Original Research

POLICY IMPLEMENTATION TO ACCELERATE STUNTING REDUCTION: A QUALITATIVE STUDY

Implementasi Kebijakan Percepatan Penurunan Prevalensi Stunting: Studi Kualitatif

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Abstract

Background: The prevalence of stunting in Kepahyang Regency in Bengkulu Province is high (24.9%). Despite the policy of Accelerating Stunting Reduction or Percepatan Penurunan Stunting (PPS) outlined in Presidential Decree Number 72 of 2021, results have been suboptimal.
Aims: This study aims to analyze and evaluate the implementation of PPS policies and identify supporting and inhibiting factors.
Methods: Research using a qualitative approach, focusing on the evaluation of achievements of 11 specific nutrition intervention indicators with policy implementation analysis with the strengthening of Edward III policy analysis. Data collection used in-depth interview guidelines with 6 stakeholders, focus group discussions (FGD) in two groups, and document observation. Informants are selected by purposive sampling. Data analysis uses content analysis.
Results: The implementation of PPS in Kepahyang Regency faces communication problems, limited resources, complex bureaucratic structures, and inadequate supervision, which shows the need for increased coordination and support. Village government support and good social conditions are supporting factors, while lack of communication between the village government and the community and minimal budget support are the main obstacles
Conclusion: The inhibiting factors are communication issues, resource limitations, bureaucratic complexity, and inadequate supervision. The supporting factor is strong support from local government and health workers.

Keywords: implementation, policy, specific nutrition interventions, stunting

Abstrak

Latar Belakang: *Prevalensi stunting di Kabupaten Kepahyang di Provinsi Bengkulu termasuk tinggi (24,9%). Meskipun ada kebijakan percepatan penurunan stunting (PPS) melalui Perpres RI Nomor 72 Tahun 2021, hasilnya belum optimal.*
Tujuan: *Penelitian ini bertujuan menganalisis dan mengevaluasi implementasi kebijakan PPS serta mengidentifikasi faktor pendukung dan penghambat implementasi kebijakan.*
Metode: *Desain penelitian menggunakan pendekatan kualitatif., fokus pada evaluasi pencapaian 11 indikator intervensi gizi spesifik dengan analisis implementasi kebijakan dengan penekatan analisis kebijakan Edward III,. Pengumpulan data menggunakan pedoman wawancara mendalam pada 6 orang pemangku kepentingan, diskusi kelompok terfokus (FGD) pada dua kelompok, dan observasi dokumen. Pemilihan informan menggunakan teknik purposive sampling.. Analisis data menggunakan analisis isi.*
Hasil: *Pelaksanaan PPS di Kabupaten Kepahyang dihadapkan pada masalah komunikasi, keterbatasan sumber daya, struktur birokrasi kompleks, dan pengawasan tidak memadai, yang menunjukkan perlunya peningkatan koordinasi dan dukungan. Dukungan pemerintah desa dan kondisi sosial yang baik menjadi faktor pendukung, sementara kurangnya komunikasi antara pemerintah desa dan masyarakat serta dukungan anggaran yang minim menjadi penghambat utama.*
Kesimpulan: *Faktor pengambat implementasi kebijakan PPS adalah masalah komunikasi, keterbatasan sumber daya, kompleksitas birokrasi, dan pengawasan yang tidak memadai. Faktor pendukung adalah ada dukungan kuat pemerintah daerah dan tenaga kesehatan.*

Kata Kunci: *implementasi, intervensi gizi spesifik; kebijakan, stunting*

Introduction

The Ministry of Health's current priority program focuses on stunting prevention and control, as contained in the 2020-2024 Rencana Pembangunan Jangka Menengah Nasional or National Medium-Term Development Plan (RPJMN), with a target of reducing stunting prevalence to 14% by 2024 (Bapenas, 2019). The prevalence of stunting in Indonesia remains higher than the World Health Organization's (WHO) recommended threshold of 20% (Lestari *et al.*, 2023). Data from the 2022 Survei Status Gizi Indonesia or Indonesian Nutritional Status Study (SSGI) shows that stunting prevalence is at 21.6%, down from 24.4% in 2021 and 27.7% in 2019, yet it has not still met the RPJMN and WHO targets (Hafizuddin and Che, 2021; Kemenkes, 2023).

