IMPLEMENTATION OF STUNTING PREVENTION POLICY IN NOELBAKI VILLAGE, KUPANG REGENCY: A QUALITATIVE STUDY

Nuraini Kusuma Andriyani*

E-mail: nuraini.andriyani@staf.undana.ac.id
Politic and Social Sciences, Universitas Nusa Cendana

*corresponding author

Submitted: 2026-01-19; Accepted: 2026-06-04; Published: 2026-10-18
DOI: https://doi.org/10.30996/jpap.v12i2.133105

Abstract

Stunting is a condition in which children do not grow normally. This condition is measured by the weight-for-age (WFA) or height-for-age (HFA) index, with a Z-score below the threshold of -2 to -3 SD for moderate stunting and below -3 SD for severe stunting. As of 2023, 27.4% of toddlers in Noelbaki Village still experienced stunting. This study aims to examine how stunting prevention policies are implemented in Noelbaki Village, Kupang Regency. This study adopted a descriptive qualitative approach and used observation, documentation, and in-depth interviews for data collection. This study involved eight informants: two key informants and six supporting informants. The Noelbaki Village Head and a nutritionist from the Tarus Community Health Center served as key informants, while a mother of a stunted toddler, a pregnant woman, a village resident, and a young woman served as supporting informants. The data analysis process began with data collection from interviews, followed by data condensation, data presentation, and conclusion drawing. The results indicate that although the implemented policy is relatively effective, it does not fully meet the requirements of implementation theory. This is due to low education levels, limited human resources, a lack of understanding of stunting among pregnant women and parents, and a lack of infrastructure and facilities. Although communication between village governments and other implementers has been good, communication with target community members remains ineffective. Policy implementers understand the methods and responsibilities of their respective roles. Furthermore, they lack the technical skills necessary to prevent stunting. Based on these findings, it is recommended to increase the knowledge and participation of all parties in the implementation of stunting prevention policies.

Keywords: Implementation, Policy, Stunting

1. Introduction

Health is a crucial component of human resource quality and has therefore been designated as one of the pillars of Indonesian development until 2045 (Bappenas, 2019). One of the government's top health priorities is stunting, particularly in Kupang Regency. Noelbaki Village, Central Kupang District, Kupang Regency, East Nusa Tenggara, is one of the villages with a relatively high stunting rate. Stunting (growth impairment) in early life has a negative impact on a child's physical and cognitive development (Dewey, K. G., &Begum, K., 2011). Efforts to reduce this rate are carried out through the implementation of public policy. A policy is a series of actions with a specific purpose, followed and implemented by an actor or group of actors to solve a specific problem (James E. Anderson). By establishing an integrated team for stunting prevention and

Copyright © 2026. Owned by Author(s). This licensed Creative Commons Attribution-ShareAlike 4.0 International License

reduction involving various local government agencies and implementing a collaborative governance approach, the percentage of stunting across the regency has been reduced. Beginning in 2019, the Kupang Regency Government issued Regent Regulation No. 49 of 2019 concerning the acceleration of stunting prevention. Then, in 2021, the Kupang Regency Government issued Regent Regulation No. Kupang Regent Regulation No. 19 of 2021 amends Kupang Regent Regulation No. 49 of 2019 concerning the acceleration of stunting prevention and reduction. Implementation of this policy is expected to reduce and prevent stunting, particularly to achieve the prevalence target of 9.3% by 2024.

Based on the 2018 NTT Provincial Health Profile data, the stunting rate in Kupang Regency was 42.9%. In 2019, this figure dropped to 35.0%, and in 2020, it was recorded at 25.8% (Kupang Regency Health Office, 2020). Although the number of stunting cases continues to decline, the stunting rate in Kupang Regency has not yet reached the target of 9.3% reduction by 2024. Noelbaki Village is one of the villages in Kupang Regency that has experienced a decline in stunting rates, although it has not yet reached the national target. The stunting rate in Noelbaki Village experienced a slight decrease from 2021 to 2022, from 19.0% to 18.8%. However, in 2023, the situation changed drastically, with the stunting rate increasing sharply to 27.4% (Kupang Regency Health Office, 2024). Efforts to reduce stunting rates have been made through the implementation of Kupang Regency Regulation No. 49 of 2019 concerning the acceleration of stunting prevention and management. Globally, policies to reduce stunting should focus on the First 1,000 Days of Life (HPK), also known as Scaling Up Nutrition (SUN), up to 24 months of age. The World Health Organization (WHO) recommends reducing stunting rates by 3.9% annually to achieve the target of a 40% reduction by 2025. According to Presidential Regulation No. 72 of 2021 concerning the acceleration of stunting reduction, the government has designated stunting as a national priority in the 2020-2024 National Medium-Term Development Plan (RPJMN), with a target of reducing stunting rates from 24.4% in 2021 to 14% in 2024.

