

One Year Left to Achieve National Stunting Target: Can Indonesia Catch Up The Gap?

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Summary

Five years have passed since the Indonesian Government launched a National Strategy to Accelerate Stunting Prevention (Stranas Stunting) in 2017 and targeted to reduce the stunting rate to 14% by 2024. However, the current stunting rate has not met the Government's expected target. It is important to review what has been done to prevent and reduce stunting in Indonesia and identify areas for improvement to close the gaps.

According to WHO, Indonesia ranked as the third-highest country in terms of stunting prevalence in Southeast Asia, with a prevalence rate of 36.4% in 2015-2017 (Huriah & Nurjannah, 2020). In 2022, Indonesia was able to reduce stunting prevalence to 21.6%. However, this number is still above the threshold set by the WHO by 20%.

Stunting is a form of faltering growth that results from long-term nutritional deficiencies. Children are defined as stunted when their nutrition status measurements based on Height/Age fall between -2 SD and -3 SD (indicating stunted growth) and below -3 SD (indicating severe stunting). Stunted children will struggle to reach optimal physical and cognitive development (Rosyidah et al., 2021).

Stunting is caused by inadequate nutrition, recurrent infections or chronic diseases, which cause poor nutrient intake, absorption or utilisation. Stunting is a problem not simply caused by one factor but a combination of many. There are two major contributors to stunting, which WHO classifies, namely household factors (Causes) and community factors (Context) (Wirth et al., 2017). In Indonesia, childhood undernutrition contributed to both household factors and community factors. Household factors contributing to childhood undernutrition in Indonesia are parental education level

(mother and father), household wealth, type of residence (urban or rural), slum area, and number of household members (Wicaksono & Harsanti, 2020). For the community factors, food insecurity, poor quality of sanitation, and unimproved drinking water sources were found to increase the risk of stunting (Wicaksono & Harsanti, 2020), (Huriah & Nurjannah, 2020). Furthermore, stunting also contributed to the economic and health system of the community, as stated in the previous study by Wicaksono and Harsanti (2020).

Indonesia is projected to experience a demographic bonus in 2045 that will give Indonesia more human resources to run the country. However, this could be a boomerang if Indonesia cannot control the high prevalence of stunting, as stunting leads to a decline in the quality of human resources in the future. To harness this potential, the government must ensure Indonesian human resources possess high-quality capabilities, and one of the ways to achieve this is by paying attention to stunting.

Indonesia's Efforts to Combat Stunting

The Indonesian Government initiated the First 1,000 Days of Life Movement in 2013. The government then reinforced their commitment to stunting by launching a national strategy to accelerate stunting prevention (Stranas Stunting) in 2017 and aims to reduce the stunting rate to 14% by 2024. The StraNas

Stunting converges multi-sectoral interventions and preventions at all levels: national, regional, and village. The StraNas Stunting is made up of five pillars, which are the commitment of leaders, behaviour change, convergence, food security, and monitoring and evaluation (Karyadi et al., 2021).

Stunting intervention programs are executed by two types of intervention: specific intervention (health sector) and sensitive intervention (non-health sectors). Specific interventions are carried out through providing supplementary food to pregnant women and infants, immunisation, breastfeeding education and counselling, and other programs targeting pregnant women and children under five years old. These efforts are also complemented by sensitive interventions, which aim to address indirect factors of stunting, such as sanitation improvement, food security enhancement, poverty alleviation, women's empowerment, early education and so on.

Despite showing progress in reducing stunting, Indonesia still needs to strive for a 7.6% reduction over the next year to achieve the national target. Looking back at what Indonesia has done to combat stunting, some aspects might need improvement. In this article, we will discuss the evaluation of the implementation of stunting intervention in Indonesia based on the Stranas pillars and the challenges faced during COVID-19.

Evaluation of The Stunting Intervention in Indonesia

Commitment of Leaders

This pillar aims to ensure that the prevention of stunting becomes a priority for the central government, regional governments, and the village level. The central government has shown a strong commitment to reducing stunting by taking stunting as a national priority in the National Medium-Term Development Plan (RPJMN) 2020-2024.

The central government has also issued legal regulations related to the acceleration of stunting reduction, Government Regulation No. 72 of 2021, as evidence of their seriousness to combat stunting.

All leaders of districts/cities in Indonesia have signed commitments to accelerate stunting prevention in their respective regions (TP2AK, 2022). This indicates the willingness of regional governments to commit to reducing stunting prevalence. However, many provinces and districts/cities still lack local regulations addressing stunting reduction programs (TP2AK, 2022). The commitment of regional leaders is highly needed because the regional government can mobilise resources to run the program.

Behaviour change campaign

This pillar aims to increase public awareness and understanding of stunting, as well as promote behavioural changes to prevent stunting. Indonesia has implemented this pillar at national and regional levels through activities such as educating pregnant women and mothers with children aged 0-5, reproductive health education for school students, information dissemination through social media, and community activities.

One of the strategic steps that has been taken is creating a national stunting promotion platform called Genbest.id by the Ministry of Communication and Information. This platform utilises social media to provide credible information, create a supportive community, and offer in-depth health knowledge related to clean and healthy lifestyles and stunting prevention. Through this strategy, the information conveyed can be easily accepted by the community, especially among youths who will eventually build families in the future.

To enhance behavioural changes at the household level, the central government has developed an interpersonal strategy module that regions can implement.

Interpersonal communication is carried out by devising communication strategies and communication channels most suitable for each community.

However, in its implementation, not all districts/cities have formulated their policies, communication strategies, and conducted campaigns, including interpersonal communication. According to data from the Ministry of Health in 2021, out of 261 priority districts/cities, only 53.6% have regulations for behaviour change communication, and 27.2% have communication strategies. Furthermore, 51% of the 261 priority districts/cities still have not implemented interpersonal communication (TP2AK, 2022). Looking at this data, advocating and strengthening the capacity of regions to implement interpersonal communication is highly needed.

Convergence

Convergence means that the effort of stunting intervention is carried out in a coordinated, integrated, and collaborative manner (Permanasari et al., 2020). In this case, stunting is no longer the responsibility of just one institution. However, it requires cooperation and coordination across sectors and involves actors from both public and private institutions, as well as the local community. Stunting intervention must also be implemented from the central government to districts/cities and villages.

TNP2K and Bappenas have issued several national stunting prevention strategy guidelines. However, some regions still have not established effective coordination among Local Government Organizations. This may be because the specific intervention related to 1,000 First Day of Life by the Ministry of Health has already operated as a routine program that has been in place since the previous period and relies on the Supplementary Food program as its main program. As a result, the stunting intervention program focuses only on specific interventions, leading to a lack of innovation in program implementation (Permanasari et al., 2020).

Furthermore, public health centres have not involved private healthcare centres in implementing nutrition-specific interventions. (Herwati & Sunjaya, 2022).

Sensitive interventions carried out by non-health sectors at the central level are being implemented in accordance with the policies developed within each sector, culminating in programs at the district offices. However, these programs appear to have not been fully integrated and are still running independently (Permanasari et al., 2020). There is a perception within non-health sectors that stunting intervention is solely the health sector's responsibility (Iqbal & Yusran, 2021).

Food Security

Food security is a condition where the food needs of every country are met and reflected in nutritious, safe, high-quality, diverse, and accessible food for all segments of the community (Widyaningrum, 2023). Food security is built on four aspects: food availability, stability of supplies, access to supplies, and food utilisation (Saediman et al., 2021).

One of the efforts to enhance food security is through diversification programs. Diversification impacts boosting production and the economic value of food products, which in turn can enhance households' income, resilience, and well-being (Rahmanto et al., 2021). Unfortunately, food diversification programs in Indonesia have not yet been successful. Indonesian people still rely on rice as the primary staple food. Furthermore, food diversification is hard to achieve because the government is still focused on policies related to rice commodities and tends to overlook alternative commodities such as tubers (Hutagol & Sinaga, 2022).

The government has also implemented Kawasan Rumah Pangan Lestari (KRPL), or home garden program, to enhance household food security. The program enhanced food availability, access, and utilisation, but it had less impact on food stability.

