Exploring Policies to Reduce Stunting in Indonesia, Philippines, Malaysia, and Vietnam: A Literature Review

Menelusuri Kebijakan untuk Mengurangi Stunting di Indonesia, Filipina, Malaysia, dan Vietnam: Tinjauan Literatur



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ARTICLE INFORMATION

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ABSTRACT

Stunting is a global problem that occurs in developing countries. Stunting policies in developing countries have different implementation trends. This research aims to explore and describe stunting policies through Indonesian government programs with the governments of the Philippines, Malaysia, and Vietnam. The selection of country objects is determined based on the average stunting prevalence rate based on the Asian Development Bank in 2022, namely 2 countries above the average stunting prevalence in Southeast Asia (Indonesia and the Philippines) and 2 countries below the average stunting prevalence rate (Vietnam and Malaysia). This research was conducted using a literature study method on 80 main articles from international journals with a publication range of 2019-2024. The findings were analyzed with indicators of successful policy implementation: Communication, Resources, Disposition, and Bureaucratic Structure which serve to assess the role and success of the policy. This research shows that there are similarities and differences in the policy implementation framework in each country. Similarities are caused by culture, socio-demographics, and poverty which are the dominant factors for stunting. The differences that arise are caused by the approach chosen by the government to overcome stunting. As a recommendation, the government needs to make the stunting handling program a national priority. In supporting the success of stunting management policies, it is necessary to strengthen coordination between institutions, build commitment between implementers, and align the policy agenda between stakeholders.

Kata Kunci

Kebijakan Publik; Stunting; Studi Literatur; Pemerintah:

ABSTRAK

Stunting merupakan masalah global yang terjadi di negara-negara berkembang. Kebijakan stunting di negara-negara berkembang memiliki tren implementasi yang berbeda-beda. Penelitian ini bertujuan untuk mengeksplorasi dan mendeskripsikan kebijakan stunting melalui program pemerintah Indonesia dengan pemerintah Filipina, Malaysia, dan Vietnam. Pemilihan objek negara ditentukan berdasarkan rata-rata tingkat prevelansi stunting berdasarkan Asian Development Bank tahun 2022, yakni 2 negara diatas rata-rata prevelensi stunting di Asia Tenggara (Indonesia dan Filipina) dan 2 negara di bawah rata-rata tingkat prevelansi stunting (Vietnam dan Malaysia). Penelitian ini bersifat deskriptif dan menggunakan pendekatan kebijakan sebagai dasar analisis. Penelitian ini dilakukan dengan menggunakan metode studi literatur terhadap 80 artikel utama yang berasal dari jurnal internasional dengan rentang publikasi tahun 2019-2024. Temuan-temuan tersebut dianalisis dengan indikator keberhasilan implementasi kebijakan: Komunikasi, Sumber Daya, Disposisi,

	dan Struktur Birokrasi yang berfungsi untuk menilai peran dan keberhasilan kebijakan. Hasil penelitian ini menunjukkan bahwa terdapat persamaan dan perbedaan dalam kerangka implementasi kebijakan di setiap negara. Kesamaan disebabkan oleh budaya, sosio-demografi, dan kemiskinan yang menjadi faktor dominan terjadinya stunting. Masalah lain yang muncul adalah sanitasi, tingkat pendidikan orang tua, dan kerawanan pangan. Perbedaan yang muncul disebabkan oleh pendekatan yang dipilih oleh pemerintah untuk mengatasi stunting. Sebagai rekomendasi, pemerintah perlu menjadikan program penanganan stunting sebagai prioritas nasional. Dalam mendukung keberhasilan kebijakan penanganan stunting diperlukan penguatan koordinasi antar lembaga, membangun komitmen antar pelaksana, serta penyelarasan agenda kebijakan antar pemangku kepentingan.
Article History Send 28thNovember2024 Review 31thDecember2024 Accepted 13th January 2025	Copyright ©2025 Jurnal Aristo (Social, Politic, Humaniora) This is an open access article under the CC-BY-NC-SA license. Akses artikel terbuka dengan model CC-BY-NC-SA sebagai lisensinya. (cc) BY-NC-SA

Introduction

Developing countries face a variety of complex intergenerational issues. Among these issues, stunting is a serious threat that can affect the success of development (Karlsson et al., 2023). Children with stunting have physically stunted growth and also inhibit their cognitive development. This has direct implications for the quality of human resources and as a result limits their potential to contribute maximally to the nation's development as adults (Benjamin-Chung et al., 2023; Karlsson dkk., 2023; MM Rahman dkk., 2023). Stunting has become an international problem that has hit many developing countries in Southeast Asia, such as Indonesia, the Philippines, Malaysia and Vietnam (Khadilkar et al., 2024; Lee et al., 2022; Mohamed et al., 2024; T. T. Nguyen et al., 2023; Rachmadewi et al., 2023). Statistically, stunting cases in several Southeast Asian countries such as Indonesia, Philippines, Malaysia and Vietnam show a high prevalence. These countries face the complexity of handling stunting with various causal factors that tend to be similar. In developing countries, stunting significantly affects human resource development, health, and economic growth (Pantalone et al., 2022).

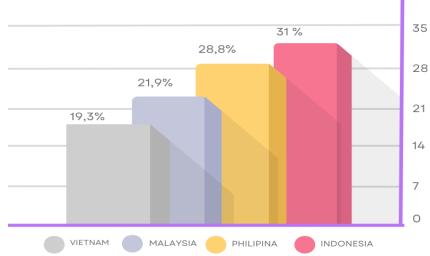


Figure 1. Stunting Prevalence Data Source: Asian Development Bank, 2022

According to data from the ADB (2022), Indonesia has a higher prevalence of stunting than the Philippines, Malaysia, and Vietnam. The four countries selected for this study reflect a diverse spectrum of stunting prevalence. This can be seen from the relatively low trend of stunting rates in Vietnam and Malaysia to the Philippines and Indonesia, which tend to be higher than the Southeast Asian average. This variation allows us to provide a comparative analysis of the factors that may influence the successful implementation of stunting policies.

Stunting is dominated by children aged over 2 years, which in Indonesia reaches 31%, followed by the Philippines at 28.8%, Malaysia at 21.9%, and Vietnam at 19.3%. The factors causing stunting in Indonesia are known to be related to poverty (Solong & Dzulqarnain, 2022). Another cause is the need for families to provide good nutrition to children. This problem is also experienced in the Philippines, Malaysia, and Vietnam (Chen et al., 2024; Di Prima, Nguyen Dinh, et al., 2022; Hadna et al., 2022; Hadna & Askar, 2022; Lee et al., 2022; Rimbawan et al., 2023). To address this, the Indonesian Government has two approaches to dealing with stunting. First, regarding the poverty factor, there is the Family Hope Program/Conditional Cash Assistance, which is also carried out by the Philippine Government (Bustos, Lau, Kirkpatrick et al., 2023; Herrera et al., 2023; Solong & Dzulqarnain, 2022). On the other hand, nutritional interventions through the provision of additional food, the Supplementary Food Program (PMT) is also carried out by the Malaysian and Vietnamese Governments (Hadna et al., 2022; Indra & Khoirunurrofik, 2022; Lee et al., 2022; D. D. Nguyen et al., 2022; Nugroho et al., 2023).

The role of government has an important role in resolving stunting, this is related to the role of government as a provider of public services and a designer of public policy. Public policy is the government designing a program as a means of implementation that regulates the technical implementation of a policy (Edwards III, 2012). Article 34 of the 1945 Constitution has given the government a mandate to overcome stunting and prevent stunting from occurring. This basic rule mandates the government to provide social and health security, especially for people experiencing poverty. The stunting eradication program in Indonesia is currently part of the development priorities in the 2020-2024 National Medium-Term Development Plan (RPJMN). However, in its implementation, the program has been unable to reduce stunting rates optimally (Herawati & Sunjaya, 2022; Solong & Dzulqarnain, 2022). Similar things happened in Malaysia through Law Act A1511 of 2016 and in Vietnam through Law Number 102/2016/QH13, which guarantees children's right to life.

On the other hand, the Philippines has a more specific mechanism in its stunting policy. Republic Act number 11310 institutionalizes government intervention in handling stunting. These policies are outlined through various programs. These programs can be in the form of nutritional intake interventions, cash assistance, education, and provision of health facilities (Chek et al., 2022; Dodd et al., 2022; Hadna & Askar, 2022; Mahmudiono et al., 2022; T. T. Nguyen et al., 2023; Sangalang, Lemence, et al., 2022; Siy Van et al., 2022). The different policy frameworks identified may indicate the institutional capacity

and national priorities of each country. Through the exploration of policies that have been implemented, this research also identifies ideal practices that can be adapted to the complexity of handling stunting in Indonesia today. Based on the problems described, it is important to understand stunting not only as a health problem. Stunting can be an indicator of broader inequalities at the community level. Therefore, social, cultural and economic factors can be explored more intensely to encourage sustainable interventions through public policy. This study aimed to compare the stunting policies implemented by the Indonesian government with those of the Philippines, Malaysia, and Vietnam. Primary data obtained in this study came from 80 scientific articles.