Since 2021, Badan Perencanaan Pembangunan Nasional or the National Development Planning Agency (Bappenas) has issued Decree Number Kep/42/M concerning the Determination of the Expansion of Districts/ Cities as Focus Locations for Integrated Stunting Reduction Interventions, including Bengkulu Province (Bapenas, 2019). However, the evaluation of stunting prevalence in 2021 showed suboptimal results. To address this, the government introduced the Acceleration of Stunting Reduction or *Percepatan Penurunan Stunting* (PPS) policy through the Presidential Regulation of the Republic of Indonesia Number 72 of 2021. This policy promotes an integrated approach that includes, both specific and sensitive nutrition interventions, with a family-centered strategy targeting those at risk of stunting. The prevalence of stunting in Bengkulu Province (19.8%) is lower than the national rate (21.6%). This decrease is significant, from 22.1% (SSGI 2021) to 19.8% (SSGI 2022). However, when examining the data from 10 districts/cities, the SSGI results from 2019 and 2022 show that the stunting prevalence increased in five districts, including Kepahyang Regency, which rose from 22.9% (SSGI 2021) to 24.9% (SSGI 2022)

(Hafizuddin and Che, 2021; Kemenkes, 2023). The rise in stunting prevalence highlights ongoing challenges in preventing and addressing stunting. (Maliati, 2023).

The results of studies on stunting prevention and control programs reveal various challenges, including sectoral egos of each OPD (*Organisasi Perangkat Daerah*)/ Regional Apparatus Organization, suboptimal program socialization, and a lack of comprehensive understanding (Permanasari *et al.*, 2020). The program has not been fully implemented yet, with low coverage, quality, and achievement of targets, and coordination between ministries and institutions remains inadequate (Samsudrajat and Jati, 2018).

An evaluation of the Acceleration of Stunting Prevalence Reduction policy implementation in Kepahyang District, Bengkulu Province, has not been conducted yet, despite the high prevalence of stunting in the region. Given the serious public health implications of rising stunting rates, assessing the effectiveness of policy implementation aimed at accelerating stunting reduction is crucial. Stunting significantly impacts the physical health and cognitive development of the younger generation. Therefore, this study aims to analyze and evaluate the implementation of policies to reduce stunting prevalence and identify supporting and inhibiting factors in Kepahyang Regency with a qualitative approach.

Method

This method follows COREQ guidelines by detailing the study design, data collection methods, sampling procedures, data analysis process, and considerations for cultural and linguistic factors. The inclusion of detailed information about the stakeholders involved, methods of analysis, and steps taken to ensure the reliability of the data ensures a comprehensive and transparent report of the qualitative research process (Tong, Sainsbury and Craig, 2007).

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This study employed a qualitative approach using a descriptive method to explore the implementation of the Acceleration of Stunting Prevalence Reduction (PPS) policy in Kepahyang District, Bengkulu Province. The focus of the research was to identify the factors that facilitate or hinder the implementation of this policy, with particular attention to its effectiveness in reducing stunting prevalence. To evaluate the effectiveness of the policy, the study utilized Edward III's policy implementation indicators, which include communication, resources, bureaucratic structure, and disposition, which allowed for a deeper understanding of the key components affecting the policy's success.

The research team was composed of experienced qualitative researchers with expertise in public health policy and nutrition. These researchers brought valuable insights into the study, as their backgrounds in health systems research and policy analysis guided both the study's design and interpretation of findings. Acknowledging the potential for researcher bias, the team took proactive steps to minimize subjectivity. This was achieved through regular team meetings and peer debriefing sessions, ensuring a collaborative approach that balanced individual perspectives and enhanced the objectivity of the analysis.

The descriptive design was chosen to provide an in-depth examination of the real-world challenges and successes of policy execution from multiple perspectives. The use of purposive sampling enabled the selection of participants with extensive knowledge and direct involvement in the implementation of the PPS policy, ensuring that the study focused on key stakeholders who could provide valuable insights into the policy's impact and challenges.

