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Inequities in child health and nutrition in Indonesia

A review to map out the causes and determinants of inequity in child health in Indonesia with special focus on nutrition. Almost 20% of households had problems with over- and underweight at the same time - a dual burden of malnutrition.

Keywords

Millennium Development Goal 4, health inequities, social determinants of health, double burden of malnutrition

Results

<table>
<thead>
<tr>
<th>Causes and Determinants of Inequity in Child Health in Indonesia with Focus on Nutrition.</th>
<th>Material circumstances</th>
<th>Behaviors and biological factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Place of residence</td>
<td>Rural: Undernutrition (underweight, stunting, wasting); low dietary quantities and diversity</td>
<td>Rural: low nutritional supplementation; high exclusive breast-feeding</td>
</tr>
<tr>
<td></td>
<td>Urban: Overnutrition (overweight, obesity); double burden of malnutrition (coexistence of underweight and overweight)</td>
<td>Urban: low exclusive breast-feeding</td>
</tr>
<tr>
<td>Income</td>
<td>Low purchasing power: food insecurity, malnutrition, low quality food, less meals per day, unable to purchase iodized salt, iron-fortified milk, noodles, safe drinking water</td>
<td>Diverted purchasing power: parental smoking diverts money from food to cigarettes; less food, unsafe drinking water, poor infant feeding practices</td>
</tr>
<tr>
<td></td>
<td>High purchasing power: obesity, double burden of malnutrition</td>
<td>Maternal occupation: less breastfeeding, early weaning initiation, poor nutritional status</td>
</tr>
<tr>
<td>Education</td>
<td>Low health literacy: food insecurity, malnutrition, obesity</td>
<td>Low health literacy: low nutritional knowledge unhealthy food practices, low supplementation uptake, less breast-feeding, unaware of benefits of iodized salt or clean drinking water, low dietary diversity</td>
</tr>
<tr>
<td></td>
<td></td>
<td>High educated: lower breast-feeding and early weaning</td>
</tr>
</tbody>
</table>

Policy consideration

- Support socially cohesive communities that enable access to basic goods and promote wellbeing.
- Address exclusionary policies and processes that lead to poverty.
- Coordinate action on early life nutrition and policy coherence across sectors.
- Strengthen public financing to improve nutrition-related Social Determinants of Health (SDH), equitable and universal resources for healthy nutrition.
- Reinforce public-sector leadership for effective regulation of food industries.
- Conduct regular health equity impact assessments of all market regulation policies.
- Elaborate on an evidence base on health inequity, SDH and interventions.
- Run capacity building among policy makers, practitioners and other stakeholders concerned about child nutrition.
- Establish routine monitoring systems and nutrition surveillance.

“Understanding within-country disparities in health will allow designing and implementing appropriate interventions to achieve equitable health for all.”

Key messages

- Children in rural poor families with less educated parents are facing adverse nutritional outcomes and challenges to survive their 5th birthday.
- The role of gender and ethnicity has not been sufficiently investigated yet.
- The geographies of disadvantaged populations are disguised by incomplete data with no inequity perspectives.
- The rural health system, food poverty and low health literacy are key determinants for child nutrition outcomes such as stunting, wasting, or double burden of malnutrition.
Rationale of the study

Child health is at the core of the Millennium Development Goal (MDG) agenda. In Indonesia the MDGs are currently monitored through national level statistics. It has been widely argued that such obscure persistent health inequalities exist within and between population groups in terms of health outcomes. In order to interrupt adverse pathways (especially the malnutrition-morbidity-mortality circle in early childhood) and to correct inequities in health, health interventions and policy implementations likewise need a social determinant approach. Producing scientific evidence and strengthen political commitment are equally important. Inequities in health – foremost child health – are a major global public health challenge both for achieving the MDGs in 2015 and beyond.

The dual burden of malnutrition

The dual burden of malnutrition is prevalent in 19% of Indonesian households. It was significantly different among provinces. Jakarta had the highest and North Sumatra had the lowest percentage of households with dual burden of malnutrition, 25% and 15% respectively.

Aim

The specific objectives are to answer the following: Who are the disadvantaged populations? Where do they live? And why and how is the inequitable distribution of health explained in terms of the social determinants of health model? The ultimate goal is to synthesize evidence on child health inequities for the Indonesian setting to inform policy.

Methods

We conducted a review to map out the current situation of MDG-4 with special focus on nutrition and in respect to disadvantaged populations in Indonesia applying the SDH inequities framework.

Definition:
The dual burden of malnutrition is a paradoxical phenomenon of coexistence of both overweight and underweight in the same household observed as a growing nutrition dilemma in low- and middle-income countries.