

Human Rights Law Regulations against Stunting Patients in Indonesia

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Abstract

This paper will analyze the regulation of human rights law on stunting patients in Indonesia. This type of research is a normative legal research, using a conceptual approach and statute approach. The data used are secondary data consisting of primary legal materials and secondary legal materials. The collected data were then analyzed qualitatively. The results showed that the Human Rights has developed quite rapidly, namely on December 10, 1948, the issuance of the Universal Declaration of Human Rights. On November 20, 1959, with the issuance of the Declaration on the Rights of the Child, it was stated that children had to be guaranteed healthy growth and development and to achieve this goal there had to be special care and protection for the child and the mother. Children have the right to adequate nutrition, housing, recreation and health services. Article 28H of the 1945 Constitution of the Republic of Indonesia, the second amendment states that every person has the right to live in physical and mental well-being and to receive health services, health as an element of human welfare and a basic need in maintaining his life, therefore, everyone has the same right to achieve an optimal degree of health, and to be responsible for his health, the health that is meant is a state of body, soul, and social conditions that enable everyone to live productively socially and economically, where the legal arrangement is based on the Law of the Republic of Indonesia Number 36 Year 2009 concerning Health, Presidential Regulation of the Republic of Indonesia Number 42 Year 2013 concerning the National Movement for the Acceleration of Improvement of Nutrition, Regulation of the Minister of Health of the Republic of Indonesia No. 14 Year 2019, Regulation of the Governor of South Sulawesi Number 152 Year 2017 concerning the Regional Action Plan for Food and Nutrition of South Sulawesi Province for 2017-2019.

Keywords: human rights, Indonesia, legal arrangements, stunting patients.

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INTRODUCTION

Indonesia is a country known for its rich natural resources. But the problem of malnutrition is still a problem for the community. With the occurrence of malnutrition, it certainly affects the economy, social and law in society.

Stunting is a chronic nutritional problem in toddlers characterized by a shorter height for their age. Children who suffer from stunting are sensitive to disease even as adults at risk for degenerative diseases. The impact of stunting is not only on the health side but also affects the level of intelligence of children[1].

In general, human rights are one with the dignity and nature of the human being himself, therefore it is also called a basic right. In the Decree of the People's Consultative Assembly (Majelis Permusyawaratan Rakyat/MPR) No. XVII/MPR/1988

on Human Rights, it states that human rights are basic rights inherent in human beings that are natural and universal as a gift from God Almighty and function to ensure survival, independence and development. humans, and society that should not be ignored, confiscated, or disturbed by anyone. Human Rights is a set of rights inherent in the nature and existence of humans as creatures of God Almighty and are His gifts that must be respected, upheld and protected by the state, law, government, and everyone for the sake of honor and protection of dignity. and human dignity [2].

In addition, stunting can result in losses to the state with a potential loss of IDR 260-390 trillion/year[3]. The high problem of stunting in Indonesia is the result of poor nutritional intake from the womb until the age of two. This is an irony for the Indonesian people who are known for their rich Natural Resources.

The government's responsibility in dealing with stunting as regulated in the constitution article 28B paragraph (2) of the 1945 Constitution of the Republic of Indonesia emphasizes that: "Every child has the right to survive, grow and develop and have the right to protection from violence and discrimination". The problem of stunting or malnutrition is something that has long existed in Indonesia, the government has taken various policies through programs to overcome it.

Globally, in 2011 more than 25% of the total number of children under five years of age, namely around 165 million children, were stunted, while for the Asian level, in 2005-2011 Indonesia was ranked the fifth highest stunting prevalence. In 2016 the Global Nutrition Report 2016 noted that the prevalence of stunting in Indonesia was ranked 108 out of 132 countries. In the previous report, Indonesia was listed as one of 17 countries experiencing a double burden of nutrition, both excess and malnutrition [4].

