The Role of the Government in Reducing Stunting in Indonesia To Realize the Golden Generation 2045

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Abstract: UN statistics 2020 recorded that more than 149 million (22%) children under five worldwide are stunted, of which 6.3 million are early childhood or stunted toddlers are Indonesian toddlers. Stunting is caused by malnourished children within two years of their age, malnourished mothers during pregnancy, and poor sanitation. Currently, the prevalence of stunting in Indonesia is 21.6%, while the target to be achieved is 14% by 2024. For this reason, joint efforts are needed to achieve the targets that have been set, one of which starts from the smallest unit in society, namely the family. The formulation of the problem in this study is (1) What are the causes of stunting in Indonesia (2) What is the role of the government to reduce stunting in Indonesia? The result of this study is that malnutrition at an early age increases infant and child mortality, causing sufferers to get sick easily and have a posture that is not optimal as an adult. The cognitive abilities of the sufferers are also reduced, resulting in long-term economic losses for Indonesia. As a result, this generation will find it more difficult to master science and technology because of weaker analytical skills. The cause of stunting can occur since the child is in the womb. This is due to the problem of mothers and children who lack access to healthy and nutritious food, low intake of vitamins and minerals. Government efforts to prevent stunting are carried out through programs, first Improving Community Nutrition through the Supplementary Feeding (PMT) program to improve children's nutritional status. Second, Environment- based sanitation through improving the quality of environmental sanitation in 250 villages in 60 regencies/cities, with priority targets in villages with high stunting prevalence rates. Third, the budget of each village in this program is 100 million, with a minimum target of 20 households served by healthy individual latrines and handwashing with soap and policies targeting poor people so that there is behavior change. Fourth, the construction of instructors.

1 INTRODUCTION

Indonesia needs to realize healthy, smart, and productive human resources, as well as the achievement of sustainable development goals, accelerate the reduction of stunting. Therefore, Presidential Regulation of the Republic of Indonesia Number 72 of 2021 concerning the Acceleration of Stunting Reduction was issued. The acceleration of stunting reduction is implemented holistically, integratively, and with quality through coordination, synergy, and synchronization among ministries/agencies, provincial governments, district/city governments, village governments, and stakeholders.

Realizing the golden generation of 2045 is Indonesia's dream. It is hoped that at the age of 100 years Indonesia can take advantage of demographic bonus opportunities with the availability of quality human resources, namely healthy, smart, creative and competitive human resources. It can be said that the main key in realizing this dream lies in preparing a quality next generation of the nation. One of the challenges of quality human development in Indonesia is stunting. Stunting is a condition of failure to grow and develop in children due to lack of nutritional intake for a long time. The short-term impact of stunting is disruption of brain development, intelligence, impaired physical growth and metabolic disorders, while the long-term impact is a decrease in the cognitive development ability of the child's brain, learning difficulties, weak immunity so that it is easy to get sick and a high risk of metabolic diseases. Even when adults will have a short body, low productivity levels and have no

competitiveness in the world of work. Stunting is a major threat in realizing quality Indonesian human resources.

UNICEF, WHO, and the World Bank Group Joint Child Malnutrition Estimates (2018) suggest that one of the nutritional problems faced by the world, especially in poor and developing countries, is stunting or so-called failure to thrive. Globally, the prevalence of 22.9% or 154.8 million children under the age of 5 years suffers from stunting. These children begin their lives dealing with the difficulty of studying in school, low income as adults, and the difficulty of participating in their communities. This means that stunting conditions cause real and serious health problems (Tanoto Foundation, 2020).

The prevalence of stunting under five in Indonesia is the second largest in the Southeast Asia region below Laos which reaches 43.8%. However, based on the 2021 Nutritional Status Monitor (PSG), stunted toddlers were recorded at 26.6%. The figure consists of 9.8% in the very short category and 19.8% in the short category. The first 1,000 days is actually the golden age of babies, but in fact there are still many toddlers aged 0-59 months who actually experience nutritional problems. In order to reduce the problem of infant nutrition, the government conducts a national movement for stunting prevention and multi-sector partnerships. The National Team for the Acceleration of Poverty Reduction (TNP2K) implements 160 priority districts to reduce stunting. Based on Basic Health Research (Riskesdas) 2013, there are 15 districts/cities with stunting prevalence above 50% (Bhutta et al., 2010; UNICEF, 2017).

