

## IMPLEMENTATION OF STUNTING REDUCTION ACCELERATION PROGRAM AT KAPAN PUBLIC HEALTH CENTER, MOLLO UTARA DISTRICT, SOUTH CENTRAL TIMOR REGENCY

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### Abstract:

Stunting is a chronic nutritional problem that affects children's growth and development. This study aims to analyze the implementation of the stunting reduction acceleration program at Kapan Public Health Center. The method used is descriptive qualitative, with data collection through interviews, observations, and documentation. The results of the study showed that although there was a decrease in stunting cases from 726 to 556 cases in 2023, the stunting rate increased again to 777 cases in 2024. Inhibiting factors include lack of public knowledge, limited supervision, and suboptimal policy planning. In seeing the success of policy implementation, policy implementation can be studied based on Merilee S. Grindle's theory by referring to 2 major variables, namely policy content and policy context. This study also looks at the success of the implementation of Presidential Regulation Number 72 of 2021 concerning the Acceleration of Stunting Reduction in the working area of the Kapan Health Center, North Mollo District, South Central Timor Regency. This study recommends increasing cross-sector collaboration and community education to prevent stunting.

**Keywords:** Stunting, Implementation, Health Center, Education, Policy

## INTRODUCTION

Stunting is a serious nutritional problem and is a global concern, especially in developing countries including Indonesia. According to the World Health Organization (WHO), stunting is defined as a condition in which a child experiences stunted growth due to chronic malnutrition, which can result in delayed physical and cognitive development. Data from the Ministry of Health of the Republic of Indonesia shows that the prevalence of stunting in Indonesia reached 21.6% in 2022, with higher figures in several provinces, including East Nusa Tenggara (NTT), which recorded a stunting prevalence of 35.3% (Ministry of Health, 2023). Table 1 shows the percentage of stunted toddlers by Regency/City in NTT, which shows that the South Central Timor Regency has a high stunting rate.

**Table 1.** Percentage of Stunted Toddlers by Regency/City

No.	Wilayah	Stunting Percentage (%)		
		2021	2022	2023
1	Sumba Barat	24	23	12
2	Sumba Timur	19	15	12
3	Kupang	22	20	13
4	Timor Tengah Selatan	32	28	22



5	Timor Tengah Utara	25	24	23
	Belu	18	14	11
6	Alor	19	12	10
7	Lembata	22	16	12
8	Flores Timur	21	19	18
9	Sikka	18	14	15
10	Ende	14	9	7
11	Ngada	12	9	8
12	Manggarai	19	16	13
13	Rote Ndao	23	22	20
14	Manggarai Barat	15	16	8
15	Sumba Tengah	8	9	7
16	Sumba Barat Daya	31	24	32
17	Nagekeo	9	8	7
18	Manggarai Timur	14	10	9
19	Sabu Raijua	25	18	15
20	Malaka	21	16	16
21	Kota Kupang	26	22	17
22	<b>Nusa Tenggara Timur</b>	<b>20,9</b>	<b>17,7</b>	<b>15,2</b>

Source: Central Statistics Agency of East Nusa Tenggara Province, 2024

The table above shows that the percentage of stunted children in East Nusa Tenggara Province has decreased since 2021, namely by 15% or as many as 63,804 stunted children. Although there has been a decrease, the number of stunted children needs serious handling from the government. The incidence of stunting in NTT is influenced by factors such as low-income levels (poverty), low levels of education, low food production resulting in low consumption of nutritious food, limited health facilities and infrastructure along with the quality of human health resources, the influence of cultural factors that are at odds with health principles (Nashriyah et al., 2023).

Kapan Health Center, located in North Mollo District, South Central Timor Regency, is one of the health service units that plays an important role in efforts to reduce stunting rates in the region.

**Table 2.** Summary Data on Stunting at Kapan Health Center 2023

No.	Desa	Stunting		Stunting Baru	Stunting Lama	End Stunting
		February	August			
1.	Ajaobaki	63	52	13	39	24
2.	Bijaepunu	68	58	8	50	18
3.	Bosen	60	52	10	42	18
4.	Eonbesi	59	50	12	38	21
5.	Fatukoto	71	70	18	52	19
6.	Lelobatan	25	24	6	18	7
7.	Taiftob	50	47	17	30	20
8.	Netpala	39	33	7	26	13
9.	Obesi	25	22	13	9	16



10.	Sebot	60	48	12	36	24
11.	Tunua	57	52	14	38	19
12.	Tofen	37	32	11	21	16
13.	Tomanat	23	16	5	11	12
<b>Total</b>		<b>630</b>	<b>556</b>	<b>146</b>	<b>410</b>	<b>227</b>

Source: Kapan Health Center, 2023

From the table above, it can be seen that in August 2023, stunting cases at Kapan Health Center decreased from 630 cases in February 2023 to 556 cases in August 2023. The table also shows that 227 children are no longer included in the category of stunted children. This decrease is also inseparable from various activities that have been attempted to reduce stunting rates at the health center level significantly. However, the table above also shows that there are still 146 new cases of stunting. It needs to be a special concern for Kapan Health Center as a representative of the state that directly implements stunting prevention policies in every community that is targeted by stunting.