According to WHO child growth guidelines, a height-for-age Z-score (Z-score) of less than -2 standard deviations indicates stunting. Stunting is a growth and development problem in children under 5 years old caused by malnutrition, frequent illness, and lack of psychosocial stimulation (WHO, 2014). The main factors causing stunting are inadequate nutritional intake (malnutrition) and repeated infections during the first 1,000 days of a child's life (Pratiwi, 2023). The 2018 Basic Health Survey (RISKESDAS) reported that approximately 30.8%, or 6.6 million toddlers in Indonesia, experienced stunting. This figure was then followed by the 2019 Indonesian Toddler Nutrition Status Survey (SSGBI), which showed a stunting rate of 27.67%, and the 2021 Indonesian Nutrition Status Study (SSGI), which reported a stunting rate of 24.4%. In 2022, this figure decreased to 21.6% (RISKESDAS, 2018). According to 2018 RISKESDAS data, East Nusa Tenggara (NTT) province had the highest stunting rate, at 42.6%. This is supported by the high number of toddlers suffering from malnutrition, at 29.5% (RISKESDAS, 2018). This means that three out of ten toddlers in NTT suffer from malnutrition (ntt.bps.go.id, 2019). Based on the results of the 2021 Indonesian Nutritional Status Survey (SSGI), the stunting rate in NTT was 37.3%, and in 2022 it decreased to 35.3%. This figure remains the highest compared to other provinces in Indonesia (Ministry of Health, 2022).

Copyright © 2026. Owned by Author(s). This licensed Creative Commons Attribution-ShareAlike 4.0 International License

The high prevalence of stunting is influenced by several factors, such as physical environmental conditions, social and economic conditions, and cultural influences. Various obstacles in implementing these policies indicate that their implementation is not easy (Hudson dkk., 2019). A policy is a step with a specific goal and a method to achieve that goal (Howlett & Cashore, 2014). Tarus Community Health Center is one of the public health centers in Kupang Regency that continues to implement various programs to address stunting. These programs include providing education about stunting, providing supplementary feeding for pregnant women with chronic energy deficiency, and providing supplementary feeding for infants and children with malnutrition. Although many programs and policies have been implemented to address stunting, the results achieved are still below national targets. Therefore, research is needed to identify factors that hinder their implementation based on Edward III's policy theory. Based on this background, the author aims to determine how the stunting reduction policy is implemented in Noelbaki Village, Kupang Regency. There are various obstacles in implementing this policy, which indicates that the process of policy implementation is quite complex (Hudson dkk., 2019). Failure to achieve policy objectives during implementation is caused by a lack of effective communication regarding the chosen policy to the responsible parties, resulting in the desired results not being achieved (Coleman dkk., 2021). In his study of public policy, Edward III asked a fundamental question: "What are the conditions for successful policy implementation?" He concluded that there are four critical variables that determine the success or failure of a policy. Communication, Resources, Disposition, Bureaucratic Structure. These four variables are interrelated and simultaneously related. For example, if communication is poor, the disposition of implementers can be negative because they do not understand the objectives of the policy. Likewise, if the bureaucratic structure is too thick (high fragmentation), communication between institutions will be hampered, and resources will be wasted. Therefore, handling the problem of stunting must be carried out based on regulations and key issues set by the government.

2. Methods

The method used in this study was descriptive qualitative. Data analysis involved observation, interviews, data condensation, and data presentation. This was done to identify existing problems and their sustainable solutions directly. The selected location was Noelbaki Village, Kupang Tengah District, Kupang Regency, East Nusa Tenggara, which has a relatively high stunting rate in Kupang Regency, according to the 2018 NTT Provincial Health Profile.

To obtain optimal results, this study required interviews with several informants, using a purposive sampling technique. Comprehensive observations covered all organizations and their activities related to stunting prevention and reduction, including: a) the Noelbaki Village Head, as the village government official who contributes to the implementation of government programs; b) Tarus Community Health Center staff, as health workers who handle stunting and monitor child growth and development; c) Integrated Service Post (Posyandu) cadres, who provide education and counseling for parents regarding child feeding. d) Mothers of stunted toddlers, as the primary sources in the research. e) Pregnant women, as prospective parents who need education about stunting. f) Village residents, as members of the community who are knowledgeable about

Copyright © 2026. Owned by Author(s). This licensed Creative Commons Attribution-ShareAlike 4.0 International License

stunting. g) Adolescents, as the next generation who must be aware of stunting. These informants are expected to provide information that can be used in this research.
Based on Edward III's theory regarding policy, there are four factors that influence the success or failure of a policy, including: Communication, Resources, Disposition, and Bureaucratic Structure. These four factors serve as benchmarks in the research "Implementation of Stunting Prevention Policies in Noelbaki Village, Kupang Regency." Information obtained from these informants will later be used as a reference in the development of stunting prevention in each region.

3. Result and Discussion

Policy implementation is the stage where the government establishes policies for implementation by government agencies, private institutions, and the public. Implementation is not an easy task in implementing public policy. As stated by Howlett & Ramesh 1995), the process of implementing a policy program is not as easy as the planning process. This is because implementation depends on the nature of the problem at hand, the surrounding environmental conditions, and the organization responsible for the program. Stunting occurs because public policies are not implemented simultaneously, as explained by Edward III. Edward explained that the relationship between communication, resources, disposition, and bureaucratic structure must be able to work in line and simultaneously.

a. Communication

Communication: Successful implementation requires that implementers know what they need to do. Policies must be communicated to relevant parties for effective implementation. There are three important indicators in this variable:

1) Transmission: Orders or information must reach policy implementers directly and accurately.
2) Clarity: Instructions must not be ambiguous or confusing to avoid misinterpretation in the field.
3) Consistency: Messages delivered must be uniform and consistent so that implementers have consistent guidance.