The problem of stunting is a problem that has been handled for a long time and has become one of the main focuses of the government in reducing the stunting rate through a program to tackle the stunting problem in Indonesia. Therefore, the government must protect children's rights such as the right to life, the right to health, the right to grow and develop like humans in general.

Overcoming the problem of stunting is very crucial for the Indonesian people today. The government continues to take various steps to overcome this problem. Economically, the National Development Planning Agency (Badan Perencanaan Pembangunan Nasional/ Bappenas) states that losses due to stunting can reach 2-3 percent of the Gross Domestic Product (GDP). For example, with a GDP in 2017 of 13,000 trillion rupiah, the loss due to this problem is around three hundred trillion rupiah. Therefore, this problem must be a common focus in its resolution. Indonesia itself ranks 5th in terms of the prevalence of stunting in the world[5].

The results of the seminar from the Demographic Institute of the Faculty of Economics and Business, University of Indonesia in collaboration with the Development Study Forum (Forum Kajian Pembangunan/FKP) using the Indonesia Family Life Survey (IFLS) waves 1 to 5, agricultural shocks were found to be correlated with the stunting status of children because agricultural shocks will reduce high scores-for-age (HAZ) of 0.34 SD. "Using the instrumented variable regression, stunting was also found to be correlated with education and work-related outcomes. Agricultural shocks and loss of assets due to disasters together prove to be valid instruments for stunting status. Children exposed to agricultural shocks during the first 60 months recorded 0.3 SD lower in HAZ. Agricultural shocks and loss of assets due to

disasters show long-term effects on educational, employment and wage outcomes in early adult life. Gender pay gaps do exist, especially for married women[6].

There are many legal rules regulating the protection of children's rights in Indonesia, as well as the many institutions or agencies whose duties and functions are to protect children's rights, show that legal protection for children is adequate, and should be followed by improving the quality of children's life. However, the problem of stunting still shows unsatisfactory results and will have a big impact if it is not resolved immediately. This paper discusses the regulation of human rights law for stunting patients.

RESEARCH METHOD

This type of research is a normative legal research[7], using a conceptual approach and statute approach[8]. The data used are secondary data consisting of primary legal materials and secondary legal materials. The collected data were then analyzed qualitatively[9].

RESULTS AND DISCUSSION

Human Rights Law Regulations against Stunting Patients in Indonesia

Human Rights has developed quite rapidly, namely on December 10, 1948, the issuance of the Universal Declaration of Human Rights. The rights of the child in the Universal Declaration of Human Rights are contained in Article 25 paragraph (2) which states that "Mothers and children have the right to receive special attention and assistance. All children, whether born inside or outside of marriage, must enjoy the same social protection"[10].

It was not enough just to issue a Universal Declaration of Human Rights to protect children's rights, the activists made demands to the United Nations which then on November 20, 1959 with the issuance of the Declaration on the Rights of the Child stated that children must be guaranteed healthy growth and development and to achieve this goal there must be special care and protection. for the child and the mother. Children have the right to adequate nutrition, housing, recreation and health services. The Convention on the Rights of the Child contains 54 articles which based on their legal material regulate children's rights and the mechanism for the implementation of children's rights by the state as the party ratifying the Convention. The legal material contains four main topics on children's rights, as follows [11]:

- a. Survival Right, which includes the right to preserve and maintain life and the right to the highest standard of health and medical care attainable
- b. Protection right, which includes the right to protection from discrimination, non-violence and neglect for children who do not have a family and refugee children,

- c. The right to development, includes all forms of education (formal and non-formal) and the right to a standard of living that is adequate for children's physical, mental, spiritual, moral and social development.
- d. The right of participation, includes the right of the child to express his opinion in all matters affecting the child.

