

REGULATORY CENTRALISM AND TERRITORIAL DISCRIMINATION: A SOCIO-LEGAL ANALYSIS OF CONSTITUTIONAL RIGHTS VIOLATIONS IN INDONESIA'S STUNTING GOVERNANCE (2018–2023)

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Article	Abstract
<p>Article History: Submitted: September 2025 Reviewed: December 2025 Accepted: December 2025 Published: December 2025</p> <p>Keywords: <i>Human Rights; Responsive Regulation; Social Justice; Stunting; Territorial Discrimination.</i></p>	<p><i>While Articles 28B (2) and 28H (1) of the 1945 Constitution mandate non-discriminatory rights to child health, 2018–2023 IKPS data reveal that incremental national progress obscures persistent territorial discrimination, evidenced by a staggering 39.3-point gap existing between D.I. Yogyakarta and Papua’s stunting management scores. This study aims to analyze how a centralized regulatory model for stunting management has resulted in territorial discrimination, implicating the state’s failure to equitably fulfill the constitutional right to health. This study employs a socio-legal approach, applying the theoretical framework of responsive regulation to evaluate stunting management policies. Longitudinal data were obtained from the IKPS for the 2018-2023 period, encompassing national trends, achievements per dimension, and inter-provincial disparities. The study presents three main findings. First, the rate of increase in the national IKPS has fluctuated and remains insufficient to achieve the 14% prevalence target by 2024. Second, there are significant inequalities among dimensions, with the education dimension consistently ranking the lowest and even experiencing a score decline of 4.11% during the observation period. Third, and most crucially, a massive territorial gap exists between the highest-achieving province (D.I. Yogyakarta, IKPS 84.8) and the lowest (Papua, IKPS 45.5), with the difference reaching 39.3 points in 2023. This gap is primarily driven by extreme disparities in the education dimension. This persistent territorial disparity is not merely a technical issue but rather evidence of systemic discrimination in the fulfillment of the constitutionally mandated right to health. The uniform, top-down regulatory model has proven unresponsive to the diversity of regional contexts, thereby perpetuating social injustice. The study concludes that to ensure children’s rights are guaranteed equitably, institutional reform is necessary towards a regulatory model that is responsive, democratic, and empowers local governments to design contextual and adaptive interventions.</i></p>

A. Introduction

Stunting is a global crisis that threatens human capital development and stands as a primary obstacle to fulfilling a child’s right to health and optimal growth.¹ Globally, stunting reflects structural inequality, where the socio-economic and geographical conditions into which a child is born unfairly determine their life potential.² At the national level, Indonesia confronts this challenge with great urgency. Although the government has designated the

¹ Mercedes de Onis and Francesco Branca, “Childhood Stunting: A Global Perspective”, *Maternal & Child Nutrition* 12, no. 1 (May 17, 2016): 23, <https://doi.org/10.1111/mcn.12231>.

² Aditi Krishna, *et al.*, “Trends in Inequalities in Child Stunting in South Asia”, *Maternal & Child Nutrition* 14, no. 4 (November 19, 2018): 10, <https://doi.org/10.1111/mcn.12517>.

reduction of stunting prevalence as a top priority with an ambitious target of 14%, as stipulated in the National Medium-Term Development Plan (*RPJMN*) (Presidential Regulation No. 12 of 2025), the complex reality shows that the national aggregate progress is slow and conceals sharp regional disparities. This indicates a fundamental problem within the applied policy architecture.³

The urgency of this research is rooted in the sociological fact that current stunting policies are experiencing a phenomenon of ‘diminishing returns.’ Empirical data reveal a sharp decline in intervention effectiveness, where the correlation between the Special Index for Handling Stunting (*IKPS*) scores and the reduction in stunting prevalence plummeted from 0.74 in the 2018–2021 period to merely 0.45 during 2021–2023. This nearly 40% reduction in effectiveness indicates that the technical-health policy architecture has reached a point of saturation, failing to address deep-seated structural roots. With an average annual *IKPS* increase of only 0.7 points, the 14% national target by 2024 (until now) is increasingly unattainable without a radical overhaul of the regulatory design. This condition demands immediate scholarly inquiry to identify why massive resource allocations have failed to yield territorially equitable outcomes.⁴

The significance of this study lies in two dimensions. Practically, the failure to reduce the stunting gap between regions amidst massive resource allocation indicates policy inefficiency and injustice.⁵ Understanding why interventions have failed to produce equitable impacts is crucial for the government to redesign a more effective, just, and evidence-based strategy, thereby safeguarding the future of children in Indonesia.

Scholarly persistence of this crisis necessitates a paradigm shift, transitioning from conventional public health and economic frameworks toward a rigorous socio-legal analysis.⁶ The impetus for this research is underscored by the manifest ‘diminishing returns’ in Indonesia’s stunting management; longitudinal data demonstrate a precipitous decline in the correlation between *IKPS* improvements and prevalence reduction, falling from 0.74 (2018–2021) to 0.45 (2021–2023). This 40% erosion in policy efficacy suggests that the prevailing

³ Marina Ery Setiyawati, *et al.*, “Studi Literatur: Keadaan Dan Penanganan Stunting Di Indonesia,” *Ikraith-Humaniora: Jurnal Sosial Dan Humaniora* 8, no. 2 (July 2, 2024): 185, <https://doi.org/10.37817/ikraith-humaniora.v8i2.3113>.

⁴ Dheti Oktalia, Maziyyatul Mufiedah, and Ririn Kuncaraning Sari, “Laporan Indeks Khusus Penanganan Stunting 2022-2023”, *Badan Pusat Statistik*, Jakarta Pusat, 2024, vii.

⁵ SA Katamso and Syaparudin Junaidi Amri, “Factors Affecting Regional Disparities in Indonesia 1985-2015”, *Journal of Economics and Sustainable Development* 9, no. 16 (2018): 110, <https://www.iiste.org/Journals/index.php/JEDS/article/view/44059>.

⁶ Hartotok, *et al.*, “Stunting Prevention Policy as a Form of Child Health Rights Legal Protection”, *Macedonian Journal of Medical Sciences* 9, no. E (2021): 1218–1223, <https://doi.org/10.3889/oamjms.2021.7254>.

architecture has reached a point of saturation, failing to address the deep-seated structural determinants of health.