Purposive sampling was employed to select key informants, including six stakeholders who played pivotal roles in the policy's implementation. These included the Head of the Stunting Task Force, the Head of the Public Health Division, the Head of the Family Health and Nutrition Section, the Head of the Stunting Control Team, the Head of the Mother and Family Planning Team, and the Person in Charge of Nutrition Programs at the Bengkulu City Health Office. In addition to interviews, two Focus Group Discussions (FGDs) were conducted, each consisting of six participants from different sectors, such as Puskesmas heads, nutrition personnel, and health cadres. Furthermore, relevant documents related to the implementation of nutrition intervention indicators were reviewed to complement the primary data gathered through interviews and FGDs.

The collected data, including in-depth interviews and FGD transcripts, were carefully transcribed by an independent transcriber to ensure accuracy. The analysis involved a process of manual coding, starting with open coding to break down the data into smaller segments. These segments were then grouped into content categories, allowing the identification of subthemes related to policy implementation. A comparative analysis was conducted across these subthemes, which were then organized into primary themes. The analysis followed Edward III's framework for policy implementation, ensuring a structured approach to understanding the factors influencing the success or failure of the PPS policy.

Most of the interviews and FGDs were conducted in Indonesian, with some participants using the local Bengkulu dialect. To ensure the accuracy and integrity of the data, all statements in the local dialect were translated precisely, preserving the meaning and context of the participants' responses. The final analysis was descriptive, aimed at capturing the naturalistic context of the PPS policy implementation process. Direct quotes from informants were included to enrich the findings and provide a deeper understanding of the challenges and enablers related to the implementation of the policy. This comprehensive analysis helps illuminate the practical realities of stunting prevention efforts in Kepahyang District.

Result and Discussion

Policy Implementation to Accelerate Stunting Prevalence Reduction

This study highlights the communication of the PPS program through various methods for stakeholders and the community, including online and offline meetings by the Bengkulu Province Health Office. The District Health Office offers stunting training for nutrition workers and health cadres, who provide counseling at different levels. While the PPS Acceleration Policy is understood by implementers, confusion arises from overlapping activities among programs and sectors. A clearer synchronization of stunting-related policies is needed for effective implementation. Despite these challenges, local governments and health workers remain committed to the national policy, effectively implementing it at the village level to reduce stunting prevalence.

Effective communication is crucial for successful public policy implementation, ensuring decision-makers understand their responsibilities. The implementor's grasp of responsibilities, objectives, and targets are three criteria for assessing communication effectiveness. A clear understanding of policy goals reduces distortions and potential resistance from the target group during theimplementation (Anggreni, Lubis and Kusmanto, 2022).

Research indicates that PPS acceleration policy information in Kepahyang Regency is shared via offline and online meetings with Regional Technical Implementation Units. The District Health Office trains nutrition workers and health cadres, while Puskesmas Officers offer regular counseling. However, cadres struggle to independently convey stunting information, similar to practices in Tangerang district (Shauma, 2022). Findings in Medan City show that the explanation of the implementation of stunting reduction policies is carried out through socialization with people who have stunting toddlers (Edriani and Hasibuan, 2023). The results of the study in Sampang Regency, East Java Province, found that communication in the implementation of stunting reduction policies was well implemented by the Sampang Regency Health and Family Planning Office as the main implementer (Damara *et al.*, 2022). The PPS Acceleration policy was communicated to ensure understanding among implementers and stakeholders. However, confusion arises from numerous activities across programs, and slow responses to stunting data hinder effective action.

This study reveals that Kepahyang Regency has adequate human resources for stunting management, primarily composed of health workers with nutrition backgrounds. However, posyandu cadres require regular training in stunting detection, as some struggle with this task. There is a shortage of family assistance team members, necessitating additional training and resources. While health facilities are generally adequate, improvements are needed, as some are damaged and lack stability. Funding for policy implementation is limited, impacting monitoring and evaluation efforts. Coordination of stunting interventions is managed by the District Health Office, with communication relying on WhatsApp groups, posters, and banners, which are generally sufficient.

