

Child Stunting in Southeast Asia and Indonesia: A Disregard for the Right to Survival and Development?

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Abstract

The objective of this research paper is to examine and clarify the regulations and policies that pertain to the application of the fundamental notion of the right to development for children. In addition to the aforementioned, an investigation will be conducted into the measures taken by the Association of Southeast Asian Nations (ASEAN) and Indonesia to address the prevalence of stunting in the region. There is a greater prevalence of stunted children in countries situated primarily in South and Southeast Asia, as well as in countries in sub-Saharan Africa. Indonesia is among the countries with a high occurrence of undernourishment, including stunting. Stunting in Indonesia represents a substantial public health concern that necessitates a multi-faceted and collaborative approach. The issue of stunting can impinge upon the state's obligation to fulfil the rights to survival and development in children. In essence, the United Nations Committee on the Rights of the Child has interpreted the concept of child development as requiring an understanding that extends beyond the physical to encompass mental, moral, spiritual and psychological dimensions. The research is supported by data drawn from two sources: doctrinal data and data derived from empirical observation. However, empirical data is obtained from the results of previous research, which were derived from observations conducted in the field. It can therefore be concluded that stunting represents a concrete violation of the rights of the child to survival and development. In response, the ASEAN and Indonesia have enacted a series of policies and regulations aimed at addressing the issue of stunting in Southeast Asia and Indonesia. Furthermore, it is essential to implement a multisectoral approach to stunting reduction in Indonesia that engages health workers, families, the government, and communities.

Keywords: Stunting, Children Rights, Development.

I. INTRODUCTION

The term “stunting,” in the context of human health, is used to describe a medical condition manifested by impaired physical growth and development. This discrepancy between an individual's height and their age is a defining characteristic of stunting. This condition is attributable to prolonged and chronic malnutrition, particularly an insufficient absorption of essential nutrients over an extended period.¹ Conversely, failure to achieve height in adulthood is caused by genetic potential.² Stunting remains a

¹ Hardiyanto Rahman, Mutia Rahmah & Nur Saribulan, “Upaya Penanganan Stunting di Indonesia: Analisis Bibliometrik dan Analisis Konten” (2023) 8:1 J Ilmu Pemerintah Suara Khatulistiwa JIPSK 44–59.

² Wahyuningsih Wahyuningsih et al, “Stunting Prevention and Control Program to Reduce the Prevalence of Stunting: Systematic Review Study” (2022) 10:F Open Access Maced J Med Sci 190–200, online: <<https://oamjms.eu/index.php/mjms/article/view/8562>>.

significant global concern, and it is therefore a key indicator of progress towards achieving the Sustainable Development Goals (SDGs).³

There has been a notable decrease in the incidence of childhood stunting, with a reduction from 33.0% in 2000 to 22.3% in 2022. In spite of this encouraging advancement, it is estimated that 148.1 million children under the age of five will still be affected by stunting by 2022.⁴ The highest concentrations of child stunting can be observed in South and Southeast Asia, as well as sub-Saharan Africa.⁵ It is predicted that approximately 83.8 million stunted children live in Asia, predominantly in the south and southeast regions. In Africa, the number of stunted children is approximated at 58.7 million, while in Latin America and the Caribbean, this figure stands at 5.1 million.⁶ Therefore, the issue of stunting in children represents a persistent and pervasive challenge in the majority of developing countries.

Malnutrition is a significant public health concern in Indonesia, with stunting being a particularly prevalent issue.⁷ As evidenced by a Ministry of Health report shows that stunting in Indonesia exhibited a decline from 27.7% in 2019, 24.4% in 2021, to 21.6% in 2022. The majority of cases occur in children aged 3-4 years, representing approximately 6% of the total cases. Nevertheless, this figure remains below the World Health Organization (WHO) standard of less than 20%. Accordingly, the government is pursuing a reduction in the stunting rate to 17% by 2023 and 14% by 2024.⁸

It can be stated with some confidence that stunting in Indonesia represents a considerable and persistent public health challenge, one which requires an approach that is both comprehensive and collaborative. The Indonesian government has identified the prevention and control of stunting as a national priority, emphasising the need for a multisectoral and integrated strategy to address the increasing prevalence of this condition.⁹ The consequences of stunting extend beyond immediate health concerns; children who are stunted will experience poorer growth, development, health, and human capital in the future.¹⁰

³ Guspri Devi Artanti, Fidesrinur & Meyke Garzia, "Stunting and Factors Affecting Toddlers in Indonesia" (2022) 16:1 JPUD - J Pendidik Usia Dini 172-185, online: <<http://journal.unj.ac.id/unj/index.php/jpud/article/view/26952>>.

