

# Implementation of the Sustainable Development Goals (SDGs) Program on the Management of Stunting Cases in Indonesia

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**Abstract:** Sustainable health development is a process to provide the right to a healthy life to be obtained by the community which is useful for obtaining welfare for the community in running a healthy life. The concept of the approach to managing the population health has undergone many changes in line with understanding and knowledge of how people live and respecting that health is a great value of "Human Resource". This study aims to identify the factors affecting sustainable health development. This literature study used the descriptive method by looking at the results of previous studies and then developing them again. The data were collected from books, newspapers, journals, notes, laws, and other sources relevant to the study, including direct observation of the subject being studied and interviews. The government has not been able to manage the problems related to health due to the lack of medical devices and inefficient regulations related to sustainable health development goals (SDGs). The progress in managing the forthcoming health issues has not been seen in maternal mortality, malnutrition in children and pregnant women, and others.

**Keywords:** SDGs, Stunting.

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## 1. INTRODUCTION

Stunting is one of the factors affecting human development. Stunting is one of the indicators in the Sustainable Development Goals (SDGs), namely Goal 2, "End hunger, achieve food security and improved nutrition, and promote sustainable agriculture" [1]. The target of achievement in 2025 is to reduce the prevalence of stunting and wasting in children under five and end all forms of malnutrition by 2030 [2]. Stunting is a condition of failure to grow in children under five due to chronic malnutrition so that the children are too short for their age and have poor development of the brain [3]. Chronic malnutrition occurs since the child is in the womb and in the early days after born, but stunting only appears after the child is two years old [4]. Meanwhile, according to the World Health Organization (WHO), stunting is a chronic nutritional deficiency based on an index of body length for age (PB/U) or height for age (TB/U) with a limit (z-score) of less than -2 [5]. Stunting is a major threat to the quality of people, and also a threat to the nation's competitiveness. It is because children suffering from stunting are not only disturbed by their physical growth (short stature) but also impaired brain development which can greatly affect their ability and achievement at school, as well as productivity and creativity at a productive age. In general, stunting can hamper economic growth, increase poverty, and widen inequality [6].

In 2017, more than half of children under five (55%) suffered from stunting living in Asia, while more than a third (39%) lived in Africa. Of the 83.6 million stunted children under five in Asia, the highest proportion came from South Asia (58.7%) and the least proportion was from Central Asia (0.9%) [7]. Based on data on the prevalence of stunting collected

by the World Health Organization (WHO), Indonesia is included in the third country with the highest prevalence in the Southeast Asia region. The results of Riskesdas 2007, 2013, and 2018 revealed that in Indonesia, the stunting rate in children under five was still above 30%. This shows that there are 3 stunting children out of 10 children born in Indonesia [8]. Prendergast and Humphrey (2014) stated that stunting increased mortality three times higher than those who were not stunted. Besides, stunting also has the potential to reduce the Gross Domestic Product (GDP) per capita which is commonly used to measure the rate of economic growth [9].

Stunting is caused by multi-dimensional factors [10]. It is not only caused by poor nutrition experienced by pregnant women and children under five, but also poor parenting practices, limited health services for mothers during pregnancy and quality early learning, limited access to nutritious food, and lack of access to clean water and sanitation [11]. The most decisive intervention in reducing stunting prevalence is the First 1000 Days of Life (HPK) Program [12]. Stunting interventions carried out by the Government of Indonesia include specific nutrition interventions and sensitive nutrition interventions [13]. The first is aimed at children in the first 1000 days of life and is generally carried out in the health sector. Specific nutrition interventions are divided into some main interventions such as (1) Targets for pregnant women include providing supplementary food (PMT) to pregnant women to overcome chronic energy and protein deficiency, iron and folic acid deficiency, iodine deficiency, and protect them from worm and malaria; (2) Targets for breastfeeding mothers and children aged 0-6 months include encouraging early initiation of breastfeeding (IMD) and exclusive breastfeeding; (3) Targets of breastfeeding mothers and children aged 7-23 months include encouraging continuous breastfeeding until the child is 23 months old, providing complementary foods, providing deworming medicine and zinc supplementation, providing fortified iron, protection against malaria, providing complete immunization, and prevention and treatment of diarrhea [7]. Sensitive nutrition interventions should ideally be carried out through various development activities outside the health sector, where the target is the general public [14]. The second nutrition intervention includes providing and ensuring access to clean water and sanitation (healthy latrines), fortified foods, health services and family planning (KB), National Health Insurance (JKN), Universal Birth Insurance (Jampersal), parenting education, Early Childhood Education (PAUD), community nutrition education, sexual and reproductive health education and nutrition for adolescents, assistance and social security for poor families, and improving food and nutrition security [15].