Article 24 paragraph (1) of the Convention on the Rights of the Child reads "States parties recognize the right of children to enjoy the highest attainable health status and to obtain facilities for the treatment of disease and health restoration. States parties will endeavor to ensure that no child is deprived of the right to such health care services". Paragraph (2) of this article reads "States parties will make the full effort to fulfill this right and in particular will take appropriate steps [12]:

- a. To reduce infant and child mortality;
- b. To ensure the provision of medical assistance and treated health care for children with an emphasis on the development of basic health care;
- c. To eradicate disease and malnutrition, including a basic health care framework, through the application of accessible technology and the provision of adequate nutritious food and clean drinking water, considering the dangers and risks of environmental pollution;
- d. To ensure health care before and after childbirth for mothers;
- e. To ensure that all groups in society, especially parents and children, are informed, can receive education and receive support in the use of basic knowledge about children's health and nutrition, the benefits of breastfeeding, environmental health and sanitation and accident prevention;
- f. To develop preventive health care, guidance for parents and education and family planning services.

Article 6 paragraph (1) of the Convention on the Rights of the Child reads "States parties follow that every child has an inherent right to life". The right to health is one of the rights attached to children or adults. One of the health rights for children is the fulfillment of children's nutrition and nutrition, so that it does not cause stunting in children. Article 27 paragraph (1) of the Convention on the Rights of the Child explains that "States parties recognize the right of every child to a standard of living that is adequate for the child's physical, mental, spiritual, moral and social development". Based on this article, participating countries should have taken appropriate steps to overcome the problem of stunting in Indonesia.

In Article 12 paragraph (1) of the International Covenant on Economic, Social and Cultural Right (ICESCR) the right to health is defined as "the right of every person to enjoy the highest attainable standard of physical and mental health" does not cover the area of

health services. On the other hand, from the history of the design and grammatical meaning of article 12 paragraph (2) which states that the steps to be taken by a State party to this covenant in order to achieve the full realization of this right, must cover those necessary to achieve[13]:

- a. Provisions for the reduction of the stillbirth and mortality rates of children and the healthy development of children;
- b. Improvement of all aspects of environmental and industrial health;
- c. Prevention, treatment and control of all infectious, endemic and other occupational diseases;
- d. Creation of conditions which will warrant all medical care and attention in the event of a person's illness.

To carry out international obligations in the fulfillment and promotion of economic, social and cultural rights, the Government has ratified the ICESCR with the Law of the Republic of Indonesia Number 11 Year 2005. The commitment of the government of the Republic of Indonesia is summarized in the fulfillment of standards or standardization. at a minimum, member states of the Convention in good faith, particularly in carrying out the three main obligations, namely the obligation of result, the obligation of conduct and the obligation of carrying out these obligation transparent assessment of progress[14].

In Article 12 paragraph (1) of Law of the Republic of Indonesia Number 11 Year 2005 states "States Parties to the Covenant recognize the right of everyone to enjoy the highest attainable standard of physical and mental health" then Article 12 paragraph (2) letter d of the Law of the Republic of Indonesia Number 11 Year 2005 states "The creation of conditions which will guarantee all medical care and attention in the event of a person's illness".

So that the right to health covers a wide area of economic and social factors that influence the creation of conditions under which people can achieve a healthy life, it also includes determinants of health such as food and nutrition, shelter, access to healthy drinking water and adequate sanitation. Adequate, healthy and safe working conditions and a healthy environment.

Indonesia is a rule of law country and since its birth in 1945 upholds human rights. Indonesia's attitude can be seen from the fact that even though it was made before the proclamation of the Universal Declaration of Human Rights, the 1945 Constitution of the Republic of Indonesia already contains several provisions regarding respect for human rights which are very important. These rights include, among other things, the right of all nations to independence (the first paragraph of the Preamble); the right to nationality (Article 26); equal position of all Indonesian citizens in law and government (Article 27 paragraph (1)); the right of the

Indonesian state family to work (Article 27 paragraph (2)); the right of every Indonesian citizen to a life worthy of humanity (Article 27 paragraph (2)); the right to associate and assemble for every citizen (Article 28); freedom of every citizen to embracing their respective religions and to worship according to their religion and belief (Article 29 paragraph (2)); and the right of every Indonesian citizen to education (Article 31 paragraph (1));

On November 13, 1998, the MPR took a very important decision for the promotion, respect and upholding of human rights, namely by ratifying the Decree of the MPR Number XVII/MPR/1998 concerning Human Rights, the attachment contains "Views and Attitudes of the Indonesian Nation towards Human Rights" (attachment number 1) and "Human Rights Charter" (attachment number II)[15].

