

The Role Of Legislation In Improving Nutritional Status And Food Quality In Indonesia

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Abstract. The SDGs 02 criterion states their goals, namely ending hunger, achieving food security and better nutrition, as well as supporting sustainable agriculture. Stunting prevalence among Indonesian toddlers in 2005-2017 is 36.4%. As an agrarian country, ironically Indonesia is still experiencing malnutrition problems. Though the Government has several regulations related to nutrition and food, it is not yet optimally implemented. Legislation's role in improving nutritional status and food quality in Indonesia become the core problem in this paper. In addition, this paper also discusses how regulations are optimized in order to achieve SDGs standards related to health. As a normative juridical study, this research uses several approaches. As a result, nutritional status improvement begins with adequate secure and nutritious food. Collaboration between the government, the community and health facilities are necessary to obtain Indonesian quality according to SDG standards.

Keywords: Legislation, Nutrition, Food, Sustainable Development Goals.

1 Introduction

Nutrition problems in developing countries are very diverse. Nutrition and food issues are discussed in the Sustainable Development Goals (SDGs). The SDGs 02 standard states the goal of ending hunger, achieving better food and nutrition security and supporting sustainable agriculture [1]. Nutrition problems that have not been resolved are malnutrition and stunting. The prevalence of stunting in Indonesia in 2005-2017 is 36.4%. The prevalence of short toddlers has increased from 2016 which is 27.5% to 29.6% in 2017. The province with the highest prevalence of toddlers is very short and short at the age of 0-59 months in 2017 is East Nusa Tenggara, while the provinces with the lowest prevalence are Bali. Poverty is a cause of stunting. Poverty does not only affect family health but on a large scale poverty can disrupt the balance of economic and health in a country. Malnutrition and stunting also inhibit economic progress, education and health. Poverty is related to the availability of food to the family [2]. Nutrition problems are influenced by the availability of quality food.

Food quality and security in Indonesia have not yet reached the optimal state. The Indonesian Central Statistics Agency noted that the largest rice import was carried out in 2011 with a total import of 2,750,476.2 tons during 2000-2015. Whereas in 2015, Indonesia ranked third as the biggest rice producer after China and India. However, the high demand from the people causes this country to import rice [2]. Economic observers from IRRI (International Rice Research Institute) expressed pessimism about Indonesia's ability to meet rice needs. Indonesia will still depend on imported rice until 2025. The lowest import will be achieved in the scenario

of a high rate of increase in productivity [3]. Food security is influenced by many factors, namely humans, the environment, animals and climate. Food quality is influenced by the state of living things (humans, animals and plants) that are at risk of certain diseases [4]. Controlling food quality is not only about production and distribution, but it starts with regulation.

The Indonesian government has several regulations relating to nutrition and food. However, the implementation of these regulations is not optimal. Indonesia is an agrarian country, but ironically it still experiences problems of malnutrition. Various regulations on nutrition and food security have been made by the government. Food security and improvement in nutrition quality have not been realized, especially in regions that have low scores on development indicators, for example provinces in Eastern Indonesia. According to the World Food Program (2013) 13 percent of Indonesia's population of around 31 million people, still live below the national poverty line and almost half of the population or 42 percent live under purchasing power parity of US \$ 2 per day [5]. Existing regulations have not been implemented optimally because they are influenced by several factors. Therefore, this article has two problem formulations, namely (1) how is the legislation's role in improving nutritional status and food quality in Indonesia? (2) how to optimize these regulations in an effort to achieve SDGs standards related to health?

2 Methods

As a normative juridical study, this research uses several approaches. Namely statutory approach, concept approach, comparative approach and case approach. Secondary data are used in this study, with literature study as a data collection technique, then collected data were analyzed qualitatively.

