



Health Law and Stunting: How is the Government Handling in Eliminating Stunting?

 Willya Achmad^{1*},  Nunung Nurwati², and  Rd. Siti Sofro Sidia³

¹Department of Social Welfare, Faculty of Social and Political Sciences, Pasundan University, Indonesia

²Department of Social Welfare, Faculty of Social and Political Sciences, Padjajaran University, Indonesia

³Department of Sociology, Faculty of Social and Political Sciences, Riau University, Indonesia

*Corresponding Author Email: willyaachmad@unpas.ac.id, Telp: +6281320337413

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Abstract

Children's stunting is a significant public health issue that negatively impacts their growth and development. Dealing with stunting necessitates a comprehensive approach, including government efforts to address the issue via pertinent policies and laws. This study seeks to analyze the role of health law in efforts to eradicate stunting, with a particular focus on government action. The research method is normative legal research employing a qualitative approach by accumulating data through literature studies and analysis of documents pertaining to the treatment of stunting. Using an interpretive strategy, the collected data were analyzed to identify key issues regarding the function of health law in eradicating stunting. The results show that although Law No. 17 of 2023 provides a more integrative legal basis for the transformation of primary care, its effectiveness is still hampered by the less-than-imperative nature of the norms and the absence of firm sanctions for state officials who fail to meet nutrition service standards. Administrative barriers, such as weak cross-sectoral convergence, sectoral egos, and discrepancies in prevalence data, are key obstacles to implementation at the operational level. This study concludes that strengthening legal certainty through technical implementing regulations and simplifying budget bureaucracy is urgent. Its contribution lies in mapping regulatory gaps in the post-transition health law, while its limitations focus on normative analysis, which requires further empirical study in regions with low fiscal capacity.

Keywords: Stunting, Health Law, Government, Children's, Development.

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Introduction

The problem of stunting in Indonesia continues to be an important public health concern, as it represents the problem of chronic linear growth failure in the first 1,000 days of life, caused by malnutrition and repeated infections (Mulyani et al., 2025). From an empirical perspective, according to the data from the Indonesian Nutritional Status Survey (SSGI), the prevalence of stunting in Indonesia in 2023 was 21.5%, but it decreased in 2024 to 19.8%, even though it is still above the tolerance level set by the WHO, i.e., 20%. This not only represents physical degradation but also includes the problem of cognitive degradation, affecting the quality of human resources in the future (SSGI, 2024). From the legal perspective, the problem of stunting in Indonesia represents the implementation of the constitutional mandate of the 1945 Constitution, as stipulated in Article 28H, which guarantees the right to health as a human right. Therefore, Law No. 17 of 2023 regarding Health is an important legal instrument that is supposed to synchronize the problem of health in Indonesia, as it strengthens the national health system (Syahnimar, 2020).

Theoretically, this research was built upon the Welfare State doctrine, in which the role of the government was seen as the key player actively responsible for ensuring the minimum living standards and health of the people. The intervention of the government in the elimination of stunting has been in need of legal certainty in ensuring that policies, particularly in the cross-sectoral domains, are binding, especially in terms of specific and sensitive interventions in nutrition (Astuti et al., 2025). Yet, the effectiveness of such regulations has been seen as counteractive in terms of sectoral egos and fragmentation between the central and regional governments, as seen in the gap between regulatory mandates and the reality of reducing prevalence rates. This has prompted the urgency in exploring the role of health law as a catalyst for the elimination of stunting (Azwar et al., 2026).

The Indonesian government has the responsibility to maintain, protect and promote public health. This is reflected in health policies issued by the government, including national programs aimed at increasing access to and quality of health services, reducing health disparities between regions, social groups, and the economy, as well as overcoming pressing public health problems such as stunting, infectious diseases, and environmental health problems (Hidayat, 2016). In addition, the government is also responsible for forming and implementing health regulations to protect the public from risks and threats to health, as well as carrying out a supervisory function to ensure adherence to established health standards, including stunting (Timon, 2020).