Based on the Regional Government Policy Framework, Kupang Regent Regulation Number 49 of 2019 concerning the Acceleration of Stunting Prevention and Management. Research conducted in East Penfui Village indicates that the Noelbaki Village government has implemented stunting prevention and management efforts in accordance with recommendations and guidelines. Aspects such as health improvement efforts, outreach, and monitoring and evaluation are carried out in accordance with the guidelines. The implementation of the stunting management policy in Noelbaki Village is carried out through an integrated intervention strategy involving specific and sensitive nutrition. Activities include: 1. Education and outreach, nutrition materials, and stunting prevention; 2. Infection control and early disease detection, as well as vaccination through integrated health posts and village health posts; and 3. Monitoring and evaluation of activities. These sensitive and specific nutrition intervention activities encompass various targeted activities. Continuous monitoring is also conducted to ensure that stunting reduction efforts are proceeding according to the established plan. This monitoring encompasses various aspects, such as

Copyright © 2026. Owned by Author(s). This licensed Creative Commons Attribution-ShareAlike 4.0 International License

monitoring the implementation of nutrition interventions, monitoring the health of children with both stunting and malnutrition, and monitoring pregnant women with malnutrition. These activities are conducted to understand the actual situation and make changes according to existing needs. This is where inter-level communication is crucial. If one line cannot coordinate, this well-planned program will not be realized.

b. Resources

Resources are a crucial variable determining the success of policy implementation. Even if instructions have been clearly communicated, the policy will still fail if implementers lack the means to act. These resources encompass several aspects:

1) Staff (Personnel)

Human resources are the most important element. This refers not only to the number or quantity of employees sufficient to handle the workload, but also to their quality. Implementers must possess the competencies, expertise, and skills relevant to the assigned tasks.

2) Information

Information is data, instructions, or messages that must be conveyed clearly, accurately, and consistently to policy implementers to achieve policy objectives. This information is further divided into two:

a) Information on implementation methods: Technical instructions on how to implement the policy.
b) Information on compliance data: Knowledge of the extent to which the public or policy targets comply with existing regulations. Without accurate data, implementers cannot make informed decisions.

3) Authority

Authority is the legal right of implementers to carry out instructions. Authority must be strong enough to ensure that orders are obeyed. Without formal authority, implementers may face legal obstacles or resistance from parties affected by the policy.

4) Facilities

The physical and non-physical facilities and infrastructure needed to support the effective implementation of a policy. This includes physical resources and other supporting resources required for daily operations, including:

a) Funds (Budget): Operational costs for running the program.
b) Physical Facilities: Buildings, office equipment, vehicles, or information technology (such as servers or applications).

In terms of quality, reliable human resources with competent skills in their fields will drive program success (Pratiwi, 2023). Interview results from a mother of a toddler with suspected stunting revealed obstacles in implementing stunting reduction policies. Informants expressed a lack of understanding and knowledge about stunting, as did some Posyandu cadres who lacked knowledge about stunting related to the preparation of balanced nutritional menus and food menus that can improve children's nutritional status, as well as a lack of understanding regarding the mechanisms for implementing stunting

Copyright © 2026. Owned by Author(s). This licensed Creative Commons Attribution-ShareAlike 4.0 International License

prevention. This is caused by the low level of education of Posyandu cadres, as well as a lack of proactive support from cadres to assist in implementing stunting prevention and management policies in rural communities. Several factors have hampered the implementation of stunting management policies. However, in terms of quality, human resources for health workers have implemented according to the service competency standards required in handling stunting. However, Posyandu cadres should be provided with regular training and guidance, especially regarding children at risk of stunting and its management. Facilities are an important factor in policy implementation. Implementers and officers have the authority to carry out their duties, but without supporting facilities (infrastructure and equipment), the implementation of stunting management will be hampered. Based on observations, researchers noted that infrastructure, such as billboards that should be installed in the center of the village or at integrated health posts to raise awareness about the impacts and prevention of stunting, was not yet available, and there was no village midwife building to provide outreach to the village community. In general, Posyandus already have scales and height measuring devices. However, some Posyandus do not have permanent or dedicated spaces for weighing equipment, which serves as a support for Posyandu activities. This could hamper the implementation of stunting management policies.

c. Disposition

Disposition is the attitude, tendency, or characteristics of policy implementers. This factor is crucial because implementers often have personal interests or views.

1) Cognition: The implementer's understanding of the policy.
2) Response: Whether the implementer agrees with or rejects the policy. If the implementer agrees with the substance of the policy, they are more likely to implement it with full dedication.
3) Intensity: The extent to which the implementer prioritizes the policy over other tasks.