3 Result and Discussion

3.1 Collaboration Efforts To Improve Nutritional And Food Quality

There are a lot of regulations in Indonesia which regulate nutrition quality and food security. The central government through the Ministry of Health, Ministry of Agriculture has made various regulations as the basis for implementing improved nutrition and food security. In Law Number 18 Year 2012 concerning Food, mentioned include:

1. The government and regional governments are obliged to increase the fulfillment of the quantity and quality of public food consumption through:
 - a) setting targets for achieving per capita food consumption figures per year in accordance with nutritional adequacy rates;
 - b) the supply of diverse, nutritionally balanced, safe food that is not contrary to the religion, beliefs and culture of the community; and
 - c). development of community knowledge and abilities in diverse, consumption-balanced, quality and safe food consumption patterns;
2. The government and regional governments are obliged to realize the diversification of food consumption to meet the nutritional needs of the community and support healthy, active and productive living;
3. Diversification of food consumption is directed to increase public awareness and to cultivate diverse, nutritionally balanced and safe food consumption patterns that are in accordance with local potential and wisdom;
4. Diversification of food consumption is done by:

- a) promote diversification of food consumption;
 - b) increase public knowledge and awareness to consume various foods with the principle of balanced nutrition;
 - c) improve skills in the development of local food preparations;
 - d) develop and disseminate appropriate technology for local food processing;
- 5. The government sets policies in the field of nutrition to improve the nutritional status of the community. Government policy as referred to in paragraph (1) shall be carried out through:
 - a) stipulation of requirements for the improvement or enrichment of certain food nutrients that are circulated in the event of a lack or decrease in the nutritional status of the community;
 - b) determination of special requirements regarding food composition to increase the nutritional content of certain processed foods traded;
 - c) meeting the nutritional needs of pregnant women, nursing mothers, infants, toddlers, and other nutrition prone groups;
 - d) increased consumption of food products from livestock, fish, vegetables, fruits, and local tubers;
- 6. The Government and regional governments prepare a Food and Nutrition Action Plan every 5 (five) years [6].

The issue of the gap between the policy and the implementation of the population's food security program is that there is no calculation of the nutritional deficiencies of each poor family that must be met based on the fact of the energy and protein deficit data (should the calculation of the nutritional deficiencies of each poor family that must be met is 500 kcal and 10 grams of protein / cap / day). In addition, there are many programs providing food aid or PMT from non-standard sources. Another thing that causes lack of optimization in preventing stunting and malnutrition is that there is no specific policy regarding the fulfillment of nutrition of pregnant women, nursing mothers, infants, toddlers and other nutrition prone groups [7]. Undang-Undang No. 36 Tahun 2009 regarding Health related to family level food security, it is written as follows :

- 1. Community Nutrition Improvement Efforts aimed at improving the nutritional quality of individuals and communities, through improving food consumption patterns and improving access and quality of nutrition services
- 2. The government is responsible for meeting the nutritional needs of poor families and in emergencies
- 3. The government is also responsible for education and correct information about nutrition to the community [8] .

The expected strategy is to develop programs specifically aimed at meeting the needs of poor families including targets including pregnant women, forms of food must meet nutritional standards, integrated with other health services. The next strategy is to establish food aid standards. This strategy is not only made but needs to be implemented. Therefore, it requires the cooperation of all parties, namely the government, the private sector and the community [9]. Stunting is a condition of toddlers who have less length or height when compared to age. This is measured by length or height that is more than minus two standard deviations from the median standard of child growth from WHO. Toddler stunting includes chronic nutritional problems caused by many factors such as socioeconomic conditions, maternal nutrition during pregnancy, morbidity in infants, and lack of nutrition in infants. Stunting toddlers in the future will experience difficulties in achieving optimal physical and cognitive development [10]. According to Regulation of the Minister of Health Indonesia No. 97 of 2014 concerning Pre-Pregnancy, Pregnancy, Childbirth, and Childbirth Services, Providing of Contraception

Services, and Sexual Health Services, factors that aggravate the condition of pregnant women are too young, too old, too old frequent childbirth, and too close the birth distance [11]. Pregnant mothers who are too young (under 20 years) are at risk of giving birth to babies with low birth weight (LBW). LBW infants affect about 20% of stunting. The condition of the mother before pregnancy both body posture (weight and height) and nutrition is one of the factors that influence the occurrence of stunting [12]. Adolescent girls as future mothers should have good nutritional status. In 2017, the percentage of young women with short and very short conditions increased from the previous year, which was 7.9% very short and 27.6% short. In terms of nutritional intake, 32% of girls in Indonesia in 2017 are at risk of having chronic energy shortages (KEK). Around 15 provinces have percentages above the national average. If the nutrition of adolescent girls is not improved, then in the future there will be more and more prospective pregnant women who have short posture and / or chronic energy shortages. This will have an impact on the increasing prevalence of stunting in Indonesia.