Regarding the handling of stunting, the Indonesian Government has issued Presidential Regulation Number 72 of 2021 concerning the Acceleration of Stunting Reduction, which regulates various strategies and interventions to address this problem. This program aims to increase public awareness of the importance of balanced nutrition, improve parenting patterns, and increase access to quality health services. Furthermore, the Regional Regulation of South Central Timor Regency Number 9 of 2020 is a reference for handling stunting. The Ministry of Health of the Republic of Indonesia provided a Special Non-Physical Allocation Fund for stunting worth IDR 1,217,144,000 in 2022 to carry out the following activities:

1. Preparation of regulations
2. Implementation of stunting discussions
3. Development of human development cadres
4. Recording and reporting
5. Determination and analysis of the stunting program situation
6. Measurement and publication of stunting
7. Annual performance review of stunting integration actions

So far, Kapan Health Center has implemented a stunting prevention program since 2021. Although various efforts have been made, the stunting rate at Kapan Health Center shows significant fluctuations. In 2023, the number of stunting cases was recorded at 556 but increased again to 777 cases in 2024. It shows that the implementation of the stunting reduction acceleration program still faces various challenges. Several factors that may affect the effectiveness of this program include the lack of public knowledge about nutrition, limited supervision of program implementation, and suboptimal policy planning because researchers will conduct research entitled Implementation of the Stunting Reduction Acceleration Program at Kapan Health Center, North Mollo District, South Central Timor Regency.

**Public Policy.** The term public policy is a translation of the English term, namely public policy. The word policy is translated as "policy" (Samodra Wibawa, 1994; Darwin, 1998). Some translate it as "wisdom" (Wahab, 1990). However, there is no agreement that policy is translated as "policy" or "wisdom," the tendency for policy to use the term policy. Therefore, public policy is translated as public policy.

Policy is an action that leads to the goals proposed by a person, group or government in a certain environment in relation to the existence of certain obstacles while seeking opportunities to achieve goals or realize desired targets (Frederickson and Hart; Tangkilisan, 2003; Hadiyanti, 2013).

Public policy is divided into several stages with the aim of making it easier for us to study public policy (Lindblom, 1986; Tresiana, 2015). The stages or cycles of public policy are as follows:

- a. Agenda preparation stage
- b. Policy formulation stage
- c. Policy adoption stage
- d. Policy implementation stage
- e. Policy evaluation stage

**Policy.** Public policy implementation is a series of activities after a policy is formulated. Etymologically, implementation comes from the English term "to implement," which means implementation and application (Hill & Hupe, 2002). Grindle (1980) in Wahab (2002) stated that policy implementation is not just a mechanism for explaining political decisions into routine procedures through bureaucratic channels, but rather policy implementation concerns who gets what from a policy. Therefore, policy implementation is an important activity in the entire policy process, even more important than policy formulation.

Van Meter and Van Horn in Wahab (2002:75) explained that the existence of policy implementation is basically a "bridge" that connects actions with the objectives to be achieved from a policy. The policy implementation approach model formulated by Van Meter and Van Horn is called A Model of Policy Implementation. Meanwhile, Edward III (1980) formulated the definition of implementation as a stage of policy realization that exists between the determination of a policy, such as legislative regulations, superior orders, judicial decisions or roles related to regulations and the consequences of the policy for the people who are the targets. According to George Edwards III, the ideal approach to identifying the success of policy implementation is to pay attention to communication factors, resources, disposition and bureaucratic structure.

**Stunting Concept.** Stunting is a nutritional status based on the PB/U or TB/U index where in the anthropometric standards for assessing children's nutritional status, the measurement results are at the threshold (Z-score)  $< -2$  SD to  $-3$  SD (short/stunted) and  $-3$  SD (very short/severely stunted). Stunting is a chronic nutritional problem caused by insufficient nutritional intake for a long time due to the provision of food that does not meet nutritional needs. Stunting can occur from the fetus in the womb and only appears when the child is two years old (Ministry of Health of the Republic of Indonesia, 2016; Rahmadita, 2020). Stunting that occurs if it is not balanced with catch-up growth will result in decreased growth.

