

Efforts to Achieve SDGs Target 2: Case Study on Stunting Rates in Indonesia

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ABSTRACT

The Indonesian government has identified stunting as a target to achieve the Sustainable Development Goals, which aim to eliminate all forms of malnutrition. As defined by the World Health Organization (WHO), stunting is a growth and development disorder in children aged <5 years caused by chronic malnutrition and recurrent infections, especially during the first 1000 days. Stunting is defined as a height-for-age <-2 standard deviations (SD) below the median value for a reference population of children as established by the WHO for child growth standards (WHO, n.d.). The factors that can affect stunting are not solely related to food intake in children. Additionally, stunting can be caused by congenital heart disease, congenital metabolic disorders, and chronic infections resulting from poor hygiene in the surrounding environment (Kemenkes, 2022). This research employs a global governance approach to elucidate the interactions underpinning Indonesia's efforts to achieve Sustainable Development Goal 2.2. The prevalence of stunting in Indonesia demonstrates a decline in cases, indicative of enhanced collaboration between government and non-governmental entities in reducing stunting rates. Through these interactions, the government and non-governmental organisations have initiated changes in the form of legislation and the formation of dedicated bodies to address the issue of stunting in Indonesia.

Keywords: Indonesia, Stunting, Sustainable Development Goals

INTRODUCTION

The United Nations (UN) established the Sustainable Development Goals (SDGs) agenda in 2015, which has been agreed upon by member states. The SDGs have 17 Goals that address various development focuses, one of which is "zero hunger" outlined in the second target. Zero hunger remains a major issue in many countries, especially low-income and lower-middle-income countries, which have low annual Gross Domestic Product (GDP) levels. A low GDP level can indicate malnutrition among children in those countries. In the SDGs zero hunger goal there are several indicators including no poverty, no hunger, healthy and prosperous life, and others. Among these indicators is a sub-indicator, addressing malnutrition issues, particularly the problem of stunting.

According to WHO, stunting is defined as a child's height-for-age being less than-2 standard deviations (SD) from the median set by WHO as the standard for child growth (WHO, Child malnutrition: Stunting among children under 5 years of age, n.d.). Factors contributing to stunting include insufficient nutritional intake, especially during the first 1,000 days of life, chronic or recurring infections, congenital heart disease, and inherited metabolic disorders (KEMENKES, Mengenal Apa Itu Stunting..., 2022). This stunted growth can impact cognitive development, academic performance, and most visibly, physical

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development. Globally, in 2022, the number of children under five suffering from stunting was approximately 149 million, with nearly half of all deaths of children under five being attributed to malnutrition (WHO, Malnutrition, 2024). WHO, in its 2014 policy brief, set a target for the 2025 World Health Assembly to reduce stunting cases to 100 million, or by 40%.

Like the "zero hunger" goal, stunting predominantly occurs in low- to lower- middle-income countries, including Indonesia. Indonesia, classified as a lower-middle- income country, still grapples with high rates of stunting. In 2022, Indonesia's stunting prevalence was 31%, making it the second-highest in Southeast Asia (FAO, 2023). Indonesia has focused on addressing stunting, with the government issuing Presidential Regulation No. 72 of 2021, which discusses accelerating the reduction of stunting. As a next step, Indonesia set a target to reduce stunting prevalence to 14% by 2024, a goal that is expected to contribute to the achievement of the global stunting target. Therefore, studies on SDG target no. 2 are essential to understand the efforts to achieve this goal, focusing on Indonesia's stunting reduction target of 14% by 2024 (KEMENKES, Status Gizi SSGI, 2022).

Several previous studies have discussed stunting. A study by Saputri et al. (2020) highlighted the critical role women play in addressing stunting in Indonesia, emphasizing that efforts to combat stunting should begin with empowering women to raise awareness in society (Saputri, Anggraeni, Sujadmi, & Sopamena, 2020). Another study by Yuda et al. (2022) focused on developing stunting reduction programs, especially the provision of supplementary food, which still requires improvements, particularly in meal planning, and promoting the importance of breastfeeding during the first 1,000 days of life. Yuda et al. also noted technical challenges such as fund disbursement, lack of human resources, and program effectiveness (Yuda, Septina, Maharani, & Nurdiatami, 2022). Based on previous research, the author has not yet found a study that explores the achievement of SDG target no. 2 through the case study of stunting in Indonesia, explaining the interactions between government and non-governmental institutions involved in addressing stunting.