In fact, Regional Apparatus Organizations (OPDs) within the stunting prevention and reduction team can perform optimally if they receive budget support from the region—but in reality, budget allocations from the Regional Budget (APBD) are not available, and the funds used by OPDs come from the very limited operational budgets of their respective departments. Budget constraints are one of the factors contributing to the failure to achieve stunting policy targets in Indonesia (Sunarya, 2023). Furthermore, the program proposed by the OPD to prevent and reduce stunting in this district is highly dependent on central government approval.

A further implication is that regional government agencies (OPDs) within the stunting prevention and reduction team will focus more on achieving performance in accordance with their assigned duties and functions. Other relevant parties, such as village governments, which should demonstrate a high level of compliance and responsiveness, have not yet demonstrated their significant role, despite their crucial role in stunting policy (Indra & Khoirunurrofik, 2022). This is evident in the fact that almost all transfer funds provided by the central government are used only to purchase local foods such as sorghum, brown rice,

Copyright © 2026. Owned by Author(s). This licensed Creative Commons Attribution-ShareAlike 4.0 International License

tempeh or tofu, fish, chicken or quail eggs, and moringa, as well as to pay honoraria to cadres. Not a single village allocates 20% of central government funds to support families with stunted children, such as growing vegetables, raising local chickens, or growing sorghum. Furthermore, families with stunted children are less aware of the physical condition of their homes. According to data from the Kupang Regency Housing, Settlement, and Land Office in 2022, there are still 24,669 houses categorized as uninhabitable. The classification of healthy bathroom standards in Kupang Regency also shows that there are still 2,763 unhygienic bathrooms and 1,521 shared bathrooms (Fajrunni et al., 2026).

Compliance and rapid response from the target group also influence the results. A problem encountered in the field is a lack of awareness and response from the target community. Interviews with nutrition staff at the Tarus Community Health Center and Posyandu cadres in Noelabki Village revealed the same conclusion: the community is unresponsive and does not comply with recommendations. This is also a major contributing factor to the high stunting rate in Noelbaki Village, Kupang Regency. Furthermore, it was explained that despite counseling, mentoring, and even assistance, as well as integrated feeding programs, it remains difficult to change the community's mindset and behavior towards a healthy lifestyle. Meanwhile, research has shown that the community, specifically parents of stunted children, admit that it remains difficult for them to maintain a healthy lifestyle by consuming nutritious food (Sunarya, 2023).

They remain heavily dependent on government assistance (PKH), village assistance, or the Community Health Center. This is due to economic constraints and time constraints. Parents, most of whom work as farmers or traders, must entrust their toddlers to grandmothers or other family members. As a result, less attention is paid to the nutritional composition of the food their children consume. The type of employment affects a person's income; as is known, the majority of families with stunted children are rice farmers who work temporarily. In general, the causes of stunting include: inappropriate childcare practices, mothers' lack of understanding of health and nutritious food, household difficulties in obtaining nutritious food due to low income, and lack of access to clean water and sanitation facilities. Interviews with Posyandu (Integrated Health Post) cadres revealed that most parents of stunted children only have primary or secondary education, so they lack an understanding of the meaning, consequences, and impact of stunting. This affects how they care for their children, feed them, and the attention and actions they provide to stunted children. There are still community beliefs about certain prohibitions during pregnancy, such as eating corn kernels, rice crusts, eggs, and processed meats such as grated corn and beef jerky. Furthermore, there is a belief that the husband of a pregnant woman should not kill animals. Furthermore, breastfeeding mothers also have the habit of discarding their breast milk before feeding it to their children, believing it will spoil.

d. Bureaucratic Structure

Organization is the primary channel for policy implementation. Even if resources are sufficient and implementers agree, a complex organizational structure can hinder success. Two key factors in this are:

Copyright © 2026. Owned by Author(s). This licensed Creative Commons Attribution-ShareAlike 4.0 International License

1) Standard Operating Procedures (SOP): Established procedures that facilitate implementers in carrying out routine tasks efficiently and uniformly.
2) Fragmentation: Division of responsibilities among various work units. If coordination between institutions or departments is weak (too many silos), implementation tends to be hampered or overlap.

For example, midwives caring for pregnant women typically measure the mother's weight, mid-upper arm circumference, height, uterine fundal height, and gestational age to determine whether the pregnant woman is experiencing Chronic Energy Deficiency. As a nutritionist, I also carry out my duties and roles. Because cross-program coordination is always ongoing, adolescents are treated with iron tablets, pregnant women with Chronic Energy Deficiency (CED) are given supplementary food and biscuits, and toddlers are given supplementary food. (IM)(Ashar et al., 2025).