According to WHO, when the prevalence of short toddlers reaches 20% or more, it becomes a health problem for the community. Therefore, this problem must be overcome considering the high percentage of short toddlers in Indonesia. Based on the figure above, the stunting prevalence rate in Indonesia is still above 20%, which is 24.4% in 2021. This figure means that the WHO target of 20% has not been met. Indonesia ranks 115th out of 151 countries in the world due to its high rate of stunting. Efforts to reduce stunting are carried out through two interventions, namely specific nutrition interventions to deal with direct causes and nutrition- sensitive interventions to deal with indirect causes in the Guidelines for the Implementation of Integrated Stunting Reduction Interventions in Districts / Municipalities made by the Ministry of National Planning and Development. A comprehensive approach is needed that must start from fulfilling the supporting prerequisites for stunting reduction. It takes commitment and consistency from the provincial government, district/city governments to collaborate in handling stunting.

Presidential Regulation Number 72 of 2021 is one of the regulations that regulates policies to accelerate stunting reduction in Indonesia. Through this regulation, the government shows its commitment to strengthen the implementation of the national strategy to accelerate stunting reduction 2018-2024 (Bappenas, 2021). Based on article 2 paragraph (2), the national strategy to accelerate stunting reduction aims to achieve the following: reducing the number of children who are stunted, improving the quality of family life, ensuring nutritional intake is met, improving good parenting, improving accessibility and quality of health services, and improving sanitation and clean water quality.

Based on the results of the Indonesian Nutritional Status Study (SSGI) in 2021, there is a decrease in the percentage of children with stunting problems in Indonesia by 1.6% every year. This figure decreased from 27.7% in 2019 to 24.4% in 2021. Most provinces in Indonesia showed a decrease in stunting rates and recorded 5 provinces that experienced an increase in stunting rates. Despite the decline, the fact is that the percentage of stunting in Indonesia is still ranked 4th in the world, namely the prevalence of stunting toddlers in Indonesia in 2019 of 27.7% (Kominfo, 2021). The high rate of stunting in Indonesia is a serious problem that is far from the expectations to be achieved.

2 METHOD

The type of normative research is a form / type of research that relies on data and information about law, both primary legal materials, secondary legal materials and tertiary legal materials. The research conducted is descriptive. The source of primary legal material data is legal material that is binding and closely related to the issues to be studied, in the form of laws and regulations such as the Constitution of the Republic of Indonesia in 1945, and namely legal material that provides an explanation of primary legal material, namely the work in legal circles that has relevance to the issues to be studied in the form of books, opinions of scholars related to this journal. Tertiary legal materials or supporting legal materials are legal materials that provide meaningful instructions or explanations of primary legal materials and secondary legal materials, namely legal dictionaries, encyclopedias, magazines, mass media, the internet and so on.

Data Collection Method This research was conducted using a library research. In this case, legal research is carried out by conducting research on various reading sources, books, various literature and also laws and regulations. The library research method is to study the sources or written materials

used as material in this study. The data that has been obtained is then recorded, edited, studied, then taken the essence in the form of theories, ideas, concepts and related legal provisions. Furthermore, the data is collected and compiled, and grouped according to the problem studied. Data processing is preceded by selecting the data that has been collected, both primary, secondary, and tertiary data materials.

3 DISCUSSION

3.1 Factors Causing Stunting in Indonesia

Stunting was found that hereditary factors due to stunting were only 15%, thus proving that stunting cases that occur are not solely due to heredity but the biggest problem that causes stunting is poor nutritional intake. Stunting is an impact due to imbalance and inadequacy of nutrition that causes disruption of physical growth with a marked decrease in the speed of growth and development in children. Stunting in children inhibits height growth incompatible with other normal children, caused by nutritional deficiencies while in the womb, infants in the first thousand days of life, and at the age of children. Lack of calories, protein, vitamins, minerals and other micronutrients is a chronic nutritional problem that triggers stunting.

Parenting has an influence on a person's perspective to meet minimum nutritional needs, so that poor parenting can have implications for nutritious food intake, cleanliness and health of the surrounding environment. The quality of parenting in general is influenced by the lack of understanding about health and nutrition at premarital age, early marriage, before pregnancy and pregnancy which has an impact on low concern about the consumption of foods that have adequate nutritional content. Based on data from the Directorate of Community Nutrition of the Indonesian Ministry of Health (2020) that poor parenting in Indonesia causes at least 60% of children aged 0-6 months not to receive exclusive breastfeeding and 2 out of 3 children aged 0-24 months do not receive complementary foods.