Stunting is a public health problem associated with an increased risk of illness, death, and impaired motor and mental growth. Stunting is formed as a result of an abnormal growth process (growth faltering and catch-up growth). Newborns with normal weight will experience stunting if nutritional needs are not met properly (Ministry of Development of Disadvantaged Regions and Transmigration, 2017; Ministry of Health of the Republic of Indonesia, 2017; Rahmadhita, 2020).

Stunting is a chronic malnutrition problem caused by insufficient nutritional intake over a long period due to the provision of food that does not meet nutritional needs. Signs of children experiencing stunting are (Jumadewi et al. 2020): 1) Children are shorter for their age; 2) Body proportions tend to be normal, but children look younger/smaller for their age; 3) Low weight for their age; 4) Delayed bone growth.

Many factors, both direct and indirect, cause stunting. Direct factors are determined by food intake, birth weight, and disease. At the same time, indirect factors include economic factors, culture, education, employment, and health service facilities (Nurul, 2020; Tae, 2023).

**Stunting Reduction Acceleration Program.** In the Guidelines for the Implementation of Integrated Stunting Reduction Interventions in Districts/Cities in 2018-2024, according to the Ministry of National Development Planning/National Development Planning Agency, efforts to accelerate stunting reduction are carried out through two interventions, namely specific nutrition interventions to address direct causes and sensitive nutrition interventions to address indirect causes. In addition to implementing intervention programs, supporting prerequisites are needed, which include political and policy commitment for implementation, government and cross-sector involvement, and capacity to implement (Apriani, 2022).

District/city governments are given the opportunity to innovate to add other effective intervention activities based on experience and good practices that have been implemented in each district/city with a focus on reducing stunting. The main indicator targets in integrated stunting reduction interventions are:

- 1) Prevalence of stunting in toddlers and toddlers
- 2) Percentage of babies with Low Birth Weight (LBW)
- 3) Prevalence of malnutrition (Underweight) in toddlers
- 4) Prevalence of thinness (Wasting) in toddlers
- 5) Percentage of babies less than 6 months who receive exclusive breastfeeding
- 6) Prevalence of anemia in pregnant women and adolescent girls
- 7) Prevalence of worms in toddlers
- 8) Prevalence of diarrhea in toddlers and toddlers

In addition, there are also two interventions in efforts to reduce stunting, namely;

1) Specific interventions. The health sector generally provides activities that directly address stunting, such as food intake, infection, maternal nutritional status, infectious diseases, and environmental health.

- a. Priority interventions, namely interventions that are identified as having the greatest impact on stunting prevention and are aimed at reaching all priority targets, such as providing Supplementary Food (PMT) to pregnant women and providing blood-boosting tablets, breastfeeding promotion and counseling, monitoring and promoting growth;
- b. Supporting interventions, namely interventions that have an impact on other nutritional and health problems related to stunting and are prioritized after priority interventions are carried out, such as providing calcium supplements and pregnancy checks and immunizations;
- c. Priority interventions for certain conditions, namely interventions that are needed according to certain conditions, including for emergency disasters such as protection against malaria and diseases (Human Immunodeficiency Virus (HIV) and prevention of worms

2) Sensitive nutrition interventions. Sensitive nutrition intervention programs include:

- a. Improvement of clean water and sanitation facilities;
- b. Improvement of access and quality of nutrition and health services;
- c. Improvement of awareness, commitment and practice of maternal and child nutrition care
- d. Improvement of access to nutritious food.

Sensitive nutrition interventions are generally implemented outside the Ministry of Health. They target families and communities and are carried out through various programs and activities. Integrated stunting interventions are implemented using the Holistic, Integrative, Thematic and Spatial (HITS) approach. Efforts to reduce stunting will be more effective if specific and sensitive interventions are carried out in an integrated and unified manner.

## METHODS

The method used in this study is a descriptive research method with a qualitative approach. Through a descriptive qualitative approach, it is intended to explain the process of implementing the stunting reduction acceleration program at the Kapan Health Center, North Mollo District, South Central Timor Regency. At the same time, the informant determination technique used by researchers in this study was a purposive sampling and accidental technique with a total of 10 informants.

The data sources in this study were obtained through primary and secondary sources. Primary data are data sources that directly provide data to data collectors (Triyani et al., 2023). Primary data sources are obtained through direct interviews with informants, observations or direct observations in the field. These primary data can be in the form of notes, recordings of interview results obtained through interviews and direct observation results at the Kapan Health Center, North Mollo District. Secondary data are data sources that do not directly provide data to data collectors, for example, through people or documents. Secondary data sources are used to support information obtained from primary data sources, namely books, previous research, journals, theses, theses and documents related to the implementation of stunting prevention programs.