Efforts to address stunting are carried out by strengthening government collaboration across various government agencies, sub-districts, and villages to accelerate the process of preventing and reducing stunting cases. Specific policies to address stunting are implemented through Kupang Regent Regulation Number 49 of 2019 and Regent Regulation Number 19 of 2021. The aim is to improve dietary patterns, increase nutrition awareness, expand access to and quality of nutrition services, and strengthen the food and nutrition monitoring system. The targets of this policy include adolescent girls, women of childbearing age, pregnant women, breastfeeding mothers, infants under 6 months, and children aged 7 to 23 months. Regarding the authority, interests, and strategies of actors in implementing stunting prevention and reduction policies in Kupang Regency, they are generally carried out in accordance with Regent Regulation Number 49 of 2019. Starting with the Regent, as the implementing authority, who assigns tasks to a stunting reduction acceleration team involving the entire Regional People's Representative Council (DPRD) in an integrated manner. This policy is expected to be implemented simultaneously and collaboratively across all government agencies, in an integrated and coordinated manner (Solok, 2019). This is crucial for maintaining policy alignment at the government level (Bolger & Doyon, 2019; Yu dkk., 2022). Collaboration between stakeholders can help create successful programs to reduce stunting (Hayu, 2023). Therefore, implementation of stunting policies in Indonesia must be carried out through intersectoral collaboration (Miranda dkk., 2023).

Observations indicate that only a few local government agencies are actively and intensively involved in stunting prevention and reduction efforts in the district, although each party continues to strive to achieve expected performance. Data also show that some agencies are frequently absent from Posyandu activities, and some only send staff to district-level team coordination meetings, even though they are expected to produce strategic decisions. An interview with the Village Head of Noelbaki revealed that the stunting reduction program has not been optimally implemented due to a lack of coordination between implementing agencies. While numerous studies have shown that intersectoral coordination can reduce stunting rates (Marhaeni dkk., 2022), coordination is also crucial to ensure organizational goals are achieved effectively and efficiently (Afandi dkk., 2023). The policy of accelerating

Copyright © 2026. Owned by Author(s). This licensed Creative Commons Attribution-ShareAlike 4.0 International License

stunting prevention and reduction has successfully reduced stunting rates in Kupang Regency, as seen in Figure 1.

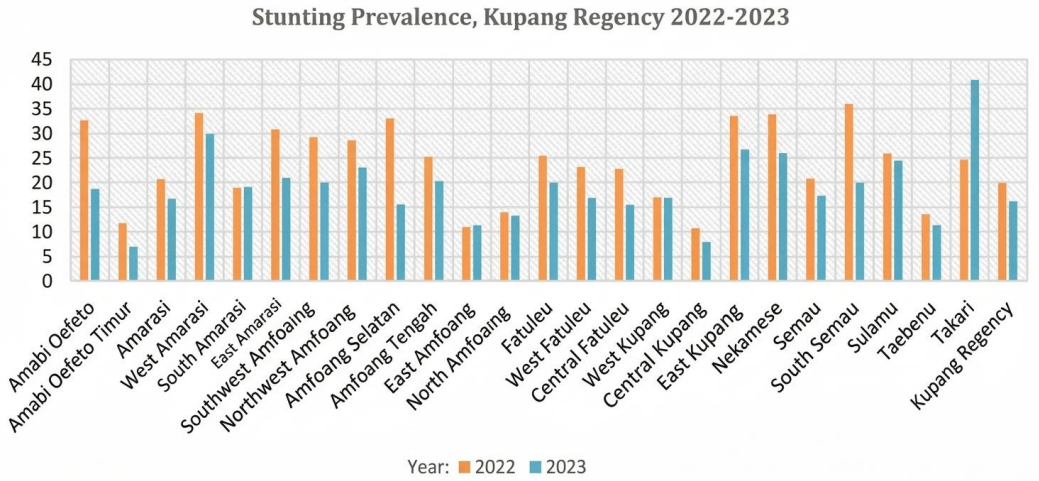

Figure 1. Prevalence of stunting in Kupang Regency in 2022 and 2023
Source: Kupang Regency Health Office (2023)

However, there are still differences in the rate of decline across sub-districts. Three sub-districts, South Amarasi, East Amfoang, and Takari, experienced an increase in stunting rates from 2022 to 2023. Furthermore, 22 other sub-districts still have stunting rates above 10%. Therefore, achieving the 9.3% target by 2024 remains a challenge for the Kupang Regency Government (Fernandez dkk., 2024).

Interviews with Community Health Center Nutrition Staff indicate that human resources significantly influence the results of a program's implementation, as without competent staff, the implementation process will be slow. The following are the results of interviews with several individuals regarding the lack of understanding of how the stunting reduction program works in their Regional Apparatus Organization (PPH), and not just policy synergy. Furthermore, it is recognized that economic and social aspects (Subramanian dkk., 2016), as well as the physical environment of families with indications of stunting, also play a significant role in determining this (Ademas & , Metadel Adane, Awoke Keleb, 2021).

