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MODELING PREVALENCE OF STUNTING IN RELATION TO HUMAN DEVELOPMENT INDEX IN INDONESIA

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Abstract: The prevalence of stunting is a crucial indicator of the human development index. Human development in Indonesia can be improved by effectively allocating resources to implement health policies that directly impact the prevalence of stunting in children under five. Using Bayesian spatial regression, we examine the effects of the prevalence of stunting and other unobserved factors on the spatial variation of stunting in Indonesia's 34 provinces. We discovered that stunting's prevalence has a statistically significant effect on human development. There is also a strong spatial effect here, which accounts for unobservable factors such as socioeconomic level. Continuous efforts to reduce stunting in all of Indonesia's provinces will benefit the human development index.

Keywords: stunting; human development index; Bayesian; spatial.

2010 AMS Subject Classification: 93A30.

1. INTRODUCTION

Stunting refers to children who experience stunted growth and development as a result of insufficient nutrition, frequent infection, and lack psychological stimulation [1]. Stunting has a

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deleterious influence on a child's functional development early in life, notably during the first 1000 days from conception to the age of two. Several of these consequences include worse cognitive and academic performance, lower adult income, less productivity, and, when combined with excessive weight gain later in childhood, an increased risk of acquiring chronic diseases associated with nutrition in adulthood [1]. According to the WHO [2], 127 million children under the age of five would be stunted by 2025. As a result, additional funding and action are required to meet the WHO 2025 aim of decreasing that number to 100 million.

Indonesia, a developing Asian country, has a disproportionately high rate of stunting among under-five children. Indonesia ranks second in Asia in terms of stunting, behind Cambodia [3]. Stunting prevalence reaches 12.1 % in 2021, according to the Ministry of Internal Affairs [4].

Stunting is strongly related to human development index [5] [6] [7]. It is a reliable predictor of income inequalities in human development [8] [9]. According to [9], examining a child's health and nutritional status can help identify disparities in human development within a population.

Several studies have been undertaken to determine the association between stunting and the human development index. They do, however, use stunting as the response variable rather than critical factors affecting the human development index (HDI) [3] [10].

In this study, we take a unique perspective. In 2021, we examine the prevalence of stunting as measured by the human development index across 34 provinces in Indonesia. We develop a Bayesian spatial regression model that accounts for both stunting prevalence and spatial unobserved factors simultaneously. According to [11], spatially structured effects can be used to account the effect of unobserved factors. Additionally, we identify provinces that have a statistically low or a statistically high human development index using exceedance probability method.

The remainder of the paper is structured in the following manner. The next section discusses the materials and methods used. Following that is the Application part, which demonstrates the effects of prevalence of stunting on human development index across 34 provinces in Indonesia, in 2021. The last part discusses, summarizes, and makes recommendations for further work.

2. MATERIAL AND METHOD

2.1 Material

We use stunting data from Ministry of Internal Affairs [4] that can be accessed from (<https://aksi.bangda.kemendagri.go.id/emonev/DashPrev/index/1>). The human development index data was obtained from Central Bureau of Statistics [12] that can be accessed from

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(<https://www.bps.go.id/indicator/26/494/1/-metode-baru-indeks-pembangunan-manusia-menurut-provinsi.html>). The data were recorded in Table 1.