## RESULT AND DISCUSSION

Implementation of the Stunting Reduction Acceleration Program at the Kapan Health Center, North Mollo District, South Central Timor Regency.

**Regulation Number 72 of 2021 concerning the Acceleration of Stunting Reduction.** The acceleration of stunting reduction is carried out holistically, integratively and with quality through coordination, synergy, and synchronization between ministries/agencies, provincial governments, district/city governments, village governments and stakeholders. Efforts to accelerate stunting reduction include specific interventions and sensitive interventions that are implemented convergently, holistically, integratively and with quality through multi-sectoral cooperation at the center, regions and villages. In order to accelerate stunting reduction, a national strategy is established which aims to:

- Reducing the prevalence of stunting
- Improving the quality of family life preparation
- Ensuring the fulfillment of nutritional intake
- Improving parenting patterns
- Improving access and quality of health services
- Improving access to drinking water and sanitation.

Implementation of accelerated reduction in stunting with the following target groups:

- Teenagers
- Prospective brides
- Pregnant women
- Breastfeeding mothers
- Children aged 0 (zero) – 59 (fifty-nine) months



The problem of stunting is one of the government's important concerns in formulating a policy. Presidential Regulation Number 72 of 2017 is one of the references in strengthening the synergy of each actor involved in the process of accelerating the reduction of stunting rates in the Republic of Indonesia. The government is targeting a reduction in stunting prevalence of 14% by 2024.

So far, the stunting reduction acceleration program has been implemented massively through the formation of a stunting reduction acceleration team at the central, provincial, district/city, and village/sub-district levels. The development of stunting rates that tend to fluctuate must be an important concern for existing policy actors, especially in district/city areas. The development of stunting at the Kapan Health Center decreased in 2023 and increased again in mid-2024.

**Table 3.** Development of Stunting at the Kapan Health Center in 2022-2024

No.	Village	Number of Stunting Children (people)		
		2022	2023	2024
1.	Lelobatan	32	24	44
2.	Netpala	49	33	49
3.	Obesi	31	50	38
4.	Eon Besi	64	50	74
5.	Bosen	64	52	78
6.	Sebot	62	48	81
7.	Ajaobaki	68	52	66
8.	Bijaepunu	71	58	75
9.	Tunua	62	52	58
10.	Fatukoto	81	70	100
11.	Tomanat	25	16	18
12.	Tofen	46	32	39
13.	Taiftob	71	47	57
<b>Amount</b>		<b>726</b>	<b>556</b>	<b>777</b>

Source: Kapan Health Center, 2024

The table above shows that the number of stunted children decreased in 2023 and increased again in 2024. The increase is also inseparable from the low level of public knowledge about early stunting prevention, both before and after giving birth. Stunting intervention programs such as Supplementary Feeding (PMT) are not enough to overcome the increase in stunted children.

In seeing the success of policy implementation, policy implementation can be studied based on Merilee S. Grindle's theory by referring to 2 major variables, namely the content of policy and the context of policy. This study also looks at the success of the implementation of Presidential Regulation Number 72 of 2021 concerning the Acceleration of Stunting Reduction in the working area of the Kapan Health Center, North Mollo District, South Central Timor Regency.

1. Content of Policy. Policy implementation, according to Grindle (1980) and Tresiana (2015) states that implementation has a stage of ratification of laws and regulations and availability of target groups to carry out the decisions that have been made. The involvement of all stakeholders, both government and community, can help smooth the implementation of the stunting reduction acceleration program at the Kapan Health Center, North Mollo District. In this case, the health center is responsible for implementing health services at the village level throughout the North Mollo District. This involvement is expected that the Health Center with various health service interests can provide input and new views on the development of public health in general and the development of stunting in particular. This involvement is expected to produce a more accurate



stunting reduction acceleration policy. Several policy content variables, according to Grindle (1980), which are the benchmarks for the success of policy implementation, can be seen as follows:

A. Influencing interests. Various stakeholders are involved in the policy formulation process or Regional Development Deliberation at the Sub-district level, including representatives of the Health Office, Population and Family Planning Agency, North Mollo Sub-district Government, village officials, Village Contract Workers in charge of health and also representatives of the Kapan Health Center. Based on the results of the study show that although the Health Center has aligned stunting dismissal activities well with Presidential Decree 72 of 2021, the cases have increased again in 2024. This is inseparable from the inaccurate policy determination process failing the implementation of the stunting reduction acceleration policy. The challenges influenced by interests can be seen in the following table:

