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Cultural Perspective: Effectiveness Of Implementation Of Stunting Handling Policies In West Pasaman District

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ABSTRACT

West Pasaman Regency has the highest number of stunting cases in West Sumatra Province based on the 2022 Indonesian Nutrition Status Survey (SSGI). Whereas, the Regional Government of West Pasaman Regency has been trying to address the stunting problem since 2019. In this regard, this article tries to describe the implementation of stunting prevention policies carried out by implementers and explain the acceptance of the target community towards the implementation program. This article is based on research using qualitative methods with an ethnographic approach. The ethnographic approach is holistic, that is, it pays attention to comprehensive aspects of the phenomena that occur. Research data was collected using observation techniques and in-depth interviews. The results of the research show that the formal implementation of stunting prevention in West Pasaman has been carried out well. The Regional Apparatus Organizations involved and the implementing officers as the spearhead work seriously in carrying out their respective duties. However, the results of their work are not reflected in the stunting rate in several stunting locus areas, one of which is Nagari Sasak, where the stunting rate is still considered critical, namely above 30%. The people of Nagari Sasak feel pressured by the implementation of the program (especially those who have stunted children). Apart from feeling pressured, they also felt intimidated, which gave rise to resistance to posyandu activities where the stunting prevention program was carried out. This causes the stunting prevention program to not be implemented well. So the implementation of stunting prevention is less effective.

A. INTRODUCTION

The policy for handling stunting in West Pasaman has not succeeded in reducing the incidence of stunting adequately. This can be seen from the movement of stunting figures from 2018 – 2022 which appears to fluctuate: in 2018 (35.1%); 2019 (31.6%); 2020 (no survey was conducted due to the Covid-19 incident); 2021 (24%); and in 2022 it will rise again (35.5%). The failure of a policy

is not necessarily due to the policy itself, but could be due to other factors. As said Hudson, Hunter, & Peckham, (2019) that the success and failure of policies is not necessarily due to the policy itself, but also depends on the implementation process. In line with that, Mthethwa (2012) said the outcome of a policy depends on how successful its implementation is. Schneider and Klein also argue that social scientists are increasingly aware of the fact that the success or failure of policies depends not only on the adequacy of the theory inherent in the policy itself, but

also on its appropriate implementation.(Schneider & Klein, 2016). Proper implementation can make the implementation effective. The word effective refers to a desired outcome or successful outcome. Policy implementation is effective if it can achieve and realize the designed development targets (Ugwuanyi & Chukwuemeka, 2013).

Policy implementation can be effective if the policy has been implemented in accordance with central guidelines; this policy has been adapted to local needs and conditions; policy implementation is checked through performance assessments and cadre evaluation procedures; public support has been mobilized through the inclusion of goal-defined public demands; and that, at long last, real results "on the ground" have been achieved(Ahlers & Schubert, 2015). Whether or not policy implementation is effective can also be caused by implementing factors. The implementer is referred to as the leading bureaucracy (the street bureaucracy) which is the link between the bureaucracy and society(Brynard, 2009). Ineffectiveness or failure of compliance policiesFardon et al., (2012)This can happen because there is a gap between policy implementers and the community as the target of policy implementation. This gap can occur due to cultural differences between the implementer and the target community of policy implementation.

From various policy studies on stunting in Indonesia, it was found that it was not successful due to problems in implementing the stunting prevention policy program. Like studiesAryastami & Dance (2017)found that implementing policies to reduce nutritional problems was not easy to implement. There are several obstacles, including difficult coordination problems, strategies that are not strong enough, lack of interest from stakeholders, and lack of guaranteed availability of funds. Then,Saputri (2019)In his article, which is the result of his research on the relationship between policy and its implementation, he stated that the stunting reduction target in Indonesia had not been achieved because there was a gap between the policy at the upstream position, namely the government, and the grassroots at the downstream level, namely the community who were deemed not to understand and were still unfamiliar with stunting.

As is known, stunting occurs due to chronic malnutrition which occurs when the baby is in the womb and continues in the early stages of life after birth, but only appears after the child is 2 years old.(Bose et al., 2007;Pritasari, 2018). This period is called the first 1,000 days of life(Nisbett, Gillespie, Haddad, & Harris, 2014). To deal with this problem, the Indonesian government has issued several policies that focus on improving nutritional conditions during the first 1,000 days of life.