Limited health services in Indonesia are an obstacle in tackling stunting reduction because nutrition issues are directly related to access to health services. The function of health services that are not optimal in providing examinations, actions, counseling and education causes people to be unable to benefit from these health services. This condition occurs a lot in underdeveloped areas in Indonesia. The government must pay attention to equitable availability of access to health services in various regions of the archipelago.

Lack of clean water can trigger an increased risk of infectious diseases that cause toddlers to be stunted. Poor sanitation can not only cause stunting but also increase the risk of diseases that can interfere with the absorption of nutrients in the digestive process, such as diarrhea and intestinal worms.

The inability of a family to meet the needs of quantity and quality of food is caused by long-lasting poverty. The decline in the amount of household food quality is influenced by economic factors or poverty that cannot afford high-quality food sources with sufficient calorie, protein, vitamin, mineral and other micronutrients, causing macro or micronutrient deficiencies. The poverty rate can be done through nutrition distribution programs that have long-term benefits such as reducing disease, improving productivity, and reducing medical costs that ease the source of the state budget.

There is a positive relationship between poverty rates and malnutrition prevalence, which means that the higher the poverty rate in an area, the higher the risk of malnutrition prevalence in that area. The root of nutritional problems, be it wasting, underweight and stunting is poverty.

The main causes that result in the increasing number of stunted children in Indonesia are low awareness of stunting prevention, disharmonious policies in supporting stunting prevention, and communication problems with behavior change at the individual, community and health service levels. In general, the causes of stunting in children can be divided into two, namely direct causes and indirect causes. The direct cause of stunting is the level of consumption of nutrients, heredity and infectious diseases suffered by children. The nutrients needed by the body consist of macronutrients and micronutrients. Many studies say that deficiency of macronutrients, namely protein and micronutrients, namely Fe, Zn, ca, vitamins D, A and C can cause stunting. Another factor that correlates with stunting is hormones. Thyroid hormone is one of the hormones that play a role in the child's growth process. Stunting is also related to heredity. Short parents can descend short offspring. Indirect causes of stunting include maternal knowledge about nutrition, parenting, parental income level, and utilization of health services. Low income is one dimension of poverty. Poverty factors are associated with limited access to adequate food and environmental sanitation, and low family coverage of basic health services.

Stunting has a big impact on life. Stunting is very detrimental to individuals, families, communities, and countries. The impact of stunting in general can be classified into 2, namely impacts that occur in a relatively fast period of time and impacts that can be seen in a relatively long period of time. The impacts of stunting that can be immediately seen include: increased morbidity and mortality; Non-optimal child development in cognitive, motor, and verbal

aspects; and Increased spending on health expenses. The impacts of stunting in the long term include: Body size that is not optimal in adulthood; Increased risk of degenerative diseases such as obesity, hypertension, heart and others; Declining reproductive health conditions; Low learning capacity at school; and Low productivity and working capacity.

Stunted children tend to have low body resistance so they are more susceptible to infectious diseases. This condition results in increased health costs which ultimately increase the economic burden of the community and increase poverty rates. Stunting harms the country because it has the potential to reduce the value of Gross Domestic Product (GDP) by around 2-3% per year.

The causes of nutritional problems, including stunting, consist of root problems, indirect causative factors and direct causes. The root of the problem consists of inadequate access to services, finance and human resources and social, cultural, economic, political factors. Inadequate government services to the community related to educational, health, social and economic services create problems that are indirect causes of stunting. The tendency is that the higher the allocation of health funds, the lower the prevalence of malnutrition. Today there are still cultural values inherent in the lives of rural communities. Among these values there are cultural values associated with stunting in toddlers. Today there are still cultural values inherent in the lives of rural communities. Among these values there are cultural values associated with stunting in toddlers. Indirect causes of stunting include household food insecurity, inadequate parenting and household environmental health services. Low income can lead to low ability to meet family needs including food and environmental sanitation facilities. Inadequate health service factors can affect the mother's health condition during pregnancy. Conditions of pregnant women that need to be considered include nutritional status, blood haemoglobin (Hb) levels and nutritional intake levels. The condition of pregnant women who are less healthy is related to the health condition of the fetus they contain.

