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Constraints Hindering Accelerated Reduction of Stunting

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ABSTRACT

Stunting remains a significant public health issue in Jember Regency, despite the implementation of various intervention programs by national and local governments. This study aims to identify and analyze the key factors that hinder efforts to reduce stunting rates in the region. Employing a qualitative approach through in-depth interviews with local stakeholders, healthcare workers, and community members, the research reveals several major barriers, including low nutritional literacy, disparities in access to healthcare services, weak intersectoral coordination, and limited resources and supporting infrastructure. Additionally, entrenched cultural practices and inadequate parenting patterns perpetuate the intergenerational cycle of stunting, child marriage, or early marriage. The findings highlight the urgency of adopting an integrated, community-based approach and strengthening monitoring and evaluation systems to accelerate and sustain the reduction of stunting in Jember.

Keywords: *Stunting, Jember, Inhibiting Factors, Public Health, Nutrition, Integrated Intervention*

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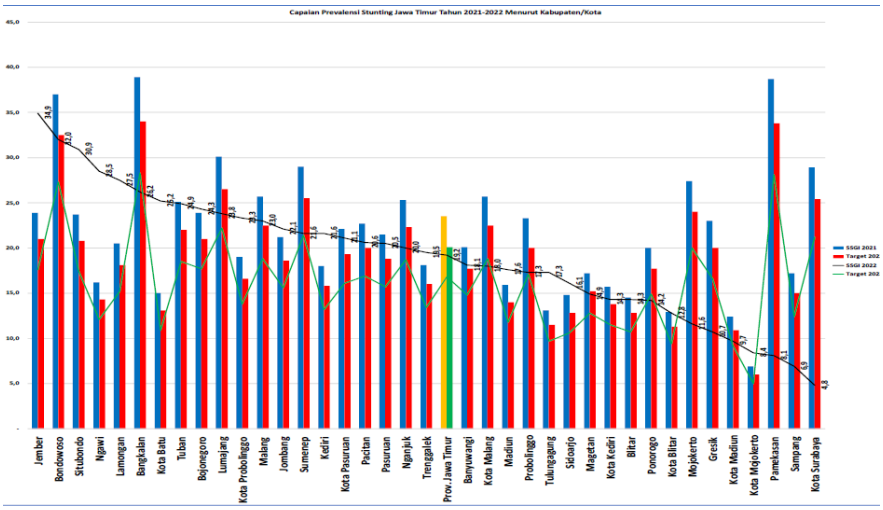
INTRODUCTION

Stunting is a malnutrition condition that affects children under five years old, characterized by height or length below the standard compared to healthy infants. It occurs within the first 1000 days of life. According to *the World Health Organization* (*WHO*), stunting is a growth and development disorder in children caused by chronic malnutrition and recurrent infections, marked by height or length below the standard. Regent Regulation No. 29 of 2024 states that stunting is a growth and development disorder in children caused by chronic malnutrition and recurrent infections, characterized by height or weight below the standard set by the minister in charge. Therefore, stunting is a nutrition-related disease in infants, distinguished by height or weight below the normal standard for infants.

What are the risks of stunting for babies' future lives? A report by the Ministry of Health states that stunting's impact on children will affect the quality of human resources (HR) in the future. As a nation striving for fair and equitable development, we definitely need reliable human resources. This need will be hard to meet if many of the nation's future

children experience stunting. There are two main impacts of stunting: a decline in the quality of Indonesia's human resources because, according to experts, stunting can reduce brain intelligence and even limit children suffering from stunting to completing only a maximum of secondary education. This means we will lack high-quality human resources for development.

Based on the 2022 Indonesian Nutrition Status Survey (SSGI), released by the East Java Provincial Government in the Report on the Acceleration of Stunting Reduction, the prevalence of stunting in Jember Regency is 34.9%. Compared to other districts and cities in East Java, Jember has the highest stunting rate, while Surabaya is the most successful, with a stunting prevalence of around 4.3%, making it one of the lowest in East Java. This is shown in Diagram 1 below.