Method

This research is descriptive and uses a policy approach as the basis for analysis. The data collection used used the literature study method. Literature study is a research technique that collects and analyzes relevant literature sources for research (James, BH, & James, E., 2016). The selection of research objects was determined based on the ADB 2022 average stunting prevalence rate, namely 2 countries above the average stunting prevalence in Southeast Asia (Indonesia and the Philippines) and 2 countries below the average stunting prevalence rate (Vietnam and Malaysia). The primary data in this study used 80 relevant scientific articles that have been indexed by Scopus, Web of Science, PubMed, and Copernicus. In addition, the author used policy documents and other documents such as: laws, government regulations, ministerial regulations, stunting program implementation manuals, national development plan manuals, government national surveys and stunting prevalence data by the Asian Development Bank as secondary data sources in this study.

In the first stage, the author searched for articles using the keywords "Stunting in Southeast Asian countries", 'Stunting policy in Indonesia', 'Stunting policy in the Philippines', 'Stunting policy in Malaysia', 'Stunting policy in Vietnam', 'Causal factors of stunting in Indonesia', 'Causal factors of stunting in the Philippines', 'Causal factors of stunting in Malaysia', 'Causal factors of stunting in Vietnam', 'Implementation of treatment policies in Indonesia', 'Implementation of treatment policies in the Philippines', 'Implementation of treatment policies in Vietnam'. Based on these keywords, 784 articles were found in the period 2019-2024 sourced from various international journals. Then, the author cleaned the data from these articles and obtained 80 articles that discussed stunting and government policies sourced from Scopus, Web of Science, PubMed, Copernicus accredited journals. To identify

relevant findings in 80 articles, the author used the Nvivo 12 Plus tool. This data visualization tool overviews important conclusions in literature studies. The results of applying Nvivo in this study are Word Frequency Query in Word Cloud. The Word Cloud that was successfully identified will then be analyzed based on Edward III's (2012) policy implementation theory to compare stunting policies in Indonesia with policies in the Philippines, Malaysia, and Vietnam.

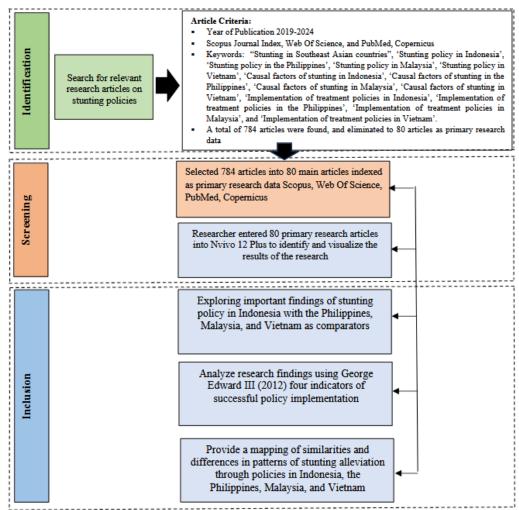


Figure 3. Research Methodology Flow Source: Created by author (2024)

Table 1. Eighty articles as primary research data

No	Author	Title	Year	Publisher
1.	Anuradha V. Khadilkar;	Local anthropometric	2024	The Lancet
	ChirantapOza; Neha Kajale;	parameters for assessing		Regional
	Aman B. Pulungan;	double burden		Health - Southeast
	SuttipongWacharasindhu;	of malnutrition in South		Asia
	Annang GiriMoelyo;	Asian and Southeast Asian		
	Gassani Amalia;	countries:		
	Karn Wejaphikul; Madarina	a review and retrospective		
	Julia; Prapai Dejkhamron;	analysis		
	and Vaman Khadilkara			
	(Khadilkar et al., 2024)			

2.	Azizur Rahman; Nezza Othman; Md Abdul Kuddus; Md Zobaer Hasan (A. Rahman et al., 2024)	Impact of the COVID-19 pandemic on child malnutrition in Selangor, Malaysia: A pilot study	2024	Journal of Infection and Public Health
3.	Benjamin-Chung, J., Mertens, A., Colford, J. M., Hubbard, A. E., van der Laan, M. J., Coyle, J., Sofrygin, O., Cai, W., Nguyen, A., Pokpongkiat, N. N., Djajadi, S., Seth, A., Jilek, W., Jung, E., Chung, E. O., Rosete, S., Hejazi, N., Malenica, I., Li, H., Yori, P. P. (Benjamin-Chung et al., 2023)	Early-childhood linear growth faltering in low- and middle-income countries.	2023	Nature
4.	Berawi, K. N., Hidayati, M. N., Susianti, Perdami, R. R. W., Susantiningsih, T., & Maskoen, A. M. (Berawi et al., 2019)	Decreasing zinc levels in stunting toddlers in Lampung Province, Indonesia.	2019	Biomedical and Pharmacology Journal
5.	Bustos, M., Lau, L. L., Kirkpatrick, S. I., Dubin, J. A., Manguerra, H., & Dodd, W. (Bustos, Lau, Kirkpatrick, et al., 2023)	Examining the Association Between Household Enrollment in the Pantawid Pamilyang Pilipino Program (4Ps) and Wasting and Stunting Status Among Children Experiencing Poverty in the Philippines: A Cross-Sectional Study.	2023	Asia-Pacific Journal of Public Health
6.	Bustos, M., Lau, L., Manguerra, H., & Dodd, W. (Bustos, Lau, Manguerra, et al., 2023)	Sociodemographic factors associated with concurrent stunting and wasting among children experiencing extreme poverty in the Philippines: A cross-sectional study.	2023	Nutrition and Health.
7.	Chee Din, M. A., Mohd Fahmi Teng, N. I., & Abdul Manaf, Z. (Din et al., 2023)	Maternal depression and child feeding practices: Determinants to malnutrition among young children in Malaysian rural area.	2023	Women's Health
8.	Chek, L. P., Gan, W. Y., Chin, Y. S., & Sulaiman, N. (Chek et al., 2022)	A nutrition program using positive deviance approach to reduce undernutrition among urban poor children under-five in Malaysia: A cluster randomized controlled trial protocol.	2022	PLoS ONE
9.	Chen, A., Rafiz Azuan, N. B., Harun, N. M., Ooi, Y. B. H., & Khor, B. H. (Chen et al., 2024)	Nutritional status and dietary fatty acid intake among children from low-income households in Sabah: A cross-sectional study.	2024	Human Nutrition and Metabolism
10.	Chew, C. C., Lim, X. J., Low, L. L., Lau, K. M., Kari, M., Shamsudin, U. K., & Rajan, P. (Chew et al., 2022)	The challenges in managing the growth of Indigenous children in Perak State, Malaysia: A qualitative study.	2022	PLoS ONE

11.	Chin, T. B., Lian, C. W., & Shii, L. L. (Chin et al., 2023)	Demographic characteristics are associated with children's nutritional status: Findings from a pilot study on food insecure households in Simunjan district, Sarawak.	2023	Malaysian Journal of Nutrition
12.	Das, A., & Sethi, N. (Das & Sethi, 2023)	Cash transfers and human capital outcomes of children in LMICs: A systematic review using PRISMA	2023	Heliyon
13.	Di Prima, S., Nguyen Dinh, D., Reurings, D. D., Wright, E. P., Essink, D., & Broerse, J. E. W. (Di Prima, Nguyen Dinh, et al., 2022)	Home-Grown School Feeding: Implementation Lessons From a Pilot in a Poor Ethnic Minority Community in Vietnam.	2022	Food and Nutrition Bulletin
14.	Di Prima, S., Wright, E. P., Sharma, I. K., Syurina, E., & Broerse, J. E. W. (Di Prima, Wright, et al., 2022)	Implementation and scale-up of nutrition-sensitive agriculture in low- and middle-income countries: a systematic review of what works, what doesn't work and why.	2022	Global Food Security
15.	Dodd, W., Kipp, A., Lau, L. L., Little, M., Conchada, M. I., Sobreviñas, A., & Tiongco, M. (Dodd et al., 2022)	Limits to Transformational Potential: Analysing Entitlement and Agency within a Conditional Cash Transfer Program in the Philippines.	2022	Social Policy and Society
16.	Emmanuel A. Onsay; Jomar F. Rabajante(Onsay & Rabajante, 2024)	Measuring the unmeasurable multidimensional poverty for economic development: Datasets, algorithms, and models from the poorest region of Luzon, Philippines	2024	Data in Brief
17.	Fadmi, F. R., Kuntoro, Otok, B. W., & Melaniani, S. (2023). (Fadmi et al., 2023)	Stunting incident prevention: a systematic literature review.	2023	Journal of Public Health in Africa (Vol. 14, Issue S2).
18.	Fadmi, F. R., Otok, B. W., Kuntoro, Melaniani, S., & Sriningsih, R. (Fadmi et al., 2024)	Segmentation of stunting, wasting, and underweight in Southeast Sulawesi using geographically weighted multivariate Poisson regression.	2024	MethodsX, 12
19.	Gani, A. A., Hadju, V., Syahruddin, A. N., Otuluwa, A. S., Palutturi, S., & Thaha, A. R. (Gani et al., 2021)	The effect of convergent action on reducing stunting prevalence in under-five children in Banggai District, Central Sulawesi, Indonesia.	2021	Gaceta Sanitaria
20.	Genova, C., Umberger, W., Peralta, A., Newman, S., & Zeng, D. (Genova et al., 2022)	The Indirect Impact of Smallholder Vegetable Production on Children's Nutrition Outcomes in Rural Vietnam.	2022	Frontiers in Sustainable Food Systems
21.	Hadna, A. H., & Askar, M. W. (Hadna & Askar, 2022)	The Impact of Conditional Cash Transfers on Low- income Individuals in Indonesia.	2022	Austrian Journal of South-East Asian Studies

