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Letter to the Editor

Can the Target of 40% Stunting Reduction by 2024 Be Reached?

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Dear Editor-in-Chief

Since the adoption of the Sustainable Development Goals (SDGs) in 2012, all governments have pledged to eliminate forty percent of stunting by 2024. This indicator represents the second Sustainable Development Goal, which is to end all forms of hunger. Physical, intellectual, and cognitive development are irreversibly impaired in millions of children due to stunting, which remains a serious global health concern due to the lack of effective therapies. Stunting is a chronic malnutrition issue that has been present since pregnancy due to malnutrition or frequent illnesses(1). Nonetheless, numerous investigations have established the connection between stunting and social issues, the politics, policies, economy, education, occupation, environment, and parenting (1, 2).

The term "height for age" or HAZ refers to the anthropometric measurement of a child's height or body length as compared to the standard. For determining whether children are stunted, health monitoring is conducted to offer information regarding growth trends, factors related to growth, and early detection of growth disorders. Numerous variables influence the measurement, including the instrument, the method of measurement, compliance with the standard measurement, the person measuring, the toddler being measured, and the environment (3). Invalid anthropometric measures have an impact on stunting prevalence or number of cases. Further, it will affect intervention bias and hinder efforts to reduce toddler stunting.

Every month, cadres-a community members recruited from and by the community then trained to manage specific health problems conduct this anthropometric measurement at the integrated service post. In contrast, the capacity of cadres is extremely different, ranging from low to high levels of education, marital status, occupation, years as cadres, skilled to unskilled active to passive, motivated to unmotivated (4), various credibility, and attractiveness(5). Therefore, the capacity of the cadre determines the precision with which children's performance is evaluated. Good performance will result in accurate data, permit

monitoring of children's growth, and mitigate the severity of malnutrition (6). Unfortunately, based on observations and interviews, there are numerous types of height measurement instruments. Such as microtoice, length board, growth mat, tape meter, and height sticker, which influence the measurement's validity. Validation of body height or body length is the most important factor in determining the actual prevalence of stunting among children (7).

Data validation should be performed by an expert, such as a medical professional. Several sensitive and specific stunting interventions have been implemented following data validation. Multiple studies have demonstrated that the most effective treatment is a home-visiting and integrative intervention. The nutritional intervention improves weight gain, child development scores, breastfeeding (8), and complementary feeding practices (9), children's growth, health, and survival (10). Our findings showed that after adjusting for the DID impact, integrated intervention increased children's weight, height, and development scores by 0.31 (0.25-0.37), 0.41 (0.13-0.68), and -0.40 (-0.59-(-0.21)), respectively. Four and eight weeks following the intervention, the effect of the intervention was continuously substantial. It is believed that home visits with an integrated approach have a significant impact on reducing growth failure because of the following: 1) intensively promoting the health and well-being of the subjects; 2) identifying solutions for health problems; 3) bolstering targets and cadres' returns; and 4) providing health services, information, and referral facilities.

Conflict of interest

The authors declare that there is no conflict of interest.

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