

IMPLEMENTATION OF STUNTING REDUCTION POLICY IN MUARA JAWA DISTRICT, KUTAI KARTANEGARA REGENCY

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ABSTRACT

This study aims to implement the Policy to Reduce Stunting Rates in Muara Jawa Subdistrict, Kutai Kartanegara Regency, and to examine the supporting and inhibiting factors that influence its implementation. This study uses a qualitative approach with data collection techniques through in-depth interviews, observations, and documentation studies. The Implementation Framework refers to Edward III's theory, which covers four dimensions of policy implementation: communication, resources, disposition, and bureaucratic structure, adding two additional dimensions, namely supporting and inhibiting factors. The results of the study show that the implementation of the policy to reduce stunting rates in Muara Jawa Subdistrict is driven by a very strong and integrated governance system, supported by factors of communication (very effective and consistent), disposition (high and controlled commitment), and bureaucratic structure (adaptive and convergent). The main strength lies in the authoritative authority of the sub-district head, who has successfully controlled sectoral egos and integrated financial resources quickly through the involvement of the village head (TPPS). However, the overall effectiveness of implementation is structurally hampered by a serious resource deficit. These obstacles include a quantitative deficit of technical human resources (nutritionists/midwives) and volunteers (cadres) who are vulnerable due to high workloads and low incentives, as well as a structural deficit of sensitive intervention facilities (sanitation and clean water) that require large budgets beyond the authority of the sub-district level. Strengthening structural resources, enhancing functional human resource support, and enriching educational communication.

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INTRODUCTION

Health is a vital foundation that integrates physical, psychological, social, and economic functions in an individual's life. Excellent health is an asset as well as a driving force for daily productivity, where disturbances in physical aspects can significantly inhibit cognitive and spiritual mobility (Sukardi & Hutagalung, 2024). In Indonesia, one of the serious threats to the quality of health in the future is stunting. This phenomenon is not just a linear growth

problem, but a manifestation of chronic nutritional deficits from gestation to postpartum triggered by poor maternal health conditions and inadequate parenting patterns. Given its permanent impact on motor and mental development and high mortality risk, the government has set stunting handling as a national priority through Presidential Regulation No. 72 of 2021 with a prevalence target of 14% by 2024. At the regional level, Kutai Kartanegara Regency shows a downward trend in prevalence of up to 16.49% as of May 2025, but this figure still needs acceleration to achieve the national target. Muara Jawa District, with its characteristics of coastal and industrial areas, is a crucial locus that demands the effectiveness of policy implementation through the coordination of specific and sensitive interventions. The success of this policy is highly dependent on the implementation process on the ground. Referring to the theory of Edward III (1980), the effectiveness is determined by four main variables: communication, resources, disposition, and bureaucratic structure, which in this case is operationalized through the performance of the Stunting Reduction Acceleration Team (TPPS) in creating program convergence. (Imawati et al., 2023; Wigati et al., 2023) (Ministry of Health of the Republic of Indonesia, 2018)

The implementation of stunting policies in various regions is often not optimal due to programmatic constraints, limitations in the quantity and quality of human resources, and lack of infrastructure support and public awareness. This study seeks to analyze in depth the implementation of policies in Muara Jawa District through the Edward III framework. The focus of the study is directed at how local bureaucracies manage limited resources and optimize communication patterns to ensure the accuracy of intervention targets. The results of this study are expected to be able to make a theoretical contribution to the study of public administration as well as practical solutions for policy makers in the regions in accelerating the reduction of stunting rates. (Kinanti & Yusran, 2022; Sahroji et al., 2022)

METHOD

This research uses a descriptive qualitative method. Data was collected through in-depth interviews with key informants (Sub-district Head, Puskesmas Leaders, Village Heads), field observations, and documentation studies. Data analysis includes data condensation, data presentation, and conclusion drawn. (Miles & Huberman, 1992)

RESULT AND DISCUSSIONS

The analysis of the implementation of stunting reduction policies in Muara Jawa District was carried out by referring to four crucial variables that determine the success or failure of a public policy according to . (Edwards, 1980; Putri, 2023)

Communication: Clarity and Consistency of Messages

Communication in reducing stunting in Muara Jawa involves the process of transmitting information that is authoritative and educational. The message regarding the prevalence target is transmitted hierarchically from the Regency Government through the Regent's Decree related to the stunting locus.

- a. **Transmission and Clarity:** The results show that policy messages do not just stop at the bureaucratic level, but are translated effectively to the grassroots level. Nutrition officers and village midwives act as policy interpreters that change medical technical terms into language that is easy for stunting foster parents to understand. This is in line with the view that clarity of information minimizes distortions in policy implementation on the ground. (Edwards, 1980)
- b. **Consistency:** Consistency of messages is maintained through regular forums such as Mini Workshops (Minlok) of Puskesmas and Stunting Rembuk at the sub-district level. This uniformity of message is crucial so that the public does not receive overlapping information about parenting and children's diet. (Scott, 2021)

Resources: Between Clinical Capacity and Infrastructure Deficits

Resources are the deciding factor that translates instructions into action.

- a. **Human Resources (HR):** In Muara Jawa District, the competence of health workers (midwives and nutritionists) is very qualified. However, the main challenge lies in the workload of posyandu cadres as the front line. The lack of a proportional number of cadres to the number of toddlers often hinders the

accuracy of initial data collection. According to , the effectiveness of work is greatly influenced by the adequacy of resources to support the task given. (Robbins & Judge, 2018)

- b. Facility and Financial Resources: Although anthropometric tools are already available in every posyandu, research has found barriers to sensitive (non-health) interventions. The lack of sanitation infrastructure and access to clean water in several villages is an environmental risk factor that has not been fully addressed independently by the sub-district/sub-district budget, thus requiring third-party collaboration through CSR funds. (Nurva & Maharani, 2023)

Disposition: Commitment and Authoritative Leadership

Disposition is related to the tendency or commitment of policy implementers.

