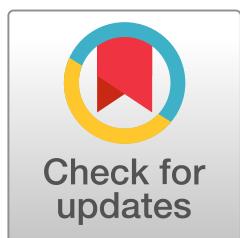


ARTICLE



Equality Strategy for Reducing Stunting Prevalence Rate

Case Study of DKI Jakarta Province

Taufiqurokhman

Faculty of Social and Political Sciences, Universitas Muhammadiyah Jakarta, Banten, Indonesia

taufiqurokhman@umj.ac.id

OPEN ACCESS

Citation: Taufiqurokhman. (2023). Equality Strategy for Reducing Stunting Prevalence Rate: Case Study of DKI Jakarta Province. *Jurnal Bina Praja*, 15(3), 495–506. <https://doi.org/10.21787/jbp.15.2023.495-506>

Received: 16 November 2023

Accepted: 3 December 2023

Published: December 2023

© The Author(s)



This work is licensed under a [Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International License](#).

Abstract: This research aims to explore strategies for reducing the stunting prevalence rate in DKI Jakarta Province, which has reached 14.8 percent. The stunting rate is a problem because the DKI Jakarta governor's target for 2024 is to hope that the stunting rate will be more evenly distributed to reach the national target of 14 percent. The research hypothesis is how the DKI Jakarta Province's stunting prevalence rate will be evenly distributed throughout the region. The highest figure was in Seribu Islands Regency, around 20.50 percent; the lowest was in South Jakarta, around 11.90 percent; and the cities of East Jakarta and Central Jakarta were 14 percent. The research methodology uses qualitative methods with descriptive research design. Research data was taken from interviews in the field. By taking a population of stunting participants from four regions in DKI Jakarta, 20 people each, so the total sample is 100 people. The research results show that the two decisions of the Governor of DKI Jakarta, Number 981 and 774 of 2022, have been effective and right on target in overcoming the reduction in the prevalence of stunting rates. It's just that a more equitable strategy for reducing stunting prevalence rates is needed relatively evenly throughout the DKI Jakarta area. In conclusion, DKI Jakarta Province has reduced the stunting prevalence by 14.8 percent. A comprehensive strategy is needed to reduce the prevalence of stunting evenly, namely: (1) making a Regional Regulation for the DKI Jakarta Province regarding stunting; (2) increasing the number of Foster Fathers for Stunting Children (BAAS) from entrepreneurs and other stakeholders so that the stunting reduction strategy reaches the target of 14 percent evenly.

Keywords: reduction strategy; stunting prevalence rate.

1. Introduction

The research aims to explore strategies for evenly reducing the stunting prevalence rate in DKI Jakarta Province, which has reached 14.8 percent. The research hypothesis is how to reduce the stunting prevalence rate in DKI Jakarta Province evenly in all regions. The highest figure for Seribu Islands Regency is around 20.50 percent; the lowest is in South Jakarta, around 11.90 percent. As well as the cities of East Jakarta and Central Jakarta at 14 percent ([Aryastami & Tarigan, 2017](#)).

DKI Jakarta Province's achievement of 14.8 percent is already classified as a stunting prevalence rate according to the World Health Organization of ≤ 20 percent in the category. However, the prevalence rate of stunting in DKI Jakarta Province is not evenly distributed, with the Seribu Islands Regency occupying the highest position at 20.5 percent and the lowest in South Jakarta City, with a prevalence rate of 11.9 percent ([Wardani et al., 2021](#)). The striking difference in stunting rates between Seribu Islands Regency and South Jakarta City requires a comprehensive and comprehensive strategy to reduce stunting prevalence rates evenly. So, reducing the stunting rate evenly is the target of the DKI Jakarta Province, which is the author's research hypothesis to achieve the target of 14 percent evenly according to the national target in Indonesia.

To answer the main research problem, a policy strategy to reduce the prevalence of stunting rates in DKI Jakarta Province in 2023, which has reached 14.8 percent according to the national target, requires comprehensive efforts to accelerate stunting reduction so that it is more evenly distributed in all regions ([Aryastami & Tarigan, 2017](#)). The World Health Organization (WHO) standard regarding the prevalence of stunting must be less than 20 percent. So, it is necessary to carry out policy strategies in more specific interventions through two main methods, namely: (1) nutritional interventions for mothers before and during pregnancy and (2) intervention in children aged 6 to 2 years.

Reducing stunting rates in Indonesia, President Joko Widodo 2022 has been intensively socializing and asking all stakeholders and local governments to reduce the prevalence of stunting rates in Indonesia to reach 14 percent in 2024 ([Wardani et al., 2021](#)). Therefore, Presidential Decree Number 71 of 2021 was issued regarding reducing stunting rates in Indonesia. In this regulation, the definition of stunting is explained as impaired growth and development of children due to chronic malnutrition and recurrent infections, which is characterized by their body length or height being below the standards set by the Minister who administers government affairs in the health sector ([Bahru et al., 2020](#)).