The impact of stunting is as follows:

1. Short-term Impact:

- a. Increased morbidity and mortality;
- b. Cognitive, motor, and verbal development in children is not optimal;
- c. Increased health costs.

2. Long-term Impact:

- a. Not optimal posture when mature (shorter than in general);
- b. Increased risk of obesity and other diseases;
- c. Decreased reproductive health;
- d. Less than optimal learning capacity and performance during school term; and
- e. Productivity and work capacity are not optimal [9].

Stunting is one of the targets of Sustainable Development Goals (SDGs) included in the second sustainable development goal of eliminating hunger and all forms of malnutrition by 2030 and achieving food security. The target set is to reduce the stunting rate by 40% by 2025 [9]. To realize this, the government set stunting as one of the priority programs. Based on the Minister of Health Regulation No. 39 of 2016 concerning Guidelines for the Implementation of the Healthy Indonesia Program with the Family Approach, the efforts made to reduce the prevalence of stunting include the following:

1. Pregnant and Maternity Women

- a. Interventions in the first 1,000 days of life;
- b. Strive for integrated antenatal care (ANC) quality assurance;
- c. Increase childbirth in health facilities;
 - d. Carrying out high-calorie, protein and micronutrient (TKPM) feeding programs;
- e. Early detection of diseases (infectious and non-communicable);
- f. Eradicating helminthiasis;
 - g. Increasing the transformation of the Card to Health (KMS) into the MCH Handbook;
 - h. Conducting Early Breastfeeding Initiation (IMD) counseling and exclusive breastfeeding;
- i. KB counseling and services.

2. Toddler

- a. Toddler growth monitoring;
- b. Organizing supplementary feeding activities (PMT) for toddlers;
- c. Organizing early stimulation of child development

- d. Providing optimal health services.
 - 3. School-age Children
 - a. Revitalizing School Health Enterprises (UKS);
 - b. Strengthening the UKS Guidance Team's institutional;
 - c. Organizing School Children Nutrition Program (PROGAS);
 - d. Treats schools as smoke and drug free areas
 - 4. Teenagers
 - a. Increase counseling for clean and healthy living behaviors, balanced nutritional patterns, not smoking, and taking drugs
 - b. Reproductive health education.
 - 5. Young Adults
 - a. Counseling and family planning services (KB);
 - b. Early detection of diseases (infectious and non-communicable);
 - c. Increase counseling for PHBS, balanced nutritional patterns, not smoking / taking drugs [13].

Stunting has a large impact on the child's growth and development in the future. The impact of stunting on children's health and development is very detrimental. Stunting can cause developmental disorders in children, especially in children under two years. Children who experience stunting in general will experience obstacles in cognitive and motor development that will affect their productivity as adults. In addition, stunting children also have a greater risk of suffering from non-communicable diseases such as diabetes, obesity, and heart disease in adulthood. The problem of malnutrition in children is closely related to the level of family income. Families with low income levels generally have problems in terms of access to food related to low purchasing power. In addition to income, food insecurity at the household level is also strongly influenced by food price inflation. Another important factor affecting the occurrence of malnutrition in children under five is poor parenting, especially giving exclusive breastfeeding due to low levels of parental knowledge, poor environmental conditions such as access to sanitation and clean water, low access to health services. Economically, this will certainly be a burden for the country mainly due to increased health financing. The potential economic losses caused by stunting are enormous. The World Bank report in 2016 explained that the potential economic losses due to stunting reached 2-3% of Gross Domestic Product (GDP). Seeing the factors that cause multidimensional stunting problems, the handling of nutritional problems must be done with an integrated multi-sector approach [14].