It's just that in implementing the policy there is a gap between the implementers and the target community. Here the gap is seen from the cultural differences between those implementing the implementation and the community targeted by the implementation. Implementers work based on programs that have been designed nationally based on existing regulations that focus on specific nutrition and nutrition-sensitive interventions. Meanwhile, in society, nutritional needs are also based on their cultural understanding, such as food intake that

should be consumed and behavior in providing food that is guided by their culture. The food consumed is influenced by habits, likes and dislikes in the family, and beliefs which can include taboos against certain foods for certain conditions. Like the research results(Kruger et al., 2012)found that stunting occurred in South African households, mainly due to poor feeding practices over a long period of time and coupled with an increased incidence of infection.

SApart from food intake, stunting is also influenced by sanitation conditions and clean water(Buisman, Poel, Donnell, & Doorslaer, 2019). As explained(te Lintelo, Page, Kaganda, & Esau, 2020)that in Tanzania there has been a significant reduction in stunting due to improvements in clean water and sanitation facilities.

This article discusses the issue of implementing stunting management policies in West Pasaman Regency. District Government West Pasaman has made serious efforts to deal with the problem of stunting. This seriousness can be seen from several policies issued in handling stunting, namely West Pasaman Regent Regulation Number 33 of 2019 concerning Program Convergence Actions/Activities to Accelerate Stunting Prevention in West Pasaman Regency 2019-2021, West Pasaman Regent Regulation Number 65 of 2019 concerning Information Systems Integrated Stunting in West Pasaman Regency, Decree of the Regent of Pasaman No: 188.45/171.a/BUP-PASBAR/2020 concerning Priority Locus for Prevention and Management of Integrated Stunting in 2020 and Decree of the Regent of West Pasaman No. 188.45/131/BUP-PASBAR/2022 concerning the Formation of an Acceleration Team Handling Stunting in West Pasaman 2022-2026.

The efforts made based on this policy have resulted in the success of the West Pasaman Regency Government in obtaining first place in West Sumatra Province regarding Convergence Actions to Accelerate Stunting Reduction four times in a row from 2019 to 2022. However, the results of this convergence performance are not reflected in the decrease in numbers. Stunted toddlers in West Pasaman based on the 2021 SSGI (Indonesian Nutrition Status Survey) are 24%(RI Ministry of Health, 2021), and in 2022 the stunting rate will actually skyrocket to 35.5% and West Pasaman is ranked first in the stunting rate in West Sumatra Province(Ministry of Health of the Republic of Indonesia, 2022). This is what is trying to be revealed based on cases in the field in the implementation of the stunting prevention program implemented by the leading bureaucracy (consisting of village midwives, posyandu cadres, Family Welfare Empowerment (PKK) cadres, Family Planning Field Officers (PLKB) and acceptance by the target community of the program the.

This article tries to reveal this problemuse Contextual Interaction Theory. This theory works by looking at the social processes between the implementer and the target group they are trying to influence. The focus is on the ongoing interactions between the actors involved(O'Toole, 2004). Apart from that, this research also uses cultural theory to understand the culture of the implementer and target. Because according to Shore, policy is a cultural phenomenon, policy can be seen as a cultural

text and as a classification device with various meanings (Shore, 1997). Shore's opinion is in line with Geertz's views on culture. For Geertz studying culture means studying the meaning of a collection of texts (Keesing, 1997). What is meant by text is human actions which are documents that form culture and within which complex networks of meaning are woven (Keesing, 1997). Thus, Geertz understood culture as a very complex network of signs, symbols, myths, and routines, and customs. Humans are considered animals enveloped in networks of meaning that they weave themselves. The culture Geertz speaks of resides within those networks (Sutrisno & Putranto, 2005). Therefore, the researcher's task is to interpret the text, not to decipher it by breaking it down (Keesing, 1997). Then find and build the meaning structure (Marzali, 2014). In this case, we try to understand the performance of the leading bureaucrats in delivering the program to the target community and the target community's acceptance of the program being delivered.

Based on the explanation above, this article will answer the following questions: How do officers implement the stunting prevention policy in West Pasaman? How do target communities accept the implementation of the policy?