⁴ *Levels and trends in child malnutrition: UNICEF / WHO / World Bank Group Joint Child Malnutrition Estimates: Key findings of the 2023 edition*, by United Nations Children's Fund (UNICEF), World Health Organization (WHO) & The World Bank (New York: UNICEF and WHO, 2023).

⁵ Eric Schneider, "Tackling child malnutrition: A long-run, global perspective on a persistent issue", (16 September 2023), online: VOXEU <<https://cepr.org/voxeu/columns/tackling-child-malnutrition-long-run-global-perspective-persistent-issue>>.

⁶ Tri Mulyaningsih et al, "Beyond personal factors: Multilevel determinants of childhood stunting in Indonesia" (2021) 16:11 PLOS ONE e0260265, online: <<https://dx.plos.org/10.1371/journal.pone.0260265>>.

⁷ *Ibid.*

⁸ Rokom, "Prevalensi Stunting di Indonesia Turun ke 21,6% dari 24,4%", (25 January 2023), online: *Sehat Negeriku Sehatlah Bangsa* <<https://sehatnegeriku.kemkes.go.id/baca/rilis-media/20230125/3142280/prevalensi-stunting-di-indonesia-turun-ke-216-dari-244/>>.

⁹ Rahman, Rahmah & Saribulan, *supra* note 1.

¹⁰ John Hodinott et al, "Adult consequences of growth failure in early childhood" (2013) 98:5 *Am J Clin Nutr* 1170-1178, online: <<https://linkinghub.elsevier.com/retrieve/pii/S0002916523052917>>.

The responsibility to guarantee child development rests with the states that have ratified the Convention on the Rights of the Child. Article 6(2) sets forth the accountability of state members to fulfill the right to survival and development of the child. The UN Committee on the Rights of the Child has defined child development as “a holistic concept encompassing the child's physical, mental, moral, spiritual, and psychological development,” reflecting an understanding of child development in its broadest sense.¹¹

The phenomenon of stunted growth among children can be attributed to a failure on the part of the government to implement the right to development for children in accordance with the relevant international standards. In light of the considerable prevalence of stunting cases in Southeast Asia and Indonesia, this paper endeavors to examine pertinent regulatory frameworks and policy measures concerning the acknowledgment of the child's entitlement to growth and development. This incorporates an examination of the measures taken by Association Southeast Asia Nations (ASEAN) and Indonesia to address the ongoing emergency situation in Southeast Asia and Indonesia.

A substantial body of research on stunting in Indonesia has been conducted by numerous previous researchers. For example, Rahman et al. conducted a study entitled “Handling Stunting Strategy in Indonesia,” with the objective of elucidating the dynamics of research trends and the evolution of writing styles within scientific disciplines. The research was conducted using bibliometric and content analysis methods, and the results demonstrated that there were 103 articles published on the subject of stunting in Indonesia. Moreover, this study demonstrates that research on stunting in Indonesia is predominantly within the domain of health sciences.¹² The research indicates that research on stunting from the viewpoint of law and rights of citizenship remains relatively limited. In light of these deliberations, this investigation intentions to examine the concern of stunting from the perspective of law and human rights.

Furthermore, numerous researchers have previously conducted research on child protection in Indonesia. Arizona et al. have conducted research that has led to the conclusion that legal protection of children is necessary for guarantee the safeguard of the rights of child as set forth in various legal instruments.¹³ Subsequently, Indriati et al. conducted research on the insurance and gratification of children's rights, with a particular focus on parents who are engaged in migrant labour in Banyumas district.¹⁴ In

¹¹ Ziba Vaghri, “Article 6: The Rights to Life, Survival, and Development” in Ziba Vaghri et al, eds, *Monit State Compliance UN Conv Rights Child Children's Well-Being: Indicators and Research* (Cham: Springer International Publishing, 2022) 31.

¹² Rahman, Rahmah & Saribulan, *supra* note 1.

¹³ Gilang Arizona, Maydika Ramadani, & Master of Law, Faculty of Law, UPN Veteran Jakarta, “Legal Views in Indonesia on Children with Problems with the Law” (2023) 06:05 Int J Soc Sci Hum Res, online: <<http://ijsshr.in/v6i5/16.php>>.

¹⁴ Noer Yuwanto Indriati et al, “Perlindungan dan Pemenuhan Hak Anak (Studi Tentang Orangtua Sebagai Buruh Migran Di Kabupaten Banyumas)” (2018) 29:3 Mimb Huk - Fak Huk Univ Gadjah Mada 474, online: <<https://jurnal.ugm.ac.id/jmh/article/view/24315>>.

contrast, this study focuses on an investigation into the achievement of children's rights pertaining to survival and development. This is examined through an examination of the efforts of the Indonesian and ASEAN governments in addressing the issue of stunting.