Based on the results of the 2022 Indonesian Nutrition Status Survey, Jember Regency clearly has the highest prevalence of stunting. Of course, the Jember Regency government, under the leadership of Regent Hendy Siswanto, is working hard to reduce the prevalence of stunting by mobilizing relevant stakeholders in the government. What is the evidence that the Jember Regency government is working hard to reduce its stunting rate? In about one year, it has successfully lowered its stunting rate from 34.9% according to the 2022 Indonesian Nutrition Status Survey (SSGI) to 29.7% based on the 2023 Indonesian Health Survey (SKI), as shown in the diagram below.

Kabupaten/Kota	Status Gizi Balita								N tertimban
	Stunting		*Wasting*		Underweight		Overweight		
	%		%	95% CI	%	95% CI	%	95% CI	
Pacitan	20,9	17,5-24,7	7,0	5,2-9,3	11,2	9,0-13,9	8,8	6,2-12,3	491
Ponorogo	16,1	12,3-20,7	7,9	6,1-10,3	13,0	10,3-16,3	3,9	2,5-5,9	839
Trenggalek	15,8	13,1-18,8	3,2**	1,9-5,2	12,8	10,4-15,8	4,5	3,2-6,5	654
Tulungagung	21,5	18,4-25,0	8,2	6,1-11,1	12,6	10,3-15,4	6,0	4,5-7,9	997
Blitar	20,3	17,4-23,5	6,0	4,1-8,5	11,0	8,7-13,9	6,3	4,5-8,9	1.110
Kediri	16,8	14,0-20,0	7,9	5,7-10,9	14,2	11,6-17,2	5,5**	3,2-9,3	1.652
Malang=Kepanjen	19,5	16,1-23,3	5,1	3,7-7,0	13,0	9,9-16,8	3,7	2,6-5,2	2.507
Lumajang	29,9	25,4-34,8	10,1	8-12,6	21,5	18,4-25,0	3,7**	2,3-6,1	1.078
Jember	29,7	25,6-34,2	8,2	6,1-10,9	22,0	18,6-25,9	2,6**	1,4-4,8	2.369
Banyuwangi	21,9	18,7-25,3	6,5	4,6-9,1	14,7	11,9-18,0	3,5	2,3-5,2	1.674
Bondowoso	17,0	13,6-21,0	6,5	4,6-9,1	12,5	9,9-15,7	3,4	2,3-5,0	778
Situbondo	4,1	2,8-6,1	2,9**	1,5-5,4	2,8	1,7-4,5	0,3**	0,1-1,2	635
Probolinggo	35,4	31,4-39,7	9,5	7,7-11,8	25,7	22,2-29,5	4,9	3,4-6,9	1.195
Pasuruan	27,9	24,6-31,5	8,5	6,6-10,7	22,7	19,5-26,3	2,7	1,7-4,2	1.575
Sidoarjo	8,4	6,0-11,5	5,2	3,3-8,0	7,9	4,9-12,5	5,8	4,2-8,0	1.978
Mojokerto	16,2	13,6-19,2	6,5	4,4-9,6	9,7	7,3-12,9	4,3	3,1-6,0	1.173
Jombang	18,0	14,8-21,9	7,1	5,4-9,3	10,8	8,9-13,2	4,7	3,4-6,4	1.349
Nganjuk	17,1	13,8-21,1	6,2	4,3-9,0	11,8	8,8-15,5	4,5	2,8-7,3	1.045
Madiun	16,5	13,5-20,1	4,9	3,2-7,4	12,4	10,0-15,3	5,0	3,2-7,7	667
Magetan	19,2	16,4-22,5	4,4	2,9-6,6	13,4	10,6-16,9	4,3	2,7-6,7	614
Ngawi	14,0	11,2-17,5	8,3	5,8-11,7	14,8	12,4-17,6	5,0	3,6-6,8	780
Bojonegoro	14,1	11,2-17,5	7,4	5,7-9,6	13,4	10,2-17,4	3,3	2,2-4,8	1.170
Tuban	17,8	15,0-20,9	7,1	5,2-9,7	15,5	12,6-18,8	4,2	2,7-6,6	1.031
Lamongan	9,4	7,3-11,9	6,7	4,9-9,0	10,7	8,4-13,6	3,4	2,1-5,3	1.257
Gresik	15,4	12,7-18,6	8,0	6,0-10,7	14,8	12,2-17,9	4,3**	2,6-7,1	1.301
Bangkalan	10,2	7,5-13,7	6,2	4,2-9,0	7,1	5,4-9,2	2,4**	1,2-4,6	1.074
Sampang	14,1	10,0-19,4	6,7	4,1-10,8	8,5	5,5-12,9	4,0	2,5-6,4	1.210
Pamekasan	25,1	19,1-32,3	7,9	6,2-10,0	16,8	12,8-21,6	5,0	3,6-7,1	985
Sumenep	16,7	13,1-20,9	11,0	8,3-14,4	10,8	7,9-14,5	2,3**	1,2-4,3	1.065
Kota Kediri	18,6	15,4-22,2	6,0	4,2-8,7	10,0	7,6-13,0	6,9	5,1-9,3	290
Kota Blitar	17,7	14,5-21,4	6,6	4,6-9,2	12,4	9,6-15,9	9,2	7,1-11,9	148
Kota Malang	17,3	14,0-21,3	6,0	4,3-8,4	13,4	10,5-16,9	3,9	2,5-6,0	804
Kota Probolinggo	31,8	28,5-35,4	7,2	5,3-9,6	20,2	17,1-23,7	7,1	5,3-9,6	275
Kota Pasuruan	11,7	8,7-15,6	4,3**	2,4-7,4	8,0	5,4-11,6	2,2**	1,3-3,9	245
Kota Mojokerto	11,0	8,6-14,1	8,0	5,8-10,9	8,3	5,8-11,8	7,0	5,1-9,7	134
Kota Madiun	12,8	10,0-16,2	5,5	3,6-8,2	10,6	8,0-14,0	7,5	5,5-10,2	182
Kota Surabaya	1,6**	0,9-3,1	4,1	2,7-6,3	5,7	3,7-8,7	6,4	4,8-8,5	2.605
Kota Batu	23,1	19,5-27,1	2,8**	1,7-4,8	12,8	9,9-16,3	3,9	2,4-6,2	225
Jawa Timur	**17,7**	**17-18,3**	**6,8**	**6,4-7,2**	**13,3**	**12,7-13,9**	**4,3**	**4-4,7**	**39.162**