Stunting is a chronic nutritional problem in toddlers characterized by shorter height for their age, which has serious impacts on children's health, development, and quality of life in adulthood (Setiavi & Julyandini, 2024). Children who experience stunting are at higher risk of degenerative diseases and tend to have lower levels of intelligence (Ridua & Djurubassa, 2020). Research by (Beal et al., 2018) shows that one of the main causes of stunting in Indonesia is inadequate nutritional intake from the prenatal period until the age of two. Poor nutrition during this critical phase can lead to permanent brain damage, affecting cognitive development, IQ, and future opportunities, including employment prospects (Imani, 2020). In fact, stunted children may have IQ scores up to eleven points lower than children who grow normally, and without early intervention, these effects can persist into adulthood (Aryastami & Tarigan, 2017).

To address stunting, comprehensive and holistic interventions are required, starting from pregnancy until a child reaches two years of age. This includes ensuring adequate maternal nutrition, promoting exclusive breastfeeding, and providing nutritious food for infants and toddlers (Sutraningsih et al., 2021). Furthermore, effective stunting prevention requires integrated efforts across health, education, and social sectors, supported by strong government policies to ensure access to quality healthcare services and proper nutrition for all communities (Sari et al., 2023).

Malnutrition and stunting are not novel issues in Indonesia, and the government has been implementing policies and programs to combat them for decades. The government recognizes the significance of safeguarding children's rights, such as the right to life, the right to health, and the right to grow and develop normally (Boli, 2020). In Article 28 B paragraph (2) of the 1945 Constitution of the Republic of Indonesia (UUD NRI), the Indonesian Constitution emphasizes that every infant has the right to survival, growth, and development, as well as protection from violence and discrimination. This demonstrates the government's dedication to safeguarding the rights of children, including in the context of health and stunting prevention (Hartotok et al., 2021; Munawaroh et al., 2022).

Law Number 36 of 2009 concerning Health provides a strong legal foundation for protecting and improving children's health in Indonesia, including efforts to prevent and treat stunting, and reflects the government's commitment to addressing malnutrition through appropriate policies and resource allocation (Absori et al., 2022). In addition, Child Protection Law Number 23 of 2012 emphasizes that every child has the right to optimal health and development, including freedom from nutritional disorders such as stunting and obesity. This law places responsibility on the government and related parties to ensure children's health rights are fulfilled, making it a crucial guideline for implementing concrete actions to combat malnutrition and support children's well-being (Gillespie et al., 2013).

Several previous studies have attempted to examine the stunting phenomenon from various policy and legal perspectives. Click or tap here to enter text.), in their study on accelerating stunting reduction, emphasized that inter-institutional coordination at the village level remains weak, despite support from Presidential Decree No. 72 of 2021. Similarly, (Ariany & Fitriatun, 2022) examined stunting from a human rights perspective, asserting that failure to address nutrition constitutes a violation of children's constitutional right to health. Meanwhile, (Barker, 2023) demonstrated that a strong health legal framework in developing countries positively correlates with improvements in national nutritional status. Finally, (Febrian & Yusran, 2021) identified overlapping authority between ministries in maternal and child health services, which hinders program synchronization at the regional level.

While the above studies have made important contributions, there remains a significant research gap to be explored. Much of the previous literature remains grounded in outdated legal frameworks and sectoral presidential regulations. Few studies have specifically examined the impact of Law No. 17 of 2023 concerning Health (the Omnibus Law), as a new paradigm in the national health system, on stunting elimination. This study aims to fill this gap by analyzing how the transformation of the new health law integrates authorities and eliminates bureaucratic barriers identified in previous studies. Therefore, the novelty of this research lies in the synthesis of welfare state theory with the implementation of the latest legal instruments to accelerate the reduction of stunting prevalence in Indonesia.

Based on the identified problems and research gaps outlined above, this study is specifically designed to address two fundamental questions. First, how effective is the Health Law, a legal instrument for accelerating stunting elimination in Indonesia? Second, what are the legal and administrative barriers faced by the government in integrating specific and sensitive nutrition interventions between the central and regional governments? In line with these research questions, this study aims to analyze the role and legal strength of the Health Law in providing regulatory certainty for the national stunting reduction acceleration program. Furthermore, this study aims to identify and evaluate legal and bureaucratic implementation obstacles that hinder the integration of stunting elimination policies at the operational level. By achieving these objectives, it is hoped that

this research will provide strategic recommendations for strengthening the national health system to be more responsive to the issue of chronic malnutrition.