With the increase in population, the fulfillment of good food security based on Law no. 18 of 2012 and the aforementioned FAO will be more difficult to fulfill. Of the 251 million people of Indonesia, currently more than 32 million still live below the poverty line and around half of all households remain around the national poverty line which is set at Rp. 200,262 per month. Some of the reasons given for the continuous effort to self-sufficiency in rice are as follows: (1) Costs at all costs are very large, for example in the 2013 APBN, spending up to Rp. 200 trillion for the construction and rehabilitation of irrigation networks, fertilizer and seed subsidies, and others; (2) The expansion of the paddy field area is slow, while the existing ones continue to experience conversion to other uses; (3) Innovation of rice productivity so far has not been able to be increased beyond the national average. Still in the range of 5-7 tonnes of MPD / ha; (4) The mindset of various parties that meeting the principle of food security does not have to be fulfilled entirely from self-sufficiency. If food security in accordance with the aforementioned Food Law is carried out with self-sufficiency, then referring to FAO food security will also be difficult [13].

To meet the food needs of the Indonesian population, the acceleration of the development of self-sufficiency oriented food agriculture plays an important role. Based on BPS data (2013) it is known that the agricultural sector is the mainstay of providing food for the population of Indonesia, providing around 87% of raw materials for small and medium industries. In addition, the Agriculture Sector absorbs around 33% of the workforce and is the main source of income of around 70% of rural households. In the future, the agricultural sector should indeed remain a mainstay for self-sustaining food security. This is in line with the rate of growth and for increasing the welfare of the population [5].

Food security has not been met with food independence. This is evident that so far the government has anticipated the problem of scarcity or shortage of rice in the country by increasing rice stock and / or importing rice. Based on data from International Grains Council (www.igc.int) February 2014, the Indonesian rice supply & demand data in 2011/2012 showed that Indonesia's rice stock was 5.7 million tons, produced 36.4 million tons, imported 1.7 million tons and consumed 39.1 million tons. Furthermore, in 2012/2013 Indonesia's rice stock was 4.7 million tons, production was 36.8 million tons, imports were 0.6 million tons and 39.2 million tons were consumed. The International Grains Council predicts that for 2013/2014 Indonesia's rice stock is 3.0 million tons, production is 37.6 million tons, the national average is 3.1 tons of rice per hectare with an estimated rice production of 38.2 million tons; 38.5 million tons; 38.8 million tons; and 39.0 million tons (2014-2018) [5].

The policy direction and strategy towards food independence are as follows:

- a. Policies & Strategies That Refer to Microeconomics of Rice Production
- b. Policies & Strategies That Encourage Positive Significant Factors
- c. Policies & Strategies that Suppress the Eight Weaknesses of Agriculture: acceleration and escalation of agricultural research and development activities, including building a consortium of agricultural R&D and other forms of research. The concept of food estate that has been initiated by the government needs to be prioritized and accelerated.
- d. Policies & Strategies that Synergize with Reducing Poverty
- e. Policies & Strategies for Suboptimal Land Utilization (LSO): the development of food crops is prioritized on optimizing potential land use both in swamps and non-swamps. land expansion through the development of sub-optimal land must be prioritized on suboptimal land degraded and abandoned in cultivation areas, followed by selective use of abandoned land in forest areas [5].

Nutritional status is influenced by various factors, namely poverty, health service facilities, availability of health workers, especially nutritionists and midwives. Based on Laksono's research, poverty is a factor that has a major contribution to the high prevalence of stunting in Indonesia [2]. This is in line with the basic concept of growth and development which states that socio-economic factors are variables that have an influence on the quality of growth and development. Poverty affects family characteristics so that there are differences at each level of education and purchasing power. This will affect family access in finding health services, quality food and a clean and healthy environment [15].