The yellow-highlighted figures above show that the prevalence of stunting in Jember Regency is 29.7%. Compared to the results of the 2022 Indonesian nutritional status survey and the Indonesian health survey, there has been a decrease of 5.2%. This is a significant achievement in a relatively short period to reduce the prevalence of stunting to such an extent. However, it is not something to be proud of when looking at other districts in East Java, as Jember still lags behind. For example, compared to neighboring districts such as Banyuwangi, Bondowoso, and Situbondo (in the diagram above: Banyuwangi at 21.9%, Bondowoso at 17.0%, and Situbondo at 4.1%), the stunting rate in Jember remains relatively high. Jember continues to make progress in its efforts to reduce stunting rates. What did the Jember district government do at that time to speed up the reduction?

Stunting that is not yet encouraging can be observed from the Jember district government document, which is the issuance of Jember Regent Regulation Number: 29 of 2024 concerning the Acceleration of Stunting Reduction in Jember District. This regulation provides general guidelines for policy implementers to carry out policies aimed at accelerating stunting reduction in Jember district.

METHOD

The method used in this study is a descriptive qualitative approach, with purposive sampling of informants and data collection through in-depth interviews and documentation studies. It also employs the Participatory Rural Appraisal (PRA) approach because it involves village implementers—such as village midwives, community development cadres, posyandu cadres, nutrition cadres, and sanitation officers—in a participatory manner. This approach aims to thoroughly describe the phenomena, processes, and dynamics occurring in the field. The purpose of this study is to identify the factors hindering the acceleration of stunting reduction through commitment and leadership in Jember Regency.