Furthermore, this study establishes a direct causal nexus between the centralized, top-down regulatory design and the resulting territorial discrimination. Deviating from extant literature that dismisses regional gaps as mere 'implementation failures,' this research reinterprets the 39.3-point *IKPS* disparity between D.I. Yogyakarta and Papua as a systemic violation of constitutional rights facilitated by unresponsive legal structures. The novelty of this inquiry lies in its deployment of the 'responsive regulation' framework, pioneered by Ian Ayres and John Braithwaite, to re-conceptualize the *IKPS* as a rights-based indicator of state accountability. By integrating the concepts of the 'enforcement pyramid' and 'tripartism,' this analysis elucidates how rigid, non-dialogical regulatory models perpetuate structural domination, offering a normative pathway to align stunting governance with the equitable fulfillment of the child's right to health.⁷

Previous research reveals that the prevalence of stunting in Indonesia remains above the threshold set by the WHO.⁸ The Special Stunting Handling Index (*IKPS*), as an evaluation instrument,⁹ has not yet integrated a socio-legal approach. A responsive law approach has the potential to strengthen the *IKPS* through the concepts of the enforcement pyramid and tripartism.¹⁰ Findings from existing studies are categorized into five dimensions: human rights

⁷ Gale Burford, John Braithwaite, and Valerie Braithwaite, *Restorative and Responsive Human Services*, (New York: Routledge, 2019), 161.

⁸ Farrah Miftah, "Pemenuhan Hak Atas Kesehatan Terhadap Anak Stunting Di Jawa Timur Dalam Perspektif Hak Asasi Manusia", *Wajah Hukum* 8, no. 1 (April 2024): 301–311, <https://doi.org/10.33087/wjh.v8i1.1417>. See also, Marina Ery Setiyawati, et al, *Loc.Cit.*

⁹ Yuliana Wisna Simarmata and Rachma Fitriati, "Feasibility of The Special Index for Handling Stunting (IKPS) as an Indicator of Government Performance in Stunting Management in Indonesia", *Jurnal Ilmiah Kesehatan Masyarakat: Media Komunikasi Komunitas Kesehatan Masyarakat* 16, no. 4 (2024): 174–188.

¹⁰ Ian Ayres and John Braithwaite, *Responsive Regulation: Transcending the Deregulation Debate*, (New York: Oxford University Press, Inc, 1992), 6.

(HAM),¹¹ legal policy,¹² IKPS measurement,¹³ socio-economic factors,¹⁴ and intervention strategies.¹⁵ Although each dimension has contributed to the theme of this study, an integration of the socio-legal approach in the development of the IKPS is still absent.

Previous studies have identified five main methodological approaches. First, the normative juridical approach by Ayala & Meier (2017), Hartotok et al. (2021), Kusumo et al. (2023), Suharso (2023), Sumartini (2022), and Widjaja et al. (2023) offers a legal dimension limited to the domain of positivistic law. Second, the case study approach focusing on legal subjects by Hanapi & Yuhermansyah (2020), Ihsan et al. (2023), and Karim & Akuba (2024)

¹¹ Anu Lähteenmäki-Uutela, et al., "Rights of the Child as Imperatives for Transforming Food Systems", *Ecology and Society* 29, no. 3 (2024): 89-99, <https://doi.org/10.5751/ES-15398-290329>. See also, Yohanes Leonard Suharso, "Violations of Rights of Children With Stunting in Indonesia", *Soepra: Jurnal Hukum Kesehatan* 9, no. 2 (December 2023): 220-228, <https://doi.org/10.24167/sjkh.v9i2.5842>. See also, Elsa Widjaja et al., "Penegakan HAM Bagi Anak Penderita Stunting Di Indonesia", *Praxis: Jurnal Sains, Teknologi, Masyarakat Dan Jejaring* 5, no. 2 (2023): 127-137. See also, Farrah Miftah, *Loc.Cit.* See also, Dimas Joyo Kusumo, Raka Mahendra, and Laura Estevania, "Hak Warga Negara Dan Permasalahan Stunting Di Indonesia", *Indigenous Knowledge* 2, no. 4 (December 2023): 308-315. See also, Ana Ayala and Benjamin Mason Meier, "A Human Rights Approach to the Health Implications of Food and Nutrition Insecurity", *Public Health Reviews* 38, no. 10 (December 9, 2017): 1-22, <https://doi.org/10.1186/s40985-017-0056-5>.

¹² Hartotok et al., *Loc.Cit.* See also, Ni Wayan Eka Sumartini, "Kebijakan Pengaturan Pencegahan Stunting Ditinjau Dari Ketentuan Hukum Perkawinan", *Satya Dharma: Jurnal Ilmu Hukum* 5, no. 1 (2022): 1-13. See also, Fibriyanti Karim and Mohamad Akuba, "Strategi Hukum Dalam Penanganan Pernikahan Anak Sebagai Faktor Penyebab Stunting Di Kabupaten Boalemo", *Jurnal Ganec Swara* 18, no. 4 (December 2024): 2167-2174. See also, Ihsan, Yati Nurhayati, and Nahdhah, "Efektivitas Penegakan Hukum Terhadap Tingginya Angka Stunting Di Kabupaten Barito Kuala", *Jurnal Penegakan Hukum Indonesia (JPHI)* 4, no. 2 (2023): 129-150. See also, Pratiwi Uly Romadhoni, "Pemberian Edukasi Pencegahan Stunting Bagi Calon Pengantin Sebagai Upaya Percepatan Penurunan Stunting Di Kota Surakarta Tahun 2023", (Universitas Islam Negeri Sunan Kalijaga Yogyakarta, 2024), 65. See also, Kusroh Lailiyah, "Peran Badan Kependudukan Dan Keluarga Berencana Nasional Dalam Percepatan Penurunan Stunting", *Mendapo: Journal of Administrative Law* 4, no. 1 (February 9, 2023): 16-33, <https://doi.org/10.22437/mendapo.v4i1.23534>. See also, Rismarini Zarmawi and Budi Haryanto, "The Association of Children's Blood Lead Levels and Prevalence of Stunting in Tin Mining Area in Indonesia", *Annals of Global Health* 89, no. 1 (August 28, 2023): 1-11, <https://doi.org/10.5334/aogh.4119>. See also, Agustin Hanapi and Edy Yuhermansyah, "Urgency of Marriage Registration for Women and Child Protection in Gayo Lues District", *Samarah: Jurnal Hukum Keluarga Dan Hukum Islam* 4, no. 2 (December 2020): 528-544, <https://doi.org/10.22373/sjkh.v4i2.7942>. See also, Rakhmaning Tiyas and Mubasysyir Hasanbasri, "Systematic Literature Review: Strategi Promosi Kesehatan Dalam Mencegah Stunting", *Jurnal Manajemen Pelayanan Kesehatan* 26, no. 3 (November 9, 2023): 99-104, <https://doi.org/10.22146/jmpk.v26i3.8538>.