**Table 4.** Interest Factors Influencing Stunting Policy

No.	Type of Interest	Position of interest	Information
1.	Cross-Sector Roles	Cross-sectors can work together to provide education and outreach to the community regarding the prevention and handling of stunting.	Cross-sector collaboration involving government, social institutions, religious, academic and mass media is still very minimal.
2.	Intergovernmental collaboration	The central government can collaborate with local governments to implement stunting control programs.	Collaboration between governments is not carried out properly, for example, when community health centers do not collaborate well with the Population and Family Planning Agency (BKKBN) and also the Village Government in collecting data on pregnant women.
3.	Collaboration between Kapan Health Center and non-governmental organizations	The government can collaborate with non-governmental organizations to address stunting.	When will the Puskesmas implement various stunting prevention programs independently without any cooperation with non-governmental institutions?
4.	Supervision of program implementation	Every implementation of the stunting prevention program needs to be supervised so that it is accountable and effective.	The Health Center does not routinely supervise every implementation of stunting activities such as the Supplementary Food Provision Program (PMT).

B. Type of Benefits. A good policy is a policy that can provide benefits to policymakers, implementers and policy targets. The benefits obtained from the targets of the stunting program in this study can be seen in the following table:

**Table 5.** Type of Benefits





No.	Policy objectives	Benefits of the policy	Information
1.	Pregnant mother	The benefits of the Supplementary Feeding (PMT) program for pregnant women include a positive contribution to ensuring adequate nutrition for pregnant women, which can impact the healthy growth and development of children in the future.	It has not been running optimally because, so far, the targets of the Additional Food Provision program have only been pregnant women with Chronic Energy Deficiency (KEK) and stunted children.
2.	Age 0-59 months	Monitor and ensure optimal baby growth through the parenting patterns provided.	It is implemented well by monitoring the development of babies at each Posyandu, but community participation in participating in Posyandu is still low.
3.	Future bride and groom	Increasing awareness of prospective brides and grooms regarding the importance of preconception nutrition and helping prospective brides and grooms understand the nutritional needs of pregnant women, premarital health checks, and early detection of risks that can affect the health of mothers and children.	Health centers have not been actively involved in collaboration with village governments and religious groups regarding stunting prevention education.
4.	Teenage girl	Increasing knowledge of stunting, starting from the causative factors to the role of adolescents in preventing it, educating adolescent girls so that they will become parents who have healthy and anti-stunting offspring, and also cultivating healthy habits such as enjoying physical activity and consuming nutritious food.	The provision of Iron Supplement Tablets (TTD) for adolescents every week for one year or 52 weeks has been implemented well in schools in the Kapan Health Center working area.

Source: Presidential Regulation Number 72 of 2021 concerning the Acceleration of Stunting Reduction in Indonesia

Based on the table above, the stunting program aims to reduce stunting rates. One of the leading programs for preventing stunting is the Supplementary Feeding (PMT) program for pregnant women. The Supplementary Feeding Program has been implemented by the Kapan Health Center since 2021. In 2024, there was an increase in cases to 777 cases of stunted children at the Kapan Health Center. It happened because, so far, the government has only paid attention to the targets of the Supplementary Feeding (PMT) program for pregnant women with Chronic Energy Deficiency (KEK) and stunted toddlers.

C. Degree of change achieved. Presidential Regulation Number 72 of 2021 concerning the acceleration of stunting reduction has a target to reduce the prevalence of stunting in Indonesia to 14% by 2024. This target is part of the National Strategy for the Acceleration of Stunting Reduction, which aims to achieve sustainable development goals by 2030. Based on the findings, the process of conveying information about stunting prevention has been carried out at every integrated health post (posyandu). Many people are already aware of stunting prevention, so community involvement can be seen when attending Posyandu or when attending various health services provided by the Village Government or Kapan Health Center. Based on this policy, in 2024, Kapan



Health Center experienced a significant increase in the number of stunting from 556 cases in 2023 to 777 cases in 2024. The government prioritizes the targets of the Additional Feeding (PMT) program, namely pregnant women with Chronic Energy Deficiency (KEK) and stunted children. In reality, all pregnant women, both those with Chronic Energy Deficiency and pregnant women, have the same risk of giving birth to stunted children. Kapan Health Center implemented the Supplementary Food Provision (PMT) program in collaboration with a third party as the PMT budget manager and the Sub-district PKK team to help facilitate the distribution of additional food to every KEK pregnant woman and stunted child. Monitoring and supervision were not scheduled properly, so the Kapan Health Center Nutritionist did not routinely supervise the process of making the Supplementary Food Program. With the increase in stunting cases, it is hoped that attention and supervision must be more actively carried out on the development of pregnant women's nutrition and provide education on the importance of good parenting in preparing for pregnancy.