The interactions between government institutions and non-governmental organizations have a significant impact on the outcomes of efforts to reduce stunting prevalence. The Indonesian government interacts with various parties, not only between government institutions but also with several non-governmental organizations, such as the 1,000 Days Fund, which collaborates to enhance capacity. Scaling Up Nutrition, through Cegahstunting, collaborates to initiate and facilitate activities, not only with the government but also across sectors. For example, in the education sector, Cegahstunting collaborates with FKM UI and PERSAGI, and in the business sector with PT. Indofood. These interactions create a dynamic that supports and complements the government's stunting reduction programs. The purpose of this study is to understand the efforts to achieve SDG target no. 2 through the case study of stunting in Indonesia, focusing on the interactions between government authorities and non-governmental organizations. This study will address the national scale in Indonesia.



METHODS

This study uses descriptive research to depict or describe a state, phenomenon, or problem. According to Sukmadinata, descriptive research is a form of research aimed at specifically and thoroughly describing natural or social phenomena (Gumilang, n.d.). The data collection technique used in this study is library research and/or secondary data analysis. The literature sources used are found through journals and books that are easily accessible online and are credible sources for writing this research. The journals and books used are related to the topic and title of this study. Once the data is collected, it will be filtered and categorized according to the research writing system.

The data analysis technique used in this study is qualitative data analysis. According to Prof. Dr. Sugiyono, qualitative research is a research method based on positivist philosophy to study specific samples. This data analysis technique answers three research questions: descriptive, comparative, and associative (Prof.Dr.Sugiyono, 2013). This study uses descriptive research questions aimed at providing a specific and in-depth understanding, making qualitative data analysis suitable for this research.

RESULT AND DISCUSSION

Stunting in Indonesia

Indonesia is one of the Southeast Asian countries facing serious challenges related to stunting. Globally, based on data from UNICEF and WHO, Indonesia ranks 27th out of 154 countries with stunting data (PMK, 2023). Regionally in Southeast Asia, Indonesia ranks second, with a prevalence of 31%, following Timor Leste, which has a prevalence of 45.1%. Indonesia has been increasingly focused on reducing stunting by issuing Presidential Regulation No. 72 of 2021, targeting a stunting prevalence of 14% by 2024. However, this target still requires considerable effort to reduce stunting rates.

Stunting, caused by malnutrition in children under five, can impact cognitive and motor development, lead to metabolic disorders in adulthood, and even result in an estimated 2-3% GDP loss annually. Given these impacts, it is evident that stunting is not a trivial problem and has significant effects on the country. The quality of Indonesia's younger generation is heavily dependent on stunting rates. Today's young generation will eventually enter the productive age, where they will need skills, abilities, and cognitive intelligence to compete in an increasingly competitive job market. Therefore, structured cooperation between government actors and non-government actors is necessary.

Government and non-government interactions

The Indonesian government is currently focused on addressing the high stunting rates. One of Indonesia's efforts to reduce stunting is joining the Scaling Up Nutrition (SUN) Movement, which focuses on addressing all forms of malnutrition through multisectoral involvement. Indonesia joined the SUN Movement in 2010, coordinated by the National Development Planning Agency (Bappenas). In its implementation, Bappenas is assisted by the NGO Cegahstunting, which operates under Bappenas' supervision and follows the



SUN Movement as a joint effort. Cegahstunting has various relationships with important sectors to support the implementation of stunting reduction programs. In the education sector, Cegahstunting collaborates with FKM UI and PERSAGI, while in the business sector, partners with PT. Indofood, and in the civil society sector, it collaborates with Nutrition International, among many other sectors and networks (Cegahstunting, n.d.). Cegahstunting's network mapping is as follows:

1) Government

The government, as a stakeholder, plays a role in initiating and facilitating the Nutrition Improvement Movement in Indonesia. Not only focusing on facilities, the government also ensures effective coordination across sectors. Internally, the government collaborates with 23 ministries/agencies that play a role in minimizing stunting cases. These ministries/agencies include the Ministry of Health, TNP2K (National Team for the Acceleration of Poverty Reduction), the Ministry of State Secretariat, and several others. Through these efforts, the government conducts socialization, strengthens inter-sectoral coordination, and develops a nutrition improvement database. The Indonesian government has established a body specifically focused on reducing stunting, called the Stunting Reduction Acceleration Team (TPPS), which is directly overseen by the Secretariat of the Vice President (SEKWAPRES, Tentang TPPS, n.d.).