¹³ Yuliana Wisna Simarmata and Rachma Fitriati, *Loc.Cit.* See also, Ghina Rofifa Suraya and Arie Wahyu Wijayanto, "Comparison of Hierarchical Clustering, K-Means, K-Medoids, and Fuzzy C-Means Methods in Grouping Provinces in Indonesia According to the Special Index for Handling Stunting", *Indonesian Journal of Statistics and Its Applications* 6, no. 2 (August 31, 2022): 180-201, <https://doi.org/10.29244/ijsa.v6i2p180-201>.

¹⁴ S V Subramanian, Iván Mejía-Guevara, and Aditi Krishna, "Rethinking Policy Perspectives on Childhood Stunting: Time to Formulate a Structural and Multifactorial Strategy", *Maternal & Child Nutrition* 12, no. S1 (May 17, 2016): 219-36, <https://doi.org/10.1111/mcn.12254>. See also, Andi Mukramin Yusuf, et al., "Family Vulnerability and Children' Nutritional Status during COVID-19 Pandemic", *Journal of Public Health for Tropical and Coastal Region* 5, no. 2 (August 31, 2022): 74-82, <https://doi.org/10.14710/jphtcr.v5i2.13758>.

¹⁵ Zulfiqar A Bhutta, et al., "How Countries Can Reduce Child Stunting at Scale: Lessons from Exemplar Countries", *The American Journal of Clinical Nutrition* 112, no. 2 (September 2020): 894S-904S, <https://doi.org/10.1093/ajcn/nqaa153>. See also, Rakhmawati Agustina, Merdekawati Evangli Weken, and Dyta Anggraeny, "Implementasi Penggunaan BPJS Kesehatan Dalam Penanganan Balita Stunting Di Lokus Stunting", *Amerta Nutrition* 7, no. 2SP (December 31, 2023): 7-12, <https://doi.org/10.20473/amnt.v7i2SP.2023.7-12>. See also, La Ode Syaiful Islamy Hisanuddin, Rininta Andriani, and La Ode Farid Akhyar Hisanuddin, "Stunting Policy Convergence Model in South Buton Regency", *AcTion: Aceh Nutrition Journal* 8, no. 3 (September 2023): 455-65, <https://doi.org/10.30867/action.v8i3.1001>. See also, Marina Ery Setiyawati, et al., *Loc.Cit.*

integrates empirical data from the field but has not yet provided a comprehensive solution. Third, the quantitative approach, which objectively identifies patterns, by Simarmata & Fitriati (2024), Suraya & Wijayanto (2022), Yusuf et al. (2022), and Zarmawi & Haryanto (2023), tends to overlook social context. Fourth, the qualitative approach, capable of capturing the diversity of implementation, by Agustina et al. (2023), Hisanuddin et al. (2023), Lähteenmäki-Uutela et al. (2024), Lailiyah (2023), Miftah (2024), Tiyas & Hasanbasri (2023), Romadhoni (2024), and Setiyawati et al. (2024). However, it has limitations in terms of the generalizability of its findings. Fifth, the mixed-methods approach by Bhutta et al. (2020) and Subramanian et al. (2016), with statistical analysis and qualitative exploration, has not yet fully integrated a socio-legal perspective.

From the preceding studies, five main limitations can be identified. First, the absence of a socio-legal perspective, with a dominance of positivistic legal studies. Second, the lack of a comprehensive and responsive evaluation of the *IKPS* that adapts to dynamic contexts. Third, there is fragmentation in the legal, health, economic, and social approaches without adequate interdisciplinary integration. Fourth, the absence of policy analysis that reflects the gap between regulation and practice. Fifth, the use of limited measurement indicators that do not consider the spectrum of compliance in the interaction of law with society.

B. Method

This study constitutes empirical legal (socio-legal) research that is descriptive-analytical and explanatory, designed to analyze stunting management policies in Indonesia.¹⁶ By employing a primary socio-legal approach combined with statutory, conceptual, and case study approaches, this research aims to examine the interaction between legal norms and social reality. Data collection was conducted through a literature study technique, with secondary data sources consisting of longitudinal quantitative data from the *IKPS* for the 2018-2023 period from Statistics Indonesia (*BPS*), as well as qualitative data in the form of primary and secondary legal materials. Data analysis was performed using triangulation, wherein quantitative data were analyzed descriptively to present trends, comparisons, and disparities. Furthermore, a qualitative-interpretive analysis was operationalized in four stages.¹⁷ First, regulatory responsiveness, to assess policy adaptability, responsiveness to stakeholder interests, and

¹⁶ Herbert M Kritzer, *Advanced Introduction to Empirical Legal Research*, (Cheltenham: Edward Elgar Publishing, 2021), 47.

¹⁷ John Braithwaite, "The Essence of Responsive Regulation", *University of British Columbia Law Review* 44, no. 3 (2011): 475–520, https://johnbraithwaite.com/wp-content/uploads/2016/03/essence_responsive_regulation.pdf.

implementation flexibility. Second, the enforcement pyramid, to evaluate the spectrum of interventions and the proportionality of responses to violations. Third, tripartism, to enhance multi-stakeholder participation in the policy process. Fourth, continuous improvement, to encourage innovation and institutional capacity development. This approach is expected to overcome fragmentation, develop a holistic evaluation, bridge the gap between policy and implementation, strengthen the human rights dimension, and enhance accountability based on the principle of freedom as non-domination in public policy engineering.