D. Location of Decision Making. Decision making is the main task of a leader who plays an important role in implementing a policy (Grindle, 1980). The location of decision making at the Kapan Health Center, especially regarding stunting prevention, is still top-down, meaning that every decision still awaits direction from superiors and also follows existing regulations by carrying out the duties and functions of the Health Center as a government institution that assists the Health Office in providing health services to the community. The decision-making process related to stunting control policies at the Kapan Health Center is carried out through stunting discussions involving the village government, sub-district government, religious leaders, community leaders and the private sector managing the stunting reduction acceleration program. This is done in order to evaluate the achievement of the implementation of the stunting reduction acceleration program. Stunting discussions at the village and sub-district levels are held every 6 months or only twice a year. The Health Center must be actively involved in the policy formulation process at the village and sub-district levels. Various findings and evaluations at the community level can provide insight into the policy formulation process so that the formulation of stunting prevention program policies will produce more targeted policies. The involvement of the Health Center in policy formulation at the village and sub-district levels can be utilized to conduct policy evaluations and strengthen coordination with various parties involved in the collaboration to accelerate stunting reduction.

E. Program Implementation. The stunting reduction acceleration program at the Kapan Health Center level has the capability and competence at the health center level. The Environmental Health Section always pays attention to the main tasks and functions in monitoring the use of sanitation and clean water in the community. The Nutrition Section and Public Health Unit contribute to supervising every implementation of the Supplementary Feeding Program (PMT) in accordance with nutritional standards and are expected to be able to prevent and even reduce stunting cases (Hermawan et al., 2023). The midwifery section focuses more on early prevention, such as providing Iron Supplement Tablets for adolescents, as well as stunting prevention education for prospective brides and grooms and pregnant women. In addition, based on observations made, public awareness needs to be increased in the process of preventing stunting. The attendance rate of Posyandu members is only around 60-80% each month. It shows that public education is still very low regarding health services that are important for the development of pregnant women and toddlers. According to the Posyandu Cadre report, people often prioritize family matters and various other matters compared to coming to the Posyandu. Other findings Based on interviews with midwives at Kapan Health Center, stunting reduction acceleration activities have so far only prioritized the growth and development of stunted children, pregnant women and adolescent girls.

Meanwhile, educational activities for prospective brides and grooms and couples of childbearing age are still very minimal. With various socio-economic limitations, such as limited access to decent work, many young couples prefer to get married rather than continue their education and look for work that can help improve the family's economy. Many people also still feel ashamed if they experience an unplanned pregnancy. The lack of preparation and education in the community about preventing stunting will affect the increase in stunting cases at Kapan Health Center.

F. Resources used. The budget resources for stunting prevention in Indonesia come from various sources, including Special Allocation Funds from local governments, Non-Physical DAK from local governments, spending in 17 Ministries and institutions, Village Funds and Grants to regions. In 2023, the budget allocation for handling stunting is estimated at IDR 48.85 trillion. The funds are distributed through ministries/institutions that are directed at reducing stunting rates in order to create a better working, household and health environment. The following is a presentation of the budget utilized in the process of implementing efforts to accelerate stunting reduction at the Kapan Health Center, North Mollo District, South Central Timor Regency.

**Table 6.** Presentation of the Kapan Health Center Budget in 2024 in Efforts to Accelerate Stunting Reduction

No.	Type of activity	Budget Amount
1.	Training of the implementing team in preparing local food-based PMT for pregnant women with special economic conditions and malnourished toddlers.	15.300.000
2.	Provision of local food-based additional food for pregnant women with special economic conditions and malnourished babies	192.600.000
3.	Reducing Maternal Mortality Rate and Infant Mortality Rate and Accelerating improvements in community nutrition	710.335.000
<b>Total</b>		<b>918.235.000</b>

Source: Kapan Health Center, 2024

Based on the table above, the budget for the stunting prevention program at Kapan Health Center is dominated by early prevention efforts, especially for monitoring the development of pregnant women. Health promotion and counseling activities can increase the community's role and participation in living healthily independently and meeting the nutritional needs of their families.

Other resources are human resources. Based on the results of the study, human resources at the Kapan Health Center are placed according to their backgrounds and various professions, namely doctors, nurses, pharmacists, sanitarians, nutritionists, midwives, health administration, health promotion and various other educational backgrounds. The division of tasks and work is according to the workload of each to implement the stunting reduction acceleration program. Implementation of the Additional Food Provision (PMT) program alternately to each child according to the category, namely a 14-day intervention program if the child's weight does not increase, underweight for 28 days, malnutrition for 56 days. The implementation of this program is gradual according to the development of the child. Limited human resources, especially in the field of Environmental Health at the Health Center, are one of the obstacles in the monitoring process in accordance with Government policy. These activities are only carried out in several villages in the Kapan Health Center work area. As a result, not all community homes will be monitored for sanitation and clean water management. The results of the Environmental Health analysis of Kapan Health Center stated





that the cleanliness of water reservoirs, healthy toilets and the process of cooking food ingredients can also affect the nutritional value of food that will be processed into food.