Furthermore, regarding the strategies used by policy implementers to prevent and reduce stunting in Noelbaki Village, Kupang Regency, these strategies refer to the national strategy to accelerate and prevent stunting, which is in effect from 2018 to 2024. Interviews with Integrated Health Post cadres revealed that the implementers of this policy created and implemented work programs guided by two main activities: specific nutrition interventions and sensitive nutrition interventions. Interviews with nutrition staff at the Tarus Community Health Center in Kupang Regency explained that the implementation of specific nutrition interventions by the health sector was carried out in stages. Initially, it began with the Health Office as the coordinating team at the district level, followed by the Head of the Community Health Center as the coordinating team at the sub-district level, followed by village midwives, family planning counselors, and Posyandu

Copyright © 2026. Owned by Author(s). This licensed Creative Commons Attribution-ShareAlike 4.0 International License

cadres who served as implementers at the village or sub-district level. The strategy used to strengthen cooperation and communication between program implementers, from the district down to the village or sub-district level, was to hold regular quarterly and six-monthly meetings. During these meetings, implementers reported on progress and challenges encountered in program implementation in the field. Although Regent Regulation No. 49 of 2019 states that the health sector is the implementer of the specific nutrition intervention program, research shows that various other local government agencies are also involved in implementing these activities, such as the P2KB3A Office, which collaborates with the Education and Culture Office to provide education to adolescent girls in various regions. In relation to reproductive health and a healthy lifestyle, iron supplements are also distributed to female students at the school every month**.**

Nutrition-sensitive intervention programs aim to support development and increase access to health services, such as repairing village roads, providing clean water through the Pamsimas program, and encouraging agricultural businesses based on local commodities. These programs are implemented by changing community attitudes and behaviors. These activities are implemented in stages, starting with the Regional Apparatus Organization (OPD) at the district level, namely the P2KB3A Office. They implement programs to accelerate stunting reduction and prevention by providing specific and sensitive nutrition interventions. These interventions begin at the beginning, guiding couples about to marry, pregnant women, and new mothers aged 0 to 59 months. Guidance for couples about to marry includes education on sexuality and reproduction, as well as nutrition education for adolescents, in collaboration with schools.

The Department of Agriculture and Food Security also participates in stunting prevention and reduction efforts through the distribution of vegetable seeds and moringa seedlings. The Department of Education and Culture has implemented work programs to help prevent and reduce stunting, from early childhood education to junior high school. In addition, the Department of Education and Culture also collaborates directly with the NGOs Save the Children and Nutrition International to implement health and nutrition education activities through the Better Investment for Stunting Alleviation (BISA) program at the elementary and junior high school levels. The Department of Social Affairs records underprivileged or poor communities in Kupang Regency, including those affected by stunting and those experiencing extreme poverty, so that this data can be used in providing assistance. Stunting eradication activities at the village and sub-district levels are carried out by Posyandu cadres, village midwives, PL KB workers, and religious leaders who are involved in providing information to residents about stunting and how to prevent it. The involvement of various parties is expected to be a strategic way to reduce stunting, as stated by (Azizah, 2023), (Botero-tovar dkk., 2020), and (Ane Permatasari dkk., 2022).

Currently, the Kupang Regency Government has a proposed program to support the national strategy for stunting prevention and reduction: the Foster Parent Program. This program implements a strategy involving all heads of local government agencies (PPH) in Kupang Regency, members of the Legislative Council, and heads of state institutions in Kupang Regency, such as the Chief of Police and the Chief Prosecutor's Office, as foster parents for stunted children. Foster parents will assist and care for stunted children, thus supporting their recovery and health.

4. Conclusion

The conclusion is concise and understandable, and it is hoped that it will address the existing problem. The conclusion is written critically, logically, and based on the available facts. It

Copyright © 2026. Owned by Author(s). This licensed Creative Commons Attribution-ShareAlike 4.0 International License

is hoped that this conclusion will serve as a reference for future research. Based on the description above, it is known that the inhibiting and supporting factors for the implementation of public policy on stunting management in Noelbaki Village are as follows:

a. Communication and Resources

Communication is a crucial factor in determining the success of a policy's implementation. Communication activities ensure that implementation aligns with the policy's content. Based on an interview with the key informant, the Noelbaki Village Head, regarding the clarity of information provided to support the policy's implementation, he stated that there is constant communication and coordination between the village government and cadres, community health posts (Pustu), and community health center (Puskesmas) staff. This can support the implementation of the stunting management policy. The Tarus Community Health Center Nutritionist, who serves as the implementer for the target group in Noelbaki Village, also conveyed the information clearly. The information provided is easily accepted and understood by the target group. Clear information delivered to target groups using easy-to-understand language will make it easier for them to accept. The consistency demonstrated by policy implementers towards target groups in Noelbaki Village includes supporting factors related to consistent information in the field, and good communication can strengthen the stunting reduction process. Good communication significantly helps parties understand each other, avoids misunderstandings, and provides a sense of comfort and security in carrying out activities (Madani, 2023).

According to interviews with informants, namely pregnant women, it was reported that at every integrated health post (Posyandu), health workers consistently provide information regarding stunting, its causes, and prevention. Health workers also consistently remind them to maintain a clean home environment, including paying attention to diet and drinking clean water. Researchers can analyze that the consistency of policy implementers in conveying information is optimal. Health workers from the Tarus Community Health Center have made efforts to convey information at every Posyandu activity. Communication promotes good and clear policies related to emerging issues in the field, and through good communication, the stunting reduction process can be strengthened. Furthermore, good communication will significantly help all parties understand each other, avoid misunderstandings, and provide a sense of comfort and security in carrying out activities (Madani, 2023).