The nutritional status of pregnant women is monitored by measuring the Upper Arm Circumference (LiLA). If the LiLA size of a pregnant woman is less than 23.5 cm, it means that the pregnant woman is at risk of experiencing Chronic Energy Deficiency (CED). Pregnant women who experience CED have 7 times higher risk of giving birth to LBW (Low Birth Weight) babies than mothers who do not experience CED. LBW is the most dominant risk factor for stunting in children. Direct causative factors consist of insufficient food intake and the presence of infectious diseases in toddlers. Lack of nutritional intake in infants and toddlers can be caused by babies not getting Early Breastfeeding Initiation at birth, and babies not exclusively breastfeeding until 6 months of age. The pain in infants that can cause stunting includes LBW babies, asthma, diarrhea, upper respiratory tract infections and body abnormalities.

The causes of stunting in stunting loci villages in order from the most to the least are: 1) toddlers lack food intake; 2) toddlers receive inadequate parenting; 3) heredity (short parents); 4) toddlers do not exclusively breastfeed; 5) toddlers don't get Early Breastfeeding Initiation; 6) lack of environmental sanitation; 7) LBW Babies; and 8) mothers during pregnancy experience nutritional anemia.

Most stunted toddlers have a low level of nutrient consumption. The types of nutrients studied in the study include macronutrients such as energy, fat, protein, carbohydrates. Micronutrients are zinc and iron. Food intake can affect the growth and development of toddlers. The types of nutrients needed by toddlers are varied. Therefore, the food consumed by toddlers should contain all nutrients due to different functions. Carbohydrates serve as a source of energy. Fat serves as a source of energy and solvent vitamin Protein serves as a building agent, which is to replace damaged cells. If the toddler lacks nutritional intake, then the toddler is at risk of stunting. The relationship between adequate levels of protein, iron and zinc is associated with the incidence of stunting. The government has initiated a program to provide complementary food to stunted toddlers in the form of biscuits to increase nutritional consumption, but the acceptance of stunted toddlers to biscuits is low.

The second factor is the inadequate parenting style of toddlers that tend to increase the chances of stunting. Children under five who get inadequate parenting are at risk of suffering from stunting 8 times greater than children under five who get adequate parenting. Inadequate forms of parenting related to feeding practices, among others, mothers with stunted toddlers usually delay feeding their toddlers. In addition, the mother did not pay attention to the nutritional needs needed by her child. As a result, the quality and quantity of toddler food intake is not met and eventually toddlers are vulnerable to stunting. Stunting that occurs at the age of toddlers will cause disruption of brain development so that the brain cannot develop perfectly. This condition is irreversible or irreversible.

The third factor of stunting is heredity. Elderly people with short posture are one of the factors causing stunting. Mothers with short posture increase the likelihood of the child they give birth to grow up to be stunted. This can be interpreted as the mother's height affects the child's height. If one parent has a gene that carries a short trait then the child can grow short as well. Parents' height is influenced by various factors, including nutritional

intake, stimulation, and environmental factors. Short parental height due to genetic factors may be passed on to the child born. Meanwhile, short parental height due to nongenetic factors such as nutritional deficiencies that last a long time tends not to cause stunting in toddlers.

The fourth cause of stunting is that toddlers do not get exclusive breastfeeding. there is a significant relationship between exclusive breastfeeding and the incidence of stunting. The more toddlers who get exclusive breastfeeding, the stunting rate in toddlers will decrease. The period of the first 1000 days of life is very instrumental for the growth and development of children. The period is calculated from the time the child is in the womb (fetus) until the child is 2 years old. Fulfillment of nutrition at this stage is very important. Therefore, mothers during pregnancy must be given adequate nutrition and babies aged 0-6 months are exclusively breastfed. Babies need balanced nutritional intake for the process of growth and development of their bodies. The only type of food that is best for babies is breast milk. Breast milk is the only food that is in accordance with the condition of the baby's digestive tract in early life. Therefore, during the first 6 months of life, babies are simply breastfed or called exclusive breastfeeding.