22.	Hadna, A. H., Zulaela, Ardiansyah, J., & Habib, F. (Hadna et al., 2022)	Stand-Alone Conditional Cash Transfer in Regards to Reducing Stunting in Indonesia: Evidence From a Randomized Controlled Trial.	2022	Journal of Population and Social Studies
23.	Haile, B., & Headey, D. (Haile & Headey, 2023)	Growth in milk consumption and reductions in child stunting: Historical evidence from cross-country panel data.	2023	Food Policy
24.	Haliim, W., Ferdiansyah, F., & Sasmita Sari, A. Y. E. (Haliim et al., 2024)	Power Relations between Program Keluarga Harapan (PKH) Facilitators and Beneficiary Families (KPM) (Study on PKH Implementation in Malang Regency).	2024	International Journal of Current Science Research and Review
25.	Haron, M. Z., Jalil, R. A., Hamid, N. A. A., Omar, M. A., & Abdullah, N. H. (Haron et al., 2023)	Stunting and Its Associated Factors among Children Below 5 Years Old on the East Coast of Peninsular Malaysia: Evidence from the National Health and Morbidity Survey.	2023	Malaysian Journal of Medical Sciences
26.	Hastuti, V. N., Afifah, D. N., Sugianto, D. N., Anjani, G., & Noer, E. R. (Hastuti et al., 2024)	Socio-demographics, dietary diversity score, and nutritional status of children aged 2–5 years: A cross-sectional study of Indonesian coastal areas.	2024	Clinical Epidemiology and Global Health
27.	Herawati, D. M. D., & Sunjaya, D. K. (Herawati & Sunjaya, 2022)	Implementation Outcomes of National Convergence Action Policy to Accelerate Stunting Prevention and Reduction at the Local Level in Indonesia: A Qualitative Study.	2022	International Journal of Environmental Research and Public Health
28.	Herrera, D. J., Herrera, M. L., Amora, D., Bas, S., Miranda, C. A., & Van Hal, G. (Herrera et al., 2023)	Mixed-method study on the association between inclusion to conditional cash transfer program and the multiple faces of malnutrition in children and adolescents aged 3 to 19 years: school-based evidence from Caraga Region, the Philippines.	2023	BMC Pediatrics
29.	Huriah, T., & Nurjannah, N. (Huriah & Nurjannah, 2020)	Risk factors of stunting in developing countries: A scoping review.	2020	Open Access Macedonian Journal of Medical Sciences
30.	Indra, J., & Khoirunurrofik, K. (Indra & Khoirunurrofik, 2022)	Understanding the role of village fund and administrative capacity in stunting reduction: Empirical evidence from Indonesia.	2022	PLoS ONE
31.	Karlsson, O., Kim, R., Moloney, G. M., Hasman, A., & Subramanian, S. V.	Patterns in child stunting by age: A cross-sectional study	2023	Maternal and Child Nutrition

	(Karlsson et al., 2023)	of 94 low- and middle-income countries.		
32.	Kh'ng, K., Chang, C. C., & Hsu, S. H. (Kh'ng et al., 2022)	Implications of food and nutrition security on household food expenditure: the case of Malaysia	2022	Agriculture and Food Security
33.	Lai, W. K., Palanivello, L., Sallehuddin, S. M., & Ganapathy, S. S. (Lai et al., 2024)	Double Burden of Malnutrition and its Socio- Demographic Determinants among Children and Adolescents in Malaysia: National Health and Morbidity Survey 2019.	2024	Research Square.
34.	Laksono, A. D., Wulandari, R. D., Amaliah, N., & Wisnuwardani, R. W. (Laksono et al., 2022)	Stunting among children under two years in Indonesia: Does maternal education matter?	2022	PLoS ONE
35.	Le, H. N., Nguyen, K. V., Phung, H., Hoang, N. T. D., Tran, D. T., & Mwanri, L. (Le et al., 2023)	Household Dietary Diversity among the Ethnic Minority Groups in the Mekong Delta: Evidence for the Development of Public Health and Nutrition Policy in Vietnam.	2023	International Journal of Environmental Research and Public Health
36.	Lee, W. S., Jalaludin, M. Y., Khoh, K. M., Kok, J. L., Nadarajaw, T., Soosai, A. P., Mukhtar, F., Fadzil, Y. J., Anuar Zaini, A., Mohd-Taib, S. H., Rosly, R. M., Khoo, A. J., & Cheang, H. K. (Lee et al., 2022)	Prevalence of undernutrition and associated factors in young children in Malaysia: A nationwide survey.	2022	Frontiers in Pediatrics
37.	Lowe, C., Kelly, M., Sarma, H., Richardson, A., Kurscheid, J. M., Laksono, B., Amaral, S., Stewart, D., & Gray, D. J. (Lowe et al., 2021)	The double burden of malnutrition and dietary patterns in rural Central Java, Indonesia.	2021	The Lancet Regional Health - Western Pacific
38.	Mae Gorospe, B. S., Savella, M. R., & Meir Tacbas, D. L. (Mae Gorospe et al., 2022)	Life Changes Among The Pantawid Pamilyang Pilipino Program Beneficiaries.	2022	Special Issue Sci.Int.(Lahore)
39.	Mahmudiono, T., Vidianinggar, M. A., Elkarima, E., Lioni, E., & Talib, C. A. (Mahmudiono et al., 2022)	Best Practices and Challenges in Implementing Healthy Food Environment at School Setting Toward Prevention of Obesity in Indonesia and Malaysia.	2022	Open Access Macedonian Journal of Medical Sciences
40.	Malinao, A. P., Rivinne, ;, Remandaban, R. V, & Abocejo, F. T. (Malinao et al., 2022)	The Conditional Cash Transfer Program for Poverty Alleviation in the Philippines: A Policy Evaluation.	2022	International Journal of Social Science Research and Review
41.	McCarthy, J., Nooteboom, G., Hadi, S., Kutanegara, P. M., & Muliati, N. (McCarthy et al., 2023)	The Politics of Knowledge and Social Cash Transfers: The Constitutive Effects of An Anti-Poverty Regime In Indonesia.	2023	Journal of Contemporary Asia.
42.	Milwan, & Sunarya, A. (Milwan & Sunarya, 2023)	Stunting Reduction in Indonesia: Challenges and Opportunities.	2023	International Journal of Sustainable