FINDING AND DISCUSSION

The Goggin et al. model explains that the success of policy implementation depends on various incentives and constraints, as well as capacity at each level, such as incentives and constraints from above (central government), incentives and constraints from below (district government), and district-specific factors like institutional capacity and local decisions. Local decisions are policies made by local governments aimed at speeding up stunting reduction, including regional innovation or creativity, and a decision is a bold move by regional leaders to choose the best options for accelerating stunting reduction. Communication between the central government and local governments (implementers) is crucial for the successful implementation of the third-generation or synthesis model, which combines bottom-up and top-down approaches. If local governments, particularly local leaders, do not dare to make these decisions, it can hinder policy implementation.

To identify inhibiting factors, it is necessary to examine and analyze the implementation of efforts to accelerate stunting reduction. Identifying inhibiting factors involves uncovering, discovering, and recording various obstacles or barriers that hinder the progress of stunting reduction. The goal is to clearly determine the causes of the suboptimal execution of policies in the field. Meanwhile, analyzing inhibiting factors involves delving deeper into the causes, relationships, and impacts of the identified obstacles to recommend suitable policy solutions. According to documents from the Jember District Health Office, several inhibiting factors have been identified and analyzed by the District TPPS/TP2S, as follows.

A. Lack of coordination between institutions

The lack of coordination among different institutions or parties involved in reducing stunting can diminish public trust in the program's effectiveness. This aligns with Bappenas's (2021: 9) observation that the most common challenge in implementing stunting reduction programs is weak cross-sector coordination, both at the national and local levels. As a result, interventions often are not carried out. The Indonesian Ministry of Health (2020: 15) also emphasizes that sector coordination is crucial for program success. The absence of coordination forums or regular cross-sector meetings poses a significant barrier to the implementation of integrated interventions. Coordination is a key management function that leaders or managers must perform within an organization.

According to Bappenas (2021), regional leaders play a key role in coordinating across sectors and programs. Their commitment can influence how resources are allocated, how integrated programs are carried out, and the sustainability of activities. Heads of regional apparatus organizations (OPD) or department heads are very obedient to the regent or mayor. When the regent misses meetings, department heads often don't attend either, and are sometimes represented by staff who are not directly involved in their field. Therefore, leaders' roles as inspirers and motivators are very important. "Results of Interviews with Officials at Bappeda Jember (July 20, 2025) he said that the heads of agencies or institutions related to stunting

Their presence is essential because they act as motivators for their subordinates. According to BKKBN, BAPPENAS, and UNICEF (2020, 2021), institutional leaders play a vital role in strengthening coordination to reduce stunting. Strong, transformative, and highly committed leadership can unite diverse actors and sectors to implement convergent, sustainable interventions. The World Bank (2018) also states that weak coordination among program implementing agencies is a major obstacle to the implementation of policies aimed at accelerating stunting reduction (Sani et al., 2024). Without effective coordination, interventions that should be integrated become fragmented and less effective.

B. Resource constraints

If resources such as expert personnel, budget, and infrastructure are limited, program implementation becomes less effective, which can undermine public trust. The second obstacle relates to resource constraints—expert personnel, budget, and infrastructure or facilities. According to the World Bank (2018), "Limited financial and human resources, especially at the district level, constrain the delivery of essential nutrition services. Infrastructure gaps also hinder access to health and sanitation services." Specific interventions include curative and preventive efforts, such as supplementary feeding (PMT). This requires substantial funding; if the budget is limited, the quality and quantity of PMT will decrease as well, directly impacting stunted infants.

The limited budget allocated for activities to accelerate stunting reduction clearly affects program implementation and operational activities, making them very limited and preventing optimal execution. In an interview with the Head of BAPPEDA in July 2025, it was noted that the budget for stunting activities is insufficient for a population of approximately 2.6 million, especially when compared to other regions. In a separate interview with Mrs. Farida from the Health Office in July 2025, she revealed that the Health Office does not receive a dedicated budget for stunting; instead, it is routinely included in the overall activities of the Health Office, which only has a budget for cadre honoraria, not for other operational efforts to reduce stunting. From this information, it is clear that the funding for accelerating stunting reduction is very limited. UNICEF Indonesia (2020) states that inadequate funding, a shortage of trained personnel, and poor infrastructure lead to ineffective services, especially in remote and rural areas. The OECD (2019: 22) also highlights that one of the main challenges in

implementing nutrition interventions is the lack of skilled workers, budget constraints, and insufficient facilities at the local level.