The preamble to MPR Decree Number XVII/MPR/1998 states, among other things, "that the Preamble to the 1945 Constitution has mandated recognition, respect and the will for the implementation of human rights in carrying out the life of a society, nation and state" (letter b) and "That the Indonesian people as part of the world community should respect human rights as stipulated in the United Nations Universal Declaration of Human Rights and other international instruments regarding human rights" (letter c). Furthermore, the MPR Decree states that "the Indonesian nation as a member of the United Nations has the responsibility to respect the Universal Declaration of Human Rights and various other international instruments regarding human rights" (attachment IB point 2). As it is known that the 1948 UDHR, the International Covenant on Civil and Political Rights, the Optional Protocol to the International Covenant on Civil and Political Rights and the International Covenant on Economic, Social and Cultural Rights are the main international instruments on human rights and which commonly referred to as the "International Bill of Human Rights", which are the core international instruments on human rights [16].

The MPR has ratified amendments to the 1945 Constitution of the Republic of Indonesia. The first amendments were legalized at the 1999 MPR Annual Session; the second amendment was passed in the 2000 MPR Annual Session; the third amendment was passed in the 2001 MPR Annual Session; and the fourth amendment was passed in the 2002 MPR Annual Session; The second amendment to the 1945 Constitution of the Republic of Indonesia enhances Indonesia's commitment to the promotion and protection of human rights by integrating important provisions from international instruments regarding human rights, as contained in Chapter XA on Human Rights. These changes were maintained until the fourth amendment to the 1945 Constitution, which was later

referred to as the 1945 Constitution of the Republic of Indonesia[17].

In accordance with the 1945 Constitution of the Republic of Indonesia which mandates the promotion and protection of human rights in the life of society, nation and state as well as the commitment of the Indonesian people as part of the international community to promote and protect human rights, Indonesia needs to ratify major international instruments concerning Human rights, in particular the International Covenant on Economic, Social and Cultural Rights and the International Covenant on Civil and Political Rights[18].

In the preamble to the 1945 Constitution of the Republic of Indonesia, it has been stated that National Development is directed at protecting the entire nation and all Indonesian blood, advancing public welfare, educating the nation's life and participating in disciplining world order based on independence, eternal peace and social justice for all Indonesian people.

Article 28H of the 1945 Constitution of the Republic of Indonesia, the second amendment states that every person has the right to live in physical and mental well-being and to receive health services, health as an element of human welfare and a basic need in maintaining his life, therefore, everyone has the same right to achieve an optimal degree of health, and to be responsible for his health, the health that is meant to be the condition of body, soul, and social conditions that enable everyone to live productively socially and economically.

National Development is one of the aspects that must be realized, namely health, health is a human right and is an important thing in carrying out daily activities, and there are legal regulations regarding health.

Health law is needed to regulate health problems in order to create order in social life, health law is all legal rules directly related to health care and application of rules in civil law, criminal law, as long as these rules regulate legal relations in health care[19].

In relation to the administration of health, several important things are regulated in the Health Law, namely regarding health efforts, health workers, health facilities, drugs and medical devices.