The objective of this paper is to address two key issues: *firstly*, whether stunting can be considered a concrete violation of the rights of children to survival and development; and *secondly*, whether the policies and regulations of the Indonesian and ASEAN governments in addressing stunting are aligned with the ethics of children's rights to survival and development.

II. METHODOLOGY

This paper employs a legal research method with an interdisciplinary approach. This research is informed by data drawn from doctrinal and empirical sources. However, the empirical data is derived from the findings of previous research, which were obtained through field observations. Furthermore, an analysis of legal documents pertinent to the subject matter is a prominent feature of this paper. Consequently, interdisciplinary legal research in this case can facilitate the production of a more comprehensive and balanced understanding of the issue of stunting in Indonesia and Southeast Asia.

III. RESULTS AND DISCUSSION

A. *Stunting: the Right to Survival and Development Perspectives*

Stunting show a significant challenge to global public health, affecting millions of children worldwide. The condition is typified by stunted growth and development, which are the result of chronic malnutrition and inadequate living conditions.¹⁵ In addition to affecting physical growth, stunting also has long-term implications for cognitive development and overall health.¹⁶

Stunting in children has been demonstrated to have consequences for productivity in adulthood. Stunting can be defined as a pathological condition that results from the maldevelopment of one or more organs within the body. One of the organs most susceptible to damage in the context of nutritional disorders is the brain. The brain serves as the body's primary nerve center, influencing children's responses to visual, auditory, cognitive, and motor stimuli.¹⁷ Stunting is a consequence of malnutrition, whereas nutritional deficiencies can precipitate a disruption in the functionality of the brain.¹⁸

Additionally, the most significant ramifications of stunting are heightened susceptibility to illness and mortality among children, augmented risk of obesity in

¹⁵ Mercedes De Onis & Francesco Branca, "Childhood stunting: a global perspective" (2016) 12:S1 *Matern Child Nutr* 12–26, online: <<https://onlinelibrary.wiley.com/doi/10.1111/mcn.12231>>.

¹⁶ Vernando Yanry Lamcky, "Stunting in Indonesia: Current progress and future directions" (2024) 3:1 *J Healthc Adm* 82–90, online: <<https://www.belitungraya.org/BRP/index.php/joha/article/view/3388>>.

¹⁷ Yuli Anggraini & Yeni Rachmawati, *Preventing Stunting in Children*: (Bandung, Indonesia, 2021).

¹⁸ Mulyaningsih et al, "Beyond personal factors", *supra* note 6.

adulthood¹⁹ and heightened vulnerability to noncommunicable ailments including diabetes, cardiovascular disease, vascular disease, and cancer.²⁰ Furthermore, the consequences of stunting extend to children's cognitive development, as well as their susceptibility to degenerative diseases. Moreover, stunting can diminish physical capabilities, neurodevelopment, and economic productivity.²¹

Consequently, stunting can impede economic growth and labor productivity.²² Evidence presented includes an 11% point reduction in gross domestic product (GDP) and a 20% point decline in earnings for adult workers. Furthermore, stunting contributes to the exacerbation of inequality, resulting in a 10% reduction in total lifetime earnings and the generation of intergenerational inequality.²³ Therefore, the current rate of stunting in children will have a detrimental effect on the standard of living of the nation with the passage of time.

Children represent the nascent stages of human development and the next generation of the nation's ongoing efforts. They possess an imperative role within the larger social structure, exhibiting unique characteristics that guarantee the continued survival and advancement of the nation and state in the future.²⁴ It is, therefore, essential that every child has the broadest range of opportunities to flourish and develop in a healthy manner, encompassing their physical, mental, and social well-being. Additionally, it is vital to ensure their noble character is nurtured. To this end, concerted efforts must be made to provide a guarantee of the protection and well-being of children, and to affirm the non-discriminatory enforcement of their rights.²⁵

The rights of children are universally acknowledged and comprehensively enumerated in an international treaty. The Convention on the Rights of the Child (CRC), which was adopted by the United Nations (UN) on November 20, 1989, was the culmination of ten years of discussions by a UN working group.²⁶ The negotiations on the CRC spanned a decade, from 1978 to 1989, and were conducted over this period. The CRC is comprised of three distinct sections. Nevertheless, Part I proposes a terminology of the child, establishes general principles and obligations, and provides a comprehensive account of specific rights and obligations. The CRC is a comprehensive examination of the subject matter, encompassing civil, political, economic, social, and cultural rights.

