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by Anita Rahmiwati

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Original Research

Potential Economic Losses Due to Stunting in Toddlers In Ogan Komering Ilir Regency

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ABSTRACT

Stunting is a chronic condition that arises due to nutritional deficiencies during pre- and postpartum periods. It is a significant public health issue in Indonesia, with a prevalence of approximately 29.6% nationwide and about 22.6% in Ogan Komering Ilir Regency. Therefore, this research aimed to identify the risk factors associated with stunting in toddlers aged 12-35 months and calculate the economic losses incurred by this condition. To achieve this, a cross-sectional design was employed, and a sample of 77 toddlers was selected through simple random sampling. Data was collected using questionnaires, and calculations based on the Konig 1995 and Horton 1999 formulas were used to analyze the Gross Regional Domestic Product (GRDP) per capita. The research found that stunting had a prevalence rate of 51.9% in toddlers. Additionally, the research identified that dietary diversity was significantly related to the occurrence of stunting with a p-value of 0.0001 and was identified as the most dominant factor, whereas economic status, toddler participation, and history of infectious diseases were not significantly related to stunting with a p-value > α. The study also estimated the potential economic losses incurred by stunting, which amounted to IDR 170 billion and IDR 765 billion, respectively, or 0.67%-3.03% of OKI's GRDP, resulting from a 2% and 9% decrease in productivity. Hence, this research suggests that food consumption diversity is the most dominant factor significantly related to stunting in toddlers in Ogan Komering Ilir Regency.

Keywords: Economic Losses, Nutritional Status, Risk Factors, Stunting, Toddlers.

INTRODUCTION

Stunting is a long-term condition caused by poor healthcare and nutritional problems during the prenatal and postnatal periods (1). This accumulation effect can lead to increased mortality rates, motor development disorders, bodily function imbalances, and cognitive impairments in children (2). Children who experience stunting after the age of two have their body growth hindered, and their potential for growth is not maximized until they reach adolescence or adulthood. Even if growth occurs, it will not be in height, but rather in width. The impact of stunting goes beyond physical growth and can have detrimental effects on health resilience, development, and productivity due to linear growth disturbances (3).

According to estimates from the World Bank, cases of malnutrition in the community result in a 2.5% loss in Gross Domestic Product (4). Furthermore, there is a negative correlation between the Gross Regional Domestic Product (GRDP) per capita and the prevalence of malnutrition in toddlers. This means that the higher the value of GRDP per capita in an area, the lower the prevalence of malnutrition (5). This is because a large GRDP value indicates a large economic resource capacity and vice versa (6).

According to the 2017 Nutritional Status Monitoring (NSM), the prevalence of stunting in toddlers decreased from 37.2% in 2013 to 29.6% but increased from 27.5% in 2016. The prevalence of stunting in toddlers in South Sumatra province is 22.8%. Furthermore, the NSM report shows that

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there are 12 Sub-district in South Sumatra province still in the acute-chronic category, with more than 20% of toddlers experiencing stunting (7). Therefore, this research aims to identify the risk factors associated with stunting in toddlers aged 12-35 months in Pedamaran Sub-district and the economic losses incurred by the Ogan Komering Ilir (OKI) Regency.

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METHOD

Research Design

This research was conducted using a cross-sectional design.

Research Subjects

The sample consisted of 77 mothers who had toddlers aged 12-35 months. Furthermore, the sampling technique used was proportional stratified random sampling.

Data Collection/Materials and Tools

In this research, to calculate the economic losses secondary data was used including the Gross Regional Domestic Product per capita of Ogan Komering Ilir Regency by field of work in 2017 (8), the number of births and population by age group in 2017 OKI Regency (9), The benchmark interest rate from Bank Indonesia, and the prevalence of stunting in Ogan Komering Ilir Regency. The data collected was then analyzed using the Konig and Horton formula with the Microsoft Excel program. The formula used for calculating the economic value of a child when they start to work is as follows:

$$FV_{[r,t]} = P_0 (1 + r)^t$$

The large economic value until the child enters the retirement period was calculated using the following formula:

$$FVA_{[r,t]} = \frac{(FV_{[r,t]})\,[(1 + r)^t - 1]}{r}$$

The potential economic value of a child at the age of 0 years was calculated using the following formula:

$$PV_{[0]} = \frac{FVA_{[r,t]}}{(1 + r)^t}$$

The magnitude of the lost productivity cost due to stunting was calculated using the following formula:

$$P_{PEM} = Prev \times \sum BL \times PV_{[0]}$$

Calculation of the magnitude of the economic loss due to stunting with the correction factor from Horton, states that in actual conditions, the child can still recover and still has a productivity value of less than 100%. Therefore, it will only experience a productivity loss of 2-9%. The following formula is used:

$$P_{PEM} = f_{(cor)} \times Prev \times \sum BL \times PV_{[0]}$$

Description:

a. [r,t] = Income in productive age (15-64 years old).
b. A[r,t] = Economic value until the child enters retirement age.
c. PV[0] = Child's economic potential at 0 years old.
d. P_0 = PDRB per capita.
e. r = Annual interest rate.
f. t = Years in productive age.

g. PPEM = Potential economic loss due to stunting.
h. Prev = Prevalence of stunting.
i. TBL = Total births.
j. f(cor) = Correction factor (2% and 9%).