Resources are crucial for effective policy implementation. Despite clear communication, insufficient human resources, financial support, and infrastructure can hinder success. This research examines human resources, authority, information, and facilities as key factors (Anggreni, Lubis and Kusmanto, 2022). The study of resources in this study includes Human Resources (HR), authority resources, information resources, facilities, and infrastructure resources.

Most Puskesmas in Kepahyang Regency have adequate nutrition personnel for stunting management. However, some health workers lack understanding of stunting, hindering identification and treatment. There is a shortage of active family assistance team cadres, and posyandu cadres struggle to

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detect stunting risks. More trained health cadres and sufficient numbers are urgently needed for effective stunting prevention (Sumardani, Yuningsih and Ikhsan, 2022).

Facilities in Kepahyang Regency need improvement to enhance health services and stunting prevention. While accessibility is generally good, policies ensuring nutritious food for low-income families are essential. Damaged anthropometric kits and inadequate iron tablet consumption hinder effective screening. Some posyandu lack permanent locations, impacting clean living practices. Investment in health infrastructure is necessary.

Budget resources for stunting prevention interventions in Kepahyang District are limited. The Health Office lacks specific allocations, relying on APBD, Non-Physical DAK, and BOK funds. Although incentives are provided to Family Assistance Teams, posyandu cadres do not receive any. Insufficient funding and human resources can hinder effective implementation.

An integrated strategy is needed to enhance local health education and incorporate local wisdom in stunting interventions. The Kepahyang District Health Office coordinates authority resources for planning, budgeting, and supervision. However, these efforts are not optimal, similar to Gorontalo Regency, where regulations lack detailed guidelines for OPD roles.

Strong local government commitment, including budget allocation and infrastructure, supports stunting reduction. Utilizing village funds for TPK cadre incentives demonstrates responsiveness to local needs. Collaboration among governments, NGOs, businesses, and communities enhances efforts, reflecting the need for multi-sectoral solutions to effectively address stunting prevalence.

This study found that the PPS Acceleration Policy involves various actors and government levels, creating complex functions and controls. Effective supervision is essential for implementation. Local governments must ensure coordinated, cross-sectoral

interventions. The Kepahyang District Health Office has guidelines but rarely uses SOPs, leading to data inaccuracies and gaps in specific nutrition intervention guidelines.

Resource availability does not ensure successful policy implementation. Even with resources and willing implementers, weaknesses in bureaucratic structures can hinder execution. Complex policies require cooperation; if the bureaucracy is not conducive, resources become ineffective, impeding progress. Bureaucracy must support politically decided policies through effective coordination (Pratiwi, 2023).

The study found that a lack of institutional coordination hinders the implementation of stunting reduction policies in Kepahyang Regency, leading to unintegrated activities. Similar issues were noted in Lebak Regency found that the implementation of stunting reduction policies has not been supported by the level of policy integration (Supriyanto and Jannah, 2022). In Kepahyang District, inadequate supervision and irregular monitoring reduce data validity. The lack of internal audits highlights weaknesses in the policy evaluation system, necessitating a strategy to enhance monitoring efforts.

The study found that the Kepahyang District Health Office struggles with inaccurate stunting data, reflecting low honesty and commitment among policy implementers. In contrast, Batam City shows strong commitment and accurate data collection by midwives and posyandu cadres, who actively provide information, assistance, and referrals for at-risk children (Pratiwi, 2023).

In Kepahyang District, the absence of guidelines and SOPs for specific nutrition interventions slows stunting management. In contrast, Banyuasin Regency successfully implements stunting prevention policies using comprehensive SOPs, including Technical Guidelines for Stunting Reduction and procedures for supplementary feeding and administering blood-adding tablets, enhancing their intervention effectiveness. (Yusdiana, Putri and Sitindaon, 2023).

In Kepahyang Regency, the distribution of duties and responsibilities is not optimal, similar to Gorontalo Regency. Regulations only outline the working group's structure without clear job descriptions, hindering OPD's ability to effectively implement nutrition-sensitive interventions and fulfill their responsibilities in stunting management (Pakaya, Kadir and Kasim, 2023).