According to the Ministry of Health, children under five have a z-score of less than -2.00 SD/standard deviation (stunted) and less than -3.00 SD (severely stunted). So stunting is the occurrence of growth disorders that are not by standards, resulting in both short and long-term impacts ([Damanik et al., 2020](#)). Stunting causes a child's height to be too short for his age and can be accompanied by impaired child intelligence. Meanwhile, the Ministry of Health of the Republic of Indonesia, based on the results of the 2022 Indonesian Nutrition Status Survey (SSGI), stated that Indonesia's stunting rate fell from 24.4 percent in 2021 to 21.6 percent in 2022 ([Satriawan, 2018](#)).

The national government's target for the national stunting prevalence rate is to fall from 21.6 percent to 17.8 percent in 2023, and then it can fall again in 2024 to 14 percent. So it becomes a category with an indicator of low stunting rates according to World Health (WHO), namely ≤ 20 percent ([Fahrizal et al., 2019](#)). Meanwhile, to support the program to address reducing the prevalence of stunting rates from the

central government, the DKI Jakarta Provincial Government issued two Governor's Decrees, namely Numbers 981 and 774 of 2022.

The five policy strategies of President Jokowi's government in reducing stunting rates, namely Presidential Regulation Number 71 of 2021, concerning Stunting, namely: (1) national strategy to accelerate stunting reduction; (2) implementing accelerated stunting reduction; (3) coordination of the acceleration of stunting reduction; (4) monitoring, evaluation, and reporting; (5) stunting funding ([Rahayu et al., 2018](#)). Meanwhile, the Provincial Government of DKI Jakarta, in supporting the central government program, issued two Governor's Decrees, namely the Decree of the Governor of DKI Jakarta Number 774 of 2022, concerning the determination of the results of the performance assessment of cities and districts in implementing convergence actions to reduce stunting in the Province of DKI Jakarta and the Decree of the Governor of DKI Jakarta Number 091 of 2022, concerning the Stunting Reduction Acceleration Team (TPPS) of the Child Protection and Population Control Empowerment Service (PPAPP) ([Dong et al., 2020](#)).

According to the Indonesian Nutrition Status Survey (SSGI) of the Ministry of Health of the Republic of Indonesia, the prevalence of Stunting in Indonesia will reach 21.6 percent in 2022. This figure is the lowest in the last decade. The stunting rate in Indonesia has consistently decreased since 2013. Several provinces have succeeded in reducing the stunting rate by around 5 percent in the 2021-2022 period, including South Sumatra, down from 24.8 percent to 18.6 percent, and North Kalimantan, down from 27.5 percent to 22.1 percent, South Kalimantan fell from 30 percent to 24.6 percent, Riau fell from 22.3 percent to 17 percent. Two provinces have succeeded in reducing the stunting rate by around 3 percent in the 2021-2022 period; West Java fell from 24.5 percent to 20.2 percent, and East Java fell from 23.5 percent to 19.2 percent. The prevalence of Stunting in Bali is currently in first place at 10.9 percent, while DKI Jakarta is in second place at 14.8 percent. This figure is much lower than the national stunting prevalence rate of 24.4 percent and the world stunting prevalence rate, according to WHO in 2021, which is 22 percent.

Looking at several provinces that have succeeded in reducing stunting rates as mentioned above, the author tries to describe the focus of his research by taking research case studies in DKI Jakarta, with the main problem being how to overcome the problem of reducing stunting rates evenly in DKI Jakarta because there are still significant differences between the two regions, namely Seribu Islands Regency at 20.50 percent and South Jakarta City at 11.9 percent. Even though the DKI Jakarta Provincial Government has succeeded in effectively reducing the stunting rate by issuing strategic policies, namely Governor Decree Number 981 of 2022, reaching 14.8 percent, in addition to the World Health Organization (WHO) operational standards (SOP), the prevalence of stunting must be less than 20 percent. Therefore, it is necessary to improve more specific intervention policy strategies through two main methods: (1) nutritional interventions for mothers before and during pregnancy and (2) intervention in children aged 6 to 2 years. So, the research hypothesis is how the reduction in stunting rates in DKI Jakarta Province can be evenly distributed by improving the policy strategy from Governor's Decree Number 981 of 2022 by making a Regional Regulation on Stunting in 2024, which will be discussed in the Regional Representative Council of DKI Jakarta Province so that the reduction rate is more evenly distributed stunting and can be right on target, and the data obtained can be more accurate as well as the handling program regarding the target group in question.

2. Methods

The DKI Jakarta Provincial government's research on strategies for equitable reduction in stunting prevalence rates used qualitative methodology with a descriptive research design approach. Namely, research that emphasizes the search for meaning and description of an existing phenomenon and prioritizes the quality presented narratively ([Kusumastuti & Khoirun, 2020](#)). Where the author can find answers to a phenomenon or question systematically using a qualitative approach involving stakeholders and implementing programs at the community level ([Sugiyono, 2020](#)). The research uses qualitative descriptive analysis to investigate policies for equitable reduction in stunting prevalence rates ([Nurdin & Hartati, 2019](#)). Various points of view from theory and journals are needed to study the determinants and factors related to stunting variables, including combining the results of interviews in the field ([Fadjarajani et al., 2020](#)).