Resources are also a factor influencing the success rate of stunting management in Noelbaki village, including both human resources and existing infrastructure. Interviews with mothers of stunted toddlers revealed that these mothers lacked knowledge of proper nutrition for their children. This, coupled with a lack of outreach from the integrated health post (Posyandu), exacerbated the situation. The community health center (Puskesmas) on duty stated that limited facilities resulted in less than optimal stunting management. However, Posyandu cadres performed their duties to the best of their ability, from initial examinations during pregnancy to providing vitamins to support fetal and child growth after birth. This demonstrates that communication and resource management are crucial factors in managing stunting. If communication between levels is suboptimal, misinformation will be conveyed to other divisions.

Copyright © 2026. Owned by Author(s). This licensed Creative Commons Attribution-ShareAlike 4.0 International License

Likewise, if Posyandu cadres lack sufficient knowledge, they will be unable to provide adequate information to the community during outreach and immunization sessions.

b. Bureaucratic Disposition and Structure

Budget constraints are a contributing factor to the failure to achieve stunting policy targets in Indonesia (Sunarya, 2023). Furthermore, the program proposed by the Regional Apparatus Organization (OPD) to prevent and reduce stunting in this district is highly dependent on central government approval. This reflects the community's preoccupation with money. Consequently, they pay less attention to their children's nutritional intake due to their busy work schedule. Furthermore, the causes of stunting generally include: inappropriate childcare practices, mothers' lack of understanding of health and nutritious food, household difficulties in obtaining nutritious food due to low incomes, and lack of access to clean water and sanitation facilities.

This is a key issue for the government to address so that it can effectively address the stunting problem. If the aid distributed is properly targeted, the problem will likely be drastically reduced. The bureaucratic structure is also a factor influencing the success of stunting mitigation efforts. Village Head Noelbaki acknowledged that the relationship between the village government and the central government is less than smooth, resulting in slow progress. Despite ongoing government efforts to address stunting, if the government fails to prioritize community welfare, stunting mitigation efforts will be less than optimal. This is because parents of stunted children must work and pay less attention to their children's nutritional intake. The government's role here is not only to eliminate stunting but also to improve community well-being, as these factors are interconnected. A prosperous community ensures adequate nutrition for its children.

5. References

Ademas, A., & , Metadel Adane, Awoke Keleb, G. B. and G. T. (2021). *Water , sanitation , and hygiene as a priority intervention for stunting in under-five children in northwest Ethiopia : a community-based cross-sectional study*. 1–11.

Afandi, M. N., Anomsari, E. T., Novira, A., & Sudartini, S. (2023). *Collaborative governance in a mandated setting : shifting collaboration in stunting interventions at local level*. *5095*. https://doi.org/10.1080/21665095.2023.2212868

Ane Permatasari, Sofyan, N., & Walinegoro, B. G. (2022). *Governance in the Berbah Sub-district , Sleman*. *1*, 618–628. https://doi.org/10.2991/978-2-494069-65-7

Ashar, H., Zen, M., & Achadi, S. (2025). Social Sciences & Humanities Open A qualitative study in Magelang Central Java Indonesia : Mothers ' knowledge , parenting styles and national priority programs managing of stunting in toddlers. *Social Sciences & Humanities Open*, *12*(August), 101874. https://doi.org/10.1016/j.ssaho.2025.101874

Ataullahjan, A., Keats, E. C., Habib, M. A., Islam, M., Confreda, E., Somaskandan, A., Charbonneau, K., Cheng, B., Jardine, R., Rizvi, A., Ahmed, I., Soo, S., Achakzai, B. A., & Bhutta, A. (2025). *Social sector drivers and stunting reduction in Pakistan : A subnational analysis*. *121*(April 2024). https://doi.org/10.1016/j.ajcnut.2024.09.025

Azfar, W., Misha, F., Shahadat, S., Gulshan, J., Rashid, B., Mohammad, S., Ghosal, S., & Chaudhery, D. (2025). Extreme heat exposure in the first 1000 days : Implications for childhood stunting in Bangladesh. *Public Health*, *241*(November 2024), 83–88. https://doi.org/10.1016/j.puhe.2025.02.002

Azizah, T. N. (2023). *Village Role In Reducing Stuntingas An Effort To Achieve The Sdgs Of Sukodono Village Sidoarjo District*. *21*(1), 326–337.

Copyright © 2026. Owned by Author(s). This licensed Creative Commons Attribution-ShareAlike 4.0 International License

Bappenas. (2019). *Visi Indonesia 2045*.

Botero-tovar, N., Paola, G., Zuluaga, A., & Varela, A. R. (2020). *Factors influencing delivery of intersectoral actions to address infant stunting in Bogotá , Colombia – a mixed methods case study*. 1–12.