Data Analysis

The data analysis performed was univariate, bivariate, and multivariate. Bivariate analysis was performed using statistical tests and the Chi-Square test, while multivariate analysis was performed using the predictive logistic regression model test.

RESULT

Family and Sample Characteristics

Family characteristics collected include descriptions of parents' education, occupation, and average age. Meanwhile, the characteristics of the sample include a description of the gender and the average age of the toddlers. The characteristics of the family indicate that the highest level of education for fathers was high school graduates, accounting for 33.8%, while 39% for mothers. Based on the parents' occupation, the majority of fathers work as self-employed/traders, accounting for 58%, while the majority of mothers are housewives/not working, accounting for 77.9%. The characteristics of the sample show that 50.6% of the boy and 49.4% are girl. The average age of the toddlers collected was 22 months.

Characteristic Respondent

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In this research, the data in the table 1 shows that more than 50% of the toddlers examine fall under the category of stunted toddlers. Subsequently, of the families that participated, almost 60%, belong to the category with low economic status. In this research, there are more families with limited dietary diversity, accounting for 61%, compared to those with diverse diets. Almost 80% of the toddlers in the families examine have good habits of attending integrated service post programs. The results show that 87% of toddlers have a history of infectious diseases.

Economic Losses

Based on the analysis results, it was found that out of 46 toddlers from low-economic families, there was an equally balanced proportion of stunted and normal status. The statistical results of the bivariate analysis in the presented table above show that the economic status described by household food expenditure is not related to the occurrence of stunting in toddlers (p-value > 0.05).

Table 3 shows that the group of families with limited dietary diversity has the largest proportion of stunting in toddlers, accounting for about 70.2%. Meanwhile, in families with diverse diets, the largest proportion was reported in the influence on the normal toddler height.The statistical results show that the dietary diversity variable is related to the occurrence of stunting in toddlers in the Pedamaran sub-district, with a p-value of 0.0001 (p-value < α). Subsequently, diversity in food is a risk factor: PR 7.745 CI 95% 2.706-22.175, which means if a family consumes a limited variety of foods, it can increase the risk of stunting in toddlers by 7.745 times greater than families with diverse food consumption.

Table 4 shows that there are still toddlers experiencing stunting with the highest proportion in the group whose attendance at integrated service posts is less than < 8 times, accounting for 56.3%. The p-value in the statistical results is 0.916 (p-value > α), which means there is no relationship between toddler participation in integrated service posts and stunting.

Table 5 shows that 40 toddlers experienced stunting, of which 36 had a history of infectious diseases with a proportion of 53.75%. The p-value generated from statistical calculations is 0.637, which

means there is no relationship between the history of infectious diseases in toddlers during the last month and stunting.

Final Modeling Results

From the table 3, it is found that the variable that enters the final modeling is Dietary Diversity. The statistical results show that there is a relationship between the diversity of food consumed in the family and stunting in toddlers. Other statistical results show a PR value of 7.745, meaning consuming a monotonous diet in the family can affect the development of a toddler's height and can cause the toddler to be classified as stunting 7.745 times more than families who consume diverse foods.

Calculation of Losses

The results of the calculations performed using the appropriate formula are presented in table 7. The amount of income during the productive age (FV) is 128 million rupiahs. The economic value until the child reaches retirement age (FVA) is 9,402 billion rupiahs. The potential economic value of the child at the age of 0 (PV) is 2,284 billion rupiahs. The amount of productivity loss due to stunting (PPEM) is 8,498 billion rupiahs.

However, according to Horton (1999), individuals who experience malnutrition problems will experience a decrease in productivity of 2%-9%. Therefore, in table 8, the amount of losses caused by a 2% and 9% decrease in productivity due to stunting in the calculation using the last formula is Rp170 billion – Rp765 billion.

DISCUSSION

Relationship between family economic status and stunting

In this research, the economic status was measured using the household expenditure indicator for food for one month. Previous research has shown that in developing countries, people usually use their income to buy food. Subsequently, family economic status was divided into two categories, namely low and high economic status (10).

The results of the statistical test results showed that the economic status, as described by household food expenditure was not significantly associated with the occurrence of stunting in toddlers in the Pedamaran sub-district (p-value > 0.05). This result is different from previous research that also used household food expenditure as an indicator of economic status, the results of statistical tests showed economic status as described by household food expenditure had a significant relationship with the incidence of stunting in toddlers in Palembang City, to be precise at the 11th Public Health Center Ilir (p-value > 0.031) (11). Then research conducted by Indrastuty and Pujiyanto, which reported a significant relationship between family economic status and stunting in toddlers (12,13).

Between economic status and stunting is that the amount of money spent by households is not maximally used to buy high-quality food ingredients. Although families with higher food spending may have more money, that doesn't necessarily mean more money is being used to buy more diverse and higher-quality food for their children. The quality and quantity of food needed to meet nutritional requirements cannot be met. Therefore, diversity is necessary because each food provides different chemical elements needed by the body for growth and health (14).

Diversity of Toddler Consumption (Dietary Diversity) with Stunting Incidents

Toddlers' food consumption quality can be assessed through the variety of menus and food ingredients they consume, which can be measured by the dietary diversity score (DDS). Subsequently, an individual's dietary diversity score aims to reflect their nutritional adequacy, and research across different age groups has shown that an increase in an individual's dietary diversity score is associated with an increase in the nutritional adequacy of the food consumed (15).

The chi-square test results show a significant relationship between dietary diversity and the incidence of stunting in toddlers ($p \leq 0.05$). This result is consistent with a survey conducted by Ruel and Arimond in 11 countries, which showed a relationship between dietary diversity and nutritional status measured by weight-for-length/height (TB/U) in children aged 19 months. In addition to this research, other findings from Faiqoh, Suyatno, and Kartini indicate a significant relationship between dietary diversity and the incidence of stunting in toddlers aged 24-59 months (16).

Food consumption is a crucial factor in determining a person's nutritional status, as it involves the types and amounts of food an individual or a group consumes at a specific time (17,18). The quality of the diet can be determined by the diversity of consumption since various nutritional needs can be met through a variety of foods (19).

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The Relationship between Toddler Participation in Integrated Healthcare Center and Stunting

Madanijah and Triana grouped the mothers of toddler's participation in integrated health posts into four categories, based on attendance, activity, use of the Towards Health Card (KMS), and efforts to develop the integrated health posts such as providing funding, facilities, personnel, and time, as well as providing food or supplementary feeding (20).

The statistical test results showed that there was no relationship between toddler participation in integrated health posts and the incidence of stunting in the Pedamaran sub-district. This research is consistent with an investigation conducted by Wahyuningtyas, which found no relationship between maternal perception of Integrated Healthcare Center and toddler participation in Integrated Healthcare Center with the incidence of stunting in toddlers in Gilingan Surakarta (17). Furthermore, research by Rarastiti found no relationship between the frequency of toddler visits to the Integrated Healthcare Center and their nutritional status (19). This research is not in line with an investigation conducted by Anggraeni, which found a significant relationship between family activity in Integrated Healthcare Center activities and the nutritional status of toddlers (21).

The lack of correlation between toddlers' participation in the Integrated Healthcare Center and the occurrence of stunting may be due to suboptimal utilization of the Integrated Healthcare Center. Furthermore, Fitri stated that Integrated Healthcare Center is one of the good approaches to reducing morbidity or mortality in children and improving the nutritional status of toddlers (22).

Correlation between History of Disease Infection and Incidence of Stunting

Infectious disease is a direct cause of nutritional problems, and its presence in a child's body can have an impact on the nutritional status. The results of statistical tests conducted show no relationship between the history of infectious diseases and the occurrence of stunting in children in the Pedamaran Sub-district. This research is different from the results of the previous investigation conducted by Soekirman, which showed that infectious diseases are one of the factors associated with stunting (5). Subsequently, diarrheal diseases among children also contribute to the incidence of stunting in some African countries, such as Libya (23).

These results showed a negative correlation, which could be because the infectious diseases surveyed only covered the past month, which may not necessarily represent the infectious diseases that the children in Pedamaran have experienced. Subsequently, Nirmalasari stated that stunting is the result of a combination of poor quality consumption, morbidity, infectious diseases, and environmental problems over a long or chronic period (24).

Potential Economic Losses Due to Stunting

The loss of economic potential due to stunting in toddlers in Ogan Komering Ilir Regency, when they are adults and experience a loss of productivity of 2% was IDR 170 billion, while a 9% productivity loss was IDR 765 billion. Looking at this as a percentage of GDP, the loss of economic potential due to a 2% and 9% drop in productivity was about 0.67%-3.03%.

Renyoet stated that the economic losses caused by stunting in toddlers cannot be fully calculated yet because the calculation does not include the cost of treatment due to infectious diseases that occur in stunted toddlers, as well as the cost of premature death caused by non-communicable or other diseases caused by stunting (5).

Every newborn baby is a potential human resource that has its economic productivity value. Meanwhile, high birth rates and increasing numbers of stunted children can lead to high potential economic losses as well. According to Freijer, the total additional cost for malnutrition-related adult patients was estimated at 1.9 billion euros in 2011, which is equivalent to 2.1% of the total national healthcare expenditure in the Netherlands and 4.9% of the total healthcare sector costs (23). A meta-analysis of 45 longitudinal studies in the United States shows that there is a significant relationship between height and career success and salary in the work environment. A person who is six feet (1.82 m) on average earns a salary over a 30-year career of about $166,000 more than someone who is five feet five inches (1.55 m) tall. This shows that a person's height affects the type of work, income, and work productivity (5,25).

CONCLUSION

In conclusion, the study found that stunting was a prevalent issue in the Pedamaran Sub-district, with a rate of 51.9% in toddlers aged 12-35 months. Meanwhile, the results showed that there was a relationship between dietary diversity and the incidence of stunting (p-value = 0.0001; PR = 2.705-22.175). There was no significant relationship between other factors such as economic status (p-value = 0.854), participation of toddlers in integrated health post (p-value = 0.916), and history of infectious diseases (p-value = 0.637) and the relationship with the incidence of stunting. Therefore, the most dominant factor related to stunting was dietary diversity. There were economic losses caused by decreased productivity of 2% and 9% due to stunting, amounting to IDR 170 billion and IDR 765 billion, respectively, or 0.67%-3.03% of the 2017 OKI GRDP.

Author Contributions:

ANR and AR in this study have a role in designing research and data analysis. Then ANR and AR also has the role of writing manuscripts and revisions for important content.

Declaration of Conflict of Interest:

There are no conflicts of interest associated with this publication.

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Ethics clearance

This study was ethically approved by Health Research Ethics Committee Faculty of Public Health Sriwijaya University, with number: 75/UN9.1.10/KKE/2019.

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Table 1. Frequency Distribution of Univariate Results

No	Variable	N	%
1	Stunting		
	Stunting	40	51.9
	Normal	37	48.1
2	Economic Status		
	Low (< Rp 1.923.857,-)	46	59.7
	High (≥ Rp 1.923.857,-)	31	40.3
3	*Dietary Diversity*		
	Undifferentiated Consumption	47	61.0
	Diverse Consumption	30	39.0
4	Toddler Participation in Posyandu		
	Not Good (<8x)	16	20.8
	Good (≥ 8x)	61	79.2
5	History of infection		
	Yes	67	87.0
	No	10	13.0

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Table 2. Relationship between Economic Status (Household Food Expenditures) and Stunting

Economic Status	TB/U Nutritional Status				N	p-value	PR 95% CI
	Stunting		Normal				
	n	%	n	%			
Low	23	50.0	23	50.0	46	0.854	0.824 (0.330 – 2.053)
High	17	54.8	14	45.2	31		

Table 3. Relationship between Dietary Diversity and Stunting

Dietary Diversity	Status Gizi TB/U				N	p-value	PR 95% Cl
	Stunting		Normal				
	n	%	n	%			
Consumption does not vary	33	70.2	14	29.8	47	0.000	7.745
Various consumption	7	23.3	23	76.7	30	1	(2.705 – 22.175)

Table 4. Relationship between Toddler Participation in Integrated Service Post and Stunting

Toddler participation in integrated service post	TB/U Nutritional Status				N	p-value	PR 95% CI
	Stunting		Normal				
	n	%	n	%			
Not Good	9	56.3	7	43.7	16	0.916	1.244 (0.411 – 3.768)
Good	31	50.8	30	49.2	61		

Table 5. Relationship between History of Disease Infection and Stunting

History of infection	TB/U Nutritional Status				N	p-value	PR 95% CI
	Stunting		Normal				
	n	%	n	%			
Ya	36	537	31	46.3	67	0.637	1.742
Tidak	4	40.0	6	60.0	10		(0.450 – 6.741)

Table 6. Final Multivariate Modeling Results (final model)

Variable	p-value	PR Crude	95% CI	
			Min	Max
Dietary Diversity	0.00001	7.745	2.705	22.175

Table 7. Formula Calculation Results

Formula Variables	Yield (Billion Rupiah)
FV	0.128
FVA	9.402
PV	2.284
PPem	8.498

Table 8. Potential Economic Losses due to Stunting in Ogan Komering Ilir Regency

Regency	2% (Billion rupiah)	9% (Billion rupiah)	%PDRB 2%	%PDRB 9%
Ogan Komering Ilir	170	765	0.67	3.03

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