METHOD

This research was conducted in West Pasaman Regency. Research data was collected through qualitative methods using an ethnographic approach. This research aims to reveal the native's point of view regarding stunting prevention as seen from the perspective of policy implementers and the community as the target of the implementation. The consequence of this approach requires researchers to be in the field observing the actions of the research actors consisting of policy implementation officers and policy target communities.

The research subjects were implementation implementers in each regional apparatus organization involved, including health workers and Posyandu cadres, Family Planning Field Officers (PLKB), and Family Welfare Empowerment (PKK) cadres in nagari. The number of implementers in this research was 16 people. Then, the target communities for implementing the stunting prevention policy are priority groups, namely pregnant women, breastfeeding mothers and mothers who have children aged 0 - 23 months (young children). The number was 26 people and 11 of them had stunted children. Determination of the number of informants was based on the adequacy of the data required in this research. Data adequacy is determined by the level of data saturation. The research informants here did not use the principle of representativeness. Data in qualitative methods do not use the principle of representativeness, but are based on the adequacy and depth of the data, therefore the number of informants is not a problem. The Nagari chosen in this research is Nagari Sasak because here the stunting rate is highest in West Pasaman, in 2021 it will be at 32.7% and this condition is considered critical.

Data collection techniques consist of participant observation and in-depth interviews. Participatory

observations were carried out on the target communities for implementing the stunting prevention policy and those implementing the policy. The data collected consists of the actions and attitudes of officers in carrying out their duties and the actions or behavior of the community in daily life related to stunting phenomena. What is revealed from this observation is the meaning of the informant's actions. Meaning is a collective agreement from people about their actions and behavior.

Observations were carried out from the start of the field until the research was decided to be complete. At the start of the field, observations are needed to get to know the field and determine the right informants to obtain data in accordance with the research theme. In the initial stage, build rapport with the community to make it easier to get informants and facilitate research implementation. After that, observations were carried out to collect data related to research needs, namely to answer research questions.

RESULTS AND DISCUSSION

1. Overview Of Stunting In West Pasaman

The picture of stunting in West Pasaman in the last 5 years from the 2018 to 2022 SSGI results shows that the stunting rate seems to be fluctuating, in 2018 the stunting rate was at 28.35% (Bappeda, 2019), in 2019 it rose to 31.66% (RI Ministry of Health & BPS, 2019), in 2020 SSGI was not implemented because there were cases of Covid 19, in 2021 it fell by 24% (RI Ministry of Health, 2021), and in 2022 the stunting rate will actually skyrocket to 35.5% and West Pasaman is ranked first in the stunting rate in West Sumatra Province (Ministry of Health of the Republic of Indonesia, 2022). In fact, in 2021 the West Pasaman Regency Government was declared the most successful in reducing the stunting rate. Then, West Pasaman was also recognized as the most successful district in West Sumatra in 8 Stunting Reduction Convergence Actions 4 times in a row from 2019 - 2022. This achievement resulted in West Pasaman receiving a national level award in Bali in August 2022.

The West Pasaman Regional Government is certainly disappointed and a little confused by this condition. They feel they have worked optimally in dealing with stunting. Data from e-PPGBM (Community Based Nutrition Recording and Reporting Application) shows that the stunting rate in the West Pasaman Regency area in August 2021 was below 20%, namely 18.42% and in February 2022 it fell again to 16.31%. The e-PPGBM data is obtained directly from the Posyandu which is the result of weighing and measuring the height of toddlers and toddlers at the Posyandu. However, the data recognized at the national level is data from SSGI. There are several reasons why e-PPGBM data is not recognized, namely measuring instruments for measuring baby height and weight are considered less accurate, officers who carry out measurements are considered less skilled, and data collection results are less trustworthy. The West Pasaman Regional Government is certainly forced to accept this

condition and remains determined to work seriously to handle stunting and improve the way their cadres work.

The conditions in the field for children experiencing stunting in West Pasaman Regency do not only occur in poor families, but stunted children are also found to come from rich families. Rich people who have stunted children in this area do not accept their children being diagnosed as stunted. They were not happy when officers said their child was stunted. Some of them even did not want to come to the posyandu again after their child was determined to be stunted. According to him, the availability of food in his house is never lacking. However, they admitted that their children had difficulty eating the food they were given. Apart from that, they are also busy with daily work so their children are looked after by their grandmother or housekeeper.

2. Overview Of Stunting In West Pasaman

Since 2019, the West Pasaman Regