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LEGAL AND POLICY APPROACHES TO STUNTING REDUCTION IN INDONESIA: THE ROLE OF VILLAGE GOVERNANCE (A Case Study of Sarwadadi Village)

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Abstract.

Background. Stunting is a public health issue with significant legal and policy implications in safeguarding children's rights to health and well-being. Within the framework of national regulations, Presidential Regulation Number 72 of 2021 on the Acceleration of Stunting Reduction and the Village

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Fund allocation policy, as stipulated in Minister of Finance Regulation Number 146 of 2023, serve as the legal basis for village governments in implementing intervention programs.

Aims. This study examines the effectiveness of multisectoral interventions implemented in Sarwadadi Village in preventing and addressing stunting while evaluating the compliance of these policies with the principles of good governance in village administration.

Methods. The research employs a normative juridical method with a descriptive qualitative approach. This study analyzes the legislative framework governing the prevention and mitigation of stunting and its implementation at the village level.

Result. The findings indicate that the multisectoral intervention policy, encompassing target identification, the Supplementary Feeding Program (PMT), and periodic monitoring and evaluation, has successfully reduced the stunting rate in Sarwadadi Village to 0%. This underscores the central role of village governments in executing public policies tailored to the needs of local communities.

Conclusion. In conclusion, the legal policy-based interventions carried out by Sarwadadi Village can serve as a model for other villages by adapting to their respective local contexts.

Implementation. Strengthening regulatory frameworks, optimizing Village Fund management, and implementing participatory oversight mechanisms to uphold equitable and sustainable policymaking are essential to ensure long-term effectiveness.

Keywords: Stunting, Legal Policy, Multisectoral Intervention, Village Governance

INTRODUCTION

In Indonesia, stunting (short stature in children) remains a serious public health issue and constitutes a major nutritional challenge currently being addressed. This condition significantly influences the growth and development of the nation's future generations, particularly during the critical 1,000-day period of early childhood, when cognitive and motor functions may decline (Saputri dan Tumangger, 2019).

A generation that grows optimally without experiencing stunting demonstrates superior cognitive and motor abilities, enabling greater contributions to national development and economic progress. In the long term, this advancement fosters economic growth without burdening the escalating costs of treating degenerative diseases (Arystami, 2017).

Sarwadadi Village is one of the 15 villages in Talun District, Cirebon Regency, West Java, that has achieved a 0% stunting rate (Tresnasi, 2024). This accomplishment positions it as a model for implementing multisectoral intervention strategies. Sarwadadi Village's success is attributed to the strategic programs collaboratively executed by the village government, healthcare professionals, and the local community.

The government has enacted various policies to support stunting reduction efforts within the legal framework. These include Presidential Regulation No. 72 of 2021 on the Acceleration of Stunting Reduction and Minister of Finance Regulation No. 146 of 2023 on the Allocation, Disbursement, and Utilization of Village Funds for the 2024 Fiscal Year.

Specifically, Article 11(c) of the latter regulation mandates allocating village funds for interventions aimed at stunting reduction.

Sarwadadi Village's success is concrete evidence that a multisectoral intervention approach can effectively reduce stunting rates to 0%. However, to sustain its status as a Stunting-Free Village, continuous efforts are required to strengthen local policies, conduct regular monitoring, and develop adaptive programs that respond to social and economic changes.

This study aims to conduct an in-depth analysis of the multisectoral intervention strategies implemented in Sarwadadi Village and to develop a replicable model that other villages can adopt to accelerate the achievement of national stunting reduction targets.

METHODS

This study employs a normative juridical method with a descriptive qualitative approach. The normative juridical method examines statutory regulations related to the prevention and management of stunting at national and regional levels (Marzuki, 2017). Meanwhile, the descriptive qualitative approach aims to provide a comprehensive analysis of the legal policies supporting the Stunting-Free Village program in Sarwadadi Village and its implementation at the local level.

RESULTS

Etymologically, the term *desa* originates from the word *Swadesi*, which means a region, place, or an autonomous and independent unit (Sinombing, 2016). According to Law No. 6 of 2014 on Villages, Article 1 defines Village Government as the administration of governmental affairs and the interests of the local community within the framework of the Republic of Indonesia's unitary state system (Zainudin, 2016).

The village government constitutes the smallest autonomous governmental unit with the authority to manage local resources and policies. From the public administration perspective, the village government functions as an organization responsible for public service delivery, regulation, and community empowerment (Dwiyanto, 2018). In the context of administrative decentralization, villages hold the authority to formulate and implement public policies based on the local community's needs (bottom-up policy) (Meter and Horn, 1975).