The fifth cause of stunting toddlers is that toddlers do not get Early Breastfeeding Initiation. Early Breastfeeding Initiation should be given to babies at least 1 hour after the baby is born. Early Breastfeeding Initiation is the right of every newborn baby in accordance with Government Regulation Number 33 of 2012 concerning Exclusive Breastfeeding. If Early Breastfeeding Initiation is not given to newborns, it can cause nutritional problems, namely stunting. Giving Early Breastfeeding Initiation to newborns reduces the risk of stunting in toddlers. Babies who were not given Early Breastfeeding Initiation were 3,308 times more likely to be stunted than babies who got Early Breastfeeding Initiation. This happens because the benefits of Early Breastfeeding Initiation include accelerating colostrum production. Colostrum serves as an antibody that boosts immunity against diseases.

The sixth cause of stunting toddlers is that there are still stunted toddler families with poor environmental sanitation. Good environmental sanitation is one of the important elements that support human health. The degree of public health is much influenced by environmental sanitation conditions. Unqualified environmental sanitation causes a decrease in the quality of life of the community and can cause health problems. Environmental sanitation is a protective factor for stunting. This means that good environmental sanitation can prevent stunting. Good sanitation is reflected in the availability of adequate sanitation facilities. Very important sanitation facilities are clean water sources, latrines, and wastewater disposal facilities.

The seventh cause of stunting toddlers is LBW. LBW is measured according to body weight at birth. If the weight at birth is less than 2500 grams, then the baby is categorized as LBW. LBW is one of the risk factors for stunting. Children born with a birth weight of less than 2500 grams have a higher risk of stunting than children born with normal weight. Stunting can occur in babies born with low birth weight, possibly because they have experienced a slowdown in growth since the womb that continues after the baby is born. The growth and development of LBW babies is slower than babies born normally. In addition, LBW babies usually cannot achieve growth rates according to the standards they should. The digestive tract of LBW babies has not been able to function properly so that the absorption of nutrients has not been optimal. As a result, the body lacks nutrients. If the body is malnourished, then the body's resistance to disease decreases and the child is susceptible to infectious diseases. This condition makes children increasingly need nutritional intake to increase immunity against disease. In addition, children also still need nutritional intake for growth. If nutritional needs are not met, then LBW babies will experience stunting.

The eighth cause of stunting toddlers is anemia in pregnancy. Anemia in pregnancy is usually caused by iron needs in food consumed are not met. In addition, anemia is also caused by less than optimal iron absorption due to chronic diseases such as tuberculosis, helminthiasis, and malaria. Determination of anemia in pregnant women is determined based on examination of haemoglobin levels in the blood. If pregnant women have haemoglobin levels in the blood.

a. The Role of the Government to Reduce Stunting in Indonesia to Realize the Golden Generation 2045

Stunting is the most common form of micronutrient deficiency (PE), which affects the baby before birth and early after birth, related to the size of the mother, nutrition during pregnancy, and fetal growth. According to Sudiman in Ngaisyah, stunting in children under five is one of the indicators of chronic nutritional status that can provide a picture of disruption of overall socioeconomic conditions in the past and in the first 2 years of a child's life can have an impact that is difficult to correct. One of the socioeconomic factors that affect stunting is the economic status of parents and family food security. Indonesia is the country with the fifth largest stunting prevalence.

Toddlers (infants under the age of two years) who are stunted will have a level of intelligence that is

not optimal, making children more vulnerable to disease and in the future can be at risk of decreased productivity levels. In the end, stunting will broadly inhibit economic growth, increase poverty, and widen inequality. Stunting that has occurred if not balanced with catch-up growth (growing chase) results in decreased growth.

The problem of stunting is a public health problem associated with an increased risk of illness, death, and obstacles to both motor and mental growth. Stunting is shaped by inadequate growth faltering and catcth up growth that reflects an inability to achieve optimal growth. This revealed that the group of toddlers born with normal weight can experience stunting if the fulfillment of further needs is not met properly.

Policy implementation is a very broad field that covers various aspects such as how policies are implemented as a means of state administration or law. This causes policy implementation to become a complex phenomenon. The principle of policy implementation is a way that can be done to achieve goals and as an effort in making decisions. In the implementation of public policy, coordination, communication and participation from the government and the community involved are needed. Policy implementation is a series of activities carried out based on previous provisions involving various sectors to achieve predetermined goals.

