea because of poor sanitation.

Adolescent pregnancy is another cause of stunting. Aryastami (2015), who conducted a cohort study in Bogor, found that adolescent pregnancy is likely to impair the growth of the fetus. The mother herself is still growing, and her nutritional needs compete with the fetus, resulting in the mother absorbing more of her own nutrition intake. Echoing this finding, Kramer (1987), in the meta-analysis result published in the WHO bulletin, stated that early marriage is the primary cause of adolescent pregnancy.

### **Multisectoral Approach**

Indonesia is projected to experience the demographic dividend in 2030, a situation where the people in the productive age group account for the largest portion of the population and will bolster the economy. In 2017, Indonesia's Human Development Index (HDI) was 70.81, up 0.90 per cent from 2016. However, there is a risk that Indonesia cannot realize this potential dividend due to the high rate of stunting among its people. The individuals affected by stunting will not be able to be competitive – it is akin to losing even before a game begins. Interestingly, the condition of stunting and malnutrition is not limited to children from low-income households. In fact, stunting is also experienced by children from upper-income families (who are at above 40% of the social well-being and economic welfare). Therefore, it is important for everyone, regardless of social and economic background, to have knowledge on healthy diet, healthy child-rearing, and sanitation.

Stunting elimination is not the exclusive responsibility of the health sector. Instead, it needs the participation of all relevant actors from different sectors. Stunting prevention is a multi-sectoral obligation. The government and its different ministries need to engage civil society organizations, international organizations such as UNICEF, and the society at large. Each element has its role: the government provides health facilities and nutritious food; civil society organizations support these efforts; pregnant mothers make conscious decisions

to consume healthy food during pregnancy and breastfeeding; husbands ensure their families' nutrition needs are met; and so on.

According to Presidential Regulation No. 42 of 2013 on the National Movement for the Acceleration of Nutrition Improvement, there are 13 ministries that are relevant to stunting prevention based on their scope of primary roles and responsibilities. Until 2019, the government has designated 160 regencies/cities as priority sites of stunting reduction, covering a total of 1,600 villages.

### **The Role of BKKBN in Stunting Prevention**

The National Population and Family Planning Board (BKKBN) is mandated to contribute to the priority program for the acceleration of nutrition improvement through a Priority Promotion Project and IEC (Information Education Communication) on the First 1,000 Days of Life. The programs have been in place from 2017 and aim to contribute to preparing Indonesia's golden future generation who are ready to compete in the future.

Undernutrition is a health issue that may last throughout the life cycle – starting from pregnancy and continues to postnatal, infancy, childhood, adolescence, to old age. The policy and approach that BKKBN adopts to reduce stunting are consistent with the lifecycle nature of stunting. As expressed in BKKBN Strategic Plan 2015-2019 and focusing on the family as the smallest unit of the society, BKKBN educates families on their crucial role in child rearing and a child's growth and development. IEC intervention on stunting reduction also targets adolescents, who will later become adults and start a family.



**Figure 2. Stunting Prevention Using Lifecycle Approach**

In practice, IEC intervention for adolescents is carried out by BKKBN by coordinating existing forums, organizations, or networks in the community, such as the formal youth organization *Karang Taruna*, a community forum focusing on adolescent health and psychosocial well-being *Bina Keluarga Remaja* (BKR), a Center of Adolescent Counseling (PIKR), a adolescent-friendly health clinic (*Posyandu Remaja*), and scouts organizations.

Premarital counseling for couples is also an important entry way to educate couples about the risk of stunting and its lifelong effects. BKKBN needs to cooperate with relevant parties, especially religious offices, to make sure that counseling is carried out, with completion certificate as proof of participation. For Moslem couples, BKKBN cooperates with the Ministry of Religious Affairs and counseling will be provided by the local Religious Office. Meanwhile, non-Moslem couples can access counseling at the Civil Registration Office or their respective religious units.

For expecting mothers, the focus is on the delivery of antenatal care in collaboration with the Ministry of Health and professional associations, such as the Indonesian Midwives Association (IBI), the Indonesian Medical Association

(IDI), and Indonesian Association of Obstetrics and Gynecology (POGI). IEC intervention is delivered in integrated clinics (*Posyandu*), primary healthcare facilities (*Puskesmas*), maternity clinics, and hospitals that provide antenatal services. The intervention must also target male recipients and educate them on their responsibilities in the household and in marriage.

The intervention for breastfeeding mothers and mothers with young children up to five is delivered by the community forum for families with young children (*Bina Keluarga Balita*) and in the early childhood education centers (PAUD) where children are enrolled.

A part of BKKBN's policy as articulated in its Strategic Plan 2015-2019 is its focus on the family – family development and the education for families on their crucial role in child rearing and a child's growth and development. The family is a centerpiece in a child's upbringing; the importance of its role in the child's growth and in psychosocial nurture of the child cannot be expressed enough. It is imperative that families provide a healthy, positive environment for a child to thrive.

One of the efforts that BKKBN is engaged in for that purpose is the delivery of Integrated and Holistic Early Childhood Education that encompasses issues of health, nutrition, child nurture, and protection. Implementing the government's policy to improve the quality of children as part of family development, BKKBN initiates *Bina Keluarga Balita*, a community forum to educate families with young children in child nurturing knowledge and skills. Here, parents learn to provide positive physical, mental, intellectual, emotional, spiritual, social, and moral stimulation to their children. BKB is currently integrated with *Posyandu* and PAUD services and is commonly known as Integrated Holistic BKB.

BKKBN also produces materials to promote and deliver BKB. In 2018, BKKBN published a book titled *Pengasuhan 1000 Hari Pertama Kehidupan* (HPK)

(Child Nurturing during the First 1000 Days of Life), *Pengasuhan pada Anak Berkebutuhan Khusus* (Raising Children with Special Needs), *Pengasuhan Kakek Nenek* (Raising Children for Grandparents), and *Penanaman Nilai-Nilai Keamanan Keselamatan Ketertiban dan Kelancaran Lalu Lintas sejak Usia Dini dalam Keluarga* (Early Learning of Traffic Security and Safety Values for the Family). In support of the implementation of National Priority Project for the Promotion and IEC of 1000 Days of Life, central BKKBN issued a technical guideline in 2018 on 1000 Days of Life for provincial units of BKKBN. BKKBN has also developed stunting elimination module (EMAS) and a first 1000 days of life nurturing calendar. With the synergy between the central government, provincial BKKBN, and family planning agencies under regional governments, BKKBN hopes to see improvement in terms of stunting reduction from year to year.

## **Recommendations**

- To strengthen family development policy and its implementation that targets adolescents (*Bina Keluarga Remaja*) and strengthen the Center of Information and Adolescent Counseling
- Tailor existing IEC materials to be linked with stunting reduction and family planning materials
- Improve cooperation with partners that have extensive network to the grassroot/field as the entry point to develop more adolescent centers and to further stunting reduction and family planning education.
- Empower family planning field officers as national-level civil servants; restore their role in creating the demand for stunting reduction.
- Develop a policy to mobilize all BKKBN field employees to be actively involved in female adolescent education, preparing them to be healthy parents, and equipping them with proper knowledge on reproductive health and behavior.

- Strengthen coordination with different sectors, delineate and clarify the role of BKKBN in the field to optimize cross-sector collaboration in nurturing healthy, future mothers.

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