Legislation as a legal product becomes a very important tool in the implementation of state life[20]. General understanding of health efforts regulated in Law of the Republic of Indonesia No. 36 Year 2009 is any activity and/or series of activities carried out in an integrated, integrated and sustainable manner to maintain and improve the degree of public health in the form of disease prevention, health improvement,

disease treatment, and health restoration by the government and/or the community[21]. Meanwhile, regarding the Implementation of Health Efforts, Law of the Republic of Indonesia No. 36 Year 2009 set it as follows:

- a. In order to achieve the highest degree of health for the community, integrated and comprehensive health efforts are organized in the form of individual health efforts and public health efforts[22].
- b. Health efforts are carried out in the form of activities with a promotive, preventive, curative and rehabilitative approach which are carried out in an integrated, comprehensive and sustainable manner[23].

In health efforts, related to its implementation is about its implementation. The activities for organizing health efforts are carried out with the following activities[24]:

- 1) health services;
- 2) traditional health services;
- 3) health promotion and disease prevention;
- 4) healing of diseases and restoring health;
- 5) reproductive health;
- 6) family planning;
- 7) school health;
- 8) sports health;
- 9) health services in disasters;
- 10) blood services;
- 11) oral health;
- 12) handling of visual and hearing problems;
- 13) health dimensions;
- 14) security and use of pharmaceutical preparations and medical devices;
- 15) securing food and beverages;
- 16) safeguarding addictive substances; and / or
- 17) post-mortem.

The implementation of these health efforts is entirely carried out by health resources[25]. And, for the sake of carrying out the purpose of health administration, the government and society also have no small responsibility. Therefore, the role of government and society is needed for the implementation of health efforts. The provisions of the Health Law No. 36 Year 2009 regulate the roles of government and society as follows[26]:

“The government, local government and the community are responsible for the implementation of health efforts. And, the implementation of health efforts must pay attention to social functions, values and norms of religion, socio-culture, morals and professional ethics”.

Likewise, with the development of health efforts, increasing health efforts is the responsibility of the government. The provisions of the Health Law No. 36 Year 2009 which regulate the improvement of health efforts are[27]:

- 1) The government and local governments are responsible for improving and developing health efforts.
- 2) Health efforts at least meet the basic health needs of the community.
- 3) Improvement and development of health efforts are carried out based on studies and research.
- 4) Provisions regarding enhancement and development as implemented through inter-Governmental and inter-sectoral cooperation.

The purpose of these health efforts is basically aimed at realizing the degree of public health, namely[28]:

- 1) Health efforts shall be carried out to achieve the highest possible health status for individuals or society.
- 2) Health efforts as based on the minimum health service standard.
- 3) Provisions regarding the minimum health service standard will be regulated by a Government Regulation.

In order to achieve the highest degree of health for the community, integrated and comprehensive health efforts are organized in the form of individual health efforts and public health efforts. Health efforts are carried out in the form of activities with a promotive, preventive, curative and rehabilitative approach which are carried out in an integrated, comprehensive and sustainable manner[29]. This health service consists of individual health services and community health services. Health services for both individuals and communities in this provision include activities with a promotive, preventive, curative and rehabilitative approach. The objectives of the health service are:

- 1) Individual health services are aimed at curing diseases and restoring individual and family health.
- 2) Public health services are aimed at maintaining and improving health and preventing diseases of a group and society.

Activities carried out through health promotion such as:

- 1) Refreshing the orientation of health cadres in an integrated manner,
- 2) Group outreach on public health programs,
- 3) Introspective survey,
- 4) Advocacy at the village and sub-district level in the health sector,
- 5) Mobilization of community families to support health programs,
- 6) Development of groups and communities,
- 7) Raising community support, across sectors and the business world,
- 8) Health promoter contract workers at community health centers,
- 9) Health promotion of KIT at community health centers.

In addition, one of the preventive promotional efforts in order to overcome various nutrition and health problems, the Ministry of Health has launched the Healthy Living Community Movement (Gerakan Masyarakat Hidup Sehat/GERMAS) with a focus on 3 (three) activities, namely:

- 1) increase physical activity,
- 2) consumption of vegetables and fruit, and
- 3) early detection of disease.