The information needed in research is related to policy strategies to reduce the stunting rate in DKI Jakarta, which has reached 14.8 percent, which means that around 14 out of 100 toddlers in the capital city have a height below the average for children their age. Stunting in children is the impact of nutritional deficiencies during the first thousand days of life, which causes irreversible physical development disorders in children, resulting in reduced work performance and growth and development disorders in children due to malnutrition, which, if not given early intervention, will continue into adulthood. Meanwhile, the work program that DKI Jakarta has implemented to reduce the stunting rate includes giving blood supplement tablets to pregnant women, giving food supplements (PMT), completing basic immunization, giving vitamin A, giving zinc to babies ([Salim & Syahrum, 2019](#)).

In the research, the author also determined the criteria for determining informants who would be interviewed in the field with stakeholders or stakeholders involved in the stunting rate reduction program in DKI Jakarta, such as (1) the Ministry of Health of the Republic of Indonesia and the strategic policies of the Ministry of Health of the Republic of Indonesia; (2) National Planning Agency (BAPPENAS); (3) National Population and Family Planning Agency (BKKBN) of the Republic of Indonesia and DKI Jakarta through Family Planning Counselors (PKB) and Family Planning Field Officers (PLKB); DKI Jakarta Provincial Health Service. Other things regarding general information can be obtained by downloading the websites of the World Health Organization (WH), the United Nations International Children's Emergency and Fund (UNICEF), and the websites of the Social Services of the DKI Jakarta Provincial Government and five regions in DKI Jakarta. Meanwhile, data collection and processing methods are carried out through interviews with stunting participants and stakeholders at the research locus as well as conducting focus group discussions to ensure the accuracy of data and information obtained from the field ([Salim & Syahrum, 2019](#)).

3. Results and Discussion

Strategic policies address social problems such as the problem of stunting, which is caused by various multi-dimensional factors, namely not only due to poor nutrition experienced by pregnant women and children under five. The most decisive intervention to overcome the prevalence of stunting needs to be implemented in the First 1,000 First Day of Life (HPK) of children under five ([Aisyah, 2021](#)).

Factors causing the problem of reducing the prevalence of stunting rates are poor parenting practices, including mothers' lack of knowledge regarding health and nutrition before and during pregnancy ([Aryastami & Tarigan, 2017](#)). There are still limited health services, including ANC-Anti Natal Care services (health services for

mothers during pregnancy), Post Natal Care, and quality early learning; there is still a lack of household or family access to nutritious food, lack of access to clean water and sanitation ([Bahru et al., 2020](#)).

3.1. Policy for Reducing Stunting Prevalence Rates in DKI Jakarta Province

DKI Jakarta Province's strategies for overcoming the reduction in stunting prevalence rates include First Governor's Decree Number 578 of 2021 concerning the Stunting Control Convergence Team in the Special Capital Region of Jakarta Province. This strategic policy is very important to coordinate in an integrated manner and jointly target priority target groups living in villages or sub-districts to prevent stunting ([Pudjiastuti et al., 2018](#)). Second: Circular Letter of the Regional Secretary of DKI Jakarta Province Number 416/3282/DPMD/PM/B, concerning implementing Activities to accelerate village stunting reduction in 2021. In this case, the Seribu Islands Regency is the DKI Jakarta district with the highest stunting rate of 20.8 percent. So, a policy strategy is needed to reduce the stunting rate ([Rahayu et al., 2018](#)).

Third: Decree of the Governor of DKI Jakarta Number 774 of 2022, concerning Determining the Results of Regency City Performance Assessments in Implementing 8 (Eight Convergence Actions for reducing stunting in DKI Jakarta Province in 2022. In terms of performance, regional governments must have standards and programs that have been and will be implemented. Fourth: Governor's Decree Number 981 of 2022, concerning the Stunting Reduction Acceleration Team (TPPS) of the Child Protection and Population Control Empowerment Service (PPAPP) DKI Jakarta Province ([Ramadhyanty & Rokhaida, 2021](#)).

In implementing this strategic policy, the DKI Jakarta Provincial Government held activities to increase the Family Assistance Team (TPK) capacity of midwives and Family Planning instructors, totaling 267 Family Mobilization Assistance Teams spread across each sub-district in DKI Jakarta Province ([Purwanti et al., 2022](#)).

The above activity aims to increase understanding of the important roles in providing family assistance, including assistance to families who have pregnant women, mothers who have given birth to children aged 0 to 59 months, as well as prospective bride and groom couples of childbearing age, in the context of preventing and managing families at risk of stunting ([Arfines & Puspitasari, 2017](#)). This activity is expected to increase insight into the main tasks and functions of TPK in the community and continue to disseminate educational information to the community about the importance of preventing stunting ([Ulfah & Nugroho, 2020](#)).