**Implementation Environment (Context of implementation).** The policy implementation environment is the environment where the policy is implemented and can affect the success of policy implementation. According to Grindle (1980) If the environment has a positive view of a policy, it will generate positive support so that it will affect the success of policy implementation. Conversely, if the environment has a negative view, there will be a clash of attitudes, so the policy implementation process is threatened to fail. In efforts to accelerate the reduction of stunting, there are several actors involved in preventing stunting, which will be presented in the table below.

**Table 7.** Roles of Actors Involved in Efforts to Prevent Stunting

No.	Actor	Position
1.	Family	Families can help prevent stunting by accompanying pregnant women during pregnancy check-ups and preparing transportation plans to the place of delivery.
2.	Village government	The village government plays a role in coordinating and implementing the acceleration of stunting reduction in the village.
3.	Cadre	Cadres play a role in preventing stunting through case prevention, detection and handling of stunted toddlers.
4.	Central government	The central government involves all ministries/institutions, provincial, district/city and village governments to prevent the birth of new stunted children.
5.	Non-governmental actors	The government builds partnerships with non-government actors, such as private groups, NGOs, community organizations, academics and other groups.

Source: Researcher's processed results, 2024

Based on the table above, in an effort to accelerate the reduction of stunting, the government must be able to collaborate between governments, the private sector and the community in implementing various programs to accelerate the reduction of stunting. The role of the community and government as strengthening factors is very much needed to accelerate the reduction of stunting rates (Neherta, 2023). To ensure the success of policy implementation several policy implementation variables are expected to support the success of policy implementation, including:

A. Power, interests and strategies of the actors involved. Based on the findings of the researcher, the involvement of actors is important in the policy formulation process. Various aspirations and problems will be formulated properly in the development plan document. All policy actors involved in the process of accelerating the reduction of stunting have a strong commitment to preventing stunting. All parties involved can optimize their respective roles in efforts to overcome stunting. The South Central Timor Regency Government ensures that stunting prevention is carried out using smart, innovative, comprehensive and well-implemented methods in order to improve the health of the people of South Central Timor Regency. In addition, based on the results of observations and interviews at the Kapan Health Center, stunting does not only occur in families who are economically capable but also in more capable families. It also often happens that parents do not pay much attention to parenting patterns for the growth and development of children. For example, parents who work often entrust child care to others. Caregivers who are not patient will provide suboptimal parenting patterns, such as providing nutritious food, which will affect the



growth and development of children's nutrition, which is more likely to lead to cases of stunting. The government must optimize public education efforts on stunting prevention in increasing public awareness of raising children. The importance of the role of families and communities in preventing stunting is the key to creating a healthier and more productive generation in the future. Socialization at every social community meeting is one effective way to increase public understanding of the importance of adequate nutritional intake and proper parenting for children's growth and development (Awatara et al., 2024).

B. Characteristics of institutions and regimes in power. Based on observations and interviews by researchers at the Kapan Health Center, coordination between the Kapan Health Center and other stakeholders, such as the District government and stunting families, is still very low. Data collection on pregnant women that is not well integrated with the process of monitoring the development of pregnant women from the beginning of pregnancy is very rarely done. Most pregnant women will do health checks in the second trimester. It proves that mothers' awareness of child development is still very low. On the other hand, the Village Contract Workers who have the authority to carry out health services at the village level do not properly record data on pregnant women. Based on the results of the interview above, the Kapan Health Center is committed to the process of implementing the stunting reduction acceleration program. Various programs have been carried out starting from early prevention to the Provision of Additional Food (PMT). These efforts are a form of cooperation with all policy actors involved, such as the Village Government, the community and third parties as budget managers in providing Additional Food for Toddlers and pregnant women. The stunting prevention education program is also delivered at every visit to health facilities in the community. Suppose some toddlers fall into the stunting category and also pregnant women who have upper arm sizes below average. In that case, the Health Center will provide special attention until there is a change to normal conditions. Special characteristics and approaches need to be carried out for each community so that a good atmosphere will bring changes in a better direction, namely in preventing an increase in stunting cases.