C. Analysis and Discussion

1. National Stunting Trend: An Evaluation of Progress in the Context of Strategic Targets

The Special Stunting Handling Index (*IKPS*), developed as an instrument to evaluate the performance of the stunting reduction acceleration program, shows a consistent upward trend during the 2018-2023 period. Table 1 illustrates the longitudinal trajectory of the *IKPS* increase, with scores rising from 70 in 2018 to 73.5 in 2023, though with varying annual growth rates.

Table 1.
National *IKPS* Development, 2018-2023

Year	<i>IKPS</i> Score	Change	
		Points	Percent
2018	70	-	-
2019	70,3	0,3	0,43%
2020	71	0,7	1,00%
2021	71,5	0,5	0,70%
2022	72,4	0,9	1,26%
2023	73,5	1,1	1,52%

Source: *IKPS*, 2018-2023

An analysis of the rate of change in the *IKPS*, as presented in Table 1, indicates fluctuations in the momentum of stunting management acceleration. Based on the annual change data, the highest increase in the *IKPS* occurred in the 2022-2023 period, at 1.1 points or 1.52%, while the lowest increase was recorded in the 2018-2019 period, at 0.3 points or 0.43%. This finding reveals dynamics in the implementation and effectiveness of stunting management programs at the national level.

A longitudinal view of the *IKPS* rate of change reveals varied dynamics, which have substantive implications for the effectiveness of national policy. During the 2018-2023 period, as shown in Table 1, the *IKPS* followed a non-linear upward trajectory with significant fluctuations in amplitude between observation years.

First phase (2018-2019),¹⁸ according to the data in Table 1, this period was marked by an increase in the *IKPS* of 0.30 points (from 70 in 2018 to 70.3 in 2019). This increase, equivalent to 0.43%, represents a period of strategic initiation in national stunting management. This period correlates with the launch of the National Strategy for the Acceleration of Stunting Prevention (*Starnas Stunting*) in 2018 and the strengthening of cross-sectoral coordination initiated by the National Team for the Acceleration of Poverty Reduction (TNP2K). In this phase, the nutrition dimension showed the most significant increase of 12.27 points.

Second phase (2019-2020),¹⁹ referring to Table 1, this phase shows an *IKPS* increase of 0.7 points (from 70.3 in 2019 to 71 in 2020), equivalent to 1%. This slowdown in the rate of increase compared to the previous period coincided with the onset of the COVID-19 pandemic, which caused substantial disruptions in health and nutrition services. Factors such as mobility restrictions, reallocation of health resources to COVID-19 response, and economic pressure on households contributed to this dynamic. In this phase, the education dimension experienced a contraction, with the Gross Enrollment Rate for Early Childhood Education (*APK PAUD*) decreasing from 36.93% to 35.70%.

Third phase (2020-2021),²⁰ based on Table 1, this period shows an *IKPS* increase of 0.50 points (from 71 in 2020 to 71.50 in 2021), or 0.70%. This period demonstrates the adaptive capacity of the national health and nutrition system to the pandemic and the effectiveness of affirmative policies implemented. The designation of stunting as a priority in the 2020-2024 National Medium-Term Development Plan (*RPJMN*), with a prevalence target of 14% by 2024, spurred the intensification of interventions and significant resource mobilization. The social protection dimension increased drastically from 30 in 2020 to 54.20 in 2021.

¹⁸ Indonesian Central Bureau of Statistics, "Laporan Indeks Khusus Penanganan Stunting 2018-2019", Jakarta Pusat, 2020.

¹⁹ Indonesian Central Bureau of Statistics, "Laporan Indeks Khusus Penanganan Stunting 2019-2020", Jakarta Pusat, 2021.

²⁰ Indonesian Central Bureau of Statistics, "Laporan Indeks Khusus Penanganan Stunting 2020-2021", Jakarta Pusat, 2022.

Fourth phase (2021-2022),²¹ as per the data in Table 1, this period shows an *IKPS* increase of 0.9 points (from 71.5 in 2021 to 72.4 in 2022), or 1.26%. This slowdown occurred despite the pandemic situation beginning to come under control and socio-economic activities gradually normalizing. In this phase, a decline in the indicator for recipients of *KPS/KKS* (Social Protection Card and Prosperous Family Card) or food aid (from 46.1 to 44) significantly contributed to this deceleration.

Fifth phase (2022-2023),²² as shown in Table 1, this period demonstrates an acceleration with an *IKPS* increase of 1.1 points (from 72.4 in 2022 to 73.5 in 2023), or 1.52%. This increase indicates a revitalization of the program, driven by improvements in the food security dimension (from 87.5 to 89.1) and the nutrition dimension (from 89.2 to 90.7). Nevertheless, this dynamic was not strong enough to compensate for the momentum lost in the previous phase.

The influence of the *IKPS* rate of change on stunting prevalence reveals a significant non-linear correlation. It was reported that in the 2018-2021 period, each 1-point increase in the *IKPS* correlated with a 0.74 percentage point decrease in stunting prevalence. However, in the 2021-2023 period, this correlation weakened to 0.45 percentage points. This indicates diminishing returns, or a decreased effectiveness of *IKPS* improvement on stunting reduction.²³ This phenomenon implies that the more complex components of stunting, including structural and socio-cultural factors, require more transformative intervention approaches compared to conventional ones.²⁴ The fluctuation in the *IKPS* rate of change also affects the variation in integration and synergy among program dimensions. Table 1 shows the highest annual *IKPS* increase occurred in 2022-2023 (1.52%).

In the context of achieving the 14% stunting prevalence target by 2024, the current pattern of the *IKPS* rate of change indicates substantial challenges. Based on Table 1, the average annual *IKPS* increase during the 2018-2023 period is $(73.5 - 70) / 5 = 0.7$ points per year. If this average rate is maintained, the projected national *IKPS* for 2024 would be

²¹ Indonesian Central Bureau of Statistics, "Laporan Indeks Khusus Penanganan Stunting 2021-2022", Jakarta Pusat, 2023.

²² Dheti Oktalia, Maziyyatul Mufiedah, and Ririn Kuncaraning Sari, *Loc.Cit.*

²³ Indonesian Ministry of Health, "Prevalensi Stunting di Indonesia Turun Ke 21,6% Dari 24,4%.", <https://kemkes.go.id/id/prevalensi-stunting-di-indonesia-turun-ke-216-dari-244>, accessed 1 September 2024.

