JSSER
www.jsser.org

Journal of Social Studies Education Research

Sosyal Bilgiler Eğitimi Araştırmaları Dergisi

2022:13 (2),320-342

Policy strategies to reduce the social impact of stunting during the COVID-19 pandemic in Indonesia

Didin Muhafidin[1]

Abstract

The purpose of this study is to describe the policies of the West Java regional government to overcome stunting, the factors that cause stunting in West Java, and strategies that can be applied to overcome stunting in West Java. A qualitative approach and literature review were used as the research method. Data were gathered using interviews and from various relevant studies published between 2020 and 2022. West Java, Indonesia, was selected as the research location. Data analysis shows that, first, Indonesia remains committed to overcoming the stunting problem by mobilizing all assets or resources by forming a young family guidance group, integrated service post, community nutrition development, clean and healthy living behavior socialization and integrated service post empowerment, providing training to anti-stunting ambassadors. Second, the causative factor is the lack of parental awareness of the importance of nutritious food for children. Third, the strategy to overcome stunting is to make improvements in six dimensions, namely, education, nutrition, food, health, social protection, and housing.

Keywords*: stunting, covid-19 pandemic, policy, strategy*

Introduction

In an effort to combat the COVID-19 pandemic, which has adversely impacted the world since early 2020, the Indonesian government remains committed to addressing the problem of stunting in the country. Stunting is highly dangerous as it can inhibit body growth and increase diseases in children, as well as affect their intelligence and productivity in the future. The national strategy intends to mobilize all assets or resources to assist and fund the supply of quality nutrition in the first thousand homes from the first day of life to pregnant women and children under 24 months of age (Satriawan, 2018).

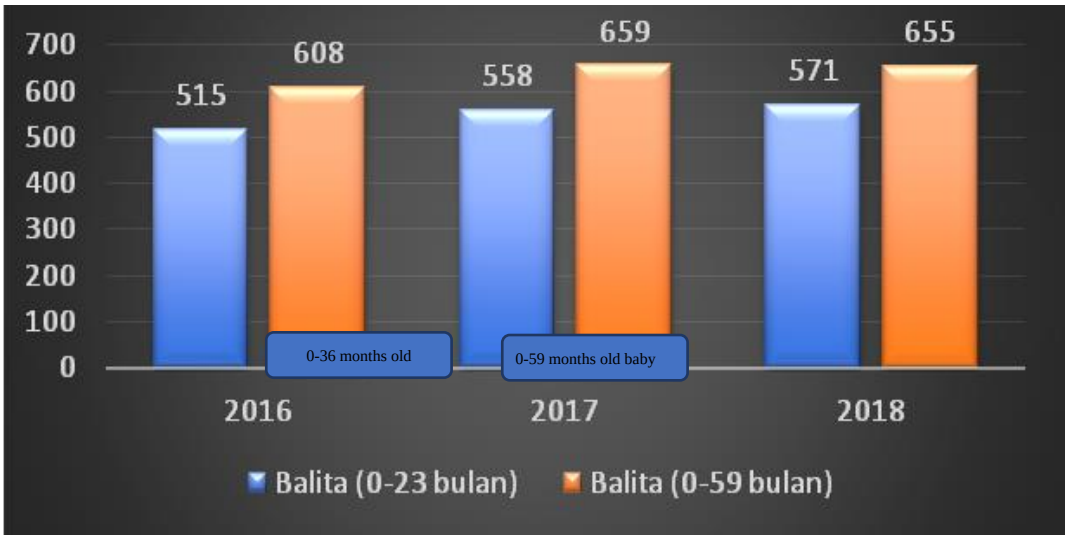
By 2024, the government hopes that stunting cases can drop to 14%. The government has begun to accelerate the growth of stunting prevention efforts through two main intervention frameworks, namely, sensitive nutrition interventions and specific nutrition interventions (Rachmi et al. (2016). Sensitive nutrition intervention is a stunting prevention activity outside the health sector carried out in the community through several activities that are generally macroscopic and carried out

[1]*Dr. University of Pandjadjaran Bandung, Indonesia; Email: didin_muhafidin@yahoo.co.id*

throughout the institution. These activities are performed in the form of increasing nutritious food, nutritional care for mothers and babies, and improving quality health services (Satriawan, 2018). Specific nutrition intervention is a stunting prevention program that is directly related to the health sector. It includes infectious diseases, maternal nutritional status, and food intake during infection. These interventions are usually short term, and the results of prevention are summarized within a short period of time (Beal et al., 2018).

The government's commitment to overcoming stunting in Indonesia is also reflected in the stipulation of stunting as the prime focus of the national development agenda as stated in the medium-term national development plan strategy for 2020–2024. Stunting prevention activities began when Indonesia joined the Scaling Up Nutrition (SUN) movement in 2011 (The Ministry of Health of the Republic of Indonesia, 2018). Each individual has the right to access adequate food and nutrition since Indonesia joined this movement (Beal et al., 2018). Indonesia's participation in this movement demonstrates the government's longstanding commitment to prevent stunting. The government's involvement was reaffirmed by establishing a national movement to accelerate nutrition improvement (Gernas PPG) as stipulated in presidential regulation number 42 of 2013. Though the National Movement for the Acceleration of Nutrition Improvement has been implemented in stunting prevention, it has not yet yielded the desired results. Figure 1 shows data on child malnutrition in Indonesia for 2016–2018.

Figure 1
Data on Handling Malnutrition in Indonesia



In the context of accelerating the reduction of stunting evenly in Indonesia, both ministries/agencies and local governments have implemented monitoring and evaluation of various programs. One of the assessment tools is the Special Index for Handling Stunting (IKPS). Figure 2 illustrates an increase in the IKPS from 2019 (66.1) to 2020 (67.3). The increase in the IKPS from 2019 to 2020 is 1.2 points.

Figure 2

Special Index for Handling Stunting (IKPS)

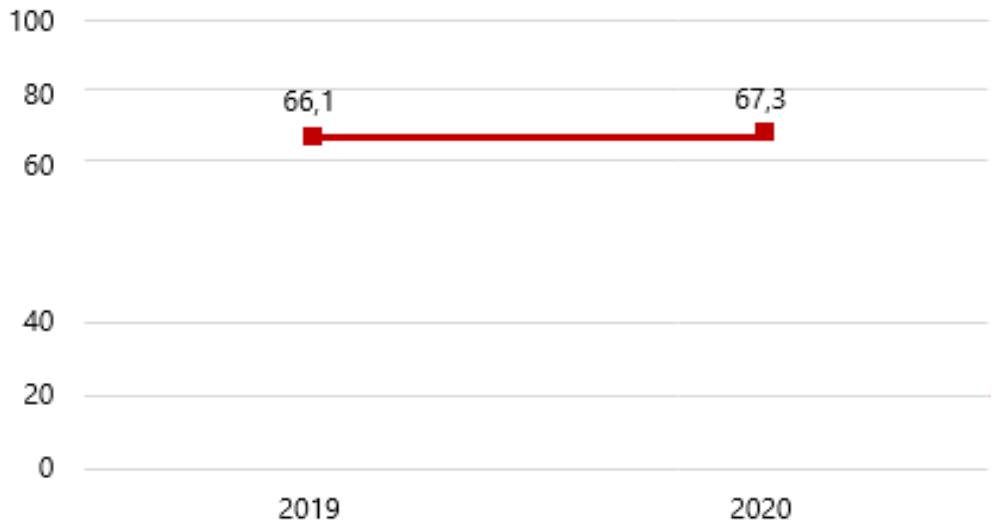


Figure 3 shows that the IKPS is below the national figure in most provinces. Most of the provinces with IKPS performance above the national value are in the western part of Indonesia, while others are in the central part of Indonesia.