¹⁹ Andrew J Prendergast & Jean H Humphrey, "The stunting syndrome in developing countries" (2014) 34:4 Paediatr Int Child Health 250-265, online: <<http://www.tandfonline.com/doi/full/10.1179/2046905514Y.0000000158>>.

²⁰ Yannie Asrie Widanti, "Prevalensi, Faktor Risiko, Dan Dampak Stunting Pada Anak Usia Sekolah" (2017) 1:1 JITIPARI J Ilm Teknol Dan Ind Pangan UNISRI, online: <<https://ejurnal.unisri.ac.id/index.php/jtpr/article/view/1512>>.

²¹ Prendergast & Humphrey, *supra* note 19.

²² Devi Artanti, Fidesrinur & Garzia, *supra* note 3.

²³ World Bank Group, *World Development Report 2016: Digital Dividends* (Washington, DC: World Bank, 2016).

²⁴ Wardah Nuroniyah, *Hukum Perlindungan Anak di Indonesia*, 1st ed (Lombok, Indonesia: Yayasan Hamjah Diha, 2022).

²⁵ *Ibid.*

²⁶ Ana Lucía Noreña Peña & Miguel Antonio Sánchez Cárdenas, "Children's Rights" in Henk Ten Have, ed, *Encycl Glob Bioeth* (Cham: Springer International Publishing, 2015) 1.

Part II addresses the CRC's monitoring body, the Committee on the Rights of the Child. Part III comprises general treaty law provisions.²⁷

The CRC is comprised of 54 articles, which are based on legal material regarding the rights of children and mechanisms for manufacturing the right of children by State parties that have ratified the CRC.²⁸ Furthermore, the CRC is frequently described as comprising the "three P" of the rights of children: protection, provisions, and participation.²⁹ In conclusion, the Convention serves as a guarantee of a list of rights for each and every child and adolescent, regardless of their identity, geographical location, or beliefs.

The CRC is founded upon four general principles that serve to underpin the fulfillment of the rights of children. These four principles inform the general attitude toward children and their rights. These principles are predicated on the assumption that children are equal human beings. They imbue the Convention with an ethical and ideological dimension. These principles are as follows: the principle of non-discrimination (Article 2), the principle of the best interest of the child (Article 3, paragraph 1), the principle of the right to survival and development (Article 6, paragraph 2), and the principle of the views of the child (Article 12, paragraph 1).³⁰ Of the four principles, the principle of the rights to survival and development is the one that is most closely related to facilitate optimal advancement and maturation in children.

Article 6, paragraph 2, establishes the obligation of State Parties to ensure children survive and develop to the maximum extent possible. The principle of survival and development must be implemented holistically, in conjunction with all other rights and provisions set forth in the Convention on the Rights of the Child. This includes the guiding principles and substantive rights, which must be considered together to ensure a comprehensive understanding of the Convention's objectives. This point is closely related to several provisions in the UNCRC, including the rights to health (Article 24), adequate nutrition (Article 27), social security (Article 28), an adequate standard of living (Article 29), a healthy and safe environment, education, and play (Article 31).³¹

In conformity with the stipulations delineated in Article 6, the right to survival is to be understood as the state's responsibility to undertake all suitable positive and negative measures that will facilitate the survival of a child. This signifies a legal obligation for the state to abstain from involuntary termination of life, as well as to implement proactive strategies to ensure the prolongation of children's lives. In this

²⁷ Wouter Vandenhoe, Gamze Erdem Türkelli & Sara Lembrechts, *Children's Rights: A Commentary on the Convention on the Rights of the Child and its Protocols* (Edward Elgar Publishing, 2019).

²⁸ Nuroniyah, *supra* note 24.

²⁹ Vandenhoe, Erdem Türkelli & Lembrechts, *supra* note 27.

³⁰ United Nations Children's Fund (UNICEF), "Four principles of the Convention on the Rights of the Child", (24 June 2019), online: *Unicef Every Child* <<https://www.unicef.org/armenia/en/stories/four-principles-convention-rights-child>>.