Research Methods

This research uses a normative juridical research method, which examines law as a comprehensive system of norms, encompassing the principles and rules of legislation, as well as relevant legal doctrines (Kristiawanto, 2022). This method was chosen based on the research objective of analyzing the regulatory synchronization between Law No. 17 of 2023 concerning Health and technical policies for stunting elimination. The justification for using this method is crucial because the stunting problem in Indonesia is not merely a medical issue, but also a matter of legal certainty and regulatory coherence, which requires an in-depth analysis of the hierarchy and conformity of applicable legal norms.

The data collection procedure was conducted through library research to obtain secondary data. This secondary data is classified into three types of legal materials: (1) Primary legal materials, which include the 1945 Constitution, through Law Number 23 of 1992 *juncto* Law Number 36 of 2009 and Law No. 17 of 2023 concerning Health, Presidential Decree No. 72 of 2021 concerning the Acceleration of Stunting Reduction, and other derivative regulations; (2) Secondary legal materials, in the form of legal textbooks, reputable scientific journals, research reports, and official government documents that provide explanations of primary legal materials; and (3) Tertiary legal materials, such as legal dictionaries and encyclopedias to clarify technical terms. Data collection techniques were carried out using an inventory system and categorization of legal documents based on their relevance to the issue of malnutrition and government authority.

The data analysis technique used was qualitative analysis with a descriptive-analytical approach. After all legal materials were collected, the data were processed using legal interpretation methods, specifically systematic and teleological (sociological) interpretation. Systematic interpretation is used to examine the interrelationships between health regulations, while teleological interpretation is used to understand the purpose of establishing laws in the context of social welfare. The final step is deductive drawing of conclusions, starting from the general norms contained in the Health Law and the Welfare State Theory, then converting them to address specific issues regarding the effectiveness of stunting elimination in Indonesia (Rohman, 2021).

Results and Discussion

The Effectiveness of Health Law in Accelerating the Elimination of Stunting in Indonesia

The evolution of health law in Indonesia demonstrates the state's long-term commitment to developing a superior generation, stemming from the recognition that nutritional status is a key pillar of human resource quality. Since the enactment of Law Number 23 of 1992 concerning Health, the normative framework has laid the foundation for improving public nutrition through Articles 10 and 11 paragraph (2). Although the primary focus at the time was still general, this regulation recognized that optimizing public health is inseparable from nutritional interventions. This marked the beginning of legal awareness that the state has a role to intervene in the domestic sphere of family health for the greater national interest.

The policy transformation became more specific and assertive when Law Number 36 of 2009 replaced the previous regulation. This regulation brought a more concrete spirit of protection for infants' basic needs, particularly through Article 128, which guarantees infants' exclusive right to breast milk. This affirmation is not merely a medical norm, but a legal obligation for the government,

society, and families to provide facilities and dedicated time for breastfeeding mothers. In the context of stunting, exclusive breastfeeding is the most basic, legally recognized nutritional intervention to prevent stunting in the early stages of life.

The enactment of Law No. 17 of 2023 concerning Health (the Latest Health Law) now serves as a refinement, incorporating an Omnibus Law approach that holistically integrates various aspects of health. This latest law no longer views nutrition as a stand-alone sector, but rather as an integral part of the transformation of primary care. While Law No. 36 of 2009 granted individual rights, Law No. 17 of 2023 strengthens the government's systemic responsibility to ensure access to nutrition by strengthening the function of community health centers (Puskesmas) and integrated health posts (Posyandu) as the frontline in early detection of stunting risks (Nabil, 2024).

Theoretically, the transition from Law No. 23 of 1992 to Law No. 17 of 2023 reflects the strengthening of the Welfare State concept in Indonesia. The state no longer plays a passive regulator but actively acts as a guarantor of welfare through its mandate to protect the nutrition of pregnant women and children under five (toddlers). The new Health Law provides a stronger legal basis for the integration of cross-sectoral programs. The mandatory provision of breastfeeding facilities, mandated since 2009, is now further enhanced by more comprehensive and measurable standardization of maternal and child health (MCH) services (Susanto, 2025).

