Editorial

Unwanted Pregnancy as a Key Factor of Stunting in Indonesia

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| **ABSTRACT** |
| Handling stunting should not only focus on the nutrition fulfillment sector. A fundamental factor is critical to consider as the root causes of high stunting in Indonesia, namely unwanted pregnancies or unplanned pregnancies. |

Stunting is one of the nutritional problems faced in the world, especially in poor and developing countries. In Indonesia, the problem of stunting is the focus of the current government because of its high prevalence, 24.4% in 2021 and 21.6% in 2022. Various programs have been implemented such as fulfilling specific nutrition and also sensitive nutrition, but this is only able to reduce the prevalence of stunting by around 2.8%. When viewed more deeply, the current handling of stunting only focuses on the nutrition fulfillment sector, not targeting the fundamental variable which is considered to play a very important role in the root causes of high stunting in Indonesia, namely unwanted pregnancies or unplanned pregnancies.1,2

Unwanted pregnancy is often associated to an extra-marital pregnancy. In fact, it is not necessarily the case. There are several other reasons of unwanted pregnancy. It includes the factors of contraceptive failure, pregnancy due to young marriage (mother's age <20 years), and advanced maternal age (mother's age >35 years). In addition, A newly married wife who gets pregnant early (in the first year) may be considered as an unwanted one, because the couple has not planned to have a child.3

Currently, the number of adolescent pregnancies, as recorded in religious courts (underage marriage applications) in 2021, is 60,000 cases and in 2022 there will be 55,000 cases, mostly due to pregnancy before marriage.4 This has not covered the number of extra-marital pregnancies among the adults and the pregnancies of contraceptive failure. The figure is unknown, because the people tend to conceal the fact as it is considered a disgrace in our culture.5,6

As an unwanted pregnancy occurs, especially among teenagers, it is certain that they are not ready physically, mentally and financially. These surely will lead to various problems both in the preconception, pre-natal, and post-natal phases which have an impact on the growth and development of the child (Figure 1).7 Micro and macro nutritional readiness and sufficient pre-natal knowledge are very important to be a mother. Nutritional unpreparedness for pregnancy or Preconception Maternal Nutritional Status (PMNS) affects fetal linear growth and the risk of stunting.8

Adolescent mothers are unable to ensure adequate nutritional intake for the baby they are bearing. As they are still in the growth stage, pregnant teens will compete for nutrients with the development of the fetus they have. Thus, the fetus is more at risk of being born with less weight than adult mothers. Unwanted pregnancies can also lead to stress and depression.9 They will not care about the condition of their pregnancy and will not do a pregnancy check-up.10 Instead, they often resort to illegal abortions.11 Even if they give birth, most of them suffer from postpartum blues.12

Most teenage mothers do not have adequate financial resources to meet the needs of the baby due to poor socio-economic circumstances.13 Most of their partners are also teenagers without a steady income. Children born from unwanted pregnancies are more likely to be neglected either consciously or unconsciously, for example in exclusive breastfeeding. They may also be psychologically unprepared to breastfeed or they may refuse to do so.14 This will result in a poor quality of care (child maltreatment)15 and child neglect.16 This certainly will affect the growth and development of the child.

A couple should plan their pregnancy carefully, because good pregnancy planning determines the health of the baby. It is recommended that the married couples who have not been ready to have a child should use reliable contraception to avoid unwanted pregnancies, which are the most fundamental factor for child stunting.

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