				Development and Planning
43.	Mohamad, M. S., Mahadir Naidu, B., Virtanen, S. M., Lehtinen-Jacks, S., & Abdul Maulud, K. N. (Mohamad et al., 2023)	Relationships of Local Food and Physical Activity Environments With Overweight in 5- to 17-Year- Old Malaysian Children.	2023	Asia-Pacific Journal of Public Health
44.	Mohamed, S. F., Vanoh, D., & Leng, S. K. (Mohamed et al., 2024)	Socio-demographic factors and parental feeding practices predicted the body mass index of Malaysian children with learning disabilities.	2024	Malaysian Journal of Nutrition
45.	Mondon, C., Tan, P. Y., Chan, C. L., Tran, T. N., & Gong, Y. Y. (Mondon et al., 2024)	Prevalence, determinants, intervention strategies and current gaps in addressing childhood malnutrition in Vietnam: a systematic review.	2024	BMC Public Health
46.	Na, M. S., Nor N A Mohamed, M. N., Af, A., Ma, R., Seman, A., Mr, A. H., Rn, R., Azwani, N., Shukri, M., Sultan, J., & Shah, A. (Na et al., 2023)	A Systematic Review of Maternal Dietary Intake and its Association with Childhood Stunting.	2023	IIUM Journal Malaysia
47.	Nguyen, C. M., & Nguyen, M. P. (C. M. Nguyen & Nguyen, 2020)	The roles of social, economic status and undernutrition in regional disparities of the under-five mortality rate in Vietnam.	2020	Tropical Medicine and International Health
48.	Nguyen, D. D., Di Prima, S., Huijzendveld, R., Wright, E. P., Essink, D., & Broerse, J. E. W. (D. D. Nguyen et al., 2022)	Qualitative evidence for improved caring, feeding, and food production practices after nutritionsensitive agriculture interventions in rural Vietnam.	2022	Agriculture and Food Security
49.	Nguyen, T. T., Huynh, N. L., Huynh, P. N., Zambrano, P., Withers, M., Cashin, J., Chin, S., & Mathisen, R. (T. T. Nguyen et al., 2023)	Bridging the evidence-to- action gap: enhancing alignment of national nutrition strategies in Cambodia, Laos, and Vietnam with global and regional recommendations.	2023	Frontiers in Nutrition
50.	Nugroho, E., Wanti, P. A., Suci, C. W., Raharjo, B. B., & Najib.(Nugroho et al., 2023)	Social Determinants of Stunting in Indonesia.	2023	Kemas
51.	Ooi, K. S., Abdul Jalal, M. I., Wong, J. Y., Choo, M. Y., Kamruldzaman, N. A., Lye, C. W., & Lum, L. C. S. (Ooi et al., 2023)	The Prevalence and Determinants of Child Hunger and Its Associations with Early Childhood Nutritional Status among Urban Poverty Households during COVID-19 Pandemic in Petaling District, Malaysia: An Exploratory Cross-Sectional Survey.	2023	Nutrients
52.	Pantalone, J. S., Gordoncillo, N. P., Africa, L. S., Barba, C.	Stunting and zinc deficiency among 3-5 years old	2022	Malaysian Journal of Nutrition

	V. C., Dizon, J. T., Agne, J. P., & Montecillo, K. V. (Pantalone et al., 2022)	Kankana-ey children in Kibungan, Benguet, Philippines.		
53.	Prasetyo, A., Noviana, N., Rosdiana, W., Anwar, M. A., Hartiningsih, Hendrixon, Harwijayanti, B. P., & Fahlevi, M. (Prasetyo et al., 2023)	Stunting Convergence Management Framework through System Integration Based on Regional Service Governance.	2023	Sustainability (Switzerland)
54.	Rachmadewi, A., Soekarjo, D. D., Bait, B. R., Suryantan, J., Noor, R., Rah, J. H., & Wieringa, F. T. (Rachmadewi et al., 2023)	Ready-to-Use Therapeutic Foods (RUTFs) Based on Local Recipes Are as Efficacious and Have a Higher Acceptability than a Standard Peanut-Based RUTF: A Randomized Controlled Trial in Indonesia.	2023	Nutrients
55.	Rahmadiyah, D. C., Sahar, J., Widyatuti, Sartika, R. A. D., & Hassan, H. (Rahmadiyah et al., 2024)	Family Resilience With Stunted Children Aged Below 5 Years: A Qualitative Study in Depok City, Indonesia.	2024	Global Qualitative Nursing Research
56.	Rahman, M. M., de Silva, A., Sassa, M., Islam, M. R., Aktar, S., & Akter, S. (M. M. Rahman et al., 2023)	A systematic analysis and future projections of the nutritional status and interpretation of its drivers among school-aged children in South-East Asian countries.	2023	The Lancet Regional Health - Southeast Asia
57.	Rashid, A. F., Wafa, S. W., Abd Talib, R., & Abu Bakar, N. M. (Rashid et al., 2024)	An interactive Malaysian Childhood Healthy Lifestyle (i-MaCHeL) intervention program to change weight-related behavior in preschool child-parent dyads: Study protocol of a cluster randomized controlled trial.	2022	PLoS ONE
58.	Ratri, P. R., Sabran, & Jannah, M. (Ratri et al., 2022)	Formulation of Local Food-Based Snack Using Linear Program for Nutrisurvey to Prevent Stunting in Under-Five Children.	2022	Earth and Environmental Science
59.	Rimbawan, R., Nurdiani, R., Rachman, P. H., Kawamata, Y., & Nozawa, Y. (Rimbawan et al., 2023)	School Lunch Programs and Nutritional Education Improve Knowledge, Attitudes, and Practices and Reduce the Prevalence of Anemia: A Pre-Post Intervention Study in an Indonesian Islamic Boarding School.	2023	Nutrients
60.	Rizal, M. F., & van Doorslaer, E. (Rizal & van Doorslaer, 2019)	Explaining the fall of socioeconomic inequality in childhood stunting in Indonesia.	2019	SSM - Population Health
61.	Robinson, J. A., & Dinh, P. T. T. (Robinson & Dinh, 2023)	High doses of a national preschool program are associated with the long-term mitigation of adverse	2023	Frontiers in Public Health

62.	Rocha, C., Mendonça, M.,	outcomes in cognitive development and life satisfaction among children who experience early stunting: a multi-site longitudinal study in Vietnam. A food-system approach to	2022	Journal of
	Huy, N. Do, Phương, H. N., Hoa, D. T. B., Yeudall, F., Moraes, A., Brown, M. R., Yuan, Y. V., & Tenkate, T. (Rocha et al., 2022)	addressing food security and chronic child malnutrition in northern Vietnam.		Agriculture, Food Systems, and Community Development
63.	Salvo, R. S. T., Barrion, A. S. A., Maneja, M. C. P., & Lanorio, M. C. L. (Salvo et al., 2023)	A Case Study on Undernutrition among Children under Five Years of Age in Barangay Calumpang, Nagcarlan, Laguna.	2023	Acta Medica Philippina
64.	Sangalang, S. O., Lemence, A. L. G., Ottong, Z. J., Valencia, J. C., Olaguera, M., Canja, R. J. F., Mariano, S. M. F., Prado, N. O., Ocaña, R. M. Z., Singson, P. A. A., Cumagun, M. L., Liao, J., Anglo, M. V. J. C., Borgemeister, C., & Kistemann, T. (Sangalang, Lemence, et al., 2022)	School water, sanitation, and hygiene (WaSH) intervention to improve malnutrition, dehydration, health literacy, and handwashing: a cluster-randomized controlled trial in Metro Manila, Philippines.	2022	BMC Public Health
65.	Sangalang, S. O., Prado, N. O., Lemence, A. L. G., Cayetano, M. G., Lu, J. L. D. P., Valencia, J. C., Kistemann, T., & Borgemeister, C.(Sangalang, Prado, et al., 2022)	Diarrhea, malnutrition, and dehydration associated with school water, sanitation, and hygiene in Metro Manila, Philippines: A cross-sectional study.	2022	Science of the Total Environment
66.	Sazali, H., Utami, T. N., Batubara, C., Azizah, N., Susilawati, S., Padli Nasution, M. I., Albani Nasution, M. S., Sari, S. M., & Harahap, R. H. (Sazali et al., 2023)	Strengthening Communication: A Strategy to Increase Community Satisfaction in Stunting Services in Indonesia.	2023	The Open Public Health Journal
67.	Siy Van, V. T., Siguin, C. P., Lacsina, A. C., Yao, L. F., Sales, Z. G., Gordoncillo, N. P., Advincula-Lopez, L., Sescon, J. T., Delight, E., & Miro, P. (Siy Van et al., 2022)	A Community-Led Central Kitchen Model for School Feeding Programs in the Philippines: Learnings for Multisectoral Action for Health.	2022	Global Health: Science And Practice
68.	Solong, A., & Dzulqarnain, D. (Solong & Dzulqarnain, 2022)	The Effectiveness of the Implementation of the Hope Family Program in Poverty Reduction in Indonesia.	2022	International Journal of Social Science Research and Review
69.	Sudigyo, D., Hidayat, A. A., Nirwantono, R., Rahutomo, R., Trinugroho, J. P., & Pardamean, B. (Sudigyo et al., 2022)	Literature review of stunting supplementation in Indonesian utilizing text mining approach.	2022	Procedia Computer Science