The sustainability of the home garden program has to be improved in order to enhance the stability of food availability, access, and utilisation (Saediman et al., 2021).

Monitoring and Evaluation

This pillar aims to enhance monitoring and evaluation as the foundation for ensuring the provision of quality services, increasing accountability, and accelerating learning. One of the efforts that the central government has made is the development of an Integrated Monitoring System for the implementation of the Stranas Stunting, presented in a dashboard that the public can access at <https://-dashboard.stunting.go.id/> This dashboard provides information about the achievement of each Stranas pillar.

However, in almost every program that is run by multiple sectors, the monitoring and evaluation systems have not been functioning optimally. Therefore, it has not been widely utilised in the decision-making process or the necessary corrective actions. Furthermore, there is no interconnection between each ministry or institution's monitoring and evaluation platforms, resulting in highly diverse data generated by each ministry or institution. (Deputi Bidang Dukungan Kebijakan Pembangunan Manusia dan Pemerataan Pembangunan, 2021).

The Implementation of Stunting Intervention During the COVID-19 Pandemic

Efforts to reduce stunting in Indonesia faced significant obstacles during the COVID-19 pandemic. During the pandemic, a lot of services were disrupted. Nearly 84% of Puskesmas reported a decline in patient visits. About half (43.5%) of Puskesmas stopped Posyandu services, the fundamental element of Indonesia's primary healthcare system for pregnant women, mothers, and children.

Approximately one-third of Puskesmas discontinued home visits to households with stunting or malnutrition, while an additional one-third of Puskesmas did not make visits to households with pregnant women (Karyadi et al., 2021). This led to the disruption of stunting-specific intervention, which is directly targeted towards mothers and children.

In some cases, budgets were redirected toward COVID-19 programs, which caused stunting intervention programs not to be implemented well during the COVID-19 pandemic (Anggreni et al., 2021). The hindrance of the stunting program implementation during the COVID-19 pandemic was also caused by the fact that health workers must also carry out the COVID-19 program, leading to less attention to the stunting program.

Indonesia's effort to reduce stunting rates is already on the right track. However, to close the gap, the government still needs to strengthen their commitment and ensure the commitment is truly implemented, especially by every regional government. One way to do this is by ensuring that each region has legal regulations for implementing stunting reduction programs. With regulatory support, every region has a foundation for carrying out stunting reduction efforts, including a guideline for technical implementation. This also serves as a way to strengthen the convergence of multilevel governance.

Chasing the target and catching up is not an easy task. Therefore, the involvement of various actors from both health and non-health sectors is needed to help bridge the gap. One way to do this is by inviting the private sector to actively contribute to reducing stunting prevalence, for example, by directing their CSR programs to contribute to stunting prevention. Furthermore, active community involvement is also highly necessary, which can help detect and address stunting more quickly.

However, the involvement of various parties in stunting reduction efforts has led to the emergence of a wide range of programs, which may have different targets and evaluations between sectors. To address this issue, the government needs to ensure that each program, whether from the health sector (specific interventions) or the non-health sector (sensitive interventions), runs concurrently, supports each other, and does not overlap. This also highlights the need for a standardised monitoring and evaluation framework to keep all existing programs controlled and focused on the same primary target: reducing stunting.

Every intervention, whether specific or sensitive, will have an optimal impact if it is accompanied by behavioural change. Interpersonal communication strategy must be implemented throughout the regions as an effort to promote behavioural change. Support and training to regions should continue to be provided so that each area can develop and implement interpersonal communication strategies suitable for their communities' characteristics. The widespread use of social media can also be utilised as a way to conduct campaigns for changing societal behaviours.

Furthermore, sustainability and resilience aspects need to be considered in the future. The COVID-19 pandemic experience serves as a lesson that we need to be more prepared for potential unforeseen events in the future that can disrupt or affect the efforts that have been planned and undertaken. With the end of the COVID-19 pandemic, Indonesia has a high chance of reducing stunting prevalence to 14% in 2024. Optimism about achieving this target is further strengthened when considering Indonesia's success in reducing stunting rates during the COVID-19 pandemic. Indonesia can close the gap within one year.

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