Stunting is a chronic nutritional problem that occurs when food intake does not meet the nutritional needs needed for a long period of time. Lack of nutritional intake in children can have a long-term impact, starting from pregnancy to the age of 24 months. At this time, the balance of nutrients between mother and child has an important role in the child's growth process. Stunting can potentially affect the decline in human resource capacity, productivity and national competitiveness. Therefore, the government is making maximum efforts to overcome this stunting problem so that it can reduce the impact that occurs.

The government's efforts in implementing the acceleration of integrated stunting reduction carry out various activities in the form of health services for mothers and children, provision of iron tablet, provision of social assistance and provision of sanitation and clean water. The implementation of these activities or programs is as follows:

i. The implementation of the integrated stunting reduction acceleration policy is carried out through mother and child services in primary care activities. In this activity, supplementary feeding is carried out for children under five and pregnant women, providing complete immunizations, giving deworming and vitamin A 2 times a year, and monitoring the growth and development of children under five and pregnant women. The additional food provided is in the form of biscuits for pregnant women who experience chronic energy deficiency (SEZ) and milk for children under five who are malnourished. In its implementation, the Health Office coordinates with nutrition officers at the primary care, then the information is conveyed to the village government, village midwives and primary care cadres in the village.
ii. The implementation of the policy to accelerate stunting reduction is emphasized by providing iron tablet to adolescent girls and pregnant women. Usually this activity is carried out by the primary care during visits to schools and villages. Iron tablet is given to adolescent girls and pregnant women who aim to prevent or overcome anemia. In adolescent girls, iron tablet is useful in preventing iron deficiency that often occurs during growth and menstruation. While iron tablet is given to pregnant women to ensure the health of the mother and fetus is maintained.
iii. The implementation of the integrated stunting reduction acceleration policy is carried out by providing assistance and social security to poor families who are at risk of stunting or are included in the 1000 first day of birth family category. For example, by providing Non-Cash Food Assistance and Family Hope Program. The program is intended so that poor people get balanced nutrition, namely by spending nutritious food for their children. The purpose of social assistance for families who are stunted is to provide support and assistance to families as well as an effort to improve the health and welfare of children who experience stunting problems.
iv. The implementation of integrated stunting reduction acceleration policy is carried out by providing sanitation and clean water. Efforts to provide clean water and sanitation have a crucial role in reducing the risk of disease infection. Where this activity is carried out by providing facilities and providing counseling or socialization about clean water and sanitation to the community. The counseling delivered was about how to utilize clean water and sanitation, through waste management, liquid waste and feces to create a clean and well-maintained environment.

A new stunting-specific policy was established in 2021, namely Presidential Regulation Number 72 of 2021 concerning the Acceleration of Stunting Reduction, a regulation that replaces Presidential Regulation Number 42 of 2013 concerning the National Movement for the Acceleration of Nutrition Improvement so that the process of tackling stunting reduction can be more effective. Solving stunting problems is a national program

from the central government, but there are still many local governments that do not know thoroughly the strategy to accelerate stunting prevention in Indonesia. We consider that there are still many local governments that are not involved in supporting stunting programs because there is no regulation as a legal umbrella in local governments. The lack of clear direction from the central government to make derivative regulations in the regions such as Local Regulations, Governor Regulations, Mayor Regulations and Regent Regulations affects the commitment of local governments to participate in the success of stunting programs.

Local governments that do not yet have derivative regulations also have an impact on the absence of budget allocations from local governments to contribute to the program. The limited budget of the central government in implementing stunting reduction mitigation programs can be done by budget collaboration with the central government.

Efforts to accelerate in solving stunting cases in Indonesia can be carried out using a multi-actor and multi-level policy approach, involving the Ministry in the central government, Regional Apparatus Organizations at the provincial and district / city levels, universities, business sectors and communities. The central government can appoint one of the K/L to be the coordinator so that the division of roles of each actor at each level can be integrated. To support this coordination and collaboration, we propose to create a policy on partnership guidelines that can be adopted by relevant ministries and local governments in collaborating with non-governmental organizations to overcome stunting.

Policy implementation cannot be separated from the role of the central government, local governments and village governments. So far, there has been no optimal synergy in implementing stunting policies between the central government, regional governments and village governments. The central government's policy that includes the target of reducing stunting prevalence in the RPJM is not followed by all regional governments. Most local governments do not seem to be fully aware of the urgency of stunting problems that have a prolonged impact, so they have not made stunting a program in the Medium-Term Development Plan (RPJM). One of the factors that causes the gap in stunting cases in various regions of Indonesia is the lack of commitment of regional heads in setting priority programs for handling stunting.