However, the synchronization of these regulations faces significant challenges in consistent implementation at the regional level. Law No. 17 of 2023 requires synergy between central and regional policies through mandatory synchronization of health budgets. This is crucial because a common obstacle since Law No. 36 of 2009 has been weak oversight of the availability of nutritional support facilities in workplaces and public spaces. The new regulation provides legal certainty for vulnerable groups through strengthened sanctions and rewards for regions that successfully achieve minimum nutrition service standards.

This regulation was later enshrined in Presidential Regulation No. 42 of 2013, pertaining to the National Movement for the Acceleration of Nutrition Improvement. This rule governs the government's attempts to promote stakeholder commitment to community nutrition through the national movement task force to accelerate nutrition improvement, which is chaired by the coordinating minister for people's welfare (Susilo, 2024). This movement's purpose is to enhance nutrition in the first 1000 days of life. The Coordinating Ministry for Human Development and Culture (Kemenko PMK) is authorized by the Perpres to coordinate projects to accelerate nutrition improvement in Indonesia. At the regional level, Governors and Regents/Mayors report to the Chair of the Task Force on the implementation of activities to accelerate nutrition improvement at least once a year, with a copy to the Minister of Home Affairs.

The task force formed in this movement aims to coordinate and facilitate various programs, policies, and activities related to improving nutrition in Indonesia. Through inter-agency collaboration and active community participation, this movement seeks to increase understanding, awareness and real action in dealing with the problem of malnutrition and stunting. One of the main focuses of the National Movement for the Acceleration of Nutrition Improvement is improving nutrition in the first 1000 days of life. This phase begins in the womb until the age of two. During this period, child development is critical and requires optimal nutritional intake to ensure healthy growth. Therefore, this movement seeks to increase public awareness, especially pregnant women and nursing mothers, of the importance of providing adequate nutritious food and nutritional assistance during the first 1000 days of a child's life (Shatriadi et al., 2024; Sentika et al., 2024).

In addition, this Presidential Regulation regulates the government's efforts to expand access to and improve the quality of nutrition services, including the provision of additional food, immunization, exclusive breastfeeding, and routine monitoring of children's growth and development. All programs and activities of the National Movement for the Acceleration of Nutrition Improvement are intended to involve multiple sectors, including health, education, agriculture, and social affairs, in order to achieve optimal nutrition improvement goals for the Indonesian population (Dewi et al., 2025; Siregar et al., 2024)

In a more progressive move eight years later, the government repealed the previous presidential regulation and replaced it with Presidential Regulation Number 72 of 2021 on Accelerating the Reduction of Stunting. This regulation demonstrates a stronger commitment to (Shatriadi et al., 2024) fostering the next generation's superiority and freedom from stunting issues. Since 2018, this Presidential Regulation has served as the legal framework for the National Strategy (Stranas) to Accelerate the Reduction of Stunting. This Presidential Decree is also intended to strengthen the framework for interventions that must be implemented and the institutions involved in accelerating the reduction of stunting.

Within the framework of sustainable development, five pillars comprise the government's strategy for accelerating the reduction of stunting. According to the website of the Ministry of Home Affairs, the five pillars containing Acceleration of Stunting Reduction activities are as follows:

1. Commitment and Vision of National and Regional Leadership.
2. National Campaign and Behavior Change Communication.
3. Convergence, Coordination and Consolidation of Central, Regional and Village Programs.
4. Food Security and Nutrition.
5. Monitoring and Evaluation.

According to Presidential Regulation Number 72 of 2021 Concerning Accelerating the Reduction of Stunting, the government's strategy for reducing stunting includes the following goals:

1. Reducing the prevalence of stunting. The purpose of this goal is to reduce the number of children who are stunted, that is, children whose height is shorter than the normal standard for their age. By reducing the prevalence of stunting, the government seeks to improve the health and quality of life of Indonesian children and prevent the long-term negative impacts of this problem of malnutrition, both on children's physical health and cognitive development.
2. Improving the quality of preparation for family life. This means that the government is trying to provide adequate knowledge, understanding and skills to prospective parents or couples who wish to form a family, so that they can provide optimal care and education for their children. By improving the quality of preparation for family life, it is hoped that parents can provide adequate nutrition, access to good health services, and positive parenting practices so as to prevent stunting and ensure optimal growth and development for children in Indonesia.
3. Ensuring the fulfillment of nutritional intake. The purpose of this goal is to ensure that every child in Indonesia gets adequate and balanced nutrition to support their optimal growth and development. The government is trying to increase the accessibility and

availability of nutritious food, as well as provide information and education to the public about the importance of a healthy diet. By ensuring the fulfillment of nutritional intake, it is hoped that it can reduce the risk of stunting and other malnutrition problems, as well as improve the health and quality of life of children in Indonesia.