70.	Sulaiman, S., Mohamad Zawawi, L., Abdul Rauf, S. H., Chik, A., Riza, N., Tuan Sembok, T. M. Z., & Pauzi, H. M. (Sulaiman et al., 2023)	Measuring Social Services Deprivation of Malaysian Poor Children.	2023	International Journal of Academic Research in Business and Social Sciences
71.	Supadmi, S., Laksono, A. D., Kusumawardani, H. D., Ashar, H., Nursafingi, A., Kusrini, I., & Musoddaq, M. A. (Supadmi et al., 2024)	Factor related to stunting of children under two years with working mothers in Indonesia.	2024	Clinical Epidemiology and Global Health
72.	Syafrawati, S., Lipoeto, N. I., Masrul, M., Novianti, N., Gusnedi, G., Susilowati, A., Nurdin, A., Purnakarya, I., Andrafikar, A., & Umar, H. B. (Syafrawati et al., 2023)	Factors driving and inhibiting stunting reduction acceleration programs at district level: A qualitative study in West Sumatra.	2023	PLoS ONE
73.	Tan, E. C. H., Avoi, R., Robinson, F., Jeffree, M. S., Abdul Rahim, S. S. S., Ibrahim, M. Y., Yusuff, A. S. M., & Lukman, K. A. (Tan et al., 2022)	The Association of Eating Behaviour on the Growth of Children from the Interior Districts of Sabah, Malaysia.	2022	Risk Management and Healthcare Policy
74.	Thi Quyen Tran (Tran, 2023)	The role of local NGOs in promoting the children rights in mountainous regions: Experience from "Nu^oi Em" project in Vietnam – a descriptive case study	2023	Social Sciences & Humanities Open
75.	Tuhin Biswas; Nick Townsend; Ricardo Magalhaes; Md. Mehedi Hasan; and Abdullah Al Mamun. (Biswas et al., 2022)	Geographical and socioeconomic inequalities in the double burden of malnutrition among women in Southeast Asia: A population-based study	2022	The Lancet Regional Health - Southeast Asia
76.	Vaivada, T., Akseer, N., Akseer, S., Somaskandan, A., Stefopulos, M., & Bhutta, Z. A. (Vaivada et al., 2020)	Stunting in childhood: An overview of global burden, trends, determinants, and drivers of decline.	2020	In American Journal of Clinical Nutrition
77.	Wali, N., Agho, K. E., & Renzaho, A. M. N. (Wali et al., 2023)	Mapping of nutrition policies and programs in South Asia towards achieving the Global Nutrition targets.	2023	Archives of Public Health
78.	Wang, C. C., Abdul Jalal, M. I., Song, Z. L., Teo, Y. P., Tan, C. A., Heng, K. V., Low, M. S. Y., Anuar Zaini, A., & Lum, L. C. S. (Wang et al., 2022)	A Randomized Pilot Trial of Micronutrient Supplementation for Under-5 Children in an Urban Low-Cost Flat Community in Malaysia: A Framework for Community-Based Research Integration.	2022	International Journal of Environmental Research and Public Health
79.	Wrottesley, S. V, Mates, E., Brennan, E., Bijalwan, V., Menezes, R., Ray, S., Ali, Z., Yarparvar, A., Sharma, D., & Lelijveld, N. (Wrottesley et al., 2023)	Nutritional status of schoolage children and adolescents in low- and middle-income countries across seven global regions: a synthesis of scoping reviews.	2023	In Public Health Nutrition

80.	Yunitasari, E., Lee, B. O.,	Determining the Factors That	2022	Children
	Krisnana, I., Lugina, R.,	Influence Stunting during		
	Solikhah, F. K., & Aditya, R.	Pandemic in Rural Indonesia:		
	S. (Yunitasari et al., 2022)	A Mixed Method.		

Source: Created by the author, from various sources

Result and Discussion

The trend of last research discussed a lot about the factors causing stunting in several countries, such as research conducted by (Berawi et al. 2019; Hurrah & Nurjannah, 2020; Lai et al., 2024; Lowe et al., 2021; Na et al., 2023; Rahman et al., 2023; Sangalang, Prado, et al., 2022). In addition, research discussing the impact of stunting in various countries has been conducted by several previous researchers, such as (Gani et al., 2021 Rizal & van Doorslaer, 2019; Wrottesley et al., 2023). Earlier research also discussed the policy model to overcome stunting. Prevention and handling of stunting carried out by (Indra & Khoirunurrofik, 2022 C. M. Nguyen & Nguyen, 2020 Ratri et al., 2022; Wali et al., 2023). Implementation of stunting policies and case studies in the global scope, ASEAN, and especially in Indonesia, was carried out by researchers (Benjamin-Chung et al., 2023; Fadmi et al., 2023; Milwan & Sunarya, 2023; Sazali et al., 2023; Sudigyo et al., 2022; Vaivada et al., 2020).

However, there is still a gap related to stunting research, namely in research that discusses the comparison of policy implementation in ASEAN countries. This research focuses on stunting policies in Indonesia compared to policies in the Philippines, Malaysia, and Vietnam. This is something new for the author to fill the gap in research that has been done previously. The following are the results of VOSviewer mapping and visualization of previous research articles.

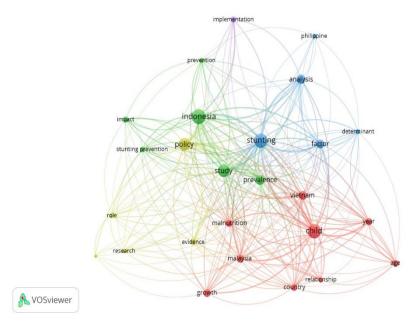


Figure 2. Mapping of Stunting Policy Research Using VOSviewer Source: Previous research indexed by Scopus (2019-2023)

There is still a lack of research that discusses the phenomenon of stunting related to analyzing the success of policy implementation in ASEAN countries. Based on VOSviewer visualization, it shows that the pattern of stunting discussion with a policy focus in Indonesia with the Philippines, Malaysia, Vietnam is still green in the sense that the discussion is minimal or no one has discussed it. Referring to data findings from 80 research articles, stunting is a major problem for children in Indonesia, the Philippines, Malaysia, and Vietnam. In these four countries, several internal factors cause stunting, such as children from low-income families, low parental education, poor maternal nutritional status, and food insecurity (Chen et al., 2024; Hadna et al., 2022; Hadna & Askar, 2022; Hastuti et al., 2024; Herawati & Sunjaya, 2022; Mohamad et al., 2023; Nugroho et al., 2023; Rocha et al., 2022; Salvo et al., 2023; Wang et al., 2022; Wrottesley et al., 2023; Yunitasari et al., 2022). On the other hand, there are also external factors such as sanitation and socio-demographic characteristics (Biswas et al., 2022; Bustos, Lau, Manguerra, et al., 2023; Chee Din et al., 2023; Chin et al., 2023; Dallos, 2022; Hadna et al., 2022; Haron et al., 2023; Hastuti et al., 2024; Mohamad et al., 2023; Mohamed et al., 2024; Nugroho et al., 2023; Onsay & Rabajante, 2024; Sangalang, Lemence, et al., 2022; Yunitasari et al., 2022). The following are the results of identifying findings sourced from 80 articles from Word Frequency Query.



Figure 3. Data Processing Result Using Nvivo Source: Created by author (2024)

Of the identified factors, poverty is the common factor causing stunting in Indonesia, the Philippines, Malaysia, and Vietnam (Bustos, Lau, Kirkpatrick, et al., 2023; Bustos, Lau, Manguerra, et al., 2023; Chek et al., 2022; Indra & Khoirunurrofik, 2022; Mohamed et al., 2024; Ooi et al., 2023; Solong & Dzulqarnain, 2022). Each country has a policy to address stunting through policies outlined in various programs. Indonesia and the Philippines use a unique nutrition mechanism with a cash assistance approach as the chosen approach in handling and preventing stunting (Bustos, Lau, Kirkpatrick, et al., 2023; Das & Sethi, 2023; Dodd et al., 2022; Hadna et al., 2022; Hadna & Askar, 2022). Meanwhile, Vietnam and Malaysia have similar programs for handling stunting, namely focusing on a nutrition-sensitive approach through the provision of nutrition/food intended for school children (Di Prima, Nguyen Dinh, et al., 2022; Lai et al., 2024; Mahmudiono et al., 2022; Rachmadewi et al., 2023; Robinson & Dinh, 2023).

Implementation of Stunting Policy in Indonesia

The policy for handling stunting is based on laws and regulations. Indonesia's policy is based on the 1945 Constitution as the main source of law. The 1945 Constitution, in Article 34, mandates the Indonesian Government to guarantee the rights to basic needs of the poor. Based on this regulation, the policy for handling stunting is outlined in the form of Presidential Regulation Number 72 of 2021. This regulation contains a series of technical efforts to handle stunting carried out by the government in various programs. Attached to this regulation is the Family Hope Program (PKH), which is the main strategy

of the Indonesian government in dealing with social, economic, and health problems (Herawati & Sunjaya, 2022). In general, stunting mainly occurs in poor communities (Indra & Khoirunurrofik, 2022; Solong & Dzulqarnain, 2022). Therefore, government intervention is essential. carried out through social assistance mechanisms (Hadna & Askar, 2022; Herawati & Sunjaya, 2022; Rahmadiyah et al., 2024).