According to Goggin et al.'s theory, the success of policy implementation depends on the communication process between policy makers at the central level and local implementers. The key elements in this model are: policy message, transmitter (message sender), receiver (policy recipient), contextual variables, and implementation output (results). Within Goggin et al.'s framework, resource constraints are especially relevant to contextual variables. This can be explained as follows:

1. Financial resources, availability of human resources, and infrastructure are factors of the local conditions that determine whether a policy can be implemented according to its original message.
2. If human resources are inadequately trained, funds are limited, and infrastructure is minimal, then the policy message cannot be turned into concrete actions (implementation output).
3. The failure to transmit policy messages has led to an inability to reduce stunting because these messages cannot be implemented at the local level due to budget limitations, insufficient human resources, and limited facilities and infrastructure. This also highlights a disconnect between the central government's policy expectations and local realities. If the central government does not understand local limitations, policy instructions will be beyond local capacity, leading to ineffective implementation.

C. Social stigma and distrust of the (central) government and local authorities

Some community groups harbor doubts about the good intentions of the government or other parties involved in the program, which significantly hampers active community participation. According to the OECD (2013: 15), public distrust of the government is a non-technical obstacle but greatly affects the successful implementation of public policies, including efforts to reduce stunting. Common signs of distrust include the community questioning the government's good intentions; viewing programs as mere formalities; doubting whether interventions like PMT, nutrition education, and cadre visits are genuinely beneficial; hesitating to participate in Posyandu, immunization, and toddler measurement programs; and a lack of active engagement due to past experiences of broken promises and aid not reaching its intended recipients.

Meanwhile, according to Bappenas (2021: 11), community participation in stunting prevention programs remains low, partly due to a lack of trust in the quality of services or uncertainty about whether government programs will actually be beneficial. Therefore, it can be concluded that community distrust of the government is a significant non-technical barrier in implementing policies to accelerate stunting reduction. When the community doubts the government's good intentions or the effectiveness of its services, their involvement in nutrition and health programs decreases.

D. Lack of Adequate Education and Information.

Unclear information can lead to distrust in the program being implemented. Bappenas (2021: 12) states that the lack of information received by families at risk of stunting results in low knowledge about parenting practices, children's eating patterns, and stunting prevention in general.

According to Goggin, et al. (1990), policy implementation is a process of communicating policy from the center to regional implementers and then to the community. In this process, the policy message must be clearly conveyed, understood by the recipient, and transformed into concrete action. Furthermore, Goggin, et al.'s theory relates to two key issues: policy communication distortion (the importance of nutrition and intervention) failing to be correctly received by the community, and contextual variables (low community literacy, local culture, and access to information) becoming obstacles to successful implementation.

According to Goggin et al.'s theory, the community's lack of education and information shows a failure in the policy communication process. When policy messages about stunting are not conveyed or understood by the community, the program cannot lead to the expected behavioral changes. This aligns with the explanations given by Bappenas and UNICEF.

E. Cultural and Habitual Issues

Local customs that oppose changes in unhealthy eating habits can hinder the program's success. According to the OECD (2019:8), *"Cultural perceptions of food, health, and child-rearing shape people's responses to nutrition policies. Ignoring these beliefs may lead to resistance and low uptake of services."*

The World Bank explains (2020: 23) *that "*Cultural *beliefs and traditional practices may limit the effectiveness of nutrition interventions, especially in rural and underserved communities where myths and taboos regarding food, pregnancy, and child-rearing persist." Contradictory cultural values and customs still exist in our society. Even though a lot of information is available online, people often remain unmoved or rely on the instincts of their ancestors. It is even more tragic when, during a Focus Group Discussion (FGD) in July with those implementing efforts to reduce stunting in Grenden village—such as village midwives, sanitation officers, nutrition cadres, and Posyandu cadres— a community member who follows a certain religion stated that syringes are haram, so their children would not be immunized because syringes are used in the process. This presents an obstacle that religious leaders must address to challenge the values that have developed in the community, which hinder progress in reducing stunting.*

According to UNICEF, parents who stick to traditional beliefs and have trouble accepting new information about child health present a major challenge. Sociocultural factors, such as beliefs about specific foods, traditional parenting methods, and improper feeding practices, greatly affect children's nutritional status. Organizations that address

these cultural issues also stress the importance of community-based education and of involving community leaders to change harmful habits that affect children's health.