3.2. Division of Duties for DKI Jakarta Province With Five Cities and Regencies

Efforts to overcome stunting in the provinces and district cities in DKI Jakarta province must be implemented holistically and comprehensively and in synergy between the central government, provincial government, and existing district cities, including involving several stakeholders such as midwives. The division of tasks between provinces and cities/districts regarding efforts to reduce the prevalence of stunting can be identified as follows: (a) Socialize national development priority policies related to efforts to prevent stunting; Formulate regional policies that support efforts to accelerate stunting prevention in the province; Providing technical assistance and training to strengthen city/district capacity in implementing convergence actions or integration actions; (b) Encourage city/district governments to commit

to and implement stunting prevention efforts; Ensure that the results of stunting discussions in the form of programs or activities have been accommodated in the city/district Regional Government Work Plan (RKPD). This role is carried out during the evaluation of the regent's or mayor's draft regulations regarding the RKPD, Improving coordination between Provincial Regional Apparatus Organizations (OPD) and city districts related to the implementation of convergence actions and integration actions; (c) Ensure that programs or activities are related to specific nutrition and nutrition-sensitive interventions which are the authority of the province in efforts to accelerate stunting prevention in regional development planning; Allocate special aid spending for less fortunate cities and districts and sub-districts from a funding aspect in efforts to accelerate stunting prevention; (e) Ensure that specific nutritional interventions and sensitive nutritional interventions are in the right location for the sub-district and the right target group. This role is carried out during the evaluation of draft regional regulations regarding the city and Regional Budget (APBD), Supervising the implementation of stunting prevention activities in district cities, Conduct performance assessments of district cities in accelerating stunting prevention as government representatives in their respective regions ([Kumanireng et al., 2022](#)).

The policy strategy for reducing the prevalence of stunting rates in implementing its programs, the City and Regency Governments in DKI Jakarta Province, is as follows: (a) Formulate regional policies that support efforts to accelerate stunting prevention, including increasing the role of foster fathers by mayors and regents as well as the role of sub-district heads in coordinate planning, implementation and control of the acceleration of stunting prevention in the region ([Nisa, 2018](#)); Proclaiming a joint commitment between regional governments, sub-districts, and elements of society to fully support efforts to accelerate stunting prevention. Consistently and sustainably: Organizing training to increase the capacity of city and district Regional Apparatus Organizations (OPD) related to sub-district and village officials in carrying out convergence actions or integration actions to prevent stunting ([Kementerian PPN/Bappenas, 2018](#)); (b) Improve and/or build a data management system related to stunting prevention; Improve coordination with ministries and institutions, provinces, cities and districts, and other parties related to convergence actions or integration actions for stunting prevention; Organize annual stunting consultations involving elements of the relevant provincial Regional Apparatus Organizations (OPD), sub-districts or villages, communities and other parties related to stunting prevention efforts ([Kementerian PPN/Bappenas, 2018](#)); (c) Ensure that program or activity plans for specific nutritional interventions and nutrition-sensitive to stunting results that have been agreed upon are included in the Regional Apparatus Work Plan (RKPD) and Regional Apparatus Organization Work Plan (OPD); Allocate special assistance funds for less fortunate villages from a funding aspect in efforts to prevent stunting; Maximize the utilization of APBD and Special Allocation Funds (DAK) for specific nutrition intervention and nutrition-sensitive service programs ([Srivastava et al., 2021](#)), through the process of determining the Regional Apparatus Organization (OPD) Budget Program List (DPA); (d) Ensure that the sub-district and village APBDs are in line with the regent-mayor policy regarding efforts to accelerate stunting prevention. As well as harmony and synergy with programs or activities in the city and district RKPD. This role is carried out during the evaluation of draft village and sub-district regulations regarding the APBD; (e) Supervise the implementation of policies on stunting prevention activities carried out by sub-districts and villages; Carrying out village and sub-district performance assessments in stunting prevention as a coaching and supervision task; Publish the results of stunting prevention performance achievements in the region; (f) Coordinate assistance from the community, business world, government agencies and other

parties involved in stunting prevention efforts to target groups and sub-district and village locations; Responsible for improving specific nutrition and nutrition-sensitive intervention services to target groups ([Singh et al., 2022](#)).

Factors that influence stunting and have been included in the planning and budget documents for the DKI Jakarta Provincial Health Department and sub-department and district cities, namely: (a) Parenting Patterns, identified as one of the factors that influence the incidence of stunting ([Rizal & van Doorslaer, 2019](#)). The phenomenon of mothers working and children being cared for by other people (family members or caregivers, etc.) causes child care to be considered not going well, ultimately affecting the growth and development of the child concerned ([Rahayu et al., 2018](#)).

Diet is identified as one factor influencing the incidence of stunting. Maternal prevention regarding feeding patterns to children is considered to influence the incidence of stunting; (b) Parental nutrition knowledge. Parental nutrition knowledge is related to providing diets to children. Parents who have good knowledge and understanding of nutrition tend to pay attention to their children's nutritional needs and nutritional intake, and vice versa ([Purwanti et al., 2022](#)).