4. Improve parenting. The purpose of this goal is to increase parents' understanding and skills in providing good care and upbringing for their children. The government seeks to provide education and support to parents about the importance of stimulating child development, positive parenting practices, and good interaction between parents and children. By improving parenting, it is hoped that it can create an environment that supports optimal growth and development of children, as well as preventing stunting.
5. Increase access and quality of health services. The purpose of this goal is to ensure that all children in Indonesia can easily access quality health services. The government is working to improve geographic and financial accessibility to health services, including routine check-ups, vaccinations, provision of nutritional supplements, as well as medication and care needed to prevent and treat stunting. In addition, the government is also committed to improving the quality of health services by involving trained medical personnel, improving health infrastructure, and increasing monitoring and evaluation of child health programs. By increasing access to and quality of health services, it is hoped that it can provide better protection and care for children, so as to prevent and reduce cases of stunting in Indonesia.
6. Increase access to drinking water and sanitation. The purpose of this goal is to ensure that all children in Indonesia have adequate access to clean and safe drinking water and proper sanitation facilities. The government is trying to improve the infrastructure for providing affordable and quality drinking water, as well as expanding the scope of safe and hygienic sanitation. In addition, the government is also focusing on educating the public about the importance of washing hands with soap and maintaining the cleanliness of the surrounding environment. By increasing access to drinking water and good sanitation, it is hoped that it will reduce the risk of diseases related to poor water and sanitation, and help prevent stunting through a healthy and hygienic environment for children in Indonesia.

7. Top of Form

A significant difference between the previous Perpres and Presidential Regulation Number 72 of 2021 is that there is a clearer breakdown of target indicators, targets and years of achievement. In this new presidential regulation, concrete and measurable targets are set that must be achieved by the government and various related ministries. In addition, the Perpres also stipulates who is responsible for achieving these targets (Aril et al., 2025).

For example, the Ministry of Public Works and Public Housing is tasked with being responsible for the target of increasing access to proper sanitation for 90 percent of households in Indonesia, especially in priority districts/cities. This shows that there is more directed coordination between various government sectors in efforts to deal with stunting. With clear responsibilities, it is hoped that the government's performance and effectiveness in implementing stunting reduction programs will increase.

Presidential Regulation Number 72 of 2021 also recognizes the importance of cross-sector collaboration and active community participation in reducing stunting. This regulation encourages

the formation of synergies between ministries, agencies, local governments, and communities in designing and implementing programs that focus on preventing and treating stunting. By involving various parties, it is hoped that efforts to reduce stunting can become more holistic, sustainable and have a broad positive impact.

In addition, Presidential Regulation Number 72 of 2021 specifies a Team for the Acceleration of Stunting Reduction comprised of a Director and an Executor. The Vice President presides over the Steering Committee, which also includes the Minister Coordinating for Human Development and Culture and other ministers. In the interim, the Director of the National Population and Family Planning Agency was named Chief Executive Officer. Provincial, district/city, and village/kelurahan-level Acceleration of Stunting Reduction teams were also established. The appointment of the Vice President as chief of the steering committee demonstrates the severity of the stunting problem in Indonesia.

With Presidential Regulation Number 72 of 2021 on Accelerating the Reduction of Stunting, the government has demonstrated its commitment to addressing the problem of stunting in a more targeted, quantifiable, and long-term manner. This regulation becomes a legal framework that provides the government and all stakeholders with guidance and a foundation for implementing stunting reduction programs more effectively and efficiently.

In addition to Presidential Regulation No. 72 of 2021 on Accelerating the Reduction of Stunting, the government has issued Presidential Regulation No. 83 of 2017 to demonstrate its commitment to addressing the problem of stunting by focusing more on strategic food and nutrition policies (KSPG). Food and nutrition strategic policy (KSPG) includes five policies in the following areas: 1) Availability of food, 2) Affordability of food, 3) Utilization of food, 4) Improvement of community nutrition, and 5) Strengthening of food and nutrition institutions.