Pursuant to Law No. 6 of 2014 on Villages, villages possess full authority over the management of village funds for development, including the health sector. Article 4 of the said

Law stipulates that one objective of village fund management is to enhance community welfare and public services at the village level. Furthermore, Article 67 states that village governments are responsible for governance, development, and community development.

At the national level, the Village Fund Program, managed by the Ministry of Villages, Development of Disadvantaged Regions, and Transmigration (Kemendesa PDTT), plays a crucial role in preventing stunting. This is explicitly regulated in Minister of Villages Regulation No. 13 of 2020 on Priority Utilization of Village Funds for 2021, which authorizes the use of village funds for stunting prevention and reduction programs, including the provision of additional nutritional intake (PMT), sanitation infrastructure, and clean water supply.

Furthermore, Presidential Regulation No. 72 of 2021 on the Acceleration of Stunting Reduction establishes the National Strategy for the Acceleration of Stunting Prevention (Stranas Stunting), which mandates cross-sectoral coordination, with village government officials serving as key actors in implementing this policy. Consequently, the active role of the village government in coordinating relevant stakeholders—such as healthcare workers, Posyandu (integrated health service post) cadres, and the local community—becomes a determinant factor in the success of village health programs.

The achievement of Sarwadadi Village in attaining the status of a Stunting-Free Village is inseparable from the village policy framework that has been implemented for stunting prevention and management, which includes the following key strategies :¹

1. Target Identification

- Objective: To identify children at risk of stunting to ensure targeted interventions
- Steps :
 - (1) *Posyandu* cadres collect data on children at risk of stunting through weight and height measurements
 - (2) The Community Health Center (Puskesmas) or village health workers verify the collected data by conducting additional health assessments
 - (3) The Village Head approves the identification results and ensures the program receives village support
 - (4) The Village Secretary documents the data and prepares an initial report.

2. PMT (Supplementary Feeding Program) Planning

¹ Interview: Ahmad Jahid. (2025, February 14). Personal Interview with the Head of Sarwadadi Village at 14:25 Western Indonesian Time
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- Objective: To develop a Supplementary Feeding Program (*Pemberian Makan Tambahan/PMT*) that meets nutritional needs.
- Steps:
 - (1) Health workers determine appropriate supplementary food types based on nutritional standards
 - (2) Village officials and *Posyandu* cadres establish a 30-day distribution schedule for supplementary food
 - (3) The Village Treasurer manages the budget for procuring food supplies
 - (4) The Village Secretary records the activity plan and prepares the necessary administrative documentation.

3. Implementation of PMT (30 Days)

- Objective: To provide supplementary food according to the schedule to improve the nutritional status of children.
- Steps:
 - (1) *Posyandu* cadres and the Village Family Welfare Movement (PKK) prepare and distribute supplementary food daily or periodically
 - (2) Parents of the children receive education on the importance of balanced nutrition
 - (3) Village officials ensure smooth distribution and monitor participant adherence
 - (4) The Village Treasurer ensures that funds are disbursed in accordance with program needs.

4. Monitoring and Evaluation

- Objective: To ensure program effectiveness and improvement in children's nutritional status.
- Steps:
 - (1) *Posyandu* cadres regularly measure children's weight, height, and development
 - (2) Village health workers analyze monitoring results and recommend additional interventions if necessary
 - (3) Village officials evaluate challenges encountered during program implementation
 - (4) The Village Head and Village Secretary compile an evaluation report based on monitoring results.

5. Reporting and Follow-Up

- Objective: To document program outcomes and determine follow-up policies.
- Steps:

- (1) The Village Secretary prepares the program’s final report
- (2) The Village Head reviews the report and proposes improvements or follow-up programs, if necessary
- (3) The Village Consultative Body (BPD) and community leaders provide input on program enhancements
- (4) The Health Office or Puskesmas recommends further steps for children who remain at risk of stunting.

Stunting is a form of chronic malnutrition that adversely affects children's physical growth and cognitive development. From the perspective of health determinants, stunting is influenced by both structural factors (economic conditions, education, and public policies) and individual factors (nutritional intake, disease, and parenting patterns) (Dahlgren and M. Whitehead).