The mother's health, both during adolescence and during pregnancy, will influence the child's birth condition. Mothers with good health and adequate nutrition will give birth to healthy children, and a lack of nutrition will be at risk of giving birth to stunted children. This is the reason for considering the inclusion of maternal health as one of the planning programs to reduce the prevalence of stunting, namely through the Youth Care Health Program (PKPR) in the form of providing Regional Addition Tablets (TTD) for middle school and high school teenage girls as well as for pregnant women; (c) Children's health, children who are sick or ill will experience problems with their growth and development, so efforts to maintain children's health are considered important as an effort to reduce prevalence rates; Participation in Posyandu, through Posyandu activities children's growth and development will be monitored ([Rizal & van Doorslaer, 2019](#)).

So that problems in children can be detected immediately so they can immediately receive treatment or follow-up; (d) Environmental factors are related to health, especially in terms of maternal and child health. A healthy environment will support the health of mothers and children, which ultimately has an impact on reducing the risk of stunting; (e) Exclusive breastfeeding development, exclusive breastfeeding for babies is related to fulfilling physical nutrition, especially at the age of 0 - 6 months. Therefore, campaigns or outreach related to calls for exclusive breastfeeding are considered effective in reducing stunting levels ([Singh et al., 2022](#)).

All of the factors that have been identified have been taken into consideration in planning and budgeting for programs and activities of the city and district Health sub-departments of DKI Jakarta Province, especially in efforts to overcome and reduce the prevalence of stunting in the area. However, due to budget constraints, these factors were selected and ranked based on priority programs in the area ([Srivastava et al., 2021](#)).

Apart from the factors above, there are other cross-sectoral determinant factors, namely area access, early marriage, hereditary factors, economic factors, and parental education. Therefore, to be able to deal with the problem of stunting effectively and comprehensively, good and integrated cross-sector cooperation is needed ([Nisa, 2018](#)).

3.3. DKI Jakarta Province Strategy to Reduce Stunting Prevalence Rates

Programs to address reducing the prevalence of stunting in DKI Jakarta Province, which are currently being implemented and has been implemented are as follows: First: Providing Blood Supplement Tablets to pregnant women, in addition to providing an understanding of the knowledge in Focus Group Discussion (FGD) activities carried out by the Provincial Health Service and sub-department DKI Jakarta and district cities (Singh et al., 2022). One of the ideas or issues raised in the FGD is that one of the factors causing stunting is pregnant women who experience anemia. All FGD participants agreed with this statement, and all FGD participants agreed with the issue raised regarding the factors causing the reduction in stunting prevalence rates. Therefore, giving blood supplement tablets to pregnant women is considered effective in preventing stunting. Additional tablets are consumed at least 90 tablets during pregnancy (Kementerian PPN/Bappenas, 2018). However, in the FGD study, it was stated that the blood supplement tablets had been distributed well to the targets. However, its use has not been measured because there is no supervision or monitoring regarding whether or not the blood supplement tablets that have been given to the target object are taken or not (Srivastava et al., 2021).

Second: Providing supplementary food (PMT) to pregnant women, namely pregnant women with poor nutritional status (pregnant women KEK), is at very high risk of giving birth to stunted children. Thus, providing PMT to Boomlike is considered effective in preventing or reducing the incidence of stunting (Singh et al., 2022). Third: Complete Basic Immunization, namely providing complete basic immunization to babies, which is considered capable of preventing various diseases and infections in babies (Ulfah & Nugroho, 2020). Babies who often get sick, especially if they get infections due to not receiving complete basic immunization, tend to have their growth and development disrupted or hampered, resulting in the potential for stunting. Therefore, providing complete basic immunization is considered effective in reducing stunting. Fourth: Vitamin A, giving vitamin A to babies and toddlers, is considered to provide benefits as an antioxidant and can prevent infant infections in babies and toddlers. Toddlers who frequently experience illness or infection will experience disturbances and obstacles in their growth and development, which are ultimately considered factors that can influence the incidence of stunting. Therefore, giving vitamin A is considered quite effective in reducing the prevalence of stunting (Wardani et al., 2021). Fifth: Zinc, namely babies who experience diarrhea, are at risk of experiencing growth and development disorders if the illness they experience lasts for a long time and is repeated. Therefore, giving zinc as a diarrhea medicine is considered quite effective and contributes in reducing the risk of stunting (Nisa, 2018). Sixth: Providing Supplementary Food (PMT) for Toddlers, namely providing Supplementary Food (PMT) for children who are already stunted, is considered not to have much influence in preventing stunting. The benefit of PMT is only to improve nutritional status, but it cannot intervene or reduce the prevalence of stunting (Ulfah & Nugroho, 2020).

The DKI Jakarta Provincial Government is taking strategic policy steps to reduce stunting or malnutrition rates in the decision of the 2023 limited meeting (RATAS) (Pudjiastuti et al., 2018). These include: First, carrying out profiling (recording and mapping) of stunting risk data so that it is hoped that it can sharpen the direction of intervention in the stunting management program in DKI Jakarta. So the reduction in the stunting prevalence rate from 2023, which has reached 14.8 percent, in order to achieve the central government's target of 14 percent in 2024, needs to be reduced by 0.8 percent to achieve the desired target (Purwanti et al., 2022).