First, the food availability policy aims to ensure an adequate and diverse food supply for all levels of society. This involves efforts to increase food production, agricultural sustainability, diversify food production, and protect food security. Second, food affordability policies focus on efforts to ensure that people can access quality food at affordable prices. This involves measures to reduce the food price gap, protect consumers from excessive food inflation, and improve food accessibility through social assistance programs and efficient food distribution.

Third, the food utilization policy aims to increase people's knowledge and practices in choosing, cooking, and consuming healthy and nutritious food. This involves educational campaigns, nutrition counseling, and promotion of healthy lifestyles, as well as regulations related to nutritional

information on food product packaging. Fourth, the community nutrition improvement policy focuses on efforts to increase public understanding of the importance of balanced nutrition and improve overall nutritional status. This involves programs to improve nutrition in critical age ranges, such as during pregnancy, toddlers and adolescents, including the prevention and treatment of stunting. Fifth, the policy on strengthening food and nutrition institutions aims to increase the capacity and coordination of related institutions in implementing food and nutrition policies and programs. This involves establishing and strengthening relevant institutions, engaging various stakeholders, and regular program monitoring and evaluation.

The KSPG that is specified in Presidential Decree No. 83/2017 is going to be put into effect once every five years and will be in effect for the period of 2017-2019. The formulation of Action Plans for Food and Nutrition, which include both national and regional levels, is an offshoot of this policy. For instance, the Food and Nutrition Security Strategic Policy (KSKPG) 2020-2024 was developed in

order to serve as a common platform for stakeholders in the field of food and nutrition, as a basic reference for government agencies and local governments in order to build cross-sectoral coordination, and as a basis for ministries and institutions at the central level as well as provincial and district/city regional governments in order to formulate adequate policies, programs, and budgets in order to realize the development. In addition, the Food and Nutrition Security Strategic

The government has demonstrated a holistic commitment to combating stunting and enhancing the quality of food and nutrition for society as a whole through the Food and Nutrition Strategic Policy (KSPG). This policy was developed by the government. It is envisaged that an improvement in the quality of life and welfare of the community, as well as a reduction in the rate of stunting in Indonesia, can be realized through collaboration between many connected sectors and the implementation of integrated policies.

Table 1. Essence of Policies and Regulations for Accelerating Stunting Reduction in Indonesia

Aspect	Regulation/Policy	Main Focus	Contribution to Stunting Reduction
Initial Legal Framework	Law No. 23 of 1992	General public health improvement	Early recognition of the importance of nutrition in health development
Strengthening Health Law	Law No. 36 of 2009	Infant rights (exclusive breastfeeding), nutrition intervention	Legal-based early prevention of stunting
Health System Transformation	Law No. 17 of 2023	Integration of health services (Puskesmas & Posyandu)	Strengthening early detection and system-based intervention
National Nutrition Movement	Presidential Regulation No. 42 of 2013	First 1000 Days of Life (HPK)	Cross-sector coordination and public awareness improvement
National Stunting Strategy	Presidential Regulation No. 72 of 2021	Target-based stunting reduction	Comprehensive, collaborative, and sustainable approach
Strategic Pillars	(PR 72/2021)	Leadership, campaign, coordination, nutrition, evaluation	Integration of central-regional and cross-sector policies
Strategic Objectives	(PR 72/2021)	Nutrition, parenting, health services, sanitation	Multidimensional stunting intervention
Institutional Framework	Stunting Reduction Acceleration Team	National to local coordination	Strengthening implementation and accountability
Food & Nutrition Policy	Presidential Regulation No. 83 of 2017 (KSPG)	Availability, affordability, utilization, nutrition, institutions	Holistic approach based on food security
Policy Implementation	KSKPG 2020–2024	Cross-sector planning	Synchronization of programs and budgets

Source: Author Research 2025

Legal and Administrative Barriers of Health Law in Eliminating Stunting in Indonesia

Legal Barriers

1. Regulatory Disharmony

The main challenge comes from the disharmony of the regulations between the central government and the regions due to the implementation of Law No. 17 of 2023 concerning Health. Being an Omnibus Law, the intention of this regulation was to make the regulation process simpler. However, the transition from the old to the new regulation process created confusion at the operational level. Most of the regions still apply the old regional regulation (Perda), referring to Law No. 36 of 2009. This creates confusion will remain until the Draft Government Regulation (RPP) of the new regulation is fully finalized.