Supervision of nutrition interventions in Kepahyang is infrequent, occurring only once or twice annually. The District Government is committed to stunting prevention, incorporating programs into the Regional Work Plan. Budget support is based on village needs, but posyandu cadres not in TPK do not receive performance incentives, affecting motivation. The study found strong commitment among policy implementers in Kepahyang Regency to reduce stunting, with local government programs included in the Regional Work Plan. While budget support is tailored to village needs, non-TPK posyandu cadres do not receive performance incentives, affecting motivation.

Evaluation of the Implementation of Specific Nutrition Interventions

Table 1 shows the existence of various problems that occur in the target group, so efforts are needed to overcome these problems. Table 2 reveals five indicators that have not been achieved by August 2023, and there is 1 indicator (Pregnancy screening is carried out at least 6 times in health facilities) for which data is not available.

Table 1 Number of Targets and Large Cases in Target Groups in Kepahyang Regency

No	Community Health Center	Number of Toddlers	Stunting Cases	Number of pregnant women	Number of CED pregnant women	Number of Young Women	Number of Adolescent Women with anemia
1	Bukit Sari	457	12	110	20	88	2
2	Cukung Lalang	326	24	155	13	91	16
3	Durian Depun	525	39	180	18	200	110
4	Pasar Kepahyang	701	8	435	24	373	17
5	Kabawetan	357	18	140	27	100	8
6	Talang Babatan	461	22	125	18	61	8
7	Nanti Agung	390	6	150	9	76	18
8	Tebat Karai	763	12	175	8	78	12
9	Batu Bandung	696	28	271	18	109	12
10	Muara Langkap	207	18	85	4	15	0
11	Keban Agung	208	23	92	7	110	23
12	Ujan Mas	426	13	300	30	72	4
13	Kelobak	529	53	315	19	155	15
14	Embong Ijik	280	7	81	16	20	0

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Table 2 Targets and Achievements of 11 Specific Nutrition Intervention Indicators in Kepahyang Regency

No	Indicators of Specific Nutrition Interventions	Target	Achievements
1	Screening anemia	1,548	145
2	Consumption of adolescent girls with blood transfusion tablets (TTD)	56%	58.7%
3	Antenatal care (This pregnancy screening intervention is carried out at least 6 times in a health facility)	NA	NA
4	Consumption of tablets to increase blood for pregnant women	83%	59%
5	Supplementary feeding for pregnant women with chronic energy deficiency (CED)	80	80
6	Growth monitoring of children under five years old	9,144	6,340
7	Exclusive 6-month breastfeeding promotion	55%	79%
8	Complementary Feeding of Breast Milk Rich in Animal Protein for Children Aged 6-23 Months	4,261	2,863
9	Management of Toddlers with Nutritional Problems	100	100
10	Increased immunization coverage and expansion	2,376	2,376
11	Education of adolescents, pregnant women, and their families, including the triggering of free open defecation (BABS)	43,990	37,482

NA= Not Applicable

This study identifies the technical team for nutrition interventions, outlined in the Regent's Decree, and coordinated by the Kepahyang District Health Office. Support comes from Puskesmas, midwives, nurses, doctors, and cadres, who directly engage with communities. Funding for these interventions is limited, sourced from the Regional Expenditure Revenue Budget, Special Allocation Fund, and Village Funds. The timeline follows eight stages based on 2018 Bappenas guidelines, including situation analysis, planning, stunting interventions, local regulations, cadre development, data management, measurement, and annual reviews. The results are documented in monthly weighing reports to track progress in stunting prevention efforts.

This study found that nutrition intervention communication includes structural communication and stunting case reporting. Integrated control involves monthly baby weighing reports from midwives and Puskesmas to health offices. Midwives report toddler nutritional status monthly, but challenges remain in synchronizing stunting data between various levels of health authorities.

The Kepahyang District Health Office adopts a democratic approach, empowering Puskesmas, midwives, and Family Assistance Team cadres to flexibly implement stunting interventions. While some Puskesmas are conservative yet adaptive, not all priority locations effectively conduct specific nutrition interventions, resulting in low achievement levels and incomplete data.

