

## INTISARI

**Latar Belakang:** *Stunting* merupakan suatu bentuk gangguan pertumbuhan akibat kekurangan gizi dalam jangka waktu yang cukup lama. *Stunting* pada anak di Indonesia masih tinggi yakni 30,7%. Banyak faktor penyebab *stunting* diantaranya adalah faktor genetika, asupan gizi, penyakit infeksi serta hormonal yang berkaitan dengan pertumbuhan tulang. Berdasarkan data Riskesdas 2013 diketahui bahwa sekitar seperempat ( 25%) anak usia 6-12 tahun di Indonesia memiliki kadar iodium urin < 100µg/L. Kekurangan iodium dapat menghambat fungsi hormon tiroid yang berdampak pada kegagalan pertumbuhan sehingga mengakibatkan anak menjadi *stunting*.

**Tujuan:** Penelitian ini bertujuan untuk mengetahui hubungan kadar garam beriodium dan kadar iodium urin dengan kejadian *stunting* pada anak usia 6-12 tahun di Indonesia.

**Metode:** Penelitian ini dilakukan dengan metode *cross sectional*, subjek penelitian adalah anak usia 6-12 tahun di Indonesia. Jumlah sampel sebanyak 4.118 orang. Analisis univariat digunakan untuk mengetahui gambaran distribusi frekuensi. Untuk mengetahui hubungan digunakan analisis bivariat dengan memakai uji *Chi-square* dan uji regresi logistik digunakan untuk menganalisis kekuatan hubungan.

**Hasil Penelitian:** Prevalensi *stunting* anak usia 6-12 tahun di Indonesia pada tahun 2013 sebesar 27,73%. Kadar iodium garam mempunyai hubungan dengan kejadian *stunting*, anak yang mengonsumsi garam dengan kadar iodium kurang (<30 ppm) mempunyai resiko 1,21 kali mengalami *stunting* dibanding anak yang mengonsumsi garam dengan kadar iodium cukup. Kadar iodium urin kurang, beresiko 1,19 kali terhadap kejadian *stunting*, namun menjadi tidak bermakna pada saat dilakukan analisis multivariat.

**Kesimpulan:** Kadar iodium garam dan kadar iodium urin, mempunyai hubungan dengan kejadian *stunting* pada anak usia 6-12 tahun di Indonesia.

**Kata Kunci:** *stunting*, kadar garam iodium, kadar iodium urin, tiroid

## ABSTRACT

**Background:** Stunting is a form of growth disorders due to chronic malnutrition. Stunting in children in Indonesia is still at high level (30.7%). Many factors that cause stunting include genetic factors, nutritional intake, infectious diseases and hormonal associated with bone growth. Based on Riskesdas 2013 data it is known that about 25% of children aged 6-12 years in Indonesia have urinary iodine  $<100\mu\text{g/L}$ . Iodine deficiency prevent the thyroid hormone to function well, that affects the failure of growth causing the child to be stunting.

**Objective:** To identify the relationship between iodized salt level and urinary iodine level with stunting prevalence in children aged 6-12 years in Indonesia.

**Methods:** This research use cross sectional method. The subjects were children aged 6-12 years in Indonesia. The sample size is 4,118 people. Univariate analysis is used to get frequency distribution for each variables. We use Chi square test and logistic regression test to analyze the strength of the relationship between variables.

**Results:** Prevalence of stunting children aged 6-12 years in Indonesia in the year 2013 is 27.73%. Iodine levels of salt have a relationship with the incidence of stunting. Children who consume salt with low iodine level ( $<30$  ppm) have a risk of 1.21 times become stunting than children who consume salt with sufficient iodine levels. Children with low urinary iodine levels have a risk of 1.19 become stunting, but were not significant on multivariate analysis.

**Conclusion:** Salt and urinary iodine levels are associated with stunting events in children aged 6-12 years in Indonesia.

**Key Words :** stunting, iodized salt level, urinary iodine level, thyroid