Figure 3
IKPS Performance

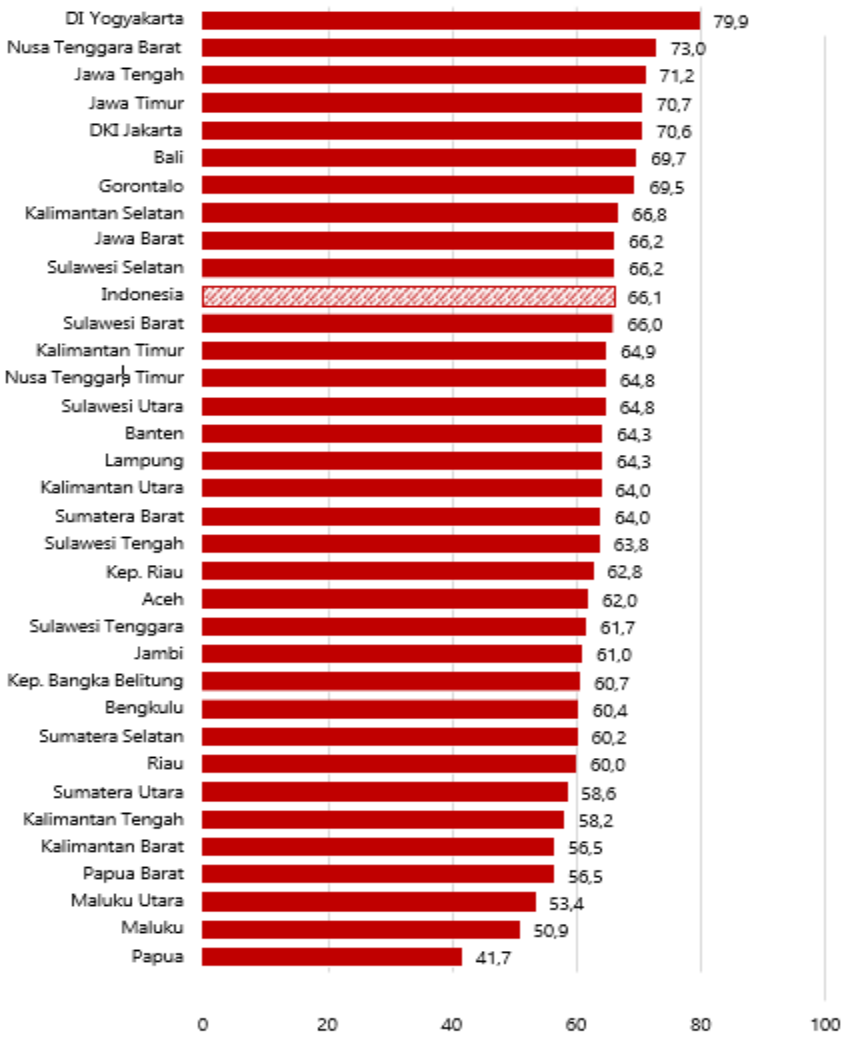
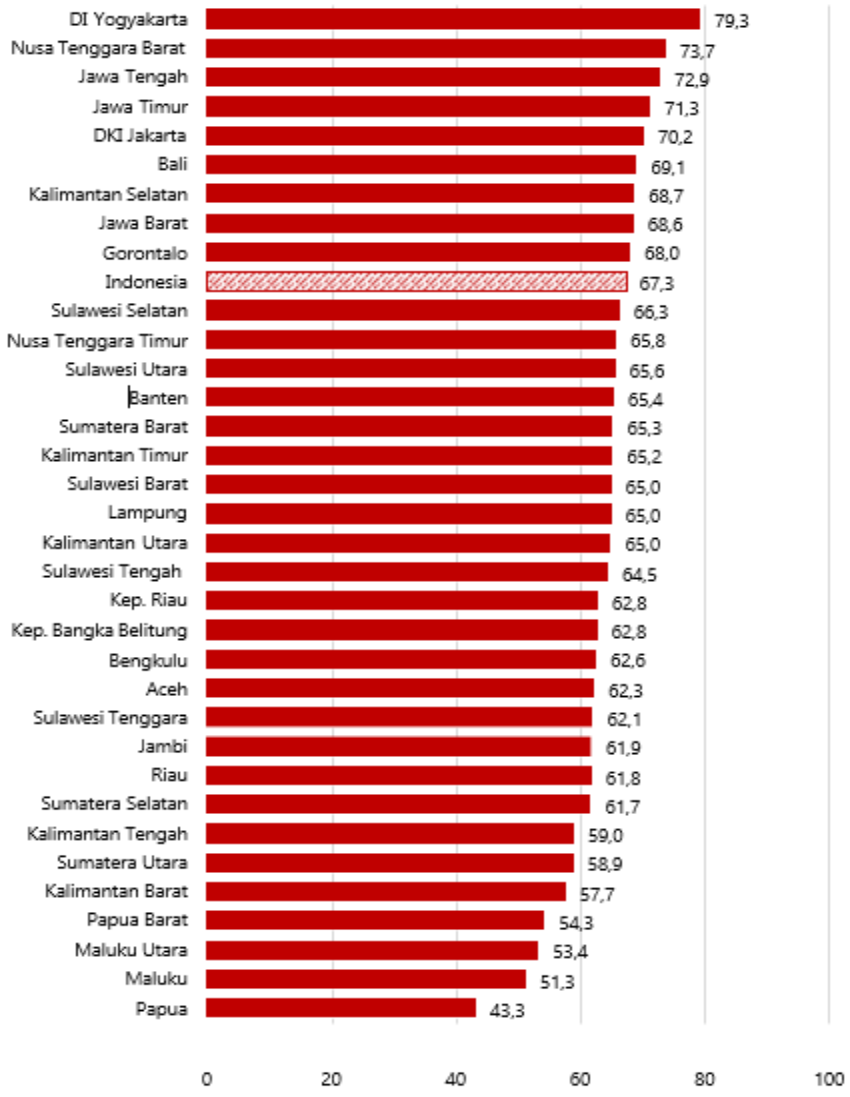


Figure 4 shows the handling/performance of the IKPS in several provinces in eastern Indonesia in 2020, and the IKPS performance of West Papua, Papua, North Maluku, and Maluku cannot exceed the national IKPS figure. The four provinces with the lowest IKPS were able to increase the achievement of the dimensions of social protection (utilization of health insurance and the number of IKPS recipients). The IKPS performance of Papua Province as the province with the lowest IKPS score in 2020 only reached 43.3 or 36.0 points, in contrast to DI Yogyakarta province as the province with the highest IKPS score, i.e., 79.3.