Stunting risk profiling is needed to prevent and overcome stunting in DKI Jakarta. The aim is to find people at risk of stunting because profiling will be more effective in preventing people who are at risk of stunting than those who are already affected by stunting; apart from this, it will be more effective in preventing it. Profiling is carried out by synchronizing existing data in Carik Jakarta, which is connected to the family information system data (SIGA) belonging to the National Population and Family Planning Agency (BKKBN). Meanwhile, profiling itself records and maps risk data. So, this step can sharpen the direction of intervention in the stunting management program at DKI Jakarta ([Satriawan, 2018](#)).

Because of this, it is necessary to determine samples to ensure that the data in Carik Jakarta is connected to BKKN to correct the target. If the sample is correct, it will make profiling easier to handle stunting and overcome extreme poverty in DKI Jakarta. Furthermore, if the data has been obtained, aid distribution will be carried out assuming that the amount of aid distributed does not include the extremely poor ([Singh et al., 2022](#)).

Second: Involvement of the Family Welfare Program Driving Team (TP PKK) in the 2023 Family Empowerment and Welfare Movement (GPKK); it is stated that GPKK is the involvement of components of the DKI Jakarta PKK Driving Team who are directly involved in handling stunting reduction in DKI Jakarta so that the target in each region can be achieved. Reached the target of below 14 percent. Meanwhile, the stunting prevalence rate in DKI Jakarta in 2022 is still not evenly distributed, and the highest is in Seribu Islands Regency, with a prevalence rate of ([Srivastava et al., 2021](#)).

Apart from the above activities, the DKI Jakarta Provincial Government also held activities to increase the capacity of the Family Assistance Team (TPK) for midwives, Family Planning (KB) counselors, the Family Welfare Program Driving Team, numbering around 267 in every sub-district and village in DKI Jakarta in preventing and reducing stunting rates so that they are more evenly distributed ([Wendt et al., 2021](#)).

In particular, the Population and Family Planning Agency (BKKBN) of the Republic of Indonesia is assisting the DKI Jakarta Provincial Government nationally in reducing stunting rates, and in Indonesia is ready to provide support for Family Planning (PKB) assistants or Family Planning Field Assistants totaling around 13,734 personnel and one million cadres who have spread throughout Indonesia, including in DKI Jakarta Province ([Satriawan, 2018](#)).

The 2018-2024 national stunting prevention rescue strategy achieved the national stunting prevalence rate target for children under five, falling from 21.6 percent in 2022 to 17.8 percent in 2023. DKI Jakarta Province achieved the 2023 target of the national stunting prevention strategy, reaching 14.8 percent by issuing two policy decisions by the governor of DKI Jakarta, Number 981 and 774 of 2022, concerning reducing the prevalence of stunting rates. Namely through eight Convergence Actions to Reduce Stunting in the Special Capital Region of Jakarta Province in 2022. Where the National Government is targeting the national stunting prevalence rate for toddlers to fall from 21.6% in 2022 to 17.8% in 2023, then down again to 14 % in 2024.

4. Conclusion

There are four (4) conclusions in writing research from the strategy to reduce the prevalence of stunting evenly in DKI Jakarta Province, namely: first: data collection has been carried out by the Acting Governor of DKI Jakarta Heru Budi Hartono, only data collection has been carried out again with an integrated pattern (data on stunting toddlers must be done by name by address). So that the programs or activities that have been implemented can be carried out more precisely on target, this is necessary

because stunting data collection has not been carried out in an integrated manner and involves all ministries and institutions as stakeholders. So, with this data, stunted toddlers are not clearly identified, only in the form of general description data, not based on the names and addresses of stunted toddlers.

Second, it is necessary to monitor the program that has been implemented to ensure that the program objectives are achieved as expected. For example, when giving additional food to toddlers and/or poor families, the food must be strictly monitored to see whether it is eaten by the target object. This ultimately causes the program being run to not achieve its targets. So, efforts to overcome and reduce the prevalence of stunting become less effective. Meanwhile, in terms of budget size and allocation, the budget allocated for stunting prevention is considered adequate. Still, its implementation needs to be optimized so that the expected results are more effective and significant.

Third: from two strategic policies for stunting prevention through two DKI Governor Decrees Number 981 of 2022 Jakarta concerning the Stunting Reduction Acceleration Team (TPPS) and Governor Decree Number 774 of 2022 concerning Determination of Performance Assessment Results for DKI Jakarta Regency Cities in implementing reduction convergence actions stunting, resulting in DKI Jakarta being ranked second with the average stunting rate still being less evenly distributed in its region, where South Jakarta has the lowest stunting rate at 11.90 percent and Thousand Islands Regency the highest at 20.50 percent.