3.2 Government Strategy In Improving Health Based On The Sustainable Development Goals

The standard written in Sustainable Development Goals is a basic guideline in fulfilling health. The SDGs contain 17 development goals and 169 goals that are expected to answer the underdeveloped development of countries around the world, both in developed and developing countries. The Government of Indonesia has implemented various guidelines to achieve the

SDGs standard. Local governments and related associations have taken a major step towards recognizing the transformative power of urbanization for development, and the role of regional leaders to drive global change bottom-up. All of the Sustainable Development Goals have targets that are related, both directly and indirectly, to the day-to-day local government. Local government is not just implementing the development agenda. Local governments are the most ideal policymakers, catalysts of change and levels of government to connect global goals with local communities [10].

The implementation of SDGs should be implemented based on three things, namely Universality SDGs (implemented by developed and developing countries), Integration-SDGs (carried out in an integrated and interrelated manner in all social, economic and environmental dimensions), No one Left Behind (must provide benefits for all especially for the vulnerable, and implementation involving all stakeholders). Based on the President's Direction in the Cabinet Meeting on December 23, 2016, the policy to achieve SDGs in Indonesia can be achieved as follows :

1. Optimizing the coordinating role of KemenPPN / Bappenas in development, because almost all Sustainable Development Goals (TPB / SDGs) have been accommodated in the RPJMN
2. Involving all parties (government, parliament, media, philanthropy & business, experts & academics) to work together in accordance with their roles, functions and abilities;
3. Existing institutions can immediately work, both strategically and operationally [16].

The management of natural resources by local governments in rural areas, especially land and water, supports food security for the regions surrounding poverty, and therefore requires coordinated responses. Local governments can support agricultural production and regional economic growth by strengthening markets and transportation infrastructure to advance the local food chain. The steps that must be taken to overcome this are that local governments can use schools and health services to identify and overcome malnutrition in children. Regional governments in rural areas can manage collective resources and improve land ownership to protect the rights of poor communities [7]. Targets to be achieved are :

1. In 2030, Ending Hungry and ensuring access to good food quality for all people, especially those who are poor and in vulnerable situations, throughout the year.
2. In 2030, Ending Malnutrition, including achieving internationally agreed targets on infant growth and outlining nutritional needs for adolescent girls, pregnant and lactating women, and seniors.
3. In 2030, doubling agricultural productivity and income of Micro-Scale Food Producers, especially women, indigenous peoples, family farming, breeders and fishermen, including through Guaranteed And Equal Access to land, other production resources, Knowledge, financial services, Market and opportunities for get added value and non-agricultural employment [14].

Food security in a country is assessed based on food and distribution gaps. The food gap is assessed between the projected domestic consumption of food (domestic production plus imports minus use for non-food production) with its consumption target. Based on the difference between the consumption target and the amount of food consumed, this gap assumes that there is a group of people who cannot access food. The projection resulting from this study is a baseline on the situation of food security in a country. The resulting projection depends on model specifications, assumptions and using historical data. Because the model is based on historical data, it is implicitly assumed that historical trends over key variables will continue in the future. Distribution gap, namely how each income group has access to food so that the

community can meet its nutritional targets. If the availability of food in a country is lower than the target nutrition of the people, then this proves the existence of a distribution gap in the country [5].

Indonesia is currently faced with a "double burden of malnutrition" or multiple nutritional problems where on the one hand it still has to work hard to overcome the problem of malnutrition, one of which is stunting, while on the other hand the problem of over nutrition starts creeping up which leads to an increase in cases of disease not infectious (PTM) in the adult group. Investing through the fulfillment of nutrition is absolutely necessary as part of the formulation of a country's development planning. Getting adequate nutrition is a human right that should be obtained by each individual. Adequate nutrition can support optimal growth and development from the fetus to the next life stage. In the long term meeting the nutritional needs can improve the quality of the next generation, which will indirectly increase significant economic benefits through improving the quality of human resources [17].