³¹ United Nations Committee on the Rights of the Child, *General comment no. 7 (2005), Implementing child rights in early childhood* (United Nations, 2006).

regard, the right to survival is consistent with the perception of the right to life and encompasses the promise to “create the conditions necessary to ensure a dignified life.”³²

In addition, the comprehensive idea of the right to development entails the government’s commitment to guarantee that children receive comprehensive care, encompassing their physical, mental, moral, psychological, and social development.³³ The right to development is predicated on the experience that children’s developmental processes are both rapid and vulnerable, which distinguishes them from adults.³⁴ Consequently, it is a right that is exclusionary to children and is centered on the child’s individual growth and maturation.³⁵ The CRC Committee underscores that the development of the child’s “physical, psychological, spiritual, social, emotional, cognitive, cultural and economic capacities” and sexual development fall within the purview of Article 6, paragraph 2 of the CRC.³⁶

The 1990 World Declaration on the Survival, Protection and Development of the Child brings a non-exhaustive list of causes that threaten the physical survival of children. These include, for example, malnutrition, disease, lack of clean water, inadequate sanitation, and the effects of drugs.³⁷ Subsequently, the Committee on the Rights of the Child (CRC Committee) augmented the list with the following additional concerns: “the incidence of acute respiratory infections and diarrhea, anemia, intestinal infectious diseases, bacterial infections, measles, pneumonia, and HIV/AIDS; inadequate prenatal and postnatal care; low immunization rates; poor sanitation (including a lack of access to safe drinking water); and malnutrition.”³⁸ Both international documents acknowledge that malnutrition constitutes a significant obstacle to the fulfilment of the right to survive and develop for child.

In light of the aforementioned evidence, it can be posited that stunting in children represents a form of negligence in fulfilling the fundamental right to survive and develop. Nevertheless, the occurrence of stunting in children cannot serve as a rationale for a state party to the UNCRC to contravene the stipulations set forth in Article 6, Paragraph 2. It is incumbent upon the state to proceed a variety of strategies to ensure the survival and optimal development of children. However, other factors within a country, such as limited resources, economic levels, environmental conditions, and even the actions or inactions of parents and third parties, must also be considered.³⁹ Consequently, a

³² John Tobin, ed, *The UN Convention on the Rights of the Child: a commentary*, first edition ed, Oxford commentaries on international law (Oxford: Oxford University Press, 2019).

³³ UN Committee on the Rights of the Child, *General comment No. 21 (2017) on children in street situations* (United Nations, 2017).

³⁴ Vaghri, *supra* note 11.

³⁵ Tobin, *supra* note 33.

³⁶ UN. Committee on the Rights of the Child, *supra* note 34.

³⁷ *World Declaration on the Survival, Protection and Development of Children* (1990).

³⁸ UN Committee on the Rights of the Child, *UN Committee on the Rights of the Child: Concluding Observations, Nepal, CRC/C/15/Add.261* (United Nations, 2005).

³⁹ Tobin, *supra* note 33.

determination that a country is violating children's rights due to a high prevalence of stunting must be based on a comprehensive investigation and substantiated evidence.

B. Impementation of the Rights to Survival and Development by Asean dan Indonesia: A Stunting Point of View

1. Regulations and Policies on Adressing the prevelensi stunting in the Southeast Asia

Based on global prevalence data, an estimated 22% (149.2 million) of children under five years of age are distressed by the condition, with a higher prevalence observed in low-income countries (35.2%) compared to developing countries (22.4%). Notably, the majority of cases are concentrated in the Asian region, where stunting prevalence stands at an alarming 56%.⁴⁰ Despite an overall decline in stunting rates across the globe, the prevalence of this condition remains a significant public health challenge in Southeast Asia, with estimates suggesting a rate of 27.4%.⁴¹

The Southeast Asian region displays the secondary highest prevalence of stunting in comparison to other subregions in Asia, which is influenced by a number of determinants of stunting. Specifically, household-level factors exert a dominant influence on the occurrence of stunting, while other determinants are external or community-based.⁴² These factors include the child, mother, home, breastfeeding, care, food, infection, politics, health, water, sanitation, and the environment.⁴³ The multitude of causal factors involved in the occurrence of stunting renders the formulation of effective strategies for its prevention and management a challenging endeavor. To effectively address the issue of stunting, it is essential to consider a multifaceted approach that incorporates insights from diverse scientific disciplines, including education, psychology, health, environment, social sciences, economics, and even human rights.

Southeast Asia is a region of the world that is predominantly comprised of developing countries. With regard to children's rights, all countries in the region have incorporated the provisions of the Convention on the Rights of the Child into their national legislation.⁴⁴ Additionally, the ASEAN regional organization has been highly active in encouraging its member states to prioritize the protection of children's rights. In addition to conditioning state policies, the Convention on the Rights of the Child is also a topic of direct discussion within the ASEAN regional organization.

⁴⁰ United Nations Children's Fund (UNICEF), World Healt Organization (WHO) & The World Bank, *supra* note 4.

⁴¹ *Ibid.*

⁴² Via Eliadora Togatorop et al, "Stunting predictors among children aged 0-24 months in Southeast Asia: a scoping review" (2024) 77:2 Rev Bras Enferm e20220625, online: <http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-71672024000200300&tlng=en>.