The structure that oversees the stunting program in Indonesia consists of 23 ministries and institution centers. Its implementation involves government elements at the provincial, district/city, and village levels. This program has become part of the 2020-2024 RPJMN. The coordination pattern is arranged based on the level of government in Indonesia. Indonesia has a system of division of power carried out through regional autonomy. Where regions have the authority to regulate according to their potential. Regional autonomy forms a pattern of bureaucratic levels starting from villages, subdistricts, districts/cities, provinces, and centers (Azhari & Negoro, 2019; Herawati & Sunjaya, 2022; Prasetyo et al., 2023; Alibašić & Crawley, 2020).

The implementation of stunting policies in Indonesia faces various obstacles. Problems with the program recipient database system are one of the obstacles in implementing the policy (Haliim et al., 2024; Solong & Dzulqarnain, 2022). The provision of stimulus assistance refers to the Integrated Social Welfare Data (DTKS). Through the use of the DTKS, it is known which community groups are entitled to receive program benefits. The categories of beneficiaries in Indonesia often do not correspond to the actual conditions of the community (Haliim et al., 2024; Solong & Dzulqarnain, 2022). Inappropriate targeting causes stunting problems to not be resolved (Solong & Dzulqarnain, 2022). Ideally, the assessment of these categories should be accompanied by additional steps such as (1) Number of children, (2) Health/nutritional conditions of mothers and children, and (3) Combinations of categories related to socio-demographics (Hadna et al., 2022).

The mechanism for determining which communities are eligible to be designated recipients is carried out through data collection. The lowest government unit collects data to make the data more accurate. However, implementers at the regional level have not been active in carrying out verification and validation, especially in terms of updating data (Herawati & Sunjaya, 2022). In reality, determining beneficiaries still prioritizes the family and people closest to the implementer (Haliim et al., 2024; McCarthy et al., 2023). In addition, the PKH Not all have a social worker background. The low incentive system encourages assistants to look for other jobs. They consider the workload and incentives

they get unsuitable for side jobs (Haliim et al., 2024). This is one of the impacts of the less-than-ideal assistant recruitment process. There are findings that the appointment of PKH Assistants is based on family relationships and close people (Haliim et al., 2024). The process of proposing communities in the DTKS often faces various obstacles (Solong & Dzulgarnain, 2022). The long bureaucratic process is the cause of many community proposals that are not accommodated efficiently. In addition, political factors regarding the willingness of regional apparatus to review targets also hinder the success of the program (Hadna & Askar, 2022). The local government must conduct the process of proposing DTKS more intensively (Solong & Dzulqarnain, 2022). Program implementers and the community still view stunting as not a serious problem. Stunting is considered to be the responsibility of the health sector only. Stunting is a common cross-sectoral problem (Herawati & Sunjaya, 2022). Communication is an important aspect that can overcome cross-sector coordination problems (Rahmadiyah et al., 2024). In this case, the communication needed is not only program socialization but also communication between institutions. Clarity of technical information on program implementation can support its success (Herawati & Sunjaya, 2022). A joint commitment is needed for each implementer to encourage involvement in handling stunting (Prasetyo et al., 2023).

Technically, the PKH is a conditional social assistance system or Conditional Cash Transfer (CCT) (Hadna et al., 2022; Hadna & Askar, 2022; Haliim et al., 2024). Beneficiaries must follow a series of obligations in the health and education sectors set by the government (Hadna & Askar, 2022). Based on the PKH implementation guidelines document, it is explained that these requirements are used to ensure that beneficiaries gain access to facilities to meet their basic needs. These facilities include access to nutritious food, health, education, and other social security to improve the quality of life (Solong & Dzulgarnain, 2022; Yunitasari et al., 2022).

The incidence of stunting in Indonesia is specifically influenced by multidimensional factors relating to the role of mothers (Hadna et al., 2022; Rahmadiyah et al., 2024; Supadmi et al., 2024). These causes include economic welfare factors (Hadna et al., 2022; Hastuti et al., 2024; Rahmadiyah et al., 2024). Mothers who are forced to work to meet basic needs(Supadmi et al., 2024; Sunesti et al., 2024). In addition, the mother's education and knowledge factors are also crucial in stunting (Hastuti et al., 2024; Laksono et al., 2022; Rahmadiyah et al., 2024). Mother's education strongly predicts child growth and development (Supadmi et al., 2024). The age at which women marry and early

pregnancy also influence mothers' mindsets about the importance of fulfilling children's nutritional needs (Hadna et al., 2022).

Cultural and behavioral aspects of society also play a role in stunting (Nugroho et al., 2023; Yunitasari et al., 2022). The community culture that influences stunting is related to the problem of food diversity in the family (Hastuti et al., 2024; Rachmadewi et al., 2023). Habitual actions in low- and middle-income families can only provide one type of food daily (Siramaneerat et al., 2024). In addition, the culture of dependence on social assistance is still high in Indonesia (Solong & Dzulqarnain, 2022). The mechanism for providing social assistance often provides comfort, thus inhibiting the independence of beneficiaries (Habibullah et al., 2024).

Referring to the findings above, handling stunting through assistance mechanisms still needs to improve its implementation in the field (Solong & Dzulgarnain, 2022). In PKH, stunting has not been specifically made a top priority. Special handling of stunting has only emerged through a derivative program of the PKH, namely the Supplementary Feeding Program or Supplementary Feeding Program (PMT). Basically, the target recipients of this program tend to be the same as the PKH, namely, targeting pregnant women and toddlers who are in the lower economic group (Rimbawan et al., 2023). The PMT itself comes from local food ingredients (Rachmadewi et al., 2023). This aims to meet the nutritional needs of mothers and toddlers and encourage families to achieve food independence to reduce stunting (Hastuti et al., 2024). The mechanism for the PMT is carried out door to door by village social welfare officers together with the Integrated Service Post (Posyandu) (Fadmi et al., 2024). The role of the Integrated Service Post (Posyandu) implemented by cadres is to monitor the growth and development of stunted children (Fadmi et al., 2024). This allows nutritional interventions to be adaptive and dynamic. The PMT is still experiencing several obstacles in its implementation. Some of them are related to inexperienced human resources. This is due to the lack of training for officers (Herawati & Sunjaya, 2022). Then, in terms of budget, each region has different capabilities in allocating funds for handling stunting (Indra & Khoirunurrofik, 2022; Syafrawati et al., 2023). Finally, the distribution of the PMT is often not well-targeted because it uses a system that tends to be the same as the PKH (Rimbawan et al., 2022; Syafrawati et al., 2023).

Implementation of Stunting Policy in Indonesia with the Philippines, Malaysia, and Vietnam

The stunting policy in the Philippines is based on Republic Act No. 11310. This regulation, which was passed in 2019, institutionalized the Pantawid Pamilyang Pilipino Program (4Ps) as the primary social assistance in the Philippines. In line with PKH in Indonesia, the 4Ps in the Philippines is projected to be able to contribute to accelerating the reduction of stunting (Bustos, Lau, Kirkpatrick, et al., 2023; Dodd et al., 2022; Mae Gorospe et al., 2022; Malinao et al., 2022). Meanwhile, laws and regulations have not explicitly institutionalized the RMT in Malaysia and Ecosun in Vietnam. However, the implementation of the Supplementary Food Program (RMT) is based on the Financial Circular Letter BT 19 of 2020, which is technically explained in the Supplementary Food Management (RMT) guideline. Meanwhile, for Vietnam, the Ecosun program is only limited to the Decree of the Minister of Health No. 446/QD-BYT as a program reference. In addition, the technical guideline is prepared under the supervision of the National Nutrition Institute (NIN) as part of the Ministry of Health (Rocha et al., 2022). Ecosun also supports the implementation of the National Nutrition Strategy through a nutritionsensitive and nutrition-specific approach designed by the central government (Mondon et al., 2024; T. T. Nguyen et al., 2023).

Table 2. Stunting policies in Indonesia with the Philippines, Malaysia, and Vietnam

Country	Policies
Indonesia	Family Hope Program (PKH)
	Giving Program Food Additional (PMT)
Philippines	Pantawid Pamilyang Philippine Program (4Ps)
Malaysia	Food Package Additional (RMT)
Vietnamese	Ecosun

Source: Created by the author based on primary data

The context of stunting problems and policies in the Philippines, Malaysia, and Vietnam have different trends from those in Indonesia. This condition is caused by differences in aspects of the government system, community culture, geographical conditions, sociodemographic characteristics, and economic capabilities of each country (A. Rahman et al., 2024; Biswas et al., 2022; Chen et al., 2024; Chin et al., 2023; Di Prima, Wright, et al., 2022; Genova et al., 2022; Hadna et al., 2022; Hadna & Askar, 2022; Haile

& Headey, 2023; Haron et al, 2023; Le et al., 2023; Mohamed et al., 2024; Onsay & Rabajante, 2024; Pantalone et al., 2022; Salvo et al., 2023; Sangalang, Lemence, et al., 2022; Tan et al., 2022; Wang et al., 2022).