Table 1. Research variables

| id | Province | Number of Children under five | HDI (%) | Prevalence of Stunting (%) |
|----|---------------------------|-------------------------------|---------|----------------------------|
| 1 | Kepulauan Bangka Belitung | 58,252 | 71.69 | 5.90 |
| 2 | Gorontalo | 52,781 | 69.00 | 8.50 |
| 3 | Riau | 394,324 | 72.94 | 6.00 |
| 4 | DKI Jakarta | 371,515 | 81.11 | 3.20 |
| 5 | Kepulauan Riau | 81,823 | 75.79 | 7.60 |
| 6 | Sulawesi Selatan | 478,000 | 72.24 | 10.40 |
| 7 | Sumatera Selatan | 385,055 | 70.24 | 4.40 |
| 8 | Kalimantan Barat | 158,415 | 67.90 | 21.00 |
| 9 | Aceh | 273,612 | 72.18 | 12.10 |
| 10 | Bengkulu | 52,920 | 71.64 | 6.30 |
| 11 | Lampung | 484,108 | 69.90 | 6.10 |
| 12 | Jawa Tengah | 2,046,602 | 72.16 | 9.00 |
| 13 | Nusa Tenggara Barat | 368,865 | 68.65 | 21.70 |
| 14 | Sumatera Utara | 749,867 | 72.00 | 6.70 |
| 15 | Jambi | 151,086 | 71.63 | 3.00 |
| 16 | Banten | 859,736 | 72.72 | 6.70 |
| 17 | Jawa Timur | 2,025,819 | 72.14 | 10.70 |
| 18 | DI Yogyakarta | 168,436 | 80.22 | 10.60 |
| 19 | Kalimantan Selatan | 246,865 | 71.28 | 10.40 |
| 20 | Sulawesi Utara | 34,033 | 73.30 | 3.00 |
| 21 | Kalimantan Utara | 27,191 | 71.19 | 18.50 |
| 22 | Sulawesi Barat | 88,660 | 66.36 | 19.30 |
| 23 | Maluku Utara | 34,073 | 68.76 | 13.00 |
| 24 | Kalimantan Tengah | 105,359 | 71.25 | 12.70 |
| 25 | Nusa Tenggara Timur | 385,605 | 65.28 | 22.60 |
| 26 | Papua Barat | 55,669 | 65.26 | 13.00 |
| 27 | Jawa Barat | 3,149,244 | 72.45 | 8.30 |
| 28 | Sulawesi Tenggara | 50,781 | 71.66 | 18.50 |
| 29 | Sumatera Barat | 243,596 | 72.65 | 15.10 |
| 30 | Papua | 137,657 | 60.62 | 10.10 |
| 31 | Kalimantan Timur | 100,733 | 76.88 | 11.80 |
| 32 | Maluku | 167,203 | 69.71 | 6.80 |
| 33 | Bali | 96,944 | 75.69 | 5.00 |
| 34 | Sulawesi Tengah | 76,969 | 69.79 | 13.20 |

2.2 Method

Bayesian spatial regression models have been used often to model prevalence of stunting on human development index. Bayesian regression models have been successfully to model spatial and or spatiotemporal data ([11] [13] [14] [15] [16] [17] [18]). Let y_i and x_i denotes the HDI and prevalence of stunting at i -th province in Indonesia. We assume the HDI given prevalence rate follows Gaussian distribution:

$$y_i|x_i \sim \text{Gaussian}(\beta_0 + \beta_1 x_i, \sigma^2) \quad (1)$$

where β_0 denotes the intercept, β_1 regression slop, and σ^2 variance error. To account the prevalence rate and spatially structured effects we develop Gaussian linear model as follows:

$$E[y_i|x_i] = \eta_i = \beta_0 + \beta_1 x_i + \omega_i \quad (2)$$

where ω_i denotes the spatially structured effects.

A vague Gaussian prior distribution is assigned to the parameters β_0 and β_1 , that is, $\{\beta_0, \beta_1\} \sim \text{Gaussian}(0, 10^6)$ [11]. For the spatially structured effect the Leroux Conditional Autoregressive prior is imposed [19]. The LCAR prior reads (Leroux et al. 2000):

$$\omega_i | \boldsymbol{\omega}_{-i}, \sigma_\omega^2, \mathbf{W} \sim \text{Gaussian} \left(\frac{\rho \sum_{j=1}^n w_{ij} \omega_j}{\rho \sum_{j=1}^n w_{ij} + 1 - \rho}, \frac{\sigma_\omega^2}{(\rho \sum_{j=1}^n w_{ij} + 1 - \rho)} \right) \quad (3)$$

where ρ denotes the spatial autoregressive parameter with w_{ij} is an element of the spatial weights matrix \mathbf{W} defined as:

$$w_{ij} = \begin{cases} 1 & \text{if } i \text{ and } j \text{ are adjacent neighbors} \\ 0 & \text{otherwise} \end{cases}$$

and σ_ω^2 is the variance parameter of σ_ω^2 .