²⁴ Sophie M Goudet, *et al.*, "Nutritional Interventions for Preventing Stunting in Children (Birth to 59 Months) Living in Urban Slums in Low- and Middle-Income Countries (LMIC)", *Cochrane Database of Systematic Reviews* 2019, no. 6 (June 17, 2019): 47, <https://doi.org/10.1002/14651858.CD011695.pub2>.

approximately $73.5 + 0.7 = 74.2$ points.²⁵ To reach the 14% stunting prevalence target, a drastic acceleration is required, far exceeding the highest recorded annual increase in Table 1 (1.1 points or 1.52% in 2022-2023), with an approach that synergistically integrates all dimensions and addresses structural rigidities.²⁶

The *IKPS* is composed of six main dimensions with equal weight (1/6 each): health, nutrition, housing, food security, education, and social protection. A longitudinal analysis of these six dimensions reveals varied dynamics, as summarized in Table 2.

Table 2.
Development of *IKPS* Dimension Index Scores, 2018-2023

Dimension	2018	2019	2020	2021	2022	2023	Change in Score
Health	72,98	71,8	73,1	74,6	76	76,5	+3,52 (4,82%)
Nutrition	80,34	80,3	85,1	86,4	89,2	90,7	+10,36 (12,89%)
Housing	83,33	83,3	84,9	85,5	86	87	+3,67 (4,40%)
Food Security	89,13	89,1	88,8	88,9	87,5	89,1	-0,03 (-0,03%)
Education	42,13	41	41,7	39,5	39,2	40,4	-1,73 (-4,11%)
Social Protection	31,51	30,8	52,7	54,2	56,5	66,9	+35,39 (112,31%)

Source: *IKPS*, 2018-2023

Based on the data in Table 2, the social protection dimension shows the most significant increase in score during the 2018-2023 observation period, rising by +35.39 points (112.31%). The nutrition dimension also demonstrates a substantial increase of +10.36 points (12.89%). This indicates the potential success of specific nutrition interventions, particularly in efforts to improve exclusive breastfeeding practices. Conversely, the education dimension consistently shows the lowest achievement and experienced a score decrease of -1.73 points (-4.11%).

2. Disparity in Stunting Prevalence Between Provinces: Regional Gaps and Policy Implications

Geospatially, the *IKPS* at the provincial level reveals substantial and highly persistent disparities among regions in Indonesia. This pattern consistently places D.I. Yogyakarta as

²⁵ Secretariat of the Vice President, Ministry of State Secretariat, “Stunting Handling Performance in Indonesia Increases”, <https://www.wapresri.go.id/kinerja-penanganan-stunting-di-indonesia-meningkat/>, accessed 1 September 2024.

²⁶ Nurfatimah, *et al.*, “Analysis of Contributing Factors to Stunting in Poso Regency: A Perspective from the Special Stunting Handling Index”, *Journal of Public Health and Pharmacy* 4, no. 3 (November 5, 2024): 205, <https://doi.org/10.56338/jphp.v4i3.4813>.

the highest-achieving province and Papua as the lowest-achieving during the 2018-2023 period. The absolute score gap between these two provinces fluctuated between 35.6 and 39.3 points. In percentage terms, this gap means that the *IKPS* score in Papua was consistently 42% to 49% lower than that of D.I. Yogyakarta.

Table 3.

***IKPS* Gaps Between Provinces, 2018-2023**

Year	Highest Province	<i>IKPS</i> Score	Lowest Province	<i>IKPS</i> Score	Gap
2018	D. I. Yogyakarta	78,5	Papua	40	38,5 (49,04%)
2019	D. I. Yogyakarta	79,9	Papua	41,7	38,2 (47,81%)
2020	D. I. Yogyakarta	79,3	Papua	43,3	36 (45,40%)
2021	D. I. Yogyakarta	83,5	Papua	46,6	36,9 (44,20%)
2022	D. I. Yogyakarta	83,3	Papua	47,7	35,6 (42,74%)
2023	D. I. Yogyakarta	84,8	Papua	45,5	39,3 (46,34%)

Source: *IKPS*, 2018-2023

In 2023, the provincial *IKPS* exhibited a consistent and significant spatial pattern. Provinces with the highest *IKPS* scores are predominantly located in the western part of Indonesia, particularly on the islands of Java and Bali. The Special Region of Yogyakarta leads with a score of 84.8 in 2023 (up from 83.3 in 2022), followed by Bali (79.2; up from 78.3), Central Java (78.0; up from 76.2), and East Java (76.5; up from 74.9). Conversely, the lowest-ranking provinces are mainly in the eastern region of Indonesia. Papua recorded the lowest national score of 45.5 in 2023 (down from 47.7 in 2022), followed by West Papua (57.9; up from 56.1), Maluku (57.7; up from 57.4), and North Maluku (61.2; up from 60.2).²⁷ With the national *IKPS* average at 73.5, only 10 provinces (29.4%) reached this average in 2023. This indicates an uneven distribution of achievement, potentially hindering the attainment of national stunting targets.

Using Moran's I spatial correlation index, it is indicated that adjacent provinces tend

²⁷ Dheti Oktalia, Maziyyatul Mufiedah, and Ririn Kuncaraning Sari, *Loc.Cit.*

to have similar *IKPS* characteristics. This finding underscores the importance of a region-based approach in formulating stunting management policies.²⁸ This is further substantiated by the fundamental gap in the accessibility and quality of stunting prevention services, which is clearly exposed between the two provinces (highest and lowest) and manifested through the differences in their respective dimension index scores, as shown in Table 4.

Table 4.
Comparison of Highest and Lowest Provincial *IKPS* Dimension Indices, 2023

Dimension	D. I. Yogyakarta Index	Papua Index	Difference
Health	84,9	49,6	35,3 (41,58%)
Nutrition	97,3	69,9	27,4 (28,16%)
Housing	96,6	54,7	41,9 (43,37%)
Food Security	83,2	40,6	42,6 (51,20%)
Education	70,1	13,3	56,8 (81,03%)
Social Protection	76,9	44,6	32,3 (42%)

Source: *IKPS* 2023

The low education index in Papua directly correlates with limited access to information and optimal health-nutrition practices at the household level, given the crucial role of maternal education in stunting prevention. Furthermore, disparities in the health and nutrition dimensions indicate challenges in accessing quality primary healthcare services, including the availability of trained health workers and the effectiveness of specific and sensitive nutrition intervention programs. The inequality in the food security and housing dimensions highlights difficulties in accessing sufficient nutritious food and unsupportive physical environments, such as poor sanitation and clean water, which are major risk factors for stunting.