⁴³ *Ibid.*

⁴⁴ Muhammad Ade Safri Salampessy, Lucitania Rizky & Isna Achdyana, "Effectiveness of The Convention on the Rights of the Child (CRC) Regime by UNICEF in Encouraging the Implementation of Child Protection in SoutheastAsian Countries" (2022) 2:1 JASSP 12-20, online: <<https://jassp.lppm.unila.ac.id/index.php/jassp/article/view/50>>.

A variety of decisions, policies and the formation of relevant institutions and forums continue to be carried out with the objective of optimising the protection of young generation in the Southeast Asian region. The following are some actions undertaken by the ASEAN with the objective of protecting the rights of children, particularly those pertaining to the achievement of the rights to survival and development, as well as efforts to address stunting. These include the Hanoi Declaration on the Enhancement of Welfare and Development of ASEAN Women and Children (2010), the ASEAN Guidelines for a Non-Violent Approach to Nurture, and Notable documents include the Care, and Development of Children in all Settings (2016), the ASEAN Declaration on Strengthening Education for Out-of-School Children and Youth (2016), the ASEAN Early Childhood Care, Development and Education Quality Standards (2017), and the ASEAN Leaders' Declaration on Ending All Forms of Malnutrition (2017).⁴⁵

The Hanoi Declaration on the Enhancement of Welfare and Development of ASEAN Women and Children (2010) represents a consensus among Member States regarding the necessity of comprehensive and systematic efforts to fulfill the rights of children to survival, protection, development, and participation. Moreover, the Member States agreed to advance a healthy start in life through early childhood care and development, health care, and education, with a particular focus on children under five years of age. This is with the objective of enabling them to meet optimal maturation.⁴⁶ Furthermore, the ASEAN Early Childhood Care, Development and Education Quality Standards (2017) place particular emphasis on the necessity of meeting minimum standards on nutrition in order to facilitate optimal child growth and development. Nutritious food is defined as healthy, fresh, and unprocessed food that provides the vital nutrients required for optimal child development. A balanced diet for children should include foods from all four food groups: vegetables and fruit, grains, dairy or dairy alternatives, and meat or meat alternatives.⁴⁷

Furthermore, the ASEAN Leaders' Declaration on Ending All Forms of Malnutrition (2017) demonstrates that member states concur on the imperative to expedite evidence-based multisectoral initiatives and expand interferences to mitigate and conclusively eradicate all kinds of malnutrition, in particular amid the most vulnerable, impoverished, and marginalized groups within the ASEAN region. It is therefore recommended that Member States should expand and intensify their efforts to engage relevant sectors and stakeholders with a view to accelerating the adoption of coherent nutrition improvement policies, interventions and actions.⁴⁸

⁴⁵ *Ibid.*

⁴⁶ ASEAN, *Ha Noi Declaration on the Enhancement of Welfare and Development of ASEAN Women and Children* (Association of Southeast Asia Nations, 2010).

⁴⁷ ASEAN Commission on the Promotion and Protection of the Rights of Women and Children, *ASEAN Early Childhood Care, Development and Education Quality Standards* (Association of Southeast Asia Nations, 2017).

⁴⁸ ASEAN, *ASEAN Leaders' Declaration on Ending All Forms of Malnutrition* (Association of Southeast Asia Nations, 2017).

Nevertheless, the aforementioned ASEAN Planning Instruments, Rules, and Documents on the alliance of children's rights are devoid of any practical significance unless there is a subsequent incorporation of these principles into the national legislation of each member state. In light of the above, one of the recommendations to reinforce the implementation of the child's right to survival and development is that ASEAN Member States are energized to uphold legislative and policy frameworks for children's rights, including mechanisms to implement and enforce international laws protecting children's rights.⁴⁹

In order to most effectively address malnutrition in ASEAN, it is crucial to hike a exhaustive understanding of the underlying causes. The appropriate policy responses to malnutrition will vary by member state, contingent upon the specific type and extent of malnutrition that is present. It is possible for countries with a high prevalence of stunting to make significant improvements in nutrition in the near future, provided that there is strong political commitment and concerted action across sectors.⁵⁰

The aforementioned international documents and agreements represent a significant and tangible impact in the Southeast Asian region as a result of the establishment of the CRF. This is evidenced by the establishment of a regional forum dedicated to discussing issues affecting children, namely the ASEAN Commission on the Promotion and Protection of the Rights of Women and Children (ACWC).⁵¹

2. *Regulations and Policies on Addressing the prevalence of stunting in Indonesia*

