

# Determinan dan Kebijakan Penanganan Stunting di Indonesia = Determinants and Policies for Handling Stunting in Indonesia

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## Abstrak

Stunting merupakan suatu keadaan pendek badan (kerdil) yang terjadi pada anak jika dibandingkan dengan kelompok umur. Anak mengalami stunting jika tinggi badan yang dimiliki minus dua (pendek) atau minus tiga (sangat pendek) dari standar deviasi yang ditentukan WHO. Berdasarkan penelitian-penelitian sebelumnya, diketahui bahwa stunting tidak hanya terjadi semata karena hanya faktor kesehatan, namun lebih dari itu, stunting terjadi karena berbagai penyebab yang saling berkaitan yang berasal dari berbagai sektor multidimensional. Penelitian ini bertujuan untuk menguji pengaruh DAK bidang kesehatan terhadap penurunan stunting di Indonesia dengan membangun model stunting berdasarkan pendekatan literature yang dilakukan. Jika dapat dibuktikan bahwa DAK bidang kesehatan berpengaruh terhadap banyaknya ibu hamil yang mengkonsumsi TTD, dan banyaknya ibu hamil yang mengkonsumsi TTD berpengaruh menurunkan stunting, maka dapat disimpulkan bahwa DAK bidang kesehatan berpengaruh terhadap penurunan stunting di Indonesia. Model recursive digunakan untuk menguji model tersebut. Estimasi modelnya menggunakan metode Two-Stage Least Square (2SLS). Hasil penelitian menunjukkan bahwa DAK bidang kesehatan tidak berdampak terhadap peningkatan banyaknya ibu hamil yang mengonsumsi TTD. Sementara, banyaknya ibu hamil yang mengonsumsi TTD berdampak terhadap penurunan stunting secara signifikan. Dengan demikian, DAK bidang Kesehatan tidak berdampak terhadap penurunan kasus stunting di Indonesia. Lebih lanjut, beberapa variabel kontrol seperti ibu melahirkan di bidan, ibu berpendidikan SD, ibu yang tidak memberikan ASI eksklusif, dan rumah tangga yang mengonsumsi air minum yang terlindungi berpengaruh secara signifikan terhadap kenaikan/penurunan stunting. Adapun keterbatasan penelitian ini adalah sebagai berikut: (i) Faktor-faktor penyebab stunting dari aspek immediate Causes and underlying causes seperti bayi lahir premature, berat badan lahir rendah, penyakit infeksi, durasi ASI, usia ibu, interval kehamilan, vaksinasi bayi dan aspek layanan kesehatan tidak dikaji sepenuhnya karena keterbatasan data dan fokus studi utamanya pada aspek sosioekonomi. (ii) Faktor-faktor yang dapat mengintervensi stunting dari sisi lain kebijakan DAK bidang Kesehatan belum sepenuhnya diteliti seperti aspek JAMPERSAL, perbaikan infrastruktur puskesmas dan posyandu, dan (iii) Data-data yang mewakili variabel seperti pendapatan masih sangat makro dan tidak mengestimasi pendapatan individu secara menyeluruh.

.....Stunting is a condition of stunting that occurs in children when compared to the age group. Children are stunted if their height is minus two (short) or minus three (very short) from the standard deviation determined by WHO. Based on previous research, it is known that stunting does not only occur due to health factors, but more than that, stunting occurs due to various interrelated causes from various multidimensional sectors. This study aims to examine the effect of DAK in the health sector on stunting reduction in Indonesia by building a stunting model based on the literature approach taken. If it can be proven that DAK in the health sector affects the number of pregnant women who consume iron tablets, and the number of pregnant women who consume iron tablets has an effect on reducing stunting, it can be concluded that DAK in the health sector has an effect on reducing stunting in Indonesia. The recursive model is used to test the model.

Estimation of the model using the Two Stage Least Square (2SLS) method. The results showed that DAK in the health sector had no impact on the increase in the number of pregnant women who consumed iron tablets. Meanwhile, the number of pregnant women who consumed iron tablets had a significant impact on reducing stunting. Thus, DAK in the Health sector has no impact on reducing stunting cases in Indonesia. Furthermore, several control variables, such as mothers birth at midwives, mothers with low educated, mothers who do not exclusively breastfeed, and households consuming protected drinking water have a significant effect on the increase/decrease in stunting. The limitations of this study are as follows: (i) The factors that cause stunting from the immediate causes and underlying causes such as premature birth, low birth weight, infectious diseases, duration of breastfeeding, maternal age, pregnancy interval, infant vaccination and service aspects health was not fully studied because of limited data and the focus of the study was mainly on socioeconomic aspects. (ii) The factors that can intervene in stunting from the other side of the DAK policy in the health sector have not been fully researched, such as the JAMPERSAL aspect, improvements to the infrastructure of puskesmas and posyandu, and (iii) Data representing variables such as income is still very macro and does not estimate individual income overall.