C. Level of compliance and response of implementers. Based on the results of the interview above, the ability and competence of implementers can help understand problems in the process of implementing public policy. Kapan Health Center experienced an increase in stunting cases to 777 cases in 2024. As a form of response, Kapan Health Center will increase the target of the stunting program to all babies at risk of stunting and all pregnant women. Prevention is also carried out as early as possible by monitoring families at risk of stunting and implementing various prevention education programs for adolescents and prospective brides. For this reason, communication and collaboration between actors, both government and religious parties, in providing education on stunting prevention for the community.

According to Afrizal et al., (2023) that policy implementers must be responsive and consistent in implementing policies. Kapan Health Center implements various prevention programs for each target, for example, education on stunting prevention for the community, providing iron tablets, exclusive breastfeeding and additional food for toddlers, as well as providing iron tablets and monitoring the development of pregnant women. This is the commitment of Kapan Health Center to improve public education about stunting prevention so that in the future, the North Mollo District area can avoid cases of stunting in children, which have so far been the main concern of the entire community.

### **Inhibiting Factors in the Implementation of the Stunting Reduction Acceleration Program at the Kapan Health Center, North Mollo District, South Central Timor Regency.**



1. Parents' work and economy. Parents' work is related to the family economy, which affects the family's purchasing power. Some parents consider the economy more important than health. Several parents interviewed at the Kapan Health Center said that economic limitations forced them to sell at the market to improve the family's economy. Uncertain income often provides limited access to meeting household needs, especially for food.
2. Lack of family knowledge about stunting prevention. Education and awareness of the interviewed community are still very low about stunting prevention. Several cases occurred where unplanned pregnancies made parents prefer not to check the progress of their pregnancy at the health service center in the village or the nearest health center. When there is coercion from government officials, either the health center working together with the security forces, parents will be aware and then be able to control the progress of their pregnancy at the nearest health service center.
3. Limited supervision and evaluation. Kapan Health Center, as a health service provider in the Mollo Uta+ra District, must regularly supervise and evaluate the progress of the implementation of the stunting reduction acceleration program at Kapan Health Center. Based on research findings, the Supplementary Feeding Program often does not have a clear end goal. There is often a stoppage in the provision of Supplementary Feeding for children and toddlers. This is not followed up with an explanation regarding the continuation of the program, so many parents are confused because they no longer receive the Supplementary Food Program. Coordination between the Head of the Health Center and program implementers must be improved so that decisions are made appropriately and immediately implemented in order to ensure the success of the implementation of the stunting reduction acceleration program at the Kapan Health Center.
4. Policy planning. Stunting discussions are a series of meetings held by the village to discuss the results of the formulation of activities through focused discussions. This activity is carried out to create and determine the village's commitment to determining programs or activities for preventing and handling stunting. According to the author's research findings, representatives of the Puskesmas often do not seriously provide input related to the development of stunting. Until now, there has been no further coordination related to collaboration between the Kapan Puskesmas and the village government or religious groups regarding stunting education. It has resulted in many activities only being carried out for stunting targets, such as toddlers, pregnant women and adolescent girls.
5. Meanwhile, activities for prospective brides and grooms and couples of childbearing age have not been properly facilitated. With good policy planning, looking at the development and implementation of the stunting program, the government must commit to maximizing activities to accelerate the reduction of stunting, starting from early prevention. This is done to improve public education about stunting prevention.

## CONCLUSION

Implementation of Presidential Regulation Number 72 of 2021 concerning the acceleration of stunting reduction, the implementation of which is carried out across sectors, especially the health sector. Based on the results of the study on the implementation of stunting reduction policies at Kapan Health Centers:

1. Policy content. The implementation of the stunting reduction program focuses more on families at risk of stunting. However, the policy has policy targets such as adolescent girls, prospective brides, pregnant women, children aged 0-59 months, and families at risk of stunting. Regarding



the content of the policy, it has not been fully implemented properly by the health center. More attention is paid to children with stunting and families at risk of stunting so that many prevention activities, such as providing education to prospective brides and grooms, do not run well. Data on pregnant women is not integrated properly, so the monitoring of pregnant women is often after several months of carrying a baby in the womb. It also affects public education and awareness in preventing stunting.

2. Context of implementation. The policy environment can support the success of policy implementation. According to Presidential Regulation Number 72 of 2021 concerning the Acceleration of Stunting Reduction, stakeholders have an important position in the implementation of stunting reduction policies. All parties involved must cooperate and coordinate in implementing the stunting reduction program. Coordination between Health Centers, Village Governments, and other sectors can be improved through cooperation on stunting reduction programs. The Central Government, Regional Governments and the community have diverse interests. However, they should be an important concern in obtaining information, providing input and influencing the process of formulating and implementing stunting reduction policies.

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