The government is working on improving nutrition as regulated in the Minister of Health Regulation number 14 of 2019 concerning the Technical Implementation of Nutrition Surveillance.

The Central Government and Local Governments are responsible for carrying out Nutrition Surveillance in an integrated, tiered and sustainable manner. Nutrition Surveillance is carried out by Nutrition Program Managers at Puskesmas, district/city health offices, provincial health offices and ministries that have the task of administering government affairs in the health sector. The implementation of Nutrition Surveillance as referred to is carried out to provide an overview of the changes in the achievement of nutrition improvement performance indicators nationally and regionally[30].

Nutrition Surveillance is technically carried out on the basis of indicators of nutrition problems and nutrition program performance. In addition to indicators of nutrition problems and nutrition program performance, technical implementation of nutrition surveillance also requires other indicators in the form of risk factors that affect nutrition problems and nutrition program performance[31]. Indicators of nutritional problems include: a. percentage of underweight children; b. percentage of short children under five; c. percentage of malnourished children under five; d. percentage of anemic adolescent girls; e. percentage of anemia pregnant women; f. percentage of pregnant women at risk of Chronic Energy Deficiency; and g. percentage of Low Birth Weight Babies.

The nutrition program performance indicators include [32]

- 1) Coverage for infants aged less than 6 months who receive exclusive breastfeeding;
- 2) Coverage for infants aged 6 months who receive exclusive breastfeeding;
- 3) Coverage of pregnant women who receive Blood Plus Tablets at least 90 tablets during pregnancy;
- 4) Coverage of Chronic Energy Deficient pregnant women who receive additional food;
- 5) Coverage of underweight children who receive additional food;
- 6) Coverage for young women to receive Blood Plus Tablets;

- 7) Coverage for newborns who receive Early Initiation of Breastfeeding (Inisiasi Menyusu Dini/IMD);
- 8) Coverage of children under five who are weighed;
- 9) The coverage of children under five has a book Maternal Child Health (Kesehatan Ibu Anak/KIA) / card towards health (Kartu Menuju Sehat/KMS);
- 10) Coverage of underfives who have gained weight;
- 11) Coverage of underfives who have not gained weight twice in a row;
- 12) Coverage for infants 6-59 months to receive vitamin A capsules;
- 13) Coverage for postpartum mothers to receive vitamin A capsules;
- 14) Coverage of households consuming iodized salt; and
- 15) Coverage of cases of malnourished children under five who received treatment.

Other indicators in the form of risk factors that affect nutrition problems and the performance of the nutrition program include at least the following[33]:

- 1) poverty;
- 2) lack of access to clean water and sanitation;
- 3) inappropriate parenting practices; and/or
- 4) low consumption of nutritious foods.

Quoted from the indonesia.go.id website, the World Health Organization (WHO) once placed Indonesia as the third country with the highest stunting prevalence rate in Asia in 2017. However, Nila F. Moeloek at the end of his tenure as Minister of Health of the Republic of Indonesia said that in 2019 the stunting rate has fallen to 27.67 percent or reduced by 10 percent. But the WHO standard is 20 percent. "Therefore I want to hand over this responsibility to the next minister who is in charge until 2024", said Nila.

It should be noted; the Ministry of Health collaborates with the Central Statistics Agency (Badan Pusat Statistik/BPS) to conduct research periodically for 5 years. They researched 84,000 children under five in the form of the Study Result of the Nutrition Status of Indonesian Toddlers (Studi Status Gizi Balita Indonesia/SSGBI).

SSGBI 2019 is carried out in an integrated manner with Susenas to get an overview of nutritional status which includes underweight, wasting, and stunting. As a result, the prevalence of underweight or malnourished children in 2019 was 16.29 percent. This figure has decreased by as much as 1.5 percent. Then the prevalence of stunting under five in 2019 was 27.67 percent, down by 3.1 percent. Meanwhile, the prevalence of wasting (underweight) is at 7.44 percent. This figure is down 2.8 percent. All data are compared with survey results from last year.