- a. Implementation Commitment: In Muara Jawa, there is a high sense of ownership of this program. The strong leadership of the Sub-district Head through a command and control approach but still collaborative has succeeded in suppressing sectoral egos between agencies (such as KUA, Puskesmas, and Kelurahan). (Agustin & Rahmawati, 2021)
- b. Incentives: Although operational budget support for cadres is still limited, the motivation of the implementers is maintained due to social recognition and support from the leadership. However, in the long term, strengthening material incentives is indispensable to ensure the sustainability of the work spirit. (Grindle, 2017)

Bureaucratic Structure: Convergence Through TPPS

The bureaucratic structure in Muara Jawa District has been organized through the formation of the Sub-district Level Stunting Reduction Acceleration Team (TPPS).

- a. Standard Operating Procedures (SOP): Stunting management in this region follows a clear workflow, starting from the identification of two-year-old babies (Baduta) at posyandu, reporting through electronic applications (e-PPGBM), to local supplementary feeding interventions (PMT). (Fitriani et al., 2021)
- b. Fragmentation and Coordination: The existence of TPPS has succeeded in reducing bureaucratic fragmentation. Cross-sector coordination is no longer a mere formality, but is already at the stage of sharing data and budget resources (convergence). This is in accordance with the concept of coordination in public administration which states that cross-unit synergy is the key to solving wicked problems such as stunting. (Head & Alford, 2015)

Table 1, Number of Testing of WFF Triple NA=15 or NA=8

Dimensions	Field Findings	Impact on policy
Communication	Transmission is smooth via Rembuk <i>Stunting</i> ; technical messages are simplified.	Increase community participation and understanding of targets.
Resources	Adequate experts; limited clean water infrastructure; high cadre load.	Specific (health) interventions are fast, sensitive (environmental) interventions are slow.
Disposition	Commitment of strong leadership (Sub-district Head/Lurah); low sectoral ego.	The implementation of the program is more integrated and on target.
Structure	TPPS functions as a forum for cross-sector convergence.	Reduce overlap of activities and simplify data control.

Interpretation of Implementation Analysis Results

Based on the summary table above, it can be concluded that the implementation of stunting reduction policies in Muara Jawa District has dynamics that affect each other between variables. The following is an in-depth explanation of the relationship between the field findings and the effectiveness of the policy:

1. Communication Synergy and Goal Understanding The main success in the field starts from effective communication patterns. Through the Rembuk Stunting forum and the simplification of technical language by health workers, policy messages are not only understood by the bureaucracy but also by the target community (pregnant women and parents of toddlers). This has a direct impact on increasing

community participation in the Posyandu, because the message conveyed is persuasive and easy to practice, not just administrative instructions.

2. Resource Inequality: Specific vs Sensitive In the resource dimension, it was found that there was an inequality between specific (health) and sensitive (environmental) interventions. The quality of qualified nutritionists and midwives ensures that medical treatment of stunted children runs very quickly. However, this effectiveness is held back by infrastructure limitations such as access to clean water and sanitation. As a result, even if nutritional interventions are provided, the risk of recurrent infections due to an unhealthy environment remains lurking, thus permanently inhibiting the reduction in stunting rates.
3. Leadership as an Adhesive (Disposition) Disposition variables are a key factor in overcoming bureaucratic obstacles. The strong commitment of the Sub-district Head and Village Head in Muara Jawa creates a collaborative working atmosphere. This leadership acts as an "adhesive" that forces each agency to lower its sectoral ego. As a result, the implementation of programs in the field becomes more integrated; for example, KUA provides education to brides-to-be, while the Village ensures budget support for the provision of additional food.
4. Bureaucratic Structure as a Container for Convergence Finally, the establishment of TPPS (Stunting Reduction Acceleration Team) at the sub-district level provides a clear structure for cross-sector coordination. With the TPPS, there are no more agencies that run independently (fragmentation). The positive impact is the creation of better budget efficiency and data accuracy, because all activities are coordinated in one forum that allows collective supervision of the development of each child who falls into the stunting category.

CONCLUSION AND SUGGESTION

Based on the results of the analysis using the policy implementation model of George C. Edward III, this study concludes that:

1. Communication: Policy implementation in Muara Jawa District is supported by an effective and inclusive communication pattern. The transformation of health technical language into an educational narrative for the community has succeeded in improving the accuracy of message reception at the target level.
2. Resources: There is a contradiction between the high quality of medical human resources and the limited support of sanitation infrastructure. Although specific interventions work optimally, long-term success is still hampered by environmental factors (sensitive interventions).
3. Disposition: Authoritative leadership from the Sub-district Head as the regional leader is a determining factor that is able to unite various agencies (Puskesmas, KUA, Kelurahan) into one collective goal, thereby minimizing traditional bureaucratic obstacles.
4. Bureaucratic Structure: The Sub-district TPPS has served as an effective convergence mechanism. The use of integrated data and clear coordination pathways ensures that interventions do not overlap and are on target.

Strengthening Sensitive Interventions: District and District Governments need to expand strategic partnerships with the private sector (through CSR funds) to prioritize the development of clean water infrastructure and healthy latrines in coastal and industrial areas of Muara Jawa. Modernization of Cadre Management: There is a need for a more sustainable appreciation or incentive system for posyandu cadres as the front line, both in the form of routine capacity building training and more adequate material support. Monitoring Digitalization: Encouraging the use of real-time integrated digital platforms at the village level to monitor the development of stunted children post-intervention, to ensure that there are no cases of relapse.

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