We proposed the value 25 as the scale parameter for the hyper-priority HC. It is possible that not all of the model's components (2) must be included. To evaluate our model, we will use the deviance information criterion (DIC), the Watanabe Akaike information criterion (WAIC), and the marginal predictive likelihood (MPL) (MPL). Choropleth maps are used to visualize the geographical distribution of HDI and stunting prevalence.

3. MAIN RESULTS

Table 2 shows the Descriptive statistics of research variables. In 2021, almost 14 million child was born across Indonesia's 34 provinces. North Kalimantan has the lowest birth rate. This is due to the province's fairly modest population. Additionally, West Java, the province with the highest birth rate in 2021, has a population of more than 3 million.

The provinces of Jami and North Sulawesi have the lowest stunting prevalence, at 3%. Meanwhile, the province of East Nusa Tenggara has the highest stunting rate at 22.6 %. Following that, the

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findings of the descriptive analysis of the human development index data indicate that the DKI Jakarta province owns the highest HDI value of 80.8 %. Jogjakarta is in second position with an HDI of 80.0. Notably, Papua Province has the lowest HDI, at 60.8 % in 2021. Spatial distribution of number of children, prevalence of stunting and HDI are presented in Figures, 1(a-c).

Table 2. Descriptive statistics of research variables

| Variable | Minimum | Maximum | Mean | Median |
|----------------------------|---------|-----------|-------------|---------|
| Number of children | 27,191 | 3,149,244 | 416,523.471 | 162,809 |
| Prevalence of Stunting (%) | 3.00 | 22.60 | 10.62 | 10.25 |
| HDI (%) | 60.62 | 81.11 | 71.65 | 71.36 |