The prevalence of stunting in some ASEAN Member States remains high in comparison to levels observed in other developing countries. For instance, Indonesia and the Philippines are on the cusp of attaining upper-middle income status, yet exhibit stunting prevalence comparable to that observed in some South Asian and Sub-Saharan African countries that have considerably lower levels of economic development. In terms of stunting prevalence in Southeast Asia, Indonesia, along with Cambodia, Lao PDR, Myanmar, and the Philippines, exhibits a stunting rate at the “very high” level. Meanwhile, Vietnam and Malaysia are classified at the “high” level, and Brunei Darussalam and Thailand are at the “medium” level.⁵²

The World Bank has observed that Indonesia has not achieved the same level of success in reducing stunting rates as other upper-middle-income countries and countries in the region.⁵³ The considerable presence of stunting and its influence on cognitive growth in children suggest a substantial possibility of diminished future productivity among Indonesia's emerging generation. In the context of the “*Indonesia Emas*” Vision for

⁴⁹ Association of the Southeast Asia Nations & United Nations Children's Fund, *Realizing the Rights of Every Child in ASEAN: 10 Recommendations* (The ASEAN Secretariat Community Relations Division and UNICEF East Asia and the Pacific Regional Office, 2020).

⁵⁰ *Addressing the Double Burden of Malnutrition in ASEAN*, A Policy Note, by World Bank, A Policy Note (Bangkok, Thailand: The World Bank, 2019).

⁵¹ Salampessy, Rizky & Achdyana, *supra* note 45.

⁵² *Ibid.*

⁵³ *Ibid.*

2045, the government has made addressing stunting in children a primary commitment, as evidenced by its inclusion in the Indonesian Medium-Term Development Goals (RPJMN) for 2015-2019 and 2020-2024.⁵⁴ This ongoing commitment must be maintained and potentially augmented, particularly given that the prevalence of stunting in Indonesia has demonstrated only an inconsequential decline, from 24.4% in 2021 to 21.6% in 2022.⁵⁵

Nevertheless, as an ASEAN member state and having ratified the CRC, Indonesia has undertaken a series of measures in accordance with its commitment to implement the obligations set forth in the CRC and to ensure the fulfillment of children's rights. In the context of addressing stunting, Indonesia issued a policy through Presidential Regulation of the Republic of Indonesia Number 72 of 2021 concerning the Acceleration of Stunting Reduction. Article 1, paragraph (4) of this Presidential Regulation underscores "the necessity for a multifaceted approach to accelerate the reduction of stunting. This entails the implementation of specific and sensitive interventions in a convergent, holistic, integrative, and quality-oriented manner through multi-sector collaboration at the central, regional, and village levels".

As detailed in Article 1, paragraph (2) of the Presidential Decree, the specific interventions outlined therein are programs implemented with the objective of addressing the direct causes of stunting. In addition, Article 1, paragraph (3) defines sensitive intervention as a program implemented to address indirect causes of stunting. In light of these considerations, it is evident that the government has demonstrated a legal commitment to fulfilling the principle of the right to survival and development of the child. Despite the ongoing efforts to reduce stunting in the field, the results have not yet reached the previously determined targets.

A review of existing literature demonstrates that the prevalence of stunting is shaped by a multitude of factors, both intrinsic and extrinsic in nature. Internally, stunting is influenced by factors that are directly related to the growth and development of infants and toddlers. These include parenting patterns, exclusive breastfeeding, complementary feeding, complete immunization, adequate protein and minerals, infectious diseases, and genetics.⁵⁶ In addition, external factors such as the mother's education level, employment status, and family income also exert an influence.⁵⁷

In light of the above-mentioned Presidential Decree on stunting, it is important to note that the Indonesian government had previously implemented several policy and regulatory interventions to overcome the factors that can lead to stunting. These measures were taken on numerous occasions by the government prior to the issuance of

⁵⁴ Mulyaningsih et al, "Beyond personal factors", *supra* note 6.

⁵⁵ Rokom, *supra* note 8.

⁵⁶ Farah Okky Aridiyah, Ninna Rohmawati & Mury Ririanty, "Faktor-faktor yang Mempengaruhi Kejadian Stunting pada Anak Balita di Wilayah Pedesaan dan Perkotaan (The Factors Affecting Stunting on Toddlers in Rural and Urban Areas)" (2015) *Pustaka Kesehat* Vol 3 No 1 2015, online: <<https://jurnal.unej.ac.id/index.php/JPK/article/view/2520>>.