In Permenkes Number 23 of 2014 it is implicitly stated that the central government, regional governments, village governments and / or communities participate in realizing the improvement of nutrition of individuals and certain groups. Therefore, district, city and village governments need to formulate and establish program policies on nutrition fulfillment tailored to the conditions of stunting cases in each region. The policy must have mutually supportive synergies between various sectors. Program preparation planning can be done by coordinating and collaborating between stakeholders in the central government, regional government, village government, business sector or universities. Coordination and collaboration are also challenge in the formulation and implementation of policies at the regional level because stakeholders at the regional level do not yet have awareness and understanding of the consequences of stunting.

Synergy between governments is needed to overcome the problem of malnutrition, strive for adequacy and improvement of nutrition in the community, especially in poor families, vulnerable families, and in emergency situations as well as evaluate national-scale nutritional awareness surveillance as evidence that becomes further policy considerations. Areas that have high stunting cases need attention from the local government and the central government. Synergy of commitment and role of regional heads is an important factor in the success of handling high stunting cases in the regions. The dominance of leadership factors in addressing stunting in Peru was able to reduce stunting prevalence by 50% within 8 years, from 28.5% in 2007 to 14.4% in 2015. Likewise, Brazil's commitment and leadership that prioritizes programs to improve nutrition and access to health services has reduced stunting prevalence from 37% to 7% within 30 years.

The government not only makes policies, but also must provide understanding to the public regarding the importance of the stunting problem. No matter how good a policy is, it will not be effective if the target recipient does not know the impact of the problem and the essence of the policy. Low levels of education are a challenge in encouraging community participation to participate in stunting prevention and handling efforts. We suggest to revitalize the function of the primary care. The function of primary care is not only limited to providing health services to pregnant women, breastfeeding mothers and children, but can also be used as the front line to detect stunting cases early and provide understanding to the community to actively participate in stunting prevention and handling.

Relevant stakeholders need to optimize the function of primary care, not only to provide health services, but also as a discussion group forum to share stories and experiences about health, nutrition, stunting and others. Given that stunting often occurs at the age of children under two years old and children under five years old (toddlers), the

role of Early Childhood Care and Education (ECCE) is no less important to support success in efforts to anticipate and reduce stunting cases in children under two years old and children under five years old (toddlers). ECCE participation is maximizing the function of the Integrative Holistic-based ECCE program in addressing early childhood as a whole including nutrition, health, education, parenting needs and utilizing all perspectives of children's growth and development optimally.

The main sources of stunting are pregnant women with anemia and malnutrition conditions and mothers giving birth at the age of < 20 years, which are at risk of giving birth to premature babies less than 37 weeks or babies with low birth weight < 1.5 kg, so that intervention in pregnant women, breastfeeding women is needed through examination of fetal conditions in pregnant women, to monitoring of childbirth women in healthy baby conditions, by being carried out by trained health workers. For under 2 years and Toddlers must be monitored for progress related to weight and height, exclusive breastfeeding for 2 years, provision of MP-ASI, attendance rate at primary care, provision of complete immunization, and registered in kindergarten, so that if all these stages are carried out, children with stunting conditions can be overcome, although not significantly but slowly the number per year will decrease.

To tackle stunting effectively, it is important to involve several stakeholders, especially at the local level. Village government plays a role as the spearhead of stunting alleviation, especially in promotive and preventive efforts. Effective nutrition interventions are needed to reduce stunting. Integrated stunting prevention and reduction can be realized if supported by adequate treatment services. Village governments need to have health service facilities so that all levels of society can get health services and achieve public health status. Village administration through health cadres provides routine immunization as a preventive measure if health facilities are limited. Thus, in terms of handling infections or serious diseases, health cadres provide recommendations to primary care and more professional health workers. By giving advice to be able to check yourself at the primary care because the existing facilities are more complete and directly served by professionals. One of the efforts in intervening stunting events is complete basic immunization. If immunization is incomplete, it can cause toddler immunity to become weak, so toddlers can easily get infections. Children affected by infection if left unchecked can result in stunting.