Coleman, A., Billings, J., & Allen, P. (2021). *Ambiguity and Conflict in Policy Implementation : The Case of the New Care Models (Vanguard) Programme in England*. 285–304. https://doi.org/10.1017/S0047279420000082

Fajrunni, R., Med, M. S., Sadikin, M., Sc, D., Wibowo, H., Ph, D., Gunarti, D. R., & Ph, D. (2026). Exploratory analysis of immune profiles in 2- to 3-year-old children with growth stunting. *Journal of Taibah University Medical Sciences*, *21*(1), 139–148. https://doi.org/10.1016/j.jtumed.2026.01.004

Fernandez, D., Long, B. L., Rene, M. O., Ilmu, F., Dan, S., Politik, I., & Cendana, U. N. (2024). *Implementasi Kebijakan Pencegahan dan Penurunan Stunting di Kabupaten Kupang The Policy Implementation of Stunting Prevention and Reduction in Kupang Regency*. *9*(2), 157–171.

Howlett, M., & Cashore, B. (2014). *Conceptualizing Public Policy*. 17–18.

Hudson, B., Hunter, D., & Peckham, S. (2019). Policy failure and the policy-implementation gap : can policy support programs help ? *Policy Design and Practice*, *2*(1), 1–14. https://doi.org/10.1080/25741292.2018.1540378

Indra & Khoirunurrofik. (2022). *Understanding the role of village fund and administrative capacity in stunting reduction : Empirical evidence from Indonesia*. 1–12. https://doi.org/10.1371/journal.pone.0262743

Lum, H., Soe, K. M., & Thi, W. M. (2026). *Childhood Malnutrition and its Predictors : A Comparative Cross-Sectional Study on Stunting and Wasting in Under-Five Children Along the Myanmar – China Border*. *40*(5). https://doi.org/10.1016/j.pedhc.2026.03.005

Marhaeni, D., Herawati, D., & Sunjaya, D. K. (2022). *Implementation Outcomes of National Convergence Action Policy to Accelerate Stunting Prevention and Reduction at the Local Level in Indonesia : A Qualitative Study*.

Matos, Y. A. S., Williams, C., Cano, J., Bihuniak, L., Kamal, A., Cowardin, C. A., Matos, Y. A. S., Williams, C., Cano, J., Bihuniak, L., & Kamal, A. (2025). Article Maternal undernutrition exacerbates microbiota- driven growth stunting through pre- and postnatal effects ll Maternal undernutrition exacerbates microbiota-driven growth stunting through pre- and postnatal effects. *CellReports*, *44*(11), 116471. https://doi.org/10.1016/j.celrep.2025.116471

Miranda, A. V., Rastuti, M., Nugraha, R. R., Petersen, Z., Syahidi, H., & Asmara, R. (2023). *Towards stunting eradication in Indonesia : Time to invest in community health workers*. (July), 1–6. https://doi.org/10.1002/puh2.108

Patriota, S. O., Pizato, N., Silva, A., & Gonçalves, V. S. S. (2026). *Severe food insecurity risk and stunting among children under five living in social vulnerability in Brazil , 2024*. *255*(April). https://doi.org/10.1016/j.puhe.2026.106289

Rizky, M., & Budu, M. (2026). Characterizing the link between stunting and metabolic syndrome in developing nations. *Cellular Signalling*, *137*(October 2025), 112193. https://doi.org/10.1016/j.cellsig.2025.112193

Solok, K. (2019). *Vol 9, Nomor 1, Maret 2024 32*. *9*, 32–49.

Subramanian, S. V, Mejía-guevara, I., & Krishna, A. (2016). *Original Article Rethinking policy perspectives on childhood stunting : time to formulate a structural and multifactorial strategy*. *12*, 219–236. https://doi.org/10.1111/mcn.12254

Sunarya, A. (2023). *International Journal of Sustainable Development and Planning Stunting Reduction in Indonesia : Challenges and Opportunities*. *18*(7), 2223–2231.

Copyright © 2026. Owned by Author(s). This licensed Creative Commons Attribution-ShareAlike 4.0 International License

Sundjaya, T., Wagiu, R., Pratiwi, D., Amalia, N., Fadhil, A., Bagus, M., Cahyono, A., Afif, C., & Nurkolis, F. (2025). Modulation of miRNAs by protein intake : A novel approach to mitigating stunting in children. *Journal of Agriculture and Food Research*, *21*(April), 101952. https://doi.org/10.1016/j.jafr.2025.101952

Yanuar, R., Nurul, A., & Widya, L. (2025). Medicine in Microecology Gut microbiota dysbiosis and probiotic interventions in childhood stunting : Mechanistic insights and therapeutic potential. *Medicine in Microecology*, *26*(September), 100152. https://doi.org/10.1016/j.medmic.2025.100152

Yosep, I., Kurniawan, K., Rafiyah, I., & Rasyid, M. (2026). International Journal of Africa Nursing Sciences The need for chatbot-based emotional counseling for parents with stunting children : a qualitative descriptive study. *International Journal of Africa Nursing Sciences*, *25*(April), 101076. https://doi.org/10.1016/j.ijans.2026.101076

Yu, Y., Junjan, V., Murat, D., & Iacob, M. (2022). Resources , Conservation & Recycling A systematic literature review on Circular Economy implementation in the construction industry : a policy-making perspective. *Resources, Conservation & Recycling*, *183*(April), 106359. https://doi.org/10.1016/j.resconrec.2022.106359

Copyright © 2026. Owned by Author(s). This licensed Creative Commons Attribution-ShareAlike 4.0 International License