The decline in stunting rates in Indonesia is good news. However, all parties still need to work hard to make all efforts to reduce stunting. According to WHO standards, the maximum tolerance limit is 20 percent or one-fifth of the total number of children under five who are growing.

The pattern of relations between the Governor and the Regent/Mayor in relation to the implementation of good governance in the implementation of the Governor's role as the representative of the central government, the relationship between the Governor and the Regent/Mayor is multilevel in which the Governor can play a role of fostering and supervising the implementation of regional governance [34]. This is known as the transfer of power and responsibility [35].

Then from South Sulawesi, the authors obtained stunting data as follows: The development of stunting in South Sulawesi from year to year is quite fluctuating. Namely: 34.1% (2015); 35.7% (2016); 34.8% (2017); 35.6% (2018). And, most recently in 2019 it fell 5.1%. This has made the Province of South Sulawesi to be in position eleven from the previous position in position four for the highest stunting rate in Indonesia.

This was revealed in the speech of the Governor of South Sulawesi Nurdin Abdullah which was read by Junaedi (Head of the South Sulawesi Regional Research and Development Agency). At the Monitoring and Evaluation of the Implementation of Stunting Convergence in South Sulawesi Province "and at the same time in preparation for the implementation of the 8 (eight) Convergence Actions for the Acceleration of Decreasing Stunting in Regencies/Cities in South Sulawesi Province in 2019 and 2020, in the Leadership Meeting Room of the Governor's Office [36]. In its application, the Makassar City Government, according to the author, has implemented performance indicators of the nutrition program so that stunting in Makassar City shows a low number.

The Makassar city stunting data that the author obtained from research at the Makassar City health office is the highest district of Marso with 8.15%, Mamajang 7.59%, Tamalate 8.48%, Rappocini 13.24%, Makassar 9.23%, Bontoala 9, 38%, Ujung Tanah 8.23%, Sangkarang 10.22%, Tallo 8.50%, Panaikang 8.64, Manggala 7.73, Biringkanaya 8.74, Tamalanrea 7.17%, Wajo 5.89% and 4.6% point of view. From this data, the authors see that the stunting rate in Makassar is quite low, although stunting sufferers still need more attention so that it can be fixed.

CONCLUSION

The Human Rights has developed quite rapidly, namely on December 10, 1948, the issuance of the Universal Declaration of Human Rights. On

November 20, 1959, with the issuance of the Declaration on the Rights of the Child, it was stated that children had to be guaranteed healthy growth and development and to achieve this goal there had to be special care and protection for the child and the mother. Children have the right to adequate nutrition, housing, recreation and health services. Article 28H of the 1945 Constitution of the Republic of Indonesia, the second amendment states that every person has the right to live in physical and mental well-being and to receive health services, health as an element of human welfare and a basic need in maintaining his life, therefore, everyone has the same right to achieve an optimal degree of health, and to be responsible for his health, the health that is meant is a state of body, soul, and social conditions that enable everyone to live productively socially and economically, where the legal arrangement is based on the Law of the Republic of Indonesia Number 36 Year 2009 concerning Health, Presidential Regulation of the Republic of Indonesia Number 42 Year 2013 concerning the National Movement for the Acceleration of Improvement of Nutrition, Regulation of the Minister of Health of the Republic of Indonesia No. 14 Year 2019, Regulation of the Governor of South Sulawesi Number 152 Year 2017 concerning the Regional Action Plan for Food and Nutrition of South Sulawesi Province for 2017-2019. Therefore, the rights and obligations of children with stunting are aimed at the government to be able to clearly regulate the rights owned by children with stunting in order to facilitate access to health and nutrition services. Obligations are also arranged for children to pay attention and be responsible for the healing process. The responsibility of the central government and local governments is aimed at the government to be accountable to the community for healing and fulfilling the nutrition of children with stunting if possible for the imposition of sanctions if that responsibility is not implemented.

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