In addition, the egos of the sectors due to overlapping authority between institutions are another challenge to the elimination of stunting. Even though Presidential Regulation No. 72 of 2021 provides a framework for accelerating stunting reduction, the legality of this instruction sometimes contradicts sectoral regulation from other sectors with different priorities. The unclear coordination hierarchy of the regulation sometimes leads to the creation of a legal mandate for nutrition intervention that does not align with the technical regulation of the use of the budget by the region, thus hindering the creation of integrated and responsive health regulation.

2. Weaknesses in Enforcing Nutrition Rights

The problem with enforcing this right to nutrition is found in the nature of health legal norms that are more aspirational rather than imperative. While Article 28H of the 1945 Constitution and the new Health Law recognize that each individual has the right to optimal health, there is a lack of a specific legal mechanism to enforce this right to nutrition. As such, stunted children are seen as a failure on the part of the medical community or as a socio-economic issue within families rather than as a failure on the part of the state to uphold human rights that can be legally pursued by citizens.

Additionally, this issue is compounded by the lack of specific legal sanctions on state officials or local government entities that fail to meet minimum service standards (SPM) with respect to nutrition services. From a legal certainty point of view, without a coercive tool that requires the state to take action to provide specific nutrition services, the enforcement of nutrition rights is dependent on discretionary action by policymakers with a temporary budget available.

3. Regional Autonomy and Standardization

The legal problems faced in regional autonomy and standardization stem from the difference in power between the central and regional governments in interpreting national health laws. In the Regional Government Law, health is mandatory and must be implemented by regional governments. However, this often results in fragmented levels of nutrition service standards due to differences in fiscal capacities and regional laws. Without standardized and nationally binding minimum service standards (SPM), regional governments with limited budget allocations often give priority to eliminating stunting as a secondary priority. This results in varying levels of nutritional access for children in one region compared to another.

In addition, regional autonomy often results in regional regulations (Perda) that do not conform to Law No. 17 of 2023 concerning Health. This often results in nutrition programs being void of legal backing when these programs do not conform to regional technical regulations. This often results in difficulties in integrating national programs for the standardization of maternal and child

health programs for stunting prevention, as each region has its own legal discretion. This often hinders regional integration.

Administrative Barriers

1. Lack of Cross-Sectoral Convergence

The most fundamental administrative challenge is the low degree of convergence between specific nutrition interventions (health sector) and sensitive nutrition interventions (non-health sector). While the government has developed and implemented the National Strategy for the Acceleration of Stunting Prevention, at the operational level, it seems that each agency and ministry works within their primary tasks and responsibilities without any integrative coordination. This explains why programs such as ensuring sufficient sanitation, access to clean and safe water, and food security sometimes fail to converge at the same loci with supplementary feeding and immunization programs, leading to a less-than-optimal cumulative effect in the reduction of stunting in Indonesia.

The administrative challenge is also reflected in the linear and fragmented nature of the budget and reporting system. Since each agency has different Key Performance Indicators (KPIs), working in a cross-sectoral manner is sometimes viewed as an additional burden. Thus, coordination meetings are sometimes merely ceremonial at the surface level, while at the field level, driving forces such as integrated health post cadres and village facilitators sometimes do not receive administrative guidance that is simultaneous in their efforts to assist families that are at risk of stunting.

2. Inaccurate Budget Allocation and Use

The management of budgets is always bogged down by inefficient bureaucratic procedures. While the government has allocated considerable funds through various schemes such as the Special Allocation Fund for physical and non-physical purposes, the actual release and utilization of budgets at the regional level are hampered by complex and changing technical guidelines. As a result, there is a backlog in budgets allocated for stunting at the regional level by the end of the year, thereby not being able to run essential programs such as supplementary nutrition for pregnant women and toddlers throughout the year.

In addition, errors are found in the budgets allocated, with considerable allocations being utilized for administrative support activities such as coordination meetings, repeated outreach activities, and official travel, rather than actual nutrition activities for the community. From an administrative point of view, the inflexibility of budgets allocated at the village level is not able to adapt to the changing needs of families at risk of stunting in real time. Without simpler bureaucratic reforms in the budget system, increases in budgets allocated to health will not automatically equate to a reduction in stunting prevalence.