According to Goggin et al.'s theory, cultural barriers and community customs influence all facets of policy implementation, from communication and organizational capacity to support at the local level. Therefore, a culturally sensitive approach and effective communication strategies are essential to overcoming these barriers and enhancing the success of stunting-reduction policy efforts.

CONCLUSION

The issue of accelerating stunting reduction as a central government decision, to be implemented in the regions (Jember Regency), has not yet reached its full potential because several indicators of progress remain unclear. This is caused by various factors that hinder and limit efforts to speed up stunting reduction. Signs of ongoing constraints include the progress made in reducing stunting prevalence in Jember, as reflected in national surveys such as the Indonesian Nutrition Status Survey (SSGI) and the Indonesian Health Survey (SKI), which are not as encouraging as those in nearby districts or cities (Bondowoso, Banyuwangi). The progress shown in the SSGI results for 2022, 2023, and 2024 are 34.9%, 29.7%, and 30.4%, respectively. Why is the progress of accelerating stunting reduction in Jember still not as expected? This is due to the following inhibiting factors:

1. Weak coordination among institutions is linked to leadership and management functions. Basic management involves planning, organizing, directing, and controlling. Coordination is the process of rallying an organization to meet its goals according to the set plan, which demands strong leadership commitment; otherwise, coordination remains weak. According to BKKBN, BAPPENAS, and UNICEF (2020, 2021), effective leadership is essential to enhancing coordination and reducing stunting. Strong, transformative, and highly committed leadership can mobilize diverse actors and sectors to implement unified, sustainable interventions.
2. Limited resources, including expert personnel, budget, and infrastructure, according to the Head of BKKBN, Hasto Wardoyo (Antara News English: 2023), make monitoring stunting interventions very important. This is highly dependent on the quality of human resources in the health sector. Uneven distribution of human resources affects recording and data utilization. To accelerate stunting reduction, all levels of implementation in the district must be staffed with human resources who understand and possess adequate skills for activities aimed at reducing stunting.
3. The third obstacle is social stigma and distrust toward the (central) and regional governments. Some community groups doubt the government's or other parties' good intentions, which significantly hampers active community participation. According to the OECD (2013: 15), public distrust of the government is a non-technical barrier that greatly affects the successful implementation of public policies, including efforts to reduce stunting. Common signs of distrust include: community doubting the government's good intentions; programs viewed as mere formalities; uncertainty about whether interventions such as PMT, nutrition education, and cadre visits are truly beneficial;

reluctance to engage in Posyandu, immunization, and toddler measurement programs; and low participation stemming from past experiences of broken promises and aid not reaching those in need.

4. The fourth barrier is the lack of sufficient education and information. Ambiguous information can lead the community to distrust the programs being implemented. Bappenas (2021: 12) states that the lack of information received by families at risk of stunting results in low knowledge about parenting practices, children's diets, and stunting prevention in general. The local government, specifically the Stunting Reduction Acceleration Team (TPPS), serves as the implementer, regulator, and enforcer of policies to accelerate stunting reduction. Another role is as a communicator, which involves conveying policy messages from both the central and local governments to the target groups and internal implementers of the TPPS at the district level down to the village/sub-district level. This is because the message can be an explanation of a problem or an educational instruction that must reach the target group. When this function is not carried out properly by anyone, including the implementers, the program will not be fully effective or may fail.
5. The fifth obstacle is cultural issues and customs. According to the OECD (2019: 8), *"Cultural perceptions* of *food*, health*, and child-rearing shape* people's *responses to nutrition policies. Ignoring these beliefs may lead to resistance and low uptake of* services."

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