Nutritional interventions are very sensitive in agriculture, social welfare, early childhood development, and education in schools. This indirectly determines the nutritional status. A person's nutritional status is reflected in various determinants that influence each other in a certain period of time both acute in the short term and long term or chronic. Through improving nutritional status, quality human resources can be built followed by better economic growth. This impact can only occur if all sectors work together to overcome problems in their fields. Its activities are carried out by means of national and regional campaigns, cross-sector and cross-sector advocacy and outreach, dialogue to promote cooperation and contributions. Another way to do is training, discussion, intervention of direct (specific) nutrition activities, indirect (sensitive) nutrition interventions [16].

Stunting can not be done individually (scattered) because it will not have a significant impact. Efforts to prevent stunting must be carried out in an integrated and convergent manner with a multi-sector approach. To that end, the government must ensure that all ministries / institutions as well as development partners, academics, professional organizations, civil society organizations, private companies and the media can work together hand in hand in accelerating the prevention of stunting in Indonesia. Not only at the central level, integration and convergence of stunting prevention efforts must also occur at the local level up to the village level. Efforts to prevent stunting are a national priority of the Indonesian government. Priority programs in stunting prevention include accelerating poverty reduction, improving public health and nutrition services, equitable distribution of quality education services, increasing access to adequate housing and settlements, and improving basic services governance. Prevention of stunting is also an effort to be able to take advantage of demographic bonuses based on population projections in 2035. Currently there are still many Indonesian children under five who experience stunting then fifteen years from now, the Indonesian people will have unproductive human resources and demographic bonuses cannot be utilized optimally . Therefore, stunting prevention must be carried out seriously. Stunting prevention investments need to be made early to ensure that Indonesian human resources in the future are of high quality and highly competitive [18].

As explained earlier, several issues related to the still low IMD and exclusive breastfeeding include the issue of breastfeeding counselors who have not been evenly distributed throughout the Puskesmas. ASI counselor training has been conducted up to the district level, but counselor training to all Puskesmas has no information on what percentage of Puskesmas already has ASI counselors. If the Puskesmas has an ASI counselor, it is not known what percentage of the staff has succeeded in providing counseling to the mother to ensure that she has an exclusive IMD and breastfeeding. Another gap is the still weak monitoring of violations and law enforcement

against the use of formula milk and not all workplaces provide breastfeeding as required. After the baby is 6 months old, although the provisions still have to breastfeed until the age of 2 years, the baby needs complementary food so that the fulfillment of nutrition for growth can be fulfilled. WHO / UNICEF in its provisions require infants aged 6-23 months to have adequate MPASI with the provisions that they can receive a minimum of 4 or more than 7 types of food (cereals / tubers, nuts, dairy products, eggs, other protein sources, vegetables and fruits rich in vitamin A, vegetables and other fruits - Minimum Dietary Diversity (MMD) [19].

Achieving the target of reducing stunting in children and anemia in women, as well as increasing the scope of exclusive breastfeeding is known to be one of the most profitable forms of nutritional investment if carried out continuously over the next ten years. Investments can save 3.7 million children in the world, reduce 65 million stunting children, and 265 million anemic women (compared with 2015 world baseline data). The combination of health improvement and poverty alleviation efforts is considered capable of saving around 2.2 million people and reducing about 50 million cases of stunting by 2025. This is done with the help of each side. Commitments from all of them are needed regarding the objectives, planning, implementation, improvement of targets, timelines for the implementation of interventions and program implementation.

4 Conclusion

Nutrition and food issues are discussed in the Sustainable Development Goals (SDGs). The SDGs 02 criterion states their goals, namely ending hunger, achieving food security and better nutrition, as well as supporting sustainable agriculture. Adequate nutrition can support optimal growth and development from the fetus to the next life stage. Food quality and security in Indonesia have not reached the optimal state. The efforts to improve the quality of nutrition and food is by diversification of food consumption, development knowledge, setting targets for achieving per capita food consumption. This must be done by promotive, preventive, curative, rehabilitative from infant until elderly. Need collaboration between government, private and community to increase quality food and nutrition. Commitments from all of them are needed regarding the objectives, planning, implementation, improvement of targets, timelines for the implementation of interventions and program implementation.

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