⁵⁷ Khoirun Ni'mah & Siti Rahayu Nadhiroh, "Faktor Yang Berhubungan Dengan Kejadian Stunting Pada Balita" (2016) 10:1 *Media Gizi Indones* 13-19, online: <<https://e-journal.unair.ac.id/MGI/article/view/3117>>.

the Presidential Decree. Government Regulation (PP) No. 33 of 2012 concerning the Provision of Exclusive Breast Milk was enacted as an implementing regulation for the provisions of Article 129, Paragraph (2) of Law No. 36 of 2009 concerning Health. Subsequently, the Government Regulation was followed up by Minister of Health Regulation No. 15 of 2013, which concerns the procedures for providing special facilities for breastfeeding and/or expressing breast milk.⁵⁸

In addition, Presidential Regulation (Perpres) no. 42 of 2013 concerning the National Movement for the Acceleration of Nutrition Improvement was established as a means of fulfilling the government's obligation to enhance public understanding and awareness of the significance of nutrition and its impact on enhancing the nutritional status of society. Additionally, the Indonesian government has formulated policies that may indirectly contribute to the prevalence of stunting, including those pertaining to environmental factors. With regard to environmental aspects, the government ratified Minister of Health Regulation No. 3 of 2014 concerning Community-Based Total Sanitation (CBTS). This regulation is intended to reinforce efforts to uphold clean and healthy living behaviors, prevent the spread of diseases associated with environmental factors, enhance community capacity, and improve access to drinking water and basic sanitation through the implementation of CBTS.⁵⁹

The regulations and policies related to nutrition and stunting that have been approved by the government have apparently been unable to reduce the prevalence of stunting as was anticipated. Consequently, there is a view that the government's failure to optimize the programme policy for the avoidance and restoration of the health of stunted children constitutes a form of human rights violation perpetrated by the state, given that it fails to fulfil children's constitutional rights. If children suffering from stunting are not recovered, it will have a detrimental impact on their future, as well as on the future of the nation. In some cases, it may even result in death. The rights that have been violated by the state include the right to health, the right to growth and development, the right to child welfare, the right to education, the right to a decent standard of living, and the right to life.⁶⁰

Nevertheless, it is erroneous to assume that the prevalence of stunting in a country is a direct determinant of the occurrence of human rights violations against children perpetrated by the state. The CRC contains several potential exceptions that could limit the obligations of state parties. These exceptions may include, for example, Article 4 of the CRC, which addresses "potential issues such as limited resources available to the state"; Articles 5 and 27 CRC, which pertain "to acts or omissions of the child's parents or legal guardians"; and Article 2 CRC, which concerns "acts or omissions of other third parties". Accordingly, any shortcomings based on the preceding reasons must be substantiated and their causal relationship clearly established.

⁵⁸ Latifa Suhada Nisa, "Kebijakan Penanggulangan Stunting Di Indonesia" (2020) 13:2 J Kebijakan Pembang, online: <<https://jkpjjournal.com/index.php/menu/article/view/78>>.

⁵⁹ *Ibid.*

⁶⁰ M Supian Noor, Muhammad Syarwani & Renita Meidiana Putri, *Healthy Environment As A Human Right: Law Enforcement To Overcome Stunting In Children* (Banjarmasin: Islamic University of Kalimantan, 2024).

IV. CONCLUSION

The rate of stunting in Southeast Asia and Indonesia is classified as “high”. Consequently, stunting can be regarded as a tangible manifestation of the infringement of the fundamental right to survival and development of the child. This principle was established by the UNCRC, to which all ASEAN member countries have committed themselves. Consequently, it is incumbent upon ASEAN member countries to take action to overcome stunting. In light of these considerations, a number of policies have been established at the ASEAN level with the objective of addressing the issue of stunting in Southeast Asia.

The rate of stunting in Indonesia is considered to be at a “very high” level. As a country that has ratified the UNCRC, Indonesia is cognizant of the fact that stunting can impede the realization of the rights to survival and development of the child. In response, a series of regulations have been enacted with the objective of addressing the issue of stunting, most notably Presidential Regulation of the Republic of Indonesia Number 72 of 2021 concerning the Acceleration of Reducing Stunting. Nevertheless, the implementation of policies aimed at managing stunting continues to require optimization across multiple sectors and at all levels of government. It is therefore essential to develop integrated promotion, prevention, and health interventions using a multisectoral approach to reduce stunting in Indonesia. This should involve health workers, families, the government, and the community.

Nevertheless, despite the violation of the child’s right to survival and development that stunting represents, this does not automatically entail a justification for human rights violations perpetrated by the state. Consequently, it is imperative to ascertain whether there is a causal relationship between the country’s contribution and the prevalence of stunting.

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