Children affected by stunting are at a higher risk of experiencing cognitive developmental disorders, weakened immune systems, and reduced productivity in adulthood. The primary cause of stunting is inadequate nutritional intake during pregnancy and after birth. Deficiencies in essential nutrients, such as protein, iron, and folic acid, contribute to the risk of low birth weight (LBW) infants, which is a precursor to stunting (Anggraeni and Setyowati). Data from the implementation of the Supplementary Feeding Program (PMT) in Sarwadadi Village indicate that at least three children have been identified as experiencing stunting based on their age and height, as outlined in the following table:

Table 1 Data on Stunted Childre in Sarwadadi Village (2024)

No	Name	Gender	Age	Height
1	NO	Female	16 months	76 cm
2	DJ	Male	22 months	79,9 cm
3	AG	Male	21 months	77,4 cm

Source: Posbindu Data of Sarwadadi Village

According to Regulation of the Minister of Health of the Republic of Indonesia Number 2 of 2020 concerning Anthropometric Standards for Children, Article 4 paragraph (3) stipulates that the classification of stunting determined by assessing the height of children aged 0 to 60 months, categorized as follows:

- a. Severe stunted;
- b. *Stunted*;
- c. Normal; And
- d. Tall

Furthermore, Annex II of the Minister of Health Regulation Number 2 of 2020 on Assessment of Child Nutritional Atatus provides a classification system to determine each child's stunting status based on age. Based on this framework, the children identified in Table 1 fall into the following stunting categories:

Table 2. Stunting Classification of Children in Sarwadadi Village (2024)

No	Name	Gender	Age	Height	Classification
1	NO	Female	16 months	72,5 cm	Severe Stunted
2	DJ	Male	22 months	75 cm	Stunted
3	AG	Male	21 months	77 cm	Stunted

Source: Posbindu Data of Sarwadadi Village

The root causes of stunting are not solely attributable to malnutrition, but also involve various multidimensional factors affecting pregnant women and young children, including:²

1. Poor parenting practices, particularly the lack of maternal knowledge regarding health and nutrition before, during, and after pregnancy
2. Limited access to healthcare services, including Antenatal Care (ANC) for pregnant women, Postnatal Care (PNC) for new mothers, and early childhood education
3. Household food insecurity, leading to insufficient access to nutritious food
4. Inadequate water supply and sanitation, affecting overall child health and growth.

Additionally, other contributing factors include:³

1. Pre- and postnatal maternal health conditions, including short maternal stature, closely spaced pregnancies, early or late maternal age, and frequent childbirth
2. Poor maternal nutrition during pregnancy, failure to initiate early breastfeeding (IMD), lack of exclusive breastfeeding, and inadequate complementary feeding (MPASI) in terms of quality, quantity, and food safety.

The Supplementary Feeding Program (PMT) aims to provide additional nutritional intake for targeted mothers and children, improving energy levels and nutritional balance. The impact of PMT intervention in Sarwadadi Village over 30 days is documented in the following table:

² Tim Nasional Percepatan Penanggulangan Kemiskinan. (2017). *100 Kabupaten/Kota Prioritas Untuk Intervensi Anak Kerdil (Stunting)*. Jakarta: TN2PK, 7

³ Rini Op. Cit., 5

Table 3. Child Height Progression During the 30-Day PMT Intervention in Sarwadadi Village (2024)

No	Name	Week 1	Week 2	Week 3	Week 4	Week 5
1.	NO	73 cm	73,8 cm	74 cm	74 cm	76 cm
2.	DJ	79, 5 cm	79,6 cm	79,6 cm	79,7 cm	79,9 cm
3.	AG	76,4 cm	75 cm	77 cm	77, 1 cm	77,4 cm

Source : Posbindu Data of Sarwadadi Village

Based on data in Table 3, the 30-day PMT Intervention, which follows a structured framework of target identification, program planning, implementation, monitoring, evaluation, and reporting, has demonstrated positive effects on stunted children's growth.

CONCLUSION

The success of Sarwadadi Village in achieving Stunting-Free Village status demonstrates that multisectoral interventions involving various stakeholders—such as village government, healthcare professionals, and the community—have significantly reduced stunting rates. Programs such as target identification, supplementary feeding (PMT), and regular monitoring and evaluation have proven effective in improving the nutritional status of stunted children.

The data indicate that after 30 days of PMT intervention, the height of previously stunted children increased measurable. This confirms that specific nutritional programs can yield positive short-term effects. However, to ensure the sustainability of these achievements, a long-term strategy is required, which includes improving access to nutritious food, enhancing sanitation infrastructure, and providing nutritional education for parents.

Furthermore, socioeconomic factors and local policies play a crucial role in the success of such programs. Villages that effectively allocate village funds for health and nutrition programs are more likely to achieve stunting-free status. Accordingly, Sarwadadi Village's success can serve as a model for other villages, enabling them to adopt similar strategies while adapting to their local conditions.

Stunting prevention and mitigation programs can be implemented optimally and sustainably with strong synergy between the government, healthcare professionals, and the community. Policy innovation and community-based approaches will be essential to reduce stunting rates further and achieve Indonesia's national stunting reduction targets.

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