This study found that all implementing agencies support stunting prevention policies, starting with local government with budget resources and technical teams. The Kepahyang District Health Office organizes specific nutrition interventions and manages data collection. Puskesmas provide services and follow-up for stunted children, while village midwives and cadres conduct routine posyandu activities, demonstrating a high commitment to stunting prevention efforts.

Supporting and Inhibiting Factors in Policy Implementation

The study identified nine supporting factors for stunting prevention in Kepahyang Regency. These include a government focus on reducing stunting

prevalence, village fund incentives for Family Assistance Team (TPK) cadres, and collaboration among local governments, NGOs, businesses, and communities. Of 14 puskesmas, only one lacks nutrition-trained personnel. Nutritious activities in schools are implemented, and families have access to balanced food and health facilities for growth monitoring, immunizations, and nutrition advice. Additionally, educational support programs for young mothers and special interventions for vulnerable groups enhance child health. These combined efforts are crucial for effectively addressing stunting issues in the region.

Inhibiting factors affecting stunting reduction policies in Kepahyang Regency include inadequate surveillance and evaluation of nutrition programs, mismatched stunting data, insufficient budgeting, negative public perception, limited infrastructure, cultural habits, low public awareness, poor coordination among health centers and local government, and inadequate supplementary feeding for toddlers.

The Policy Triangle analysis of stunting in Yogyakarta City highlights that local governments aim to implement national regulations while considering local contexts, including culture, demographics, and socio-economic conditions. Despite higher school participation and access to health facilities, stunting persists. Collaboration and establishing a regulatory framework are essential for effective interventions, as various factors influence program effectiveness. (Wigati and Ciptanurani, 2023).

This study has several limitations. It relies solely on qualitative methods, which may limit generalizability. The purposive sampling technique could introduce bias, as selected informants may not represent broader perspectives. Additionally, language differences in responses may affect interpretation. Finally, the focus on specific indicators may overlook other relevant factors influencing stunting reduction efforts.

Conclusion

Implementing the integrated Stunting Prevalence Reduction Acceleration Policy (PPS) in Kepahyang Regency faces challenges such as communication issues, resource limitations, bureaucratic complexity, and insufficient supervision. Despite strong support from local authorities and health workers, varying socio-economic conditions and data synchronization problems hinder the effective achievement of policy objectives.

Supporting factors for the PPS acceleration policy in Kepahyang Regency include cross-sectoral cooperation and a clear legal basis. Inhibiting factors consist of inadequate facilities, unhealthy community behaviors, insufficient knowledge among pregnant women, poor communication, a lack of qualified staff, improper staff placement, and inadequate implementation of standard operating procedures (SOPs).

The findings highlight the need for an integrated approach and cross-sector collaboration in stunting prevention. Recommendations for Kepahyang District include enhancing communication, increasing the number of nutrition personnel, diversifying interventions, strengthening the roles of Puskesmas, improving budget allocations, developing family economic strategies, and establishing robust monitoring and evaluation systems for nutrition programs.

Abbreviations

RPJMN: National Medium-Term Development Plan: SSGI: Indonesian Nutritional Status Study Survey: PPS: Stunting Prevalence Reduction Acceleration Policy.

Declarations

Ethics Approval and Consent Participant
Before the implementation of data collection, all informants were informed of the goals and objectives of the study, and their oral consent to participate was obtained. The study recommends enhancing communication, increasing nutrition personnel, and strengthening monitoring and evaluation systems, but it does not

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provide a detailed explanation of how to use the tools and analysis for these interventions. Future researchers are encouraged to explore strategies to improve communication, and staff training, and strengthen healthcare facilities to address the barriers in implementing the Stunting Prevalence Reduction Acceleration Policy in Kepahyang Regency. This study received ethical approval from the Health Research Ethics Commission of the Poltekkes of the Ministry of Health Bengkulu Number No.KEPK.BKL/500/09/2023.

Availability of Data and Materials
The data used to support the findings of this study are included in the article.

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