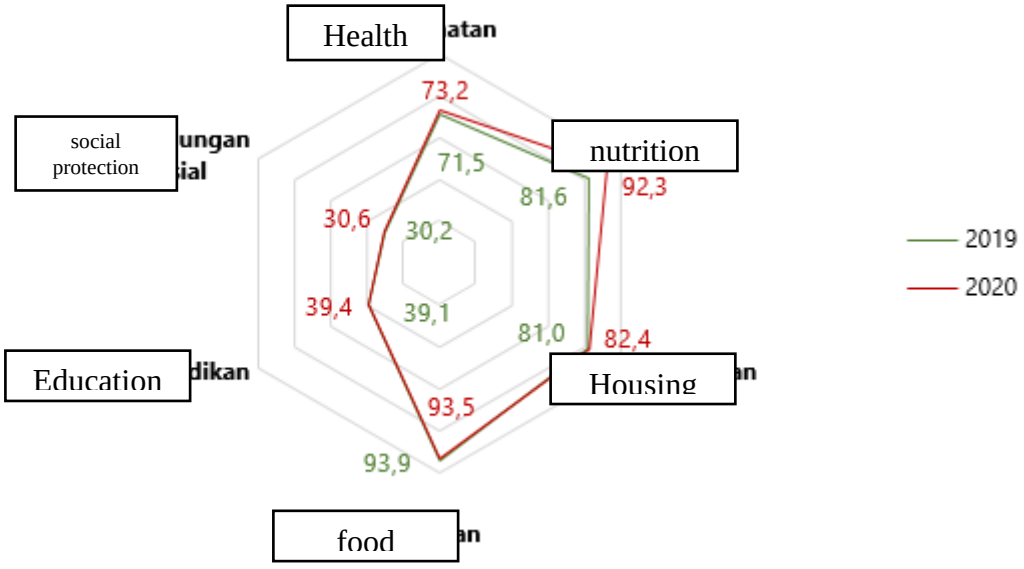
Figure 4
IKPS by Province
Source: Ministry of Health Republic of Indonesia (2021)



There is a big difference between the highest and the lowest provincial IKPS benefits, and the overall distribution of IKPS benefits across provinces shows that there are still gaps in the management of stunting at the provincial level throughout Indonesia. In addition to the task of local governments to improve the quality of life of the people in their respective regions, the design requires coordination from the central level so that all existing programs can be implemented together. Thus, the goal of accelerating stunting prevention in Indonesia can be realized immediately.

The change in the IKPS index for the composition dimensions of the province of West Java in 2019–2020 is based on the fact that the province is one of the provinces whose IKPS 2020 performance is above the national IKPS. During the 2019–2020 period, the IKPS value of West Java Province increased. The West Java Province IKPS score in 2020 was 68.6, which is 2.4 points higher than the 2019 IKPS score.

Figure 5
Specific Index for Stunting Treatment



The six dimensions used in the IKPS are education, nutrition, food, health, social protection, and housing. The West Java Province IKPS performance in 2019–2020 is supported by index performance in almost all of its constituent dimensions. The *nutrition* dimension experienced an increase in the highest index value from 81.6 in 2019 to 92.3 in 2020, i.e., an increase of over 10 points. The increase in the index value from the *nutrition* dimension indicates an increase in the fulfillment of the indicators for the components of exclusive breastfeeding and complementary feeding. The *food* dimension is the only dimension that makes up the IKPS, which experienced a decrease in index value in 2020 compared to 2019.

Previous research related to stunting, among others, was researched by Mardahlia et al. (2020), who investigated the causes behind stunting in Indonesia in children aged two to five years because of nutrition or low nutritional intake of children. Beal et al. (2018) found that some children in

Indonesia did not get vaccinated and thus had an increased risk of malnutrition and anemia, and had higher rates of morbidity from infectious diseases.

Rachmi et al. (2016) conducted a survey using data from the Indonesian Family Life Survey (IFLS) in 1993, 1997, 2000, and 2007 with the unit of analysis for children aged 24.9 years in Indonesia. This study shows that breastfeeding for six months or more, birth weight, short parents, and uneducated mothers are risk factors for chronic malnutrition and low body weight. Another study on the importance of balanced child nutrition and access to sanitation was put forward by Alfiah & Setiyabudi (2020). In their study, they reported that some children aged 623 months who did not consume the recommended daily intake of drinks and foods were 1.63 times more likely to suffer from stunting, and low egg consumption was associated with twice the risk of stunting. In addition, there is an 88% risk of stunting for children who live at home but do not get adequate sanitation, and children born with low weight have a higher (2.5 times) risk of developing stunting.

Suryanis et al. (2021) found that stunting sufferers did not receive adequate parenting as that received by normal children. Several indicators show that stunting handling is still not optimal, and health workers are more focused on education about stunting and counseling. Pantaleon et al. (2016) noted a significant relationship between motor development and stunting in golden age children, and some children had growth disorders in Yogyakarta. Khoirunisa (2017) studied child growth and development and stunting in children aged one to five years in the Yogyakarta area with 106 respondents from early childhood. Young children with stunting were found to have growth and developmental delays that hinder and delay their motor and psychological development compared to children of the same age who did not suffer from stunting.

Research Questions

The following research questions were sought to be answered in this study:

1. What are the policies of the West Java regional government to overcome stunting?
2. What are the factors that cause stunting in West Java to be high?
3) What strategies can be applied to overcome stunting in West Java?

Theory

Stunting theory

The Ministry of Health of the Republic of Indonesia (2018) defined stunting as a condition in which children have a shorter height than normal children of their age measured according to

growth, and the child's height has deviations of more than minus two (−2) as per the WHO's child development standards. Stunting is a very chronic nutritional problem in children under five years of age. Factors causing stunting include childhood morbidity, inadequate nutritional intake for infants, maternal nutrition during pregnancy, and socioeconomic status. Stunted children are likely to struggle tremendously to obtain good physical growth in the future.

Stunting is a condition in which infants aged 23 months and/or children aged less than five years experience less than optimal growth owing to malnutrition and persistent deficiency diseases and chronic infections in the first 1,000 days of birth. Muslimah (2017) argued that chronic malnutrition is a condition that could lead to age-related short stature. The first survey conducted by the author revealed that 10 children were stunted – 80% of them were mildly stunted, and 20% were severely stunted.