However, these persistent inter-provincial *IKPS* gaps are not mere geographical happenstance; they are the direct consequence of a centralized regulatory design rooted in a homogenized 'one-size-fits-all' paradigm. By imposing uniform performance indicators across the archipelago, the central government disregards the extreme fiscal heterogeneities and logistical constraints prevalent in peripheral regions like Papua. This centralized standardization acts as the primary causal mechanism for territorial discrimination; it

²⁸ Hartotok, *et.al.*, *Loc.Cit.*

systematically penalizes lagging regions for failing to meet benchmarks originally calibrated for the urbanized contexts of Java. Consequently, this disparity transcends empirical data, representing a systemic failure where the legal architecture itself manufactures health inequality, transforming regional characteristics into a basis for institutionalized exclusion from a child's constitutional rights.²⁹

Stunting management in Indonesia requires a fundamental paradigm shift, from a generic and fragmented approach to an integrated and contextual one. This urgency is underscored by the consistently fragile performance of the education dimension, which experienced a score decrease of 1.73 points (-4.11%) during the 2018-2023 period. The low Gross Enrollment Rate for Early Childhood Education (36.4% in 2023) directly correlates with socio-juridical determinants, namely low maternal health literacy and the high risk of early-age marriage, a challenge addressed through the revision of the Marriage Law (Law No. 16 of 2019).³⁰ On the other hand, the social protection dimension showed a significant increase (112.31%) and the nutrition dimension also rose substantially (12.89%). These high achievements contrast with the food security dimension, which stagnated (-0.03%) and masks significant heterogeneity at the regional level. This is reinforced by the health dimension, which shows a gap between the increased availability of physical infrastructure and the accessibility and quality of effective services, particularly in eastern Indonesia.³¹ The structural correlation between stunting and socio-economic indicators confirms that stunting is a manifestation of broader issues correlated with poverty and the Human Development Index (HDI).³²

A 'one-size-fits-all' policy approach is irrelevant. For the sake of context-based policy differentiation, it is necessary to adopt successful models from D.I. Yogyakarta (and the

²⁹ Frans Manangsang, *et al.*, "Kajian Kebijakan Stategis Dalam Pencegahan Stunting Di Kabupaten Keerom Provinsi Papua", *Jurnal Wacana Kesehatan* 9, no. 1 (June 27, 2024): 21, <https://doi.org/10.52822/jwk.v9i1.652>. See also, Zaenab Ismail, Martha Irene Kartasurya, and Atik Mawarni, "Analysis on the Implementation of Malnutrition Alleviation Program at Primary Healthcare Centers in Sorong, Papua Barat", *Jurnal Manajemen Kesehatan Indonesia* 4, no. 1 (2016): 25, <https://doi.org/10.14710/jmki.4.1.2016.20-26>.

³⁰ Kristen M Hurley, Aisha K Yousafzai, and Florencia Lopez-Boo, "Early Child Development and Nutrition: A Review of the Benefits and Challenges of Implementing Integrated Interventions", *Advances in Nutrition* 7, no. 2 (March 2016): 360, <https://doi.org/10.3945/an.115.010363>. See also, Nurfaizah Alza, *et al.*, "Literature Review: Dampak Pernikahan Usia Dini Terhadap Stunting", *Journal of Noncommunicable Diseases* 3, no. 2 (November 30, 2023): 130, <https://doi.org/10.52365/jond.v3i2.930>. See also, Ni Wayan Eka Sumartini, *Loc.Cit.*

³¹ Dheti Oktalia, Maziyyatul Mufiedah, and Ririn Kuncaraning Sari, *Loc.Cit.* See also, Marietta Kusuma Dewi, "Kebijakan Pemerintah Dalam Rangka Mitigasi Risiko Fiskal Terkait Penurunan Prevalensi Stunting Di Indonesia", Kementerian Keuangan Republik Indonesia, 2024. See also; Rieke Cahya, *et al.*, "Dampak Hambatan Geografis Dan Strategi Akses Pelayanan Kesehatan: Literature Review," *Media Publikasi Promosi Kesehatan Indonesia (MPPKI)* 6, no. 5 (May 8, 2023): 875, <https://doi.org/10.56338/mppki.v6i5.2935>.

³² Indonesian National Food Agency, "Indeks Ketahanan Pangan Tahun 2023", Jakarta Selatan, 2024. See also, Rizwiki Oktavia, "Hubungan Faktor Sosial Ekonomi Keluarga Dengan Kejadian Stunting", *Jurnal Medika Hutama* 3, no. 1 (2021): 1619.

majority of Java and Bali regions) and adapt strategies that are appropriate to the socio-cultural and geographical characteristics of each region.³³ This transformation is clearly supported by the principle of distributive justice, particularly through the reformulation of the Special Allocation Fund (*DAK*) for stunting to better favor regions with high burdens and low fiscal capacity, balanced with a performance-based accountability mechanism.³⁴ Success will depend on the ability to unify stunting reduction programs with poverty alleviation programs like the Family Hope Program (*PKH*),³⁵ encourage service innovation based on technology such as telemedicine for remote areas,³⁶ and translate the regulatory framework, such as Presidential Regulation No. 72 of 2021, which targets a reduction in stunting prevalence to 14% by 2024, into a dynamic, results-oriented, multi-stakeholder collaboration platform.

3. Normative Reflection on the Acceleration of Stunting Reduction in Indonesia

The 1945 Constitution of Indonesia has established children's rights as a responsibility that includes both protection and fulfillment. Inherently, a child's right to health in the effort to avoid stunting is a fundamental right as stipulated in Article 28B paragraph (2) and Article 28H paragraph (1) of the 1945 Constitution. The state has a responsibility to facilitate the availability of access to health services and social facilities that support child growth and development. However, the *IKPS* from 2018-2023 presents a paradoxical reality to this constitutional mandate. The wide gap between various provinces and the uneven presence of the state in reducing stunting have created disparities in the fulfillment of children's rights. This discrepancy is caused by the state's failure in the implementation and technical application of binding regulations, which have been unable to translate the constitutional mandate into effective results across all regions.