Fourth, reducing the distribution of stunting prevalence rates evenly is very necessary for the DKI Jakarta Provincial Government. Therefore, it is necessary to create a Regional Regulation to strengthen the steps to handle and program stunting in DKI Jakarta in completing and following up on the two governor's decisions that have been issued so that the handling of stunting in DKI Jakarta can be more synergistic and collaborative between regions in DKI Jakarta Province.

It is hoped that the results of this research will increase knowledge and information for lecturers or researchers who will conduct similar research studies regarding stunting. So, it will increase knowledge for developing science regarding reducing stunting rates in Indonesia.

4.1. Recommendation

Recommendations for the conclusions of this research are as follows: First, The need for more integrated cooperation, synergy, and collaboration between regions in the DKI Jakarta Province. So, this movement is a strategic effort to reduce the even distribution of stunting prevalence rates in DKI Jakarta Province. Including cooperation at a smaller unit level, such as the Neighborhood (RT) and Hamlet (RW), not only at the village or sub-district level where the scope is still quite broad in collecting data and dealing with more controlled program delivery, this will further focus the program on managing stunting is more concrete and targeted.

Second: Make Regional Regulations to strengthen Governor's Decree Number 981 and Number 71 of 2022 regarding stunting. So that the strategy to reduce stunting prevalence rates can be more evenly distributed and achieved in DKI Jakarta. Third: The importance of encouraging foster fathers from all stakeholders, government leaders and entrepreneurs, for stunted children in DKI Jakarta. This is part of a more effective policy strategy to address reducing stunting rates.

Acknowledgment

The researcher would like to express his gratitude to the Head of the Population and Family Disaster Agency of the Republic of Indonesia, Mas Hasto Wardoyo, who has provided the opportunity to have long discussions and conduct research as well as implement a Memorandum of Understanding (MoU) and Cooperation Agreement (PKS) between BKBN with UMJ and LPPM UMJ regarding how to involve UMJ Real Work Lecture (KKN) students in dealing with the stunting problem in DKI Jakarta Province. This research paper is presented, and hopefully, it will be useful for readers and other stakeholders for carrying out research for students or lecturers who need it.

References

- Aisyah, H. F. (2021). Gambaran Pola Asuh Ibu dengan Balita Stunting dan Tidak Stunting di Kelurahan Tengah, Kecamatan Kramat Jati, DKI Jakarta. *Perilaku dan Promosi Kesehatan: Indonesian Journal of Health Promotion and Behavior*, 3(2), 71–78. <https://doi.org/10.47034/ppk.v3i2.4158>
- 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>
- Aryastami, N. K., & Tarigan, I. (2017). Kajian Kebijakan dan Penanggulangan Masalah Gizi Stunting di Indonesia. *Buletin Penelitian Kesehatan*, 45(4), 233–240. <https://doi.org/10.22435/BPK.V45I4.7465.233-240>
- Bahru, B. A., Jebena, M. G., Birner, R., & Zeller, M. (2020). Impact of Ethiopia's Productive Safety Net Program on Household Food Security and Child Nutrition: A Marginal Structural Modeling Approach. *SSM - Population Health*, 12, 100660. <https://doi.org/10.1016/j.ssmph.2020.100660>
- Damanik, S. M., Wanda, D., & Hayati, H. (2020). Feeding Practices for Toddlers with Stunting in Jakarta: A Case Study. *Pediatric Reports*, 12(11), 8695. <https://doi.org/10.4081/pr.2020.8695>
- Dong, B., Zou, Z., Song, Y., Hu, P., Luo, D., Wen, B., Gao, D., Wang, X., Yang, Z., Ma, Y., Ma, J., Narayan, A., Huang, X., Tian, X., & Patton, G. C. (2020). Adolescent Health and Healthy China 2030: A Review. *Journal of Adolescent Health*, 67(5), S24–S31. <https://doi.org/10.1016/j.jadohealth.2020.07.023>
- Fadjarajani, S., Rosali, E. S., Patimah, S., Liriwati, F. Y., Nasrullah, Srikaningsih, A., Daengs, A., Pinem, R. J., Harini, H., Sudirman, A., Ramlan, Falimu, Safriadi, Nurdyani, N., Lamangida, T., Butarbutar, M., Wati, N. M. N., Rahmat, A., Citriadin, Y., ... Nugraha, M. S. (2020). *Metodologi Penelitian: Pendekatan Multidisipliner* (A. Rahmat, Ed.). Ideas Publishing.
- Fahrizal, Sarfiah, S. N., & Juliprijanto, W. (2019). Analisis Ketimpangan Ekonomi Provinsi Jawa Tengah Tahun 2008-2017. *Dinamic: Directory Journal of Economic*, 1(4), 399–417. <https://doi.org/10.31002/DINAMIC.V1I4.803>
- Kementerian PPN/Bappenas. (2018). *Pedoman Pelaksanaan Intervensi Penurunan Stunting Terintegrasi di Kabupaten/Kota*. Kementerian PPN/Bappenas.
- Kumanireng, M. Y. B., Siauta, J. A., & Rukmaini. (2022). Analisis Peran Bidan dalam upaya Pencegahan Stunting di Praktik Mandiri Bidan (PMB) DKI Jakarta. *Jurnal Ilmiah Ilmu Pendidikan*, 5(9), 3734–3741. <https://doi.org/10.54371/jiip.v5i9.924>
- Kusumastuti, A., & Khoirun, A. S. (2020). *Metode Penelitian Kualitatif*. Lembaga Pendidikan Sukarno Pressindo.
- Nisa, L. S. (2018). Kebijakan Penanggulangan Stunting di Indonesia. *Jurnal Kebijakan Pembangunan*, 13(2), 173–179. <https://jkpjournals.com/index.php/menu/article/view/78>
- Nurdin, I., & Hartati, S. (2019). Metodologi Penelitian Sosial. In *Media Sahabat Cendekia*. Media Sahabat Cendekia.
- Pudjiastuti, T. N., Sunarko, B., Devi, A. F., Laksani, C. S., Romdiati, H., Udin, L. Z., Lestari, E., Prasetyoputra, P., Ningrum, V., & Astuti, Y. (2018, September 6). Percepatan Penurunan Stunting melalui Revitalisasi Ketahanan Pangan dan Gizi dalam Rangka Mencapai Tujuan Pembangunan Berkelanjutan. *Prosiding Widyakarya Nasional Pangan dan Gizi WNPG XI*. <https://doi.org/10.14203/PRESS.155>
- Purwanti, A. R., Mulat Widyastuti, T., & Suminar, Y. A. (2022). Kebijakan Pencegahan dan Strategi Penanganan Stunting di Kalurahan Donokerto Turi Sleman Yogyakarta. *Jurnal Kewarganegaraan*, 6(1), 1757–1764. <https://doi.org/10.31316/JK.V6I1.2522>
- Rahayu, A., Yulidasari, F., Putri, A. O., & Anggraini, L. (2018). *Study Guide-Stunting dan Upaya Pencegahannya bagi Mahasiswa Kesehatan Masyarakat* (Hadianor, Ed.). CV Mine.
- Ramadhanty, T. & Rokhaida. (2021). Pengaruh Edukasi Kesehatan dengan Media Audiovisual terhadap Pengetahuan Ibu tentang Stunting pada Balita di Posyandu Melati 1 Kelurahan Pisangan Timur, Jakarta