The stunting policy in Indonesia, which is carried out through the PKH, has similarities with the 4Ps Program implemented by the Philippine government. The provision of conditional cash assistance is a similar scheme, where beneficiaries must fulfill obligations in the fields of health and education (Bustos, Lau, Kirkpatrick, et al., 2023; Herrera et al., 2023). Binding rules are an absolute aspect so if they are not fulfilled, there are sanctions in the form of termination of program participation (Dodd et al., 2022). The PMT program has a pattern similar to that of the Additional Food Package (RMT) and Ecosun. The program helps students who are categorized as poor to get food to meet balanced nutrition (Chee Din et al., 2023; Chew et al., 2022; Haron et al., 2023). In particular, various nutrition programs in Vietnam target preschool children in kindergartens, including Ecosun (Di Prima, Nguyen Dinh, et al., 2022; Robinson & Dinh, 2023; Rocha et al., 2022). This program also reflects the trend of programs in Vietnam in terms of food availability, health services, and nutrition (D. D. Nguyen et al., 2022). At the same time, the completely meal plan (RMT) program in Malaysia targets children who are educated in elementary school (Mahmudiono et al., 2022; Tan et al., 2022). On the other hand, there are the RMT and Ecosun to provide nutritional equality for children from rural areas (D. D. Nguyen et al., 2022; Rocha et al., 2022; Tan et al., 2022). The targeting of the program is based on the use of a national database. The four countries have similarities in terms of database use. Indonesia uses the DTKS, the Philippines (National Household Targeting System for Poverty Reduction/LISTAHANAN), Malaysia uses the Household Income and Expenditure Survey Report (HIES), and Vietnam uses the NIN Survey Report (Dodd et al., 2022; Haliim et al., 2024; Kh'ng et al., 2022; Ooi et al., 2023; Rocha et al., 2022; Wang et al., 2022). The main function of the database is to target and facilitate the coordination process during the program. The data helps integrate the actions of the cross-sectoral actors involved. On the other hand, the existence of the database also encourages transparency in society (Dodd et al., 2022; Haliim et al., 2024; Mahmudiono et al., 2022).

The involvement of actors in policy implementation in Indonesia, the Philippines, Malaysia, and Vietnam has several differences. The difference in the implementation of the PKH is that it is run by actors from the government predominantly (Hadna et al., 2022). In the Philippines and Malaysia, the implementing elements are tasked with involving

other stakeholders such as NGOs and school canteen units (Mahmudiono et al., 2022; Siy Van et al., 2022; Tran, 2023). Meanwhile, Vietnam is working with the private sector and local farmer groups. International donors such as Global Affairs Canada and the International Development Research Centre (IDRC), as well as academics from the Centre for Food Security Studies at Ryerson University, are also involved (Rocha et al., 2022). In its implementation, Indonesia relies on government funding allocations (Indra & Khoirunurrofik, 2022). Similar things also happened in the Philippines and Malaysia. Meanwhile, in Vietnam, international donor agencies support the allocation of funds. (Rocha et al., 2022). The implementation pattern is similar to various other stunting programs in Vietnam. (Di Prima, Nguyen Dinh, et al., 2022; D. D. Nguyen et al., 2022). This is in line with the National Nutrition Plan for the 2011-2020 period stipulated through Prime Ministerial Decree No. 226/QD-TTg.

At the institutional level, there are similarities in implementing the PKH and 4Ps. The Ministry of Social Affairs (Indonesia) and the Department of Social Welfare and Development (DSWD) (Philippines) are the leading implementation sectors. The existence of the PKH and the 4Ps is the primary reference for social assistance for other derivative programs (Bustos, Lau, Kirkpatrick, et al., 2023; Malinao et al., 2022). The technical implementation also runs simultaneously between the central and regional governments. Meanwhile, the person in charge of PMT as a supporter of PKH Indonesia has a superior sector that is different from the RMT and Ecosun programs. The implementation of the PMT is technically delegated by the government to implementers at the regional level by cadres of the Integrated Service Post (Posyandu)(Fadmi et al., 2024).

Meanwhile, in implementing the RMT program, the leading sector is the Malaysian Ministry of Education, which the Malaysian Ministry of Health supervises. Based on the Circular Letter of the Minister of Finance Number 19 of 2020 concerning the Implementation of the RMT Program, the reason the RMT program is the responsibility of the Malaysian Ministry of Education is because the program is implemented by schools. (Chew et al., 2022; Chin et al., 2023; Mahmudiono et al., 2022). Meanwhile, in Vietnam, the Ecosun program is the primary responsibility of the Ministry of Health. More specifically, it is delegated to the National Nutrition Institute, which is part of the Ministry of Health (Rocha et al., 2022). The common challenges faced by Indonesia, the Philippines, Malaysia, and Vietnam in implementing the program are structural barriers (Chew et al., 2022; Dodd et al., 2022; Haliim et al., 2024; Solong &

Dzulqarnain, 2022; Sulaiman et al., 2023). However, in relation to structural barriers, Indonesia tends to lack initiative in solving problems. These barriers include a long bureaucratic process and a series of standard operating procedures that require a long time to complete (Solong & Dzulqarnain, 2022; Sulaiman et al., 2023). This is the case in Indonesia and Malaysia. In both countries, the data used as a reference by the government as beneficiaries is not entirely accurate (Herawati & Sunjaya, 2022; Sulaiman et al., 2023).

Indonesia and Malaysia's responses have similarities in overcoming obstacles, namely by increasing the budget (Herawati & Sunjaya, 2022; Mahmudiono et al., 2022; Solong & Dzulqarnain, 2022). Budget additions to expand the scope of targets. Meanwhile, implementers take real initiatives to assist beneficiaries proactively in the Philippines, Malaysia, and Vietnam (Dodd et al., 2022; Rashid et al., 2022; Rocha et al., 2022). These efforts aim to provide clarity to the wider community. This is driven by the guarantee of economic viability from implementers such as local farmers and private companies to encourage an influential role in the Ecosun program in Vietnam (Rocha et al., 2022).

Policies in the Philippines, Malaysia, and Vietnam have different tendencies than in Indonesia. Differences in the government system, community culture, geographical conditions, socio-demographic characteristics, and economic capacity in each country cause this condition. The stunting policy in Indonesia, which is carried out through the PKH, is similar to the 4Ps in the Philippines. The provision of conditional cash assistance is a similar scheme, where beneficiaries must fulfill obligations in the fields of health and education. Binding rules are an absolute aspect, so if they are not fulfilled, there is a sanction in the form of termination of program participation. Meanwhile, the PMT program has a pattern similar to that of the RMT and Ecosun. The program helps students who are categorized as poor to get additional food to meet balanced nutrition. On the other hand, this program also provides equal nutrition for children from rural areas.

Analysis of the Success of Stunting Policy Implementation

Successful policy implementation is largely determined by four indicators, namely Disposition, Bureaucratic Structure, Communication, and Resources (Edwards III, 2012).

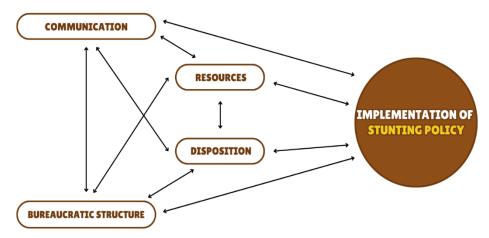


Figure 4. The Success of Stunting Policy Source: (Edward III (1980; 2012) processed by the author

The stunting handling policies implemented by Indonesia, the Philippines, Malaysia, and Vietnam show several similarities and differences. The similarities in policy implementation are based on the problems faced. This happens generally due to differences in the government's perspective in assessing the problem. Policy-making techniques can be influenced by the ability to identify problems and assess policies that have been implemented and future projections (Dunn, 2019). The policy-making process is also closely related to an understanding of the complexity and dynamics that exist (Grindle, 2017; Chakrabarty, 2023).

The high problem of stunting in developing countries is because stunting has not been made a priority problem. This can be assessed from the policies and programs implemented by the government. Many stunting management programs still stem from other social problems, such as poverty. This is due to a need for more understanding in accommodating public problems simultaneously so policies make it difficult to achieve goals (C. Weible & Sabatier, 2017).