The results of the Nutritional Status Monitoring (PSG) survey for the last three years showed that the stunting problem has the highest prevalence compared to other nutritional problems such as undernutrition, thinness, and obesity [4]. The prevalence of stunting has increased from 27.5% in 2016 to 29.6% in 2017 [16]. Indonesia is above the threshold of 20% of countries with stunting cases referring to WHO parameters [17]. It is expected that this study can provide an overview of the indicators of the Sustainable Development Goals in Indonesia in terms of social, economic, environmental, and institutional dimensions. Besides, the interrelation of development indicators concerning to population can also be observed.

## 2. METHODS

This study is descriptive. It used secondary data from Statistics Indonesia (BPS) and some other related agencies. The main data sources in this study were indicators from various published articles related to the Sustainable Development Goals and dynamic tables from the official website of Statistics Indonesia. The overall data used in this study were indicators published by Statistics Indonesia and related agencies, such as the Ministry of Forestry, Ministry of Women and Children Empowerment, and Ministry of Public Work and Housing. The unit of analysis in this study was 34 provinces in Indonesia with 2015 data because some indicators were not routinely published every year. Secondary data in the form of indicators were collected from various related studies and official publications of the related agencies. The data underwent some stages before the analysis.

## 3. RESULTS AND DISCUSSION

### 1. Stunting Phenomenon

Stunting is a difficult condition/failure to grow experienced by children under five due to chronic malnutrition. In other words, the children's growth is not according to their age or too short for their age. Malnutrition occurs since the child is still in the womb and at the early age after being born which this condition will be more visible at the age of 2 years. In Indonesia, 37% or nearly 9 million children under five suffered from stunting [18]. Referring to the World Bank data, the prevalence of stunting in Indonesia was 115th out of 151 in 2020. Indonesia has the fifth highest prevalence of stunting in

Southeast Asia. World Bank reports that 54% of the current workforce are survivors of stunting. Thus, stunting is a serious concern for the government [18]. Children under five who experience stunting are more likely to have a less optimal level of intelligence and are more susceptible to various diseases. Then, they will also become unproductive at the productive age later. In general, stunting can become an obstacle to economic growth and development and it has the potential to further escalate poverty levels and widen social disparities in society [16]. The Ministry of Health reports that the province with the highest stunting rate in Indonesia in 2018 is East Nusa Tenggara (NTT) and while Bali has the lowest rate. Even Jakarta as the nation's capital is not free from stunting. Despite being at the bottom four, 22.7% of the total population of Jakarta suffered from stunting (Ministry of Health, 2018). In early 2021, the Indonesian government targets the stunting rate to decline to 14% by 2024 [2].

## 2. Government's effort to overcome stunting issues

The government of Indonesia has tried to coordinate and synergize some ministries that have contributed to minimizing stunting cases in Indonesia [19]. Coordination of Inter-sectoral Integrated Stunting Prevention Programs (based on PMK No. 61/PMK.07/2019) refers to guidelines at the national level, the National Development Planning Agency (Bappenas) at the district-city level, and the Ministry of Villages, Disadvantaged Regions and Transmigration at the village level. A total of 23 Ministries/institutions collaborate to accelerate stunting reduction in Indonesia, namely the Ministry of Health, Ministry of National Development Planning/Bappenas, TNP2K, Ministry of Industry, Ministry of State Secretariat, Coordinating Ministry for Human Development and Culture, Ministry of Social Affairs, Ministry of State, Ministry of Cooperatives and SMEs, Ministry of Finance, Ministry of Education and Culture, Ministry of Research and Technology, Ministry of Village, BPOM, and others [20].