- Timur. *Jurnal Keperawatan Widya Gantari Indonesia*, 5(2), 58–64. <https://doi.org/10.52020/jkwgi.v5i2.3173>
- Rizal, M. F., & van Doorslaer, E. (2019). Explaining the Fall of Socioeconomic Inequality in Childhood Stunting in Indonesia. *SSM - Population Health*, 9, 100469. <https://doi.org/10.1016/j.ssmph.2019.100469>
- Salim & Syahrum. (2019). *Metodologi Penelitian Kualitatif*. Citapustaka Media.
- Satriawan, E. (2018). *Strategi Nasional Percepatan Pencegahan Stunting 2018-2024*.
- Singh, K. J., Chiero, V., Kriina, M., Alee, N. T., & Chauhan, K. (2022). Identifying the Trend of Persistent Cluster of Stunting, Wasting, and Underweight Among Children Under Five Years in Northeastern States of India. *Clinical Epidemiology and Global Health*, 18, 101158. <https://doi.org/10.1016/j.cegh.2022.101158>
- Srivastava, S., Chandra, H., Singh, S. K., & Upadhyay, A. K. (2021). Mapping Changes in District Level Prevalence of Childhood Stunting in India 1998–2016: An Application of Small Area Estimation Techniques. *SSM - Population Health*, 14, 100748. <https://doi.org/10.1016/j.ssmph.2021.100748>
- Sugiyono. (2020). *Metode Penelitian Kuantitatif, Kualitatif, dan R&D*. Alfabeta.
- Ulfah, I. F., & Nugroho, A. B. (2020). Menilik Tantangan Pembangunan Kesehatan di Indonesia: Faktor Penyebab Stunting di Kabupaten Jember. *Sospol: Jurnal Sosial Politik*, 6(2), 201–213. <https://doi.org/10.22219/sospol.v6i2.12899>
- Wardani, Z., Sukandar, D., Baliwati, Y. F., & Riyadi, H. (2021). Sebuah Alternatif: Indeks Stunting Sebagai Evaluasi Kebijakan Intervensi Balita Stunting di Indonesia. *Gizi Indonesia*, 44(1), 21–30. <https://doi.org/10.36457/gizindo.v44i1.535>
- Wendt, A., Hellwig, F., Saad, G. E., Faye, C., Mokomane, Z., Boerma, T., Barros, A. J. D., & Victora, C. (2021). Are Children in Female-Headed Households at a Disadvantage? An Analysis of Immunization Coverage and Stunting Prevalence: In 95 Low- and Middle-Income Countries. *SSM - Population Health*, 15, 100888. <https://doi.org/10.1016/j.ssmph.2021.100888>