2) Development partners

Development partners, led by UNICEF and co-chaired by the World Bank, provide support and strengthen the government's leadership in the Nutrition Improvement Movement in Indonesia, particularly in planning, policy development, and implementation. They are involved in activities such as providing technical assistance in the development of modules related to accelerating nutrition improvement, conducting training for both health and non-health workers to ensure effective program implementation, and conducting studies, surveys, and policy reviews related to nutrition improvement regulations.

3) Business

The collaboration with the business sector focuses on quality control and the distribution of nutritious food according to existing regulations. The business sector also implements Workforce Nutrition by accommodating and distributing food to workers involved in nutrition improvement activities. These roles are supported by initiatives such as providing lactation rooms for workers, offering mobile services for pregnant women's health check-ups, educating on health and nutrition, providing basic healthcare services, and organizing activities to empower community health workers in their respective areas. For example, PT Danone has strengthened the capacities of community health workers (Posyandu cadres) through training on stunting cases in 13 districts in Indonesia (SEKWAPRES, Kemitraan Danone, n.d.).

4) Civil Society Organisations (CSOs)

CSOs provide both technical and financial support to local governments to help enhance the management capacity of activities in their regions. CSO activities include training on nutrition and health, providing sanitation, offering supplementary nutrition, and delivering training on the First 1,000 Days of Life. An example is the 1000 Days Fund, which has conducted standardized training, certified community health workers through the Ministry of Health, and



collaborated with local governments to provide financial support (Fund, n.d.).

5) Academia

Cooperation with academia involves alliances with various study programs from several universities in Indonesia. Collaboration is also established with professional organizations in Indonesia. This sector is led by the Department of Nutrition and Public Health, Faculty of Public Health, University of Indonesia, and represented by the Nutrition Department of Poltekes Kemenkes II Jakarta and the Indonesian Nutritionists Association (PERSAGI). Activities in this sector include community assistance, training of PMBA counselors, developing modules for nutrition workers on community nutrition care, and conducting studies to provide recommendations for improving nutrition improvement activities in Indonesia. For example, Airlangga University Surabaya provides assistance to local governments by organizing socialization, conducting actions, and collecting stunting data in the region (SEKWAPRES, Universitas Airlangga, 2020).

Through the explanation above, it can be seen how the role of the sector in preparing and implementing nutrition improvement programs in Indonesia. The dynamics that occur in efforts to implement the accelerated nutrition improvement movement launched by the Indonesian government are not only centred on the government, but also actors from other sectors. Actors involved in efforts to reduce stunting have their respective roles according to sector focus. These roles form a dynamic that can have an impact on reducing the stunting rate in Indonesia. Through Indonesia's efforts to reduce stunting, both through regulations made by the government and through collaborations with various key sectors, there has been a noticeable impact on the reduction of stunting in the country.

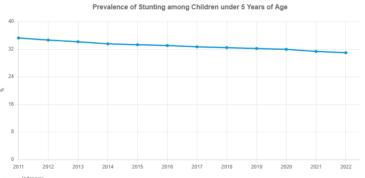


Figure 1: Indonesia's Stunting Prevalence

Looking at the figure, the stunting prevalence in Indonesia from 2011 to 2022 has decreased. This suggests that the regulations made by the Indonesian government have been effective, alongside the collaborations with various key sectors. However, despite the reduction, the prevalence of stunting in Indonesia is still far from the 2024 target of 14%.

This section describes the results of the research that has been carried out. Research results can be presented with the support of tables, graphs/pictures. In its presentation, it must begin with a narration first, then followed by a table or picture. The discussion is subdivided into categories based on elements/components/variables in the analytical framework. In this section, the author can also add a separate section to discuss additional



things that are not included in the previous categories. In this section, the author should clearly state the answer to the research question. The first line of the second paragraph and the following paragraphs are written indented.

CONCLUSION

Based on the findings and discussion above, it can be concluded that the interactions in efforts to achieve SDG 2 through the case study of stunting in Indonesia have had positive effects. One of the Indonesian government's strategies to reduce stunting by joining the Scaling Up Nutrition (SUN) movement has proven to be a timely and effective measure. The collaboration involves focusing and assigning roles to each sector to carry out a movement that impacts stunting reduction in society, ensuring that support is not only material but also in the form of knowledge and training, without any individual interests within the collaboration.

Stunting rates in Indonesia have decreased gradually, but this reduction is not yet sufficient to meet the desired stunting prevalence target. Evaluation and monitoring by the government are required regarding the implementation of the nutrition improvement program in Indonesia. This study does not delve into the processes and interactions among the actors involved. Therefore, future research is expected to explore in more depth the processes involved in the interactions between these actors.

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