The Ministry of Health as the front line in dealing with stunting cases has implemented some interventions to reduce stunting prevalence in Indonesia, for example, specific nutrition interventions including macro and micro nutritional supplementation such as various types of vitamins, socialization about exclusive breastfeeding, complementary foods, and fortification; and campaigns on the importance of balanced nutrition; pregnant women classes; management of malnutrition; and national health insurance [21]. The Ministry of Health also provides nutritious food, expands regional coverage, and provides various social assistance programs such as non-cash food assistance (BPNT). The Ministry of Health emphasized that the stunting problem in Indonesia should be handled comprehensively, holistically, and integrated with various sectors by involving various ministries/agencies. As in the fortification program, the Ministry of Health collaborates with the Ministry of Industry at the central level and the Department of Industry at the provincial, district, and city levels so that fortified food ingredients can reach all people in the province, district, and city. Meanwhile, for food safety supervision activities, the Ministry of Health cooperates with the Halal Product Assurance Agency of the Ministry of Religious Affairs, BPOM, and the Ministry of Communication and Information. This supervisory activity starts from food safety and quality supervision, law enforcement regarding halal labeling, and advertisements regarding food needs [22].

The Ministry of Health also cooperates with relevant Ministries/Agencies in implementing sensitive nutrition interventions. The Ministry of Public Works and Housing (PUPR) plays a role to build sanitation infrastructure. Ministry of Villages, Disadvantaged Regions, and Transmigration can channel village funds to build basic infrastructure to improve people's lives by building 30 thousand units of wells, 37 thousand units of clean water sources, 108 thousand units of bathrooms, five thousand units of polindes, and 11 thousand units of posyandu in villages throughout Indonesia [23]. The Ministry of National Development Planning/Bappenas also emphasized the need for public awareness of the stunting issue. Bappenas calls for inter-institutional synergy with the central and regional governments due to the complexity of the stunting problem so that access to various basic services needs to be considered. Moreover, stunting also affects economic losses. Based on data from the Ministry of National Development Planning/Bappenas and the World Bank, around 30% of children under five in Indonesia suffer from stunting [24]. Meanwhile, the Ministry of Religious Affairs states that couples who want to get married should have sufficient knowledge. They need to learn how to manage the household, especially educating children and meeting the physical and psychological needs of children comprehensively [22].

Based on the concept of SDGs, stunting cases are studied from both economic and social perspectives. Funding for stunting prevention is obtained from the Ministry of Finance and other relevant ministries and agencies also provide budgets for preventing stunting. The central government together with local governments empower the State Budget

(APBN), Regional Budget (APBD), special allocation funds (DAK), and other revenues regulated by the government. Companies also allocate CSR funds based on Government Regulation No. 47 of 2012. Furthermore, Civil Society Organizations (CSOs) and individuals can be involved in distributing various forms of assistance, such as in-cash and in-kind schemes including land provision assistance, goods, labor, and others. Financing is also obtained from foreign parties who provide foreign assistance in the form of grants and technical assistance. CSOs have contributed to various socialization and dissemination activities and established the Civil Society Coalition for the SDGs. Various CSOs in collaboration with the International NGO Forum on Indonesian Development (INFID) have carried out advocacy activities to support the reduction of stunting in Indonesia .

### 3. Community Empowerment in Stunting Prevention Programs

Government cannot work alone in formulating policies and programs. The government needs to involve many parties to get different perspectives to provide the best solution. The concept of governance has shifted the role of the state, not eliminated it, but requires the state to interact with other actors (Kooiman, 2003). Society is an important element in governance. Society is not seen as an object, but as a subject that formulates and implements policies. The community has the power related to knowledge and information on the problems. Thus, the community needs to be willing to empower themselves to be able to solve the problems independently before the government intervenes. Indeed, there are many definitions of community empowerment, one of which is a planned effort to produce assets that will increase the capacity of the community to improve their quality of life (Garrison & Wakefield, 2010).

Then, Vidal & Keating (2004) define community empowerment as a regional approach, which concentrates on creating assets that will provide environmental benefits in poor areas, mostly utilizing resources from external relations. Based on the two definitions above, it is important to underline the existence of assets, the existence of activities, involving the community, to provide more benefits, and is a deliberate intervention. Through empowerment, the community is expected to be able to overcome their problems and develop creativity so that they can take advantage of every existing potential to improve their quality and environment which ultimately will result in social capital.

Community empowerment has been a solution to problems in various sectors, including the health sector. Laili & Andriani (2019) stated that the community has an important role in stunting prevention. The understanding of cadres and the community in stunting prevention can determine the success of stunting prevention programs. Another study (Solang, Baderan, & Kumaji, 2019) revealed community empowerment in stunting prevention by utilizing local food for cooking nutritious foods. In preventing stunting in Pandeglang, the district government has some programs, both physical intervention, and sensitive intervention. It is believed that both programs have to be carried out in a balanced way so that the success of the specific interventions can be sustainable with the support of programs from sensitive interventions. Some sensitive intervention programs are carried out by empowering village communities. The community-based stunting prevention programs that have the most impact based on the results of interviews with Bappeda are 1. Community Nutrition Program, this program is carried out by providing supplementary food for pregnant women and children under five in each village using village funds. There is also PMT from the central government in the form of biscuits for pregnant women and children under five. It is given once a month, namely at the posyandu activity. Commonly, the foods are in the form of eggs, milk, mung bean porridge, or chicken porridge made by village community cadres. 2. Sustainable Food House Area program, this program is not new, the 2010-2014 RPJMN explains that to create national food security, it must be started from the family level. A study by (Purwantini, Saptana, & Suharyono, 2016) revealed that implementing KRPL has been proven to reduce spending on food consumption and increase energy and protein consumption. KRPL is an activity where the community can use their yard or open space in their environment to grow vegetables, fruit, medicinal plants, or raise fish, chickens, or other types of livestock. In Pandeglang, the number of registered KRPLs that received assistance from DKP is 63 KRPLs with 44 KRPLs with active status. 3. Female Farmers Group (KWT), KWT is a group formed intentionally, each village has one KWT. The business run by KWT is various such as food processing and creative industries in the form of crafts or KRPL. This program is run under the coordination of Food Security Agency. 4. Non-Cash Food Assistance, this program distributes seeds such as vegetables, fruit, fish, and chicken to village communities. 5. Health Training for Community Cadre, the training is conducted by the District Health Office , Community Empowerment Service and Village Government, and Women Empowerment, Child Protection and Family Planning. The training ranges from nutrition monitoring, environmental health, healthy community movements, gender mainstreaming, and many others. Based on the explanation above, specific intervention only covers supplementary feeding, while others are sensitive interventions.

According to the challenge of this program is the mindset of the people who see this program as continuous assistance from the government. So they are dependent on the government for seeds, tools, and equipment for farming or raising livestock. Indeed, for the success of the program above, careful planning and socialization, continuous assistance, and strong monitoring and evaluation by DKP are necessary. During harvesting, most people don't think about seeds, they spent the results for family consumption. Then, they ask for the seeds again from DKP. Meanwhile, DKP has plotted the seeds for many villages. Another aspect is the failure due to epidemic, for example, raising chickens, but getting lost due to rats. Then knowledge related to plant life cycles and plant diversification is limited. For example, people only grow spinach in their large yards (around 15 meters). Indeed, they can use 3 meters of land for growing kale and the rest for growing onions and chilies, so they can harvest more. DKP also said that if the results of KRPL and KWT are the same product, namely foods, it will be good to use it for supplementary food ingredients, so there is no need to look for the ingredients in the market anymore. Based on the observations, in both Bayumundu and Tegalogog villages, there are many empty yards or open spaces.

#### 4. CONCLUSION

Stunting issues have to be the concern of the Ministry of Health and other related agencies. Ministries and institutions at the central and regional levels need to work together to deal with this issue. Sustainable stunting prevention programs have to be implemented so that Indonesia does not suffer from a generation lost in the future. The economic impact that can be seen directly is the unemployment in the village resulting in decreasing income, purchasing power, and nutritional intake in the family. In the context of preventing stunting, some activities have a direct impact, namely the provision of supplementary foods, nutrition monitoring at the Posyandu, and Non-Cash Food Assistance.