³³ Eka Vicky Yulivantina, Maryudela Afrida, and Yunri Merida, "Penguatan Kualitas Kesehatan Remaja, Calon Pengantin, Ibu Hamil, Ibu Menyusui, Bayi Dan Balita Melalui Program Desa Siaga Stunting Di Kalurahan Kepuharjo Sleman", *Jurnal Kreativitas Pengabdian Kepada Masyarakat (PKM)* 6, no. 3 (March 1, 2023): 1222, <https://doi.org/10.33024/jkpm.v6i3.8350>. See also, Yogyakarta City Government, "Pemkot Yogya Raih Penghargaan Penurunan Stunting Kategori Sangat Baik", <https://warta.jogjakota.go.id/detail/index/36411/pemkot-yogya-raih-penghargaan-penurunan-stunting-kategori-sangat-baik---2024-10-30>, accessed 1 September 2024. See also, Dhethi Oktalia, Maziyyatul Mufiedah, and Rinir Kuncaraning Sari, *Loc.Cit.*

³⁴ Ollani Vabiola Bangun, and Marihot Nasution, "Reviu Dana Alokasi Khusus (DAK) Dalam Mendukung Percepatan Penanganan Stunting", Pusat Kajian Anggaran / Badan Keahlian DPR RI, Jakarta Pusat, 2021. See also, Yuliana Wisna Simarmata and Rachma Fitriati, *Loc.Cit.*

³⁵ Muhammad Iqbal, *et al.*, "Meningkatkan Gizi Ibu Dan Anak Dengan Memanfaatkan Bantuan Sosial", *Jurnal Cendekia Mengabdikan Berinovasi Dan Berkarya* 2, no. 2 (2024): 58, doi:10.56630/jenaka.v2i2.617.

³⁶ Agung Dwi Laksono, *et al.*, *Aksesibilitas Pelayanan Kesehatan Di Indonesia*, (Yogyakarta: Kanisius, 2016), 18. See also, Eka Vicky Yulivantina, Maryudela Afrida, and Yunri Merida, *Loc.Cit.*

The elaboration of Articles 40, 41, and 67 in Law No. 17 of 2023 on Health (Health Law) reinforces the goal of producing a healthy, intelligent, and high-quality generation through integrated interventions from various sectors. However, the *IKPS* results expose a paradox and sectoral fragmentation. Although the nutrition dimension shows a substantial increase of 12.89% from 2018-2023, indicating the presence of specific nutrition interventions, the objective of the Health Law has not been met. This failure is demonstrated by the contraction in the education dimension by -4.11%. This condition proves that the mandate for synergistic and synchronized interventions as regulated in Article 67 has not been realized, where the strengthening of one sector is not balanced by other crucial supporting sectors, thus hindering the ultimate goal of producing high-quality human resources.

At the level of Law No. 18 of 2012 on Food (Food Law), Article 2 establishes the principles of equity and justice in food provision as central norms. In the *IKPS* results, the food security dimension has nationally stagnated, changing by only -0.03 points over five years, accompanied by a food index gap reaching 51.20% between the highest and lowest provinces. This is a manifestation of a structural failure to guarantee the availability and affordability of nutritious food. Consequently, the mandate of the Food Law to realize equitable distribution under Article 47 and consumption diversification under Article 60 has not been fulfilled. This failure reflects an injustice in access that directly inhibits the growth and development potential of children in disadvantaged regions.

Addressing this failure led to the issuance of Presidential Regulation No. 72 of 2021 concerning the Acceleration of Stunting Reduction (Perpres 72/2021). This regulation serves as an operational framework with a strategy for stunting reduction acceleration to be implemented in a convergent, holistic, integrative, and high-quality manner (Article 1). However, the *IKPS* results show an antithesis to this operational framework. The imbalanced performance among dimensions signifies a failure of the integrated approach. This indicates that the coordination mechanisms regulated in Articles 15, 20, and 21 through the Stunting Reduction Acceleration Teams (*TPPS*) at various levels have not functioned optimally to synergize the various interventions. As a result, policies are implemented partially and non-convergently, weakening the overall effectiveness of the program and making it difficult to achieve the national target of 14% by 2024.

The *IKPS* reflects a situation where each one-point increase in the index is only able to reduce stunting prevalence by 0.45 points (down from 0.74 points), signifying that existing interventions have reached their limit of effectiveness. This implies that deeper,

structural root causes, such as poverty, the quality of maternal education, and sanitation and environmental conditions, have not yet been addressed in a transformative way. The failure to fulfill the right to health as mandated by the 1945 Constitution, the Health Law, and the Food Law stems from the system's inability to shift from specific, curative-promotive interventions to sensitive, structural interventions. Thus, this discrepancy reflects that the current policy approach has not been able to address the multidimensional and interconnected complexity of the stunting problem.

Amidst the gap between norms and reality at the national level, Law No. 6 of 2014 as amended by Law No. 3 of 2024 on Villages (Village Law) provides a normative basis for more contextual solutions. The authority of villages to prioritize spending on 'basic services,' which explicitly includes health and education (Article 74), as well as the obligation to formulate village-level planning (Article 79 paragraph 4), serves as a strong legal instrument. This instrument allows villages to design holistic and integrated interventions according to their local needs. This makes the Village Law a normative solution to the policy fragmentation occurring at the supra-village level, providing legitimacy for villages to become the primary locus for integrating various programs and directly addressing the determinants of stunting.

Crucially, a sharp analytical distinction must be delineated between 'policy implementation failure' and 'constitutional rights violation.' While logistical bottlenecks or technical errors may be dismissed as sporadic implementation failures, the state's persistence in maintaining a regulatory architecture that systematically produces inequitable health outcomes based on birth geography transcends mere mismanagement. This constitutes a fundamental breach of the constitutional mandate. In this light, the Special Stunting Management Index (*IKPS*) must be re-conceptualized: it is not merely a bureaucratic performance metric but a barometer of state compliance with human rights. Stagnant progress in marginalized regions serves as empirical evidence of state 'omission' in fulfilling its obligation for equitable health protection. This shift moves the discourse from administrative inefficiency toward state responsibility for constitutional negligence.