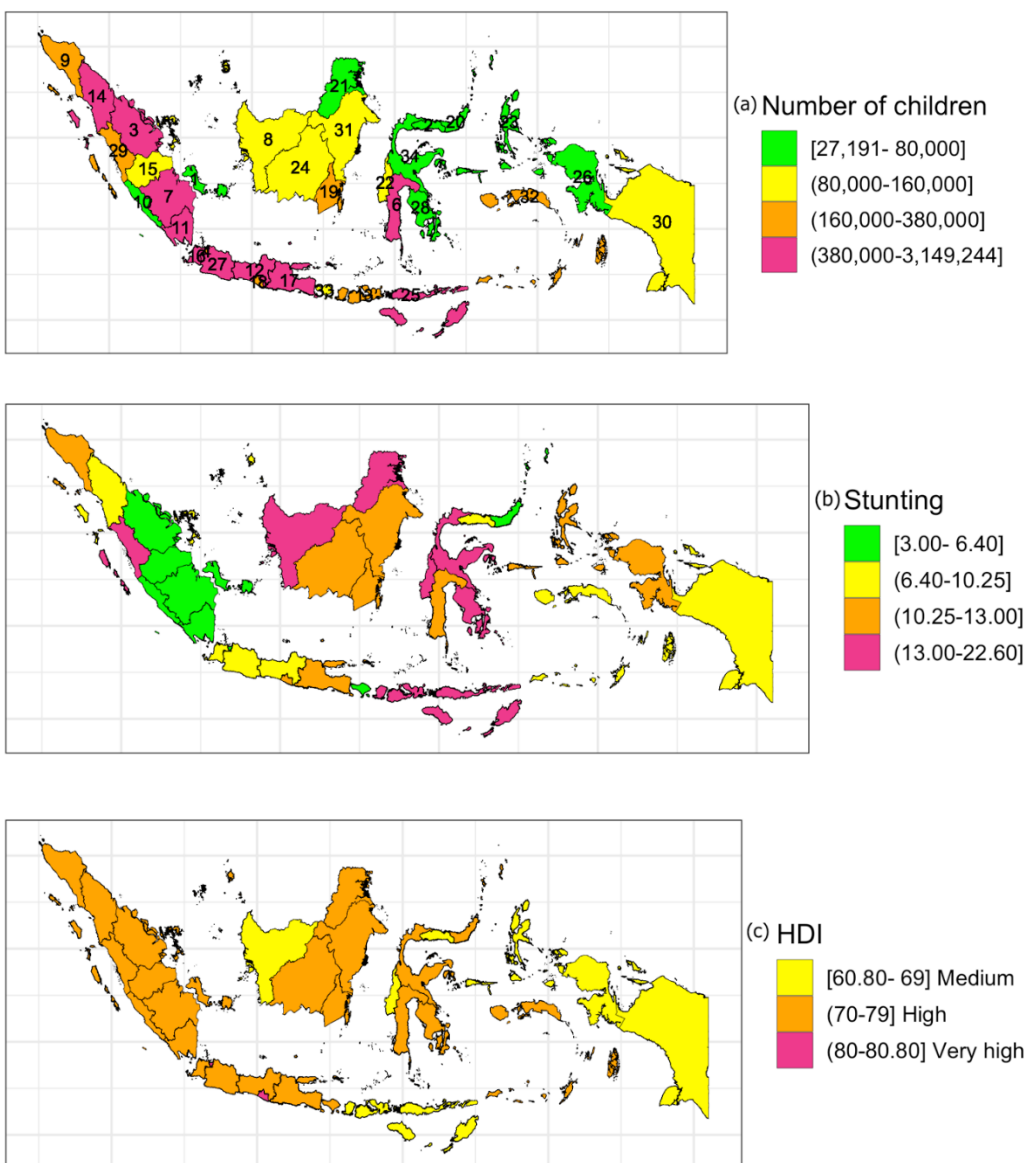


Figure 1. (a) Number of children, (b) prevalence of stunting and (c) human development index (HDI) in 2021 (Note: id province can be seen in Appendix 1)

The number of children, the prevalence of stunting, and the HDI appear to cluster by province in Figure 1(a-c). The provinces with a high number of children, a high prevalence of stunting, and a low HDI are grouped together with other provinces with a high number of children, while the provinces with a low number of children are grouped together with other provinces with a low number of children. It appears to be the case for the prevalence of stunting and HDI as well. As a result, we employ spatial regression analysis was conducted the association between stunting prevalence and HDI across Indonesian provinces. To determine whether our model is significantly superior to standard regression models, we compare them using deviance information criteria (DIC), Watanabe Akaike information criteria (WAIC), and marginal predictive likelihood (MPL) (MPL). The best model is the one with the lowest DIC and WAIC values and the highest MPL value. The results of the model comparison are shown in Table 3.

Table 3. Model comparison

| | DIC | WAIC | MPL |
|----------------|---------|---------|---------|
| Ordinary model | 185.37 | 184.97 | -114.60 |
| Spatial model | -169.94 | -180.38 | -112.41 |

The DIC and WAIC of the spatial model are significantly lower than those of the regular regression model, as shown in Table 3. The MPL of an ordinary regression model is significantly less than that of a spatial model. According to DIC, WAIC, and MPL criteria, the spatial model is significantly more effective in modeling the prevalence of stunting on HDI in Indonesia.

Table 4. Posterior mean of fixed effects

| Parameter | Mean | SD | q(0.025) | q(0.50) | q(0.975) |
|------------------------|--------|-------|----------|---------|----------|
| Intercept | 74.079 | 1.376 | 71.377 | 74.079 | 76.779 |
| Prevalence of stunting | -0.290 | 0.110 | -0.506 | -0.290 | -0.073 |

Table 4 displays the posterior mean of fixed effects based on the spatial regression model. The intercept of 74.079 indicates the overall mean of the HDI, while the slope regression -0.286 indicates that if the prevalence rate increases by 1%, the HDI index will drop by 0.286 %. The impacts of stunting prevalence are statistically significant, as evidenced by the 95 % credible interval [-0.503; -0.070] not including a zero value.

Table 5. Posterior mean of hyperparameters

| Hyperparameter | Mean | SD | q(0.025) | q(0.50) | q(0.975) | Fraction of variance (%) |
|------------------------------|-------|-------|----------|---------|----------|--------------------------|
| SD Gaussian error | 0.012 | 0.003 | 0.008 | 0.012 | 0.021 | 0.002 |
| SD Leroux Spatial Dependence | 3.068 | 0.589 | 1.895 | 3.095 | 4.564 | 99.998 |
| Autoregressive coefficients | 0.865 | 0.260 | 0.999 | 0.999 | 0.999 | |

The posterior mean of hyperparameters is shown in Table 5. The standard deviation of the Leroux spatial model is substantially higher than the standard deviation of the Gaussian error, indicating that the geographical effect has a significant impact on HDI variance. The spatial autoregressive coefficient of 0.865 indicates that the geographical effect of the unobserved variable has a significant influence on the HDI variation. The spatial random effect accounts for unobserved factors that have a large geographical dependency between provinces and influence the variation in HDI between provinces in Indonesia. Unobserved influences could include the socioeconomic situation of each province, as we know that stunting is also influenced by socioeconomic status.

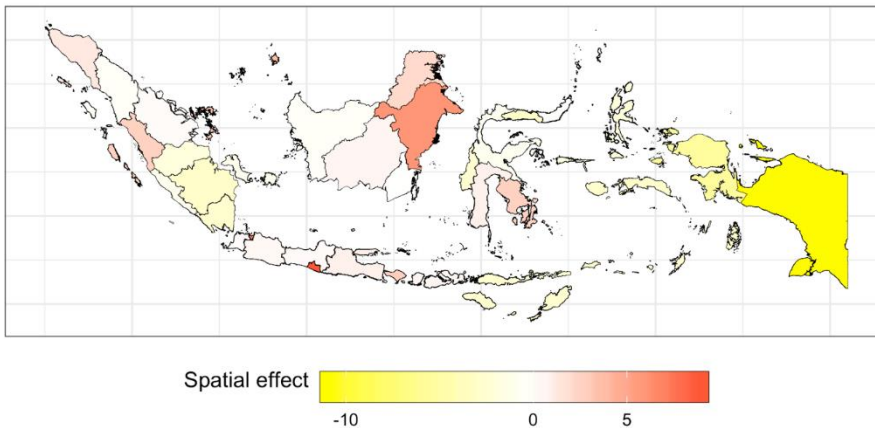
**Figure 2. Spatial effect**

Figure 2 depicts the spatial influence in Indonesia's 34 provinces. The spatial effects appear to be substantially grouped. The spatial effects of Papua and Papua Barat are extremely negative. In contrast, the spatial impacts were quite substantial in DKI Jakarta and DI Yogyakarta. It suggests that, in addition to the prevalence of stunting, there are important unobserved factors that have a significant impact on HDI. The answer could be that the socioeconomic conditions in DKI Jakarta and DI Yogyakarta are relatively high, while they are rather low in Papua and Papua Barat. Furthermore, we know that socioeconomic conditions vary greatly between neighboring provinces.

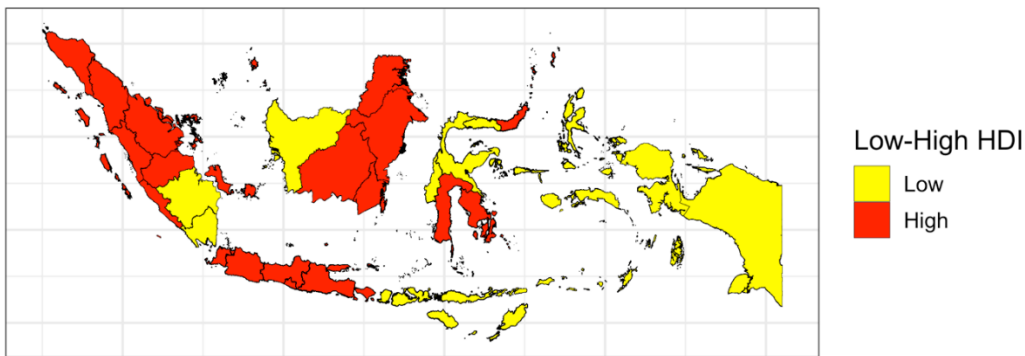


Figure 3. Significant Low-High Human Development Index (2021)

Figure 3 depicts the low-high HDI that are statistically significant with a cut off of 70%. The red region denotes provinces where the HDI score is statistically significant at or above 70%. The yellow one, on the other hand, is classified as low because the HDI score is not much larger than 70 %. The detail classification of low-high provinces is presented in Table 4.

Table 6. The classification of provinces based on prediction HDI

| id | Province | Classification | id | Province | Classification |
|----|---------------------|----------------|----|---------------------------|----------------|
| 2 | Gorontalo | Low | 1 | Kepulauan Bangka Belitung | High |
| 8 | Kalimantan Barat | Low | 3 | Riau | High |
| 11 | Lampung | Low | 4 | DKI Jakarta | High |
| 13 | Nusa Tenggara Barat | Low | 5 | Kepulauan Riau | High |
| 22 | Sulawesi Barat | Low | 6 | Sulawesi Selatan | High |
| 23 | Maluku Utara | Low | 9 | Aceh | High |
| 25 | Nusa Tenggara Timur | Low | 10 | Bengkulu | High |
| 26 | Papua Barat | Low | 12 | Jawa Tengah | High |
| 30 | Papua | Low | 14 | Sumatera Utara | High |
| 32 | Maluku | Low | 15 | Jambi | High |
| 34 | Sulawesi Tengah | Low | 16 | Banten | High |
| 7 | Sumatera Selatan | Low | 17 | Jawa Timur | High |
| | | | 18 | DI Yogyakarta | High |
| | | | 19 | Kalimantan Selatan | High |
| | | | 20 | Sulawesi Utara | High |
| | | | 21 | Kalimantan Utara | High |
| | | | 24 | Kalimantan Tengah | High |
| | | | 27 | Jawa Barat | High |
| | | | 28 | Sulawesi Tenggara | High |
| | | | 29 | Sumatera Barat | High |
| | | | 31 | Kalimantan Timur | High |
| | | | 33 | Bali | High |

According to Table 6, 12 provinces have a low HDI and 22 have a high HDI. The provinces of Java island have a high HDI, indicating that they have a low rate of stunting and may have a high socioeconomic condition, such as income per capita.

4. CONCLUSION

Stunting is a reliable indicator of inequities in human development across Indonesia's provinces. It is consistent with some stunting research. [8] [9]. According to [9], children's health and nutritional condition can be to examine the disparities in human development that exist within a population. We discovered that stunting has a detrimental influence on human development across provinces in this study utilizing Bayesian spatial regression analysis. Increasing the prevalence of stunting by one % results in a drop of around 0.286 % in the human development index. Additionally, we discovered that unobserved components have large spatially dependent effects via spatial effects. We discovered that Papua and Papua Barat had highly negative spatial effects, indicating that other factors, such as low socioeconomic status, contribute to the human development index and may also play a role in stunting. By considering the spatial effects our model can explain 100% variation of human development index.

According to the findings of this study, the Indonesian government should pay closer attention to toddler stunting. Reduced stunting prevalence is a critical aspect in boosting the human development index. Economic interdependence between provinces is another factor to examine, as it impacts not only the human development index, but also the stunting rate in Indonesia.

CONFLICT OF INTERESTS

The author(s) declare that there is no conflict of interests.

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Appendix 1: Id Label

| id | Province Label | id | Province Label |
|----|---------------------------|----|---------------------|
| 1 | Kepulauan Bangka Belitung | 18 | DI Yogyakarta |
| 2 | Gorontalo | 19 | Kalimantan Selatan |
| 3 | Riau | 20 | Sulawesi Utara |
| 4 | DKI Jakarta | 21 | Kalimantan Utara |
| 5 | Kepulauan Riau | 22 | Sulawesi Barat |
| 6 | Sulawesi Selatan | 23 | Maluku Utara |
| 7 | Sumatera Selatan | 24 | Kalimantan Tengah |
| 8 | Kalimantan Barat | 25 | Nusa Tenggara Timur |
| 9 | Aceh | 26 | Papua Barat |
| 10 | Bengkulu | 27 | Jawa Barat |
| 11 | Lampung | 28 | Sulawesi Tenggara |
| 12 | Jawa Tengah | 29 | Sumatera Barat |
| 13 | Nusa Tenggara Barat | 30 | Papua |
| 14 | Sumatera Utara | 31 | Kalimantan Timur |
| 15 | Jambi | 32 | Maluku |
| 16 | Banten | 33 | Bali |
| 17 | Jawa Timur | 34 | Sulawesi Tengah |