Disposition

In Indonesia, the transfer of responsibility between implementers is one of the factors inhibiting the success of the PKH. This can be seen from the lack of initiative of implementers in the regions in verifying and proposing new beneficiaries to be included in the DTKS. The data collection process at the regional level aims to improve data

accuracy. However, enumerators in the regions still need to comply with a series of procedures. Enumerators need to emphasize objectivity when carrying out data collection from house to house. Often, there are still elements of subjectivity reflected in the data collection results, which relatives and close people dominate. This behavior can affect the accuracy of the proposed targets. In addition, the different conditions of society in each region have consequences for different welfare indicators. This has implications for differences in beneficiary eligibility standards between the central and regional governments.

Proposing DTKS in Indonesia is mandatory regularly. However, local implementers tend to be passive in updating the proposed data. This problem is related to the PKH, which is national and centralized in the Ministry of Social Affairs. Based on the views of PKH facilitators, they often receive complaints from the public regarding differences in data from the Ministry of Social Affairs and reality. Public complaints are directed at the PKH facilitators even though the facilitators only work according to Ministry of Social Affairs data. The less-than-optimal performance of the PKH facilitators is due to the small incentive receipt factor. As a result, the facilitation activities need to be running optimally. This should be a concern for the government because the provision of incentives will affect the success of a program (Edwards III, 2012).

The existence of differences in poverty standards between regional and central governments in Indonesia is an administrative obstacle for regional governments, especially in conveying and verifying the eligibility of recipients. Many data update proposals from below have yet to be processed at the center, resulting in inaccuracy. This is related to the central government's responsiveness to regional proposals. Ideally, in overcoming this problem, Indonesia needs to look at what the Philippines, Malaysia, and Vietnam have done with their implementing initiatives to overcome structural barriers. Because, the attitude of the program implementer will also influence the success of the policies.

Bureaucratic Structure

The bureaucratic structure aspect requires clarity regarding responsibility for policy implementation (Edwards III, 2012). This anticipates overlapping authority that hinders the effectiveness of policy implementation. Stunting policy in Indonesia is seen as part of a social problem. This is reflected in the leadership authority given to the Ministry of Social Affairs. The Philippine government also carries out the perspective of

stunting policy as a social problem. In the Philippine, DSWD is the main actor in the implementation of the 4Ps. This is different from Malaysia, which views stunting as part of an education and health problem. The implementation of the RMT program is the responsibility of the Ministry of Education. This is because school-age children are considered the main target in the nutrition improvement program. The Ministry of Health coordinates Ecosun in Vietnam as the main person in charge. This is due to the description of stunting as a health problem that requires special competence in handling it. The implication is that this program focuses on specific nutrition by considering the availability of standardized food.

Communication

In terms of communication, the stunting management policy in Indonesia applies an indirect communication pattern through policy documents. This was approved by the central government as the main guideline in implementing the program. Similar to the Philippines and Malaysia, which prepare policy documents as a means of communication and coordination between implementing actors. In contrast, Vietnam focuses more on direct communication patterns. Communication is carried out through group discussion forums and training for the actors involved. Communication is an important part of implementing policies that involve many parties (Edwards III, 2012). Clarity of information is needed to create harmony in achieving goals (Agranoff & Kolpakov, 2023a; Dunn, 2019). The use of databases as an integrated media in determining program targets often poses several challenges. Widely open access to information in the community usually causes social unrest. This is supported by the increasing number of findings of beneficiaries who do not meet the criteria. The government tends to respond slowly to this because of the long and hierarchical coordination process. The database used in Indonesia is the authority of the ministerial level, but local governments have the right to propose and assess its feasibility. With such a long proposal process, there is the potential for information bias in delivering information (Edwards III, 2012; M. Grindle, 2017).

Resource

Regarding resources, implementers can encourage successful policy implementation (Edwards III, 2012). The government must consider quantity and quality more openly and involve actors outside the government. In Indonesia, the government

mostly only involves internal elements in handling stunting. So, policy collaboration has not been seen comprehensively in every process. This makes the opportunities for innovation that may arise in stunting eradication less accommodated. Wider stakeholder involvement is seen in policy implementation by the Malaysian and Vietnamese governments.

The findings of the research data that have been analyzed based on the theory of successful policy implementation show that the stunting handling program in Indonesia is not optimal. First, the use of DTKS has a low level of accuracy, and the information delivery process is less effective. Second, government actors are dominant in policy implementation. Third, the dominant sectoral ego of policy implementers. Fourth, the bureaucratic process is too long. Policies that have not achieved their targets require alignment regarding priorities, methods, and handling in policies that involve various actors. Policy implementation will be successful if it can be communicated well and there are adequate resources supported by the attitude of the implementer, implementation standards, and mechanisms that can be understood by the implementer (Edwards III, 2012). The findings identified in this study provide an overview of the situation and challenges of addressing stunting in Indonesia and other Southeast Asian countries. A comprehensive analysis of the framework for the success of government policies in overcoming stunting is an effort to fill the literature gap that has not been widely discussed. The complexity of handling stunting in developing countries such as Indonesia requires a commitment from the government to develop and implement stunting policies as part of development priorities. Through the comparison of stunting policies among other ASEAN countries, it can be a new insight for the academic world and the government to rethink a systematic approach to addressing it based on the phenomena that occur.

Conclusion

Stunting is a problem that threatens development efforts in developing countries. In this case, Indonesia has the highest prevalence of stunting compared to Malaysia, the Philippines and Vietnam. This situation is motivated by economic, educational, environmental and socio-demographic factors. The complexity of the problem demands a government response through policies that are translated into programs. In addressing stunting, the Government of Indonesia has similarities and differences with the Governments of the Philippines, Malaysia and Vietnam. Nutrition-sensitive interventions

are seen in the PKH program in Indonesia and the 4P's in the Philippines. While nutrition-specific interventions are adopted by the Malaysian government through the RMT program and Vietnam with the ECOSUN program.

This study found that the dispositional aspect in Indonesia is related to the lack of responsibility of implementers in overcoming structural barriers. This lack of responsibility is related to sectoral ego. As a result, stunting has not been considered a shared responsibility involving cross-sector actors. In addition, this problem is also related to the weak role of the organizational system through the provision of incentives. This is important to encourage the role of implementers. Meanwhile, initiatives from program implementers in the Philippines, Malaysia and Viet Nam have helped beneficiaries. In Vietnam in particular, this was supported by attention to the economic viability of the actors involved.

Another finding in the bureaucratic structure is the translation of stunting as part of a social problem in Indonesia. The problem is responded to through economic aspects, which are considered as one of the roots of the problem. This makes the Ministry of Social Affairs as the leading sector in this issue. Another finding was also found in the Philippines, which also translates stunting in the same context and is handled by the DSWD. In contrast, different translations were found in Malaysia and Vietnam. Malaysia interpreted stunting as an issue handled by the Ministry of Education. While Vietnam interpreted it as an advanced health issue that requires the role of the Ministry of Health through a sustainable approach.

On the communication aspect, it was found that the delivery of information through the available database hampered the effectiveness of the program in Indonesia. This resulted in many beneficiaries not being properly targeted. In addition, Indonesia is still dominated by government actors in terms of resources. In contrast to Indonesia, the situation in the Philippines, Malaysia and Vietnam involves non-government actors who play an important role in program implementation. Canteen units, NGOs, the private sector, academics and international donor agencies are the contributing parties in these three countries, as well as the standard operating procedures that have been established.

This research has several limitations. First, the data used is sourced from scientific literature and secondary data, limiting the scope of the research to stunting conditions and policies in the literature without the process of direct interviews or field observations. Second, this research focuses on four countries, namely Indonesia, Malaysia, the Philippines, Vietnam, and has not included other ASEAN countries that may have

different approaches to stunting policy implementation. Finally, the scope of policy analysis is only on official documents in each country along with related regulatory studies, so the dynamics of policies at a broader level still need to be explored more deeply to strengthen the results of the analysis.

Future research is recommended to be able to expand the scope of the study area by including other ASEAN countries to obtain a comprehensive picture of the conditions and policies of stunting in this region. Future research can also use empirical studies and enrich methods through in-depth interviews and forum group discussion (FGD), to dig deeper into the views of policy actors and stakeholders. Incorporating quantitative methods in policy analysis can also provide a broader understanding of policy impact and play an important role in the policy formulation process. The author suggests that to achieve policy success, several keys are needed as follows: First, encouraging stunting intervention programs as part of national priority policies. Second, creating clear coordination regarding the roles and functions of implementers from the central government unit to the lowest government unit. Third, establish the commitment of implementers through proper incentive support by the government. Fourth, aligning the policy agenda between stakeholders to realize simultaneous implementation of stunting policies.

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