3. Data Validity Issues

Data validity, which forms the backbone of administrative action, still presents one of the major challenges to effective stunting interventions. Discrepancies or differences in the prevalence rates are still frequently found between the outcomes of regular surveys such as the Indonesian Nutritional Status Survey (SSGI) and regular electronic reporting data such as Community-Based Nutrition Recording and Reporting (e-PPGBM). This data discrepancy presents administrative problems in the setting of targets by local governments due to the inaccuracy of the data, which could cause the mistargeting of interventions or the failure to provide assistance to children in need of immediate interventions.

The administrative reporting system at lower levels of administration also presents delays in the updating of the data. The process of inputting data from the thousands of integrated health posts (Posyandu) to the community health centers (Puskesmas) and health offices still presents challenges regarding human resources and the lack of digital infrastructure in the remote areas. This delays the strategic decision-making at the central level of the administration due to the lack of relevance of the data to the changing conditions on the ground, which could limit the government from taking swift and responsive preventive measures.

Conclusion

This study has concluded that the elimination of stunting in Indonesia is an embodiment of the state's responsibility in the Welfare State concept, which has experienced a major normative shift from Law Number 23 of 1992 to the enactment of Law Number 17 of 2023 concerning Health. The latest Health Law offers a more integrated basis for the regulation, with nutrition interventions as part of the transformation of compulsory primary services. The evolution of this legal instrument is a reflection of the state's commitment to the constitutional right of the people to health, as guaranteed by the Constitution, although the effectiveness of this legal instrument is limited by the incompletely imperative nature of the legal norm, the lack of clear sanctions on state officials who do not comply with the minimum service standard, and the dissonance between the policies of the central government and the autonomy of the regions.

From the administrative aspect, the major challenges identified are the lack of cross-sectoral convergence, unsynchronized prevalence data, and the inefficient budget bureaucracy. Sectoral egos, as well as the egos of the agencies, may cause the implementation of specific and sensitive nutrition interventions to be sporadic and poorly targeted. Hence, the need to accelerate the development of the implementing regulations of the health law, which are more technical in nature and have legal effect in local governments, is recommended by this study, as well as the need to reform the integrated single data system and the budget bureaucracy to be more outcome-oriented, in order that the health fund allocation may directly address the nutritional needs of vulnerable populations, in order that the national target for the reduction of stunting may be achieved in the future.

This study provides a theoretical contribution by applying the welfare state doctrine to the evaluation of the Health Omnibus Law. It provides a practical evaluation model for the harmonization of national and regional laws in addressing the issue of chronic malnutrition. This study, however, still has some limitations in the sense that, as a normative study based on secondary data, the impact of the implementation of derivative laws in regions with low financial capacities (3T) cannot yet be evaluated. For recommendation purposes, future studies should be conducted as legal-empirical research on the effectiveness of village budgets and on the mechanism of legal accountability (citizen lawsuits) to improve the enforcement of children's nutritional rights in the future.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Use of Artificial Intelligence (AI)-Assisted Technology

The authors declare that no artificial intelligence (AI) tools were used in the preparation, analysis, or writing of this manuscript. All aspects of the research, including data collection, interpretation, and manuscript preparation, were carried out entirely by the authors without the assistance of AI-based technologies.

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Authors Bio*

Willya Achmad (WA), Department of Social Welfare, Faculty of Social and Political Sciences, Pasundan University, Indonesia, Associate Professor in the Field of Community Welfare and Empowerment, Email: willyaachmad@unpas.ac.id, and Orcid: <https://orcid.org/0000-0002-6424-9396>

Nunung Nurwati (NN), Department of Social Welfare, Faculty of Social and Political Sciences, Padjadjaran University, Indonesia, Professor in the Field of Child and Family Welfare Email: nunung.nurwati@unpad.ac.id and Orcid: <https://orcid.org/0000-0003-1166-3750>

Rd. Siti Sofro Sidiq (RSSS), Department of Sociology, Faculty of Social and Political Sciences, Riau University, Indonesia, Professor in Sociology and Anthropology Email: sitISOFRSIDIQ@lecturer.unri.ac.id and Orcid: <https://orcid.org/0000-0002-9862-6698>