4. Reframing Stunting Policy through the Lens of Responsive Regulation

In responsive regulation theory, two main conceptual tools exist to address the fragmentation of stunting reduction efforts in Indonesia: regulatory responsiveness and tripartism. Regulatory responsiveness requires the government to adjust its approach not only to the behavior of the regulated parties but also to existing empowerment characteristics

and local environmental conditions.³⁷ In the context of stunting, this asserts that policies cannot be implemented in isolation. The government must respond in an integrated manner to the reality that stunting is triggered by a complex interaction of health, nutrition, sanitation, maternal education, and socio-economic factors. A failure in one dimension, such as education, should trigger an adaptive response from various state institutional sectors.

The tripartism mechanism offers a structural solution to this fragmentation. Ayres and Braithwaite (1992) proposed the involvement of public interest groups as an active 'third party' in the regulatory process to improve policy quality.³⁸ In stunting management, the Stunting Reduction Acceleration Team (*TPPS*) can function as a tripartite forum, involving civil society organizations, academics, and community leaders as 'alert supervisors'.³⁹ Their role would include synchronizing inter-sectoral programs, communicating real needs from the field, and demanding accountability, thereby minimizing policy fragmentation.

The *IKPS* data has proven to be incomprehensive, tending to be limited to quantitative indicators and showing a phenomenon of diminishing returns, where the effectiveness of an increase in the *IKPS* score on reducing stunting prevalence weakens or stagnates over time. To develop a holistic evaluation, responsive regulation offers the concept of the 'regulatory diamond'. This model broadens the focus of evaluation from merely achieving targets to creating aspirational regulations.⁴⁰ A holistic evaluation must go beyond numerical scores by asking questions such as: Did the interventions succeed in promoting continuous improvement in parenting practices? Are there local innovations in utilizing nutritious foods? Therefore, evaluation needs to integrate qualitative methods to understand why a program succeeds in one area but fails in another, by exploring socio-cultural contexts and community motivations. This provides a deep narrative that can be used to design more effective and humane interventions.

The central crisis in stunting management lies in the gap between the constitutional mandate and the problematic reality of its implementation. Responsive regulation addresses this issue through the concept of the enforcement pyramid. This pyramid posits that interventions should begin at the base, being persuasive and dialogic, and only escalate to

³⁷ John Braithwaite, *Loc.Cit.*

³⁸ Ian Ayres and John Braithwaite, *Loc.Cit.*

³⁹ *Ibid.*

⁴⁰ Jonathan Kolieb, "When to Punish, When to Persuade and When to Reward: Strengthening Responsive Regulation with the Regulator Diamond", *Monash University Law Review* 41, no. 1 (2015): 137, https://www.researchgate.net/publication/285591286_When_To_Punish_When_To_Persuade_And_When_To_Reward_Strengthening_Responsive_Regulation_With_The_Regulatory_Diamond.

harsher sanctions if cooperative approaches fail.⁴¹ The implementation gap in stunting reflects a failure to build a solid foundation for this pyramid; the low achievement in the education dimension signifies weak efforts in persuasion, education, and dialogue with the community. Policies have tended to be top-down without first building awareness and capacity at the grassroots level. To bridge this gap, the stunting management strategy must intensively operationalize the pyramid.⁴² First, through education and counseling for families and communities. Second, by implementing self-regulation at the village level through the obligation to create contextual stunting action plans. Third, by imposing firm sanctions on local governments that fail to show improvement after receiving guidance.

Regional disparities, particularly the differences in *IKPS* achievement between provinces, are a manifestation of the failure to fulfill a child's right to health and equal development. Braithwaite (2011) asserts that a core value of responsive regulation is the minimization of domination, meaning a situation where certain groups are subjected to arbitrary interventions without their control.⁴³ Stunting can be understood as structural domination because it limits a child's potential without their agency. The *IKPS* gap between western and eastern Indonesia reflects a systemic domination that is unacceptable from a human rights perspective. By applying the principle of non-domination, stunting policy should explicitly aim to eliminate the sources of such domination, for example, by allocating greater resources to areas with the highest stunting prevalence and ensuring procedural justice so that the voices of marginalized groups are heard, in line with a restorative justice approach.⁴⁴

To rectify this systemic failure, this study proposes two strategic reforms for state governance. First, the *IKPS* must be reformulated from a purely quantitative index into a human rights-based framework. This entails replacing rigid, outcome-oriented indicators—such as early childhood education enrollment rates—with 'process-responsiveness' metrics that evaluate a region's capacity to adapt nutritional interventions to local food ecologies and maternal literacy. Second, the state must operationalize the 'Responsive Enforcement Pyramid' within inter-governmental relations. Rather than relying on centralized coercion, the central government should function as a facilitator, prioritizing persuasive dialogue and capacity building at the pyramid's base, while reserving fiscal sanctions only for local

⁴¹ John Braithwaite, *Restorative Justice & Responsive Regulation*, (New York: Oxford University Press, 2002), 30.

⁴² Ian Ayres and John Braithwaite, *Loc.Cit.*

⁴³ John Braithwaite, *Loc.Cit.*

⁴⁴ *Ibid.*

governments that fail to demonstrate restorative progress despite adequate support. By empowering tripartism—engaging local civil society as independent monitors—the state can bridge current accountability gaps, ensuring that Indonesia’s stunting governance evolves from a rigid hierarchy into a democratic, adaptive system that honors the fundamental rights of every child.

D. Conclusion

This study concludes that a centralized stunting management regulation inherently creates territorial discrimination and a failure to fulfill constitutional rights, as evidenced by the disparity in *IKPS* achievements among provinces. This systemic failure stems from a top-down approach that has proven incapable of addressing the structural determinants of stunting, particularly in the education dimension which has actually contracted, rendering policy interventions ineffective. To overcome this fundamental failure, a policy transition towards a responsive regulatory framework is necessary, which concretely involves delegating authority to local governments to design evidence-based and context-specific strategies. The success of this transition depends on synergistic multi-stakeholder harmonization through a tripartite mechanism, supported by equitable resource allocation, and guided by the ethics of non-domination to realize the equal right to growth and development for every child in Indonesia.

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