#### REFERENCES

- [1] World Health Organization, "Monitoring Health for The SDGs," 2017.
- [2] Kemenkes RI, "Enam Isu Kesehatan Jadi Fokus Kemenkes di Tahun 2021," *Kementerian Kesehatan*, 2021. .
- [3] UNICEF, "Global Overview Child Malnutrition Regional Trends," *Unicef*, 2021.
- [4] BPS, BKKBN, and Kemenkes RI, "Indonesia Demographic and Health Survey 2017," *Kemenkes RI*, 2018.
- [5] WHO, "WHO Global Nutrition Targets 2025: Stunting Policy Brief," *Econ. Hum. Biol.*, 2014.
- [6] World Health Organization, "WHO | Joint child malnutrition estimates - Levels and trends (2017 edition)," 2018.
- [7] Kemenkes RI, "Rakerkesnas 2018, Kemenkes Percepat Atasi 3 Masalah Kesehatan," *Official Site Kemenkes*, pp. 3–6, 2018.
- [8] Susenas, "Basic Health Research 2018," *Riskesda 2016*, 2016.
- [9] F. F. Alkaff, J. Flynn, W. P. Sukmajaya, and S. Salamah, "Comparison of WHO growth standard and national Indonesian growth reference in determining prevalence and determinants of stunting and underweight in children under five: A cross-sectional study from Musi sub-district," *F1000Research*, 2020, doi: 10.12688/f1000research.23156.2.
- [10] W. Rahmadhani, "The Affecting Factors of Implementation of Expanding Maternal and Neonatal Survival Program by the Ministry of Health of the Republic of Indonesia in Determining Midwifery in Kebumen, Central Java, Indonesia," 2021, doi: 10.4108/eai.18-11-2020.2311621.
- [11] UNICEF and W. and T. W. B. Group, "UNICEF, WHO, The World BANK. Levels and Trends in Child Malnutrition, Joint Child Malnutrition Estimates 2020 Edition.," *2020 Ed.*, 2020.
- [12] kementerian Kesehatan RI, "Situasi Kesehatan Reproduksi Remaja Dalam Rangka Hari Keluarga Nasional 29 Juni," *Pusat Data dan Informasi*. 2020.
- [13] E. Novyriana, W. Rahmadhani, and S. Zuhroh, "HUBUNGAN LINGKAR LENGAN ATAS DENGAN KEJADIAN ANEMIA DALAM KEHAMILAN DI PUSKESMAS GOMBONG I," *J. Ilm. Kesehat. Keperawatan*, 2016, doi: 10.26753/jikk.v12i2.157.

- [14] Kemenkes, *Profil Kesehatan Indonesia 2018 [Indonesia Health Profile 2018]*. 2018.
- [15] K. RI, “profil Kemenkes RI,” *Kementerian Kesehatan RI*. p. 1, 2018, [Online]. Available: <https://www.depkes.go.id/article/view/18030500005/waspada-peningkatan-penyakit-menular.html%0Ahttp://www.depkes.go.id/article/view/17070700004/program-indonesia-sehat-dengan-pendekatan-keluarga.html>.
- [16] D. P. Kemenkes RI, “Kementerian Kesehatan Republik Indonesia,” *Kementeri. Kesehat. RI*, vol. 5, no. 1, pp. 1–114, 2020, [Online]. Available: <https://www.kemkes.go.id/article/view/19093000001/penyakit-jantung-penyebab-kematian-terbanyak-ke-2-di-indonesia.html>.
- [17] Kemetrian Kesehatan Republik Indonesia, “Basic Health Research 2018,” 2018.
- [18] Riset Kesehatan Dasar (Rikesdas), “Hasil Utama Riset Kesehatan Dasar,” *Kementrian Kesehat. Republik Indones.*, 2018.
- [19] UNICEF, WHO, and World Bank, “Levels and trends in child malnutrition: Key findings of the 2020 Edition of the Joint Child Malnutrition Estimates.,” *Geneva WHO*, 2020.
- [20] R. A. Wicaksono, K. S. Arto, R. A. C. Saragih, M. Deliana, M. Lubis, and J. R. L. Batubara, “Comparison of growth diagrams of Indonesian children to 2006 world health organization growth standards in diagnosing stunting,” *Paediatr. Indones. Indones.*, 2020, doi: 10.14238/pi60.2.2020.95-100.
- [21] E. Maywita, “FAKTOR RISIKO PENYEBAB TERJADINYA STUNTING PADA BALITA UMUR 12-59 BULAN DI KELURAHAN KAMPUNG BARU KEC. LUBUK BEGALUNG TAHUN 2015,” *J. Ris. Hesti Medan Akper Kesdam I/BB Medan*, 2018, doi: 10.34008/jurhesti.v3i1.24.
- [22] Kemenko PMK, “Menko PMK Beberkan Kunci Atasi Gizi Buruk dan Stunting,” *Kemenko PMK*, 2019.
- [23] Kemenko PMK, “Menko PMK Beberkan Kunci Atasi Gizi Buruk dan Stunting | Kementerian Koordinator Bidang Pembangunan Manusia dan Kebudayaan,” *www.kemenkopmk.go.id*, 2021. .
- [24] W. B. G. UNICEF, WHO, “Joint Child Malnutrition Estimates,” *Who*, 2021.