The policy direction for implementing family assistance in an effort to accelerate stunting reduction in Villages/Villages refers to the 4 (four) things below, namely:

1. The objectives of the national strategy to accelerate stunting reduction in accordance with Presidential Regulation of the Republic of Indonesia Number 72 of 2021 concerning the Acceleration of Stunting Reduction, namely:
   a. Reduce the prevalence of stunting; Improve the quality of family life preparation
   b. Ensure the fulfillment of nutritional intake;
   c. Improve parenting;
   d. Improve access and quality of health services; and
   e. Improve access to drinking water and sanitation.
2. Implementation of accelerated stunting reduction with target groups including;
   a. Youth
   b. Bride-to-be
   c. Pregnant Women & Postpartum Mothers
   d. Nursing mothers
   e. Children aged 0 (zero) –59 (fifty-nine) months.
3. In the framework of sustainable development goals in 2030, 5 (five) pillars are established in the national strategy to accelerate stunting reduction, namely:
   a. Increased commitment and vision of leadership in ministries/agencies, provincial local governments, district/city governments, and village governments;
   b. Improved communication on behavior change and community empowerment;
   c. Increased convergence of specific and sensitive interventions in ministries/agencies, provincial local governments, district/city local governments, and village governments;
   d. Improving food security and nutrition in individuals, families and communities;
   e. Strengthening and developing systems, data, information, research and innovation

In Presidential Regulation Number 72 of 2021 concerning the acceleration of stunting reduction, one of the priority activities contained in the National Action Plan for the Acceleration of Stunting Reduction (RAN PASTI) is the implementation of assistance for families at risk of stunting, assistance for all prospective brides/prospective couples of childbearing age (PUS) and surveillance of families at risk of stunting. In realizing the golden generation of 2045 is Indonesia's dream. It is hoped that at the age of 100 years Indonesia can take advantage of demographic bonus opportunities with the availability of quality human resources, namely healthy, smart, creative and competitive human

resources. It can be said that the main key in realizing this dream lies in preparing a quality next generation of the nation.

One of the challenges of quality human development in Indonesia is stunting. Stunting is a condition of failure to grow and develop in children due to lack of nutritional intake for a long time. The short-term impact of stunting is disruption of brain development, intelligence, impaired physical growth and metabolic disorders, while the long-term impact is a decrease in the cognitive development ability of the child's brain, learning difficulties, weak immunity so that it is easy to get sick and a high risk of metabolic diseases. Even when adults will have a short body, low productivity levels and have no competitiveness in the world of work. Stunting is a major threat in realizing quality Indonesian human resources.

4 CONCLUSIONS

In general, the causes of stunting in children can be divided into two, namely direct causes and indirect causes. The direct cause of stunting is the level of consumption of nutrients, heredity and infectious diseases suffered by children. The nutrients needed by the body consist of macronutrients and micronutrients. Many studies say that deficiency of macronutrients, namely protein and micronutrients, namely Fe, Zn, ca, vitamins D, A and C can cause stunting. Another factor that correlates with stunting is hormones. Thyroid hormone is one of the hormones that play a role in the child's growth process. Stunting is also related to heredity. Short parents can descend short offspring. Indirect causes of stunting include maternal knowledge about nutrition, parenting, parental income level, and utilization of health services. Low income is one dimension of poverty. Poverty factors are associated with limited access to adequate food and environmental sanitation, and low family coverage of basic health services. The results showed that the causes of stunting in stunting loci villages in order from the most to the least are: 1) toddlers lack food intake; 2) toddlers receive inadequate parenting; 3) heredity (short parents); 4) toddlers do not exclusively breastfeed; 5) toddlers don't get IMDs; 6) lack of environmental sanitation; 7) BBLR; and 8) mothers during pregnancy experience nutritional anemia.

Realizing healthy, smart, and productive human resources, as well as achieving sustainable development goals, accelerating stunting reduction is carried out. Realizing the golden generation of 2045 is Indonesia's dream. It is hoped that at the age of 100 years Indonesia can take advantage of demographic bonus opportunities with the availability of quality human resources, namely healthy, smart, creative and competitive human resources. Therefore, Presidential Regulation of the Republic of Indonesia Number 72 of 2021 concerning the Acceleration of Stunting Reduction was issued. The acceleration of stunting reduction is implemented holistically, integratively, and with quality through coordination, synergy, and synchronization among ministries/agencies, provincial governments, district/city governments, village governments, and stakeholders

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