Center of Data and Information of Indonesian Health Ministry (2020) explained stunting as a condition where the child experiences stunted growth such that the upper body of the child is no longer appropriate for his/her age due to ongoing nutritional problems, let alone not eating for a long time. Based on the Regulation of the Minister of Health of the Republic of Indonesia Number 2 of 2020 concerning Anthropometric Standards for Assessment of Child Nutritional Status, stunting is quantified in terms of nutritional intake based on an age index, namely, height divided by age equal to a value significantly less than 2. In addition to body atrophy disorders, stunting makes children fall prey to problems including disorders related to mental development and intelligence. Therefore, stunting is a big danger to the quality of society in Indonesia.

Until now, Indonesia is still dealing with serious problems related to malnutrition which, if left unchecked, will affect the quality of life of country's next generation and, in turn, affect the nation's development and the economy (Armayanti & Darmayanti, 2022). The majority of people in Indonesia believe that less than optimal growth occurs due to heredity. This perception is erroneous, and it is not easy for the government to convince the public about it (Aryastami & Tarigan, 2017). Growth delay is the result of inadequate nutritional intake, poor body health, and improper maintenance. The government program through PIS PK with healthy family indicators aims to reduce the incidence of chronic malnutrition (Festilia & Waliyo, 2021).

Factors that Cause Stunting

Infancy is a time when children experience very significant body development and growth. Today's children require adequate and quality nutritional intake in large quantities, because they

are mostly involved in rigorous physical activities. If the nutritional intake is inadequate, the growth and mental and physical development of children can be hampered, which may ultimately deteriorate the quality of life of the nation's next generation.

Setiawan et al. (2021) affirmed that several factors influence the occurrence of stunting, for example, gestational age, birth length, birth weight, and maternal parenting. Lack of energy or anemia during pregnancy can also cause babies to be born with a low body weight.

One of the factors causing stunting is the low level of public awareness and parenting patterns that are still not well practiced (Bukit et al., 2021). In addition, in this study, children who had a history of acute respiratory infections had a four-fold higher risk of developing growth retardation when compared to other children of their age who did not have such history. Several other factors that cause stunting are low income, gender, inadequate health facilities, especially prenatal care, and poor knowledge of pregnant women about quality nutrition for children under five years of age. Stunting has been reported to occur in children under five years of age as much as 36% in Manado (Halim et al., 2018).

Awaludin (2019) identified different factors that cause stunting, which are:

(1) Poor parenting: among others, children under the age of two years do not get adequate intake of breast milk substitutes; lack of knowledge among pregnant women about health and nutrition during pregnancy; children under six months of age do not receive adequate breastfeeding.

(2) Limited health services such as lack of vaccination information and services; low iron intake of pregnant women; child care reduction services at the posyandu.

(3). Access to nutritious food is not good, such as quality or nutritious food is expensive; anemia in pregnant women.

(4). Poor access to sanitation and clean water, for example, drinking water consumed is not safe; defecation facilities are outside the house.

Several factors that cause stunting, according to Muliani et al. (2020), among others, are recurrent infections or illnesses, family financial conditions, environmental conditions, and non-health problems. Sunanto and Hamim (2019) noted that growth retardation occurs due to two factors: indirect factors and direct factors.

(1) Indirect factors include mother's education, father's education, mother's occupation, father's occupation, breastfeeding, health services (vaccination), and family economic situation.

(2) Direct factors include infectious disease, poor nutritional intake, low body weight, and gender.

Strategies to Overcome Stunting

Indonesia continues to face the challenge of malnutrition, which has a severe impact on the quality of its human resources. The nutritional problem, which is a major concern in the current era, has given rise to a large number of stunted children. As stated earlier, stunting is an issue of malnutrition in children under five years of age that occurs due to inadequate food or nutrition intake for a long period of time as a result of consuming food and nutrition that does not meet the recommended amount, as well as lack of the implementation of the commitments of the Ministry of Health and the World Bank.

The President and Vice President's support in developing a national strategy to accelerate the prevention of chronic malnutrition was prepared as a direction to encourage collaboration between agencies to ensure the realization of all programs related to stunting prevention in Indonesia. In this case, several related parties are involved in the elaboration of this national strategy, namely, ministries/agencies, academic and professional organizations, civil society organizations, the business world and are paying due attention to the success of other countries in preventing and ensuring growth retardation. There is a harmony with gender equality, disability, and vulnerable social groups (Satriawan, 2018).

Overcoming the stunting problem also requires supporting prerequisites, including: implementation capability, political commitment and regulations in its implementation, and government's involvement in all sectors (BPS, 2021). Nurjannah et al. (2021) listed several attempts to overcome the problem of growth delay by using various strategies such as: a) Posyandu activities and the provision of healthy food. Posyandu activities, which are held every month, are highly appropriate activities. Up to 75% of respondents said that by visiting the posyandu regularly, the development of children, such as basic immunizations, weight gain, height, and malnutrition can be monitored properly so as to facilitate the handling of these cases; b) Provide healthy foods such as porridge and biscuits with added vitamins to help maintain a young child's metabolism. The Supplementary Recovery Feeding Program for young children with stunted growth is actively implemented; c) Building a family planning village effort to reduce stunting rates. This program focuses on villages with a large number of stunting children.

Nurjannah et al. (2021) explain that there are two ways to deal with stunting, namely, sensitive and specific interventions. Sensitive intervention is a long-term stunting prevention technique,

which can be completed through fitness counselors available in various fitness centers ranging from hospitals to health centers.

The Adverse Effects of Stunting

Stunting shows the failure of children's growth and development in the long term. Stunting that appears before a child is two years old can increase the risk of cognitive decline, because stunted children usually have a lower IQ than ordinary children of the same age. The parenting style of the parents of stunted children is not as good as that of the parents of ordinary children. In terms of fitness services, 75% of medical expert positions place more emphasis on stunting counseling and training. Stunting is also caused by parenting-related factors, and medical experts through the availability of data, education, training and empowerment of women, especially mothers, have an important role in reducing stunting (Suryanis et al., 2021).

Sakti (2020) remarked that stunting results in impaired motor development of children, both fine and gross motors, making the mental development of children at golden age less than optimal. In addition, it is known that stunting in Indonesia causes disturbances in the emotional and social development of children.

Stunting experienced in childhood causes growth disorders and failures that last until elementary school age, i.e., 6 to 12 years (Ginting & Pandiangan, 2019). Stunting at school age has an adverse impact on intelligence, fine motor skills, psychomotor development, and sensorineural integration, and children become more susceptible to diseases, thereby reducing their productivity and leading to less-than-optimal levels of intellectual intelligence (Arfines & Puspitasari, 2017). Chronic malnutrition is a nutritional problem in the world or around the world that affects the growth and development of children. It affects the intellectual intelligence of children, thus affecting the level of intelligence of children and can lead to a decrease in their productivity levels in the future (Mulyana et al., 2020).

Methods

Research Approach

This study adopted a qualitative descriptive approach. Descriptive research seeks to describe various aspects related to the research theme (Cresswell, 2014; Miles, et. al., 2014). The themes of this study include: 1) various policies used by the West Java Provincial Government in overcoming stunting, 2) the causes of high stunting in West Java Province, 3) strategies to

overcome stunting in West Java. This study used data from 2019–2022 with the research locus in West Java Province, Indonesia.

Research Informants

Research informants included officials in West Java who are related to stunting, namely, the Head of the Population and Civil Registry Office, head of the Health Service, head of the Agriculture and Food Crops Service, and parties related directly or indirectly to stunting prevention programs in West Java. The informants were 12 people consisting of 6 females and 7 males. They were selected based on the purposive sampling techniques, allowing their authority and knowledge on the stunting program in the provincial office of West Java.

Data and Data Collection Strategies

Research data include primary data and secondary data. Primary data were collected using a semi-structured interview method in accordance with interview guidelines. Interview was used by semi-structures interview, the wuestions of which can be developed by the researcher during the interview process if new evidence arise. The interview took place 30-40 minutes each, and it was conducted in the office of the provincial. During the interview records were conducted by the member of the research; transcripts were developed verbatim, word by word, and field notes were developed after the whole interview was ended. Secondary data were obtained using documented data from official news, annual report data, statistical data from official sources, and data from services that have been published online (Basrowi & Utami, 2020).

Data Analysis

The collected data were analyzed using four steps of qualitative data analysis from Cresswell (2014) and interactive data analysis from Miles, et. al., (2014). The qualitative data analysis started from concerting numeric and text into narrative data, determining themes based on the research questions, determining coding system, apllying coding to the whole data, and selecting the final data (Cresswell, 2014), In addition, adapting Miles, et al., (2014) the interactive data analysis included data collection, data classification according to the research theme, filtering or reducing valid and reliable data used to answer the problem formulation, and drawing conclusions (Cresswell, 2014; Basrowi & Utami, 2019).

Research Results and Discussion

West Java local government policies for overcoming stunting

As a form of commitment to preventing and handling stunting cases, the West Java Provincial Government intervened on 18 April. This was conveyed by the President of the Handling Cases of Violence Against Women (PKKTP) of West Java Province, Atalia Praratya, when providing training to stunt jamming ambassadors in Assakinah, Animal Husbandry Building, Sawah Gede, Cianjur District, Cyanjur Regency. Atalia hopes (Data 1):

(1) "This campaign will trigger West Java's stunting for the next five years so that West Java's stunting is not achieved. The stunting rate in West Java alone reached 29.2% or 2.7 million children under five, and in eight districts/cities, stunting prevalence was still high. Among them are Garut Regency (43.2%), Sukabumi Regency (37.6%), Cianjur Regency (35.7%), Tasikmalaya Regency (33.3%), West City Center Regency (34.2%), City Tasikmalaya (33.2%), Majalengka Regency (30.2%) and Purwakarta Regency (30.1%)."

Nationally, the stunting rate is around 32%. In addition, Atalia added (Data 2):

(2) "The West Java Provincial Government has made various efforts to overcome growth retardation. and the state health department. West Java provides support and guidance on maternal and newborn health to improve nutrition in the community. The West Java National Family Planning Coordinating Board (BKKBN) did a stunt bar by streamlining the training of the first thousand days of life and the young family guidance group (BKB)."

In addition, the village community empowerment service (DPMD) program in West Java includes Posyandu activities and scholarships for disadvantaged villagers in West Java. The family welfare education (PKK) collectively conducts community nutrition development, PHBS socialization, and Posyandu empowerment. Atalia further stated (Data 3):

(3) "So the biggest problem is that we tend to create synergies; we synergize with related agencies because it seems that many parties are involved. So it turns out that 3% of the 27 departments deal with atrophy. Together with the West Java Provincial Government, including the PKK, we are working to prevent stunting."

Stunting can be eliminated in three ways, mainly by providing the young generation with adequate nutrition, educating them, and providing them with a healthy hygienic diet; half plate of vegetables and half plate of staple foods in the form of carbohydrates and animal supplements and vegetable protein are also needed to provide good sanitation to prevent children from intestinal worms, provide drinking water, safe and clean latrines, and washing hands with soap and running water.

Meanwhile, early breastfeeding can even help stop chronic malnutrition and improve child development.

Cianjur Regency is the first room in West Java to hold flying interference ambassador training. This training was commenced in November 2018 at the Assakinah Building, Cianjur Regency, with the theme (Data 4):

(4) "Launching the planting of superior generation through character-based education. This training can be a form of government involvement in fighting stunting through the Presidential Office of Manpower. Together they attended a training session that was attended by around 500 Posyandu cadres, village midwives, PKK cadres, health promotion officers, and nutrition officers from all areas of Cianjur Regency."

This year, Cianjur is one of the 100 priority areas for preventing weed growth in Indonesia. Thus, there are 10 priority villages in Cianjur Regency that are handled by stunting.

Based on the description above, the strategy that has been taken by the West Java Provincial Government is the strategy, namely: "1) providing support and guidance on maternal and newborn health to improve nutrition, 2) performing stunt bars by streamlining the first thousand days of life and group training. Young Family Trustees, 3) Posyandu activities and scholarships for disadvantaged villagers in West Java, 4) PKK collectively conducts community nutrition development, socialization of PHBS, and Posyandu empowerment, 5) equipping the young generation with smart nutrition, educating them and equipping them with one hygienic healthy eating patterns, 6) providing good sanitation facilities to prevent children from worms, providing drinking water, safe and clean latrines, and washing hands with soap and running water."

What are the factors that cause stunting in West Java to be high

According to Marion, Head of the West Java Health Office (Data 5):

(5) "Stunting cases are caused by many factors. Starting from poor parenting, limited health services, including prenatal care (ANC) to lack of access to nutritious food. This situation implies that the management of chronic malnutrition must be multisectoral. The prevalence of stunting in West Java reaches 29.2% or 2.7 million children under five years of age, including eight districts/cities where the prevalence of stunting is still high. According to the data from the Tasikmalaya City Health Office in 2018, out of 21 Tasikmalaya City Health Centers, the most disadvantaged people in the Tamansari Health Center work area are 603 (Profile of the Tasikmalaya City Health Office Tasikmalaya City, 2018). The number of underdeveloped patients at the Tamansari Health Center in 2018 at the age of 2459 months became 467 underdeveloped babies from 3,191 babies treated at the Puskesmas. Stunting

> occurred in Mulyasari Village from 2459 months to 65 babies, Setiamulya Village from 2459 months to 123 babies, Setiawargi Village from 2459 months to 165 babies and Sukahurip Village from 2459 months to 114 babies."

Mulyanti et al. (2021) affirmed that one of the risk factors that influence the occurrence of chronic malnutrition in toddlers is a history of low birth weight (LBW). If poor nutrition, frequent infections, and poor medical care continue, the growth of babies with a low birth weight will be stunted, it can ultimately lead to growth delays. Another factor associated with the onset of chronic malnutrition is exclusive breastfeeding. The risk of growth retardation is 3.7 times greater in infants who are not exclusively breastfed (for less than six months) than infants who are exclusively breastfed (for more than six months).

Immunization status is also a factor associated with growth retardation. Vaccination is a routine procedure that keeps children healthy. Most of these vaccines are designed to provide complete protection from dangerous diseases and are often given during the first few years of a child's life. The inhibiting factors are parents' education, parents' occupations, and the family's economic situation. The adverse effects of growth retardation show that the number, quality, and damage to cells, tissues, and organs of the body (impaired growth and development) have changed, some of these changes are severe or impossible to repair and increase the risk for obesity.

The opinion above is in accordance with the findings of Muliani et al. (2020).

Sutio (2017) noted that (Data 6):

> (6) The nutritional status factor with birth weight and 2,500 grams has a significant impact on the occurrence of chronic malnutrition in children and is a 3.82 times greater risk for developing chronic malnutrition. Mother's school factor has a significant effect on the incidence of chronic malnutrition in children with a risk of up to 1.67 times suffering from chronic malnutrition. Low family income has been identified as a significant predictor of stunting 2.1 times in children under five years of age.

The opinion above is in accordance with the opinion of Setiawan et al. (2021), who stated that, "Several factors known to influence the occurrence of stunting are gestational age, birth length, birth weight and maternal parenting. Lack of energy or anemia during pregnancy can also cause the baby to be born with a low birth weight."

The findings of this study are also in accordance with the opinion of Bukit et al. (2021), who stated that, "One of the factors causing stunting is the low awareness of the community and parenting patterns that are still not well practiced by mothers."

Based on the description above, it can be concluded that stunting cases are caused by many factors: 1) poor parenting, 2) limited health services including prenatal care, 3) lack of access to nutritious food, 4) low public awareness and poor parenting styles still not well practiced by mothers, 5) low income, inadequate health facilities, especially pregnancy care, and poor knowledge of pregnant women about quality nutrition for children under five, 6) children under the age of two years do not get adequate intake of breast milk substitutes, 7) limited health services, 8) access to nutritious food is not good, 9) access to sanitation and clean water is not good and so on.

Strategies Applied to Tackle Stunting in West Java

The province of West Java is known as one of the 12 priority provinces with the highest prevalence of stunting in 2022 in Indonesia. In 2024 it is projected to reach 14%. The COVID-19 pandemic has the potential to affect the handling of stunting cases, especially in regard to the intake of nutritious food. If this is ignored, more and more adults will have cognitive abilities. Pregnancy, women of childbearing age, and children under five are important investments in the future. Overnutrition and stunting continue to be a problem facing the health sector.

Chairman of the West Java TPPKK (Jabar) Atalia Praratya Ridwan Kamil said (Data 7):

(7) "Although the government focuses on controlling COVID-19, handling stunting cases must remain a priority. The reason is that improving maternal nutrition will reach the target of 14% in 2024. I fear the way we deal with the pandemic will change other important things. So, this needs to be more carefully prepared for stunting because it is related to the future of the nation's generation. During the COVID-19 pandemic, children's health services have depended on the Mobile Posyandu. Because according to Atalia, many posyandu were closed for the fear of being exposed to the COVID-19 virus. This condition makes Posyandu services not optimal."

Head of the West Java Health Service (Dinkes) Nina Susana Dewi said (Data 8):

(8) "Stunting treatment must still be carried out even in the COVID-19 pandemic situation. Stunning is one of the priority indicators in the SDGs that aims to be free of malnutrition by 2030. Preventing stunting will increase Indonesia's human capital index."

The head of the West Java Health Office, Marion Siagian, on a different occasion also said (Data 9):

(9) "The prevalence of stunting in West Java is in children under five years of age, according to a nutritional status survey and 2019 is still relatively high at 26.2%. The zero stunting

strategy is to carry out a ‘massive move’ to reduce the prevalence of stunting below the WHO standard (stunting < 20%) by 2023.”

Regarding stunting in West Java Province, Lina Ruzhanul, vice president of the provincial family welfare empowerment motivation team, West Java (Jabar), stated:
“According to 2017 data from the West Java Nutritionist Association, cases of malnutrition occurred in West Java Province. Java Java by 29.2%. It still exceeds the WHO threshold of 22%. The causes of poor nutrition are lack of food intake, early marriage, and lack of parental knowledge or education. All three are influenced by economic or welfare factors.”

Lina also explained that poor nutrition does not only have an impact on children's physical growth. Brain growth in children is also affected. To reduce the stunting rate in West Java.

The results of this study are in accordance with the opinion that to overcome stunting it is necessary to involve several relevant parties involved, namely ministries/institutions, academic and professional organizations, civil society organizations, the business world and pay attention to the success of other countries in preventing growth retardation (Satriawan, 2018)

The West Java Province PKK Mobilization Team is also aggressively campaigning for Omaba, a program that was started six years ago by the head of the PKK mobilizing team in Cisaranten Kidul District, Vita Fatimah (Data 10):

(10) The initial concept was to spend the company’s CSR funds in the form of formula milk for malnourished families. Next, Omaba becomes a direct meal. The goal is to make it more effective and deliver it to the homes of malnourished children by motorbike. Currently there are up to 1.1 million underprivileged families in West Java. This figure is equivalent to 8.87% of the 12.6 million families. Omaba socialization can inspire other regions to be involved in its implementation in their respective regions to realize a growth-free West Java (Prasetya, 2019).

According to the Indonesia Nutrition Status Survey (SSGI) 2021 data (Data 11).

(11) Urban areas in West Java also show high growth retardation, among others; Cirebon city is known as a ‘red’ area because it has a stunting prevalence of above 30%. Then, with a prevalence of 35.2%, Garut ranks first in West Java, which has the highest prevalence of stunting. Together with the cities of Cirebon, Cianjur and Bandung Regency, Garut is included in Tanah Merah. There are also 14 ‘yellow’ districts and cities with a prevalence of 20% to 30%, ranked from highest to lowest overall prevalence; West Bandung, Tasikmalaya City, Bogor Regency, Cirebon Regency, Bandung City, Tasikmalaya Regency, Sukabumi Regency, Banjar City Majalengka Pangandaran Sumedang Bekasi Regency Purwakarta, West Bandung Karawang are also almost in the red category with a prevalence of 29.6%. There are still nine areas that are classified as green, with prevalence ranging from 10% to 20%, ranked from highest to lowest prevalence, among others;

> Cimahi City, Sukabumi City, Kuningan City, Subang, Bogor City, Ciamis, Indramayu, Bekasi City and Depok City.

Cimahi City, with a prevalence of 19.9%, and Sukabumi City with a prevalence of 19.1% are even "almost" close to red status. Not a single district or city in West Java has "blue" status, with a prevalence of less than 10%. Only Depok City has the lowest prevalence rate of 12.3%. Deputy Governor of West Java, Uu Ruzhanul Ulum, said (Data 12):

(12) "Stunting is a chronic malnutrition problem characterized by short physique, susceptibility to disease, below average intelligence, and low productivity. To reduce stunting symptoms in West Java, all aspects of society must contribute to improving health conditions, one of which is stunting."

In relation to the above, Atalia Praratya Kamil, head of the West Java PKK mobilization team, said (Data 13):

(13) "Constraints are not only experienced by poor or underprivileged families but also rich families: five percent from wealthy families and 33% from urban areas. To ensure a shared commitment to the convergence of all stakeholders, BKKBN socializes the National Action Plan for the Acceleration of Stunting Reduction (RAN PASTI) (Gunawan, 2022).

The RAN PASTI socialization explained the techniques for accelerating stunting reduction at the provincial, district, city, and rural levels (Data 14):

(14) "The Stunting Reduction Acceleration Team 'must' be completed by March 2022 so that the allocated funds can be used efficiently and on time. Monitoring, reporting, and assessment are also considered in the socialization of RAN PASTI, as well as options for 'financing' atrophy in the regions, including those that are socialized. The indicator of decreasing malnutrition will be one of the benchmarks for the success of regional leaders in terms of the welfare of the population and the progress of regional development."

The Regional Economic Transformation and Recovery Task Force (Satgas) of West Java Province explained that (Data 15).

(15) "The West Java Provincial Government (Pemda) has set priorities for economic recovery. According to the principle of survival, there are three possibilities that can be prioritized: food, energy and water."

Sarwono Kusumaatmadja, a prominent figure and observer of agriculture in West Java, suggested that the West Java Provincial Government must place more emphasis on food issues (Data 16):

(16) "Make food a top priority for the current economic recovery. The consequences of this food are diverse. All sectors will recover once food demand is met. Don't expect other industries to develop if there is no food."

Horticultural agriculture, according to Sarwono, can be a long-term solution after the COVID-19 pandemic. As a supplement to village horticultural agriculture, urban agriculture can be implemented. Sarwono said (Data 17):

(17) "The Indonesian horticulture program launched by the Governor of West Java Ridwan Kamil can be significantly increased so that people can meet their own needs and the needs of others around them. Because the population is fluent in agriculture, West Java has the potential to overcome food problems. So, if another country restricts its agricultural exports, we have the opportunity to meet our own needs and, if possible, export."

Dadan Hidayat, the current head of the Horticulture and Food Crops Office of West Java Province, stated (Data 18):

(18) "West Java accounts for 16%–17% of national rice production, ranking third after East Java and Central Java. Numbers become one, and food becomes independent. The possibility exists."

According to BPS statistics, rice production in West Java in 2020 will be 9,172,700 tons of milled dry grain (GKG), or 5,880 tons, 618 tons of rice. While the population of West Java consumes 128 kg per capita per year, it takes 6.4 million tons of rice to meet this need (Data 19):

(19) "This indicates that West Java still lacks rice. In 2021, the government will experience a budget surplus. We have a scheme to expand open land belonging to the Plantation and Agriculture Office. The target is to plant 2,091,404 hectares of rice with a yield of 6 tons per hectare. The goal is to make 11,126 units. Next year we have 830 tons of GKG or the equivalent of 7,646,291 tons of rice, leaving West Java with a surplus of 1.2 million tons."

According to Jafar Ismail, head of the West Java Animal Husbandry and Food Safety Service (Data 20):

(20) "The diet of the West Java community is less diverse, especially in terms of filling carbohydrates. We need to shift the perception that satiety doesn't have to be rice, it can be cassava, sweet potatoes, and other carbohydrates. The West Java Provincial Government intends to promote two main products, namely cassava and potatoes as a substitute for rice."

The results of this study are in accordance with the opinion of Nurjannah et al. (2021) that the strategies to overcome stunting include: "Posyandu activities and the provision of healthy food, providing healthy food, building a Family Planning Village."

Based on the description above, strategies that can be taken to overcome stunting are: Horticultural agriculture, prioritizing restoration, food, and water, involving all aspects of the community must contribute to improving the health condition of sensitive and specific interventions, Posyandu activities and the provision of physically healthy foods, building a family planning village, providing healthy food and others.

Conclusion

In an effort to combat the COVID-19 pandemic, which has had adverse impacts since early 2020, the Indonesian government remains committed to addressing the stunting problem in the country related to malnutrition and stunting. The national stunting strategy is developing with evidence and experience from Indonesia and around the world in stunting prevention activities. The stunting national strategy intends to direct and mobilize all assets or resources to assist and fund important initiatives, along with growing insurance and quality nutrition offerings in the first thousand days of life for pregnant women and children under 24 months of age.

The West Java Provincial Government and the state health department have persistently endeavored to overcome stunting. West Java provides support and guidance on maternal and newborn health to improve nutrition in the community, while the West Java BKKBN performed a stunt bar by streamlining the first thousand days of life and youth family guidance group training. In addition, the DPMD program in West Java includes Posyandu activities and scholarships for villagers. Left behind at No. West Java PKK collectively carries out community nutrition development, socialization of PHBS, and empowerment of Posyandu.

References

Alfiah, S. N., & Setiyabudi, R. (2020). Hubungan Pola Asuh Pemberian Makan Dan Status Ekonomi Dengan Kejadian Balita Pendek. *Human Care Journal*, *5*(3), 742. https://doi.org/10.32883/hcj.v5i3.767

Arfines, P. P., & Puspitasari, F. D. (2017). Hubungan Stunting dengan Prestasi Belajar Anak Sekolah Dasar di Daerah Kumuh, Kotamadya Jakarta Pusat. *Buletin Penelitian Kesehatan*, *45*(1), 45–52. https://doi.org/10.22435/bpk.v45i1.5798.45-52

Armayanti, L. Y., & Darmayanti, P. A. R. (2022). Perbedaan Tumbuh Kembang pada Balita Usia 2-5 Tahun dengan Stunting dan Non-Stunting. *Jurnal Ilmu Kesehatan MAKIA*, *12*(1), 13–20. https://doi.org/10.37413/jmakia.v12i1.184

Aryastami, N., & Tarigan, I. (2017). Kajian Kebijakan dan Penanggulangan Masalah Gizi Stunting di Indonesia Policy Analysis on Stunting Prevention in Indonesia. *Buletin Penelitian Kesehatan*, *45*(4), 233–240.

Awaludin. (2019). Analisis Bagaimana Mengatasi Permasalahan Stunting Di Indonesia. *Jurnal Kedokteran*, *35*(4), 60.

Basrowi, & Utami, P. (2020). Building strategic planning models based on digital technology in the sharia capital market? *Journal of Advanced Research in Law and Economics*, *11*(3), 747–754. https://doi.org/https://doi.org/10.14505/jarle.v11.3(49).06

Basrowi & Utami, P. (2019) Legal protection to consumers of financial technology in Indonesia. *Journal of Advanced Research in Law and Economics*, Volume IX Issue 4(43), Summer 2019. http://journals.aserspublishing.eu/jarle/index

Beal, T., Tumilowicz, A., Sutrisna, A., Izwardy, D., & Neufeld, L. M. (2018). A review of child stunting determinants in Indonesia. *Maternal and Child Nutrition*, *14*(4), 1–10. https://doi.org/10.1111/mcn.12617

BPS. (2021). Laporan Indeks Khusus Penanganan Stunting 2019-2020. In *Badan Pusat Statistik*.

Bukit, D. S., Keloko, A. B., & Ashar, T. (2021). Dukungan tenaga kesehatan dalam pencegahan stunting di Desa Tuntungan 2 Kabupaten Deli Serdang Support of health workers in stunting prevention in Tuntungan Village 2 Deli Serdang Regency. *TROPHICO: Tropical Public Health Journal Faculty of Public Health*, *2017*, 19–23.

Creswell, J.W. (2014). *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches (4th Ed.)*. London: SAGE Publications.

Festilia, S., & Waliyo, E. (2021). *Determinan Kejadian Stunting Pada Balita: Asupan Protein, Zink, Penyakit Infeksi Dan Indikator Keluarga Sehat*. *04*, 75–78.

Ginting, K. P., & Pandiangan, A. (2019). Tingkat Kecerdasan Intelegensi Anak Stunting. *Jurnal Penelitian Perawat Profesional*, *1*(1), 47–52. https://doi.org/10.37287/jppp.v1i1.25

Gunawan, I. (2022). *Inilah Strategi Pemprov dan BKKBN Jabar untuk Cegah Stunting*. https://www.sonora.id/read/423181318/inilah-strategi-pemprov-dan-bkkbn-jabar-untuk-cegah-stunting

Halim, L. A., Warouw, S. M., & Manoppo, J. I. C. (2018). Hubungan Faktor-Faktor Risiko Dengan Stunting pada Anak Usia 3-5 Tahun di Tk/Paud Kecamatan Tuminting. *Jurnal Medik Dan Rehabilitasi*, *1*, 1–8.

Khoirunisa, N. (2017). *Gambaran Perkembangan Pada Balita Stunting Di Desa Mulo Wonosari Gunung Kidul Yogyakarta*. 111.

Mardahlia, D., Ardan, M., Haimin, F. G., & Liling, K. (2020). *Pencegahan Stunting dengan 1000 Hari Pertama Kehidupan di Kampung KB Kota Samarinda Tahun 2019*. *2*(september 2019), 50–53.

Miles, Mattew B.; Huberman, Michael, A & Saldana, Jhonny. (2014). *Qualitative Data Analysis A Methods Sourcebook*. 3rd ed. eds. Helen Salmon, Kaitlin Perry, Kalie Koscielak, and Laura Barrent. Los Angeles: SAGE Publication.

Muliani, S., Supiana, N., & Hidayati, N. (2020). *Kejadian dan Penyebab Stunting di Desa Mambalan Kecamatan Gunung Sari Kabupaten Lombok Barat Tahun 2020*. *8*(2), 49–55.

Mulyana, H., Hidayat, F. M., & Hidayanti, R. (2020). Dampak stunting terhadap kecerdasan intelektual. *Bhakti Kencana University Tasikmalaya*, 102–110.

Mulyanti, S., Setiawan, A., & Zahara, F. (2021). Faktor – faktor yang berhubungan dengan terjadinya stunting pada balita usia 24 – 59 bulan di Kelurahan Setiawargi Kota Tasikmalaya Tahun 2020. *Jurnal Ilmiah Kesehatan Pencerah*, *10*(1), 99–109.

Muslimah AN. (2017). *Correlation of micronutrien intake and parenting among stunting childrens' parents in students of smp n 15 semarang city, YEAR 2017*. 0–1.

Nurjannah, S., Syarifuddin, & Yanuartati, B. Y. E. (2021). *Critical assessment of household food security and stunting phenomenon: cases in two villages in gunungsari district, west lombok regency*. *22*(3), 149–162.

Pantaleon, M. G., Hadi, H., & Gamayanti, I. L. (2016). Stunting berhubungan dengan perkembangan motorik anak di Kecamatan Sedayu, Bantul, Yogyakarta. *Jurnal Gizi Dan Dietetik Indonesia (Indonesian Journal of Nutrition and Dietetics)*, *3*(1), 10. https://doi.org/10.21927/ijnd.2015.3(1).10-21

Prasetya, A. W. (2019). *Jawa Barat Punya Strategi Jitu Atasi Stunting*. https://regional.kompas.com/read/2019/10/24/16404421/jawa-barat-punya-strategi-jitu-

atasi-stunting

Pusat Data dan Informasi Kementerian Kesehatan RI. (2020). Situasi Stunting di Indonesia. *Jendela Data Dan Informasi Kesehatan*, *208*(5), 1–34. https://pusdatin.kemkes.go.id/download.php?file=download/pusdatin/buletin/buletin-Situasi-Stunting-di-Indonesia_opt.pdf

Rachmi, C. N., Agho, K. E., Li, M., & Baur, L. A. (2016). Stunting coexisting with overweight in 2·0-4·9-year-old Indonesian children: Prevalence, trends and associated risk factors from repeated cross-sectional surveys. *Public Health Nutrition*, *19*(15), 2698–2707. https://doi.org/10.1017/S1368980016000926

Sakti, S. A. (2020). *Pengaruh Stunting pada Tumbuh Kembang Anak Periode Golden Age*. *6*(1), 169–175.

Satriawan, E. (2018). Strategi Nasional Percepatan Pencegahan Stunting 2018-2024 (National Strategy for Accelerating Stunting Prevention 2018-2024). *Tim Nasional Percepatan Penanggulangan Kemiskinan (TNP2K) Sekretariat Wakil Presiden Republik Indonesia*, *November*, 1–32. http://tnp2k.go.id/filemanager/files/Rakornis 2018/Sesi 1_01_RakorStuntingTNP2K_Stranas_22Nov2018.pdf

Setiawan, D. A., Suherman, Yusuf, K., Wahyuni, F., & G, A. V. (2021). *Faktor yang Berhubungan Dengan Kejadian Stunting pada Balita Di Puskesmas Ilwaki KabupatenMaluku Barat Daya Tahun 2021*. *02*(September), 1–14.

Sunanto, & Hamim, N. (2019). *Faktor Penentu Stunting Pada Anak di Era Pandemi Covid 19*. *45*(45), 95–98.

Suryanis, I., Pasalina, P. E., & Novera, I. (2021). Determinan Stunting Ditinjau dari Pola Asuh dan Pelayanan Kesehatan di Kabupaten Pasaman Barat. *Jurnal Doppler*, *5*(1), 93–97.

Sutio, D. (2017). Analisis Faktor-Faktor Risiko terhadap Kejadian Stunting pada Balita. *Jurnal Departemen Gizi Fakultas Kesehatan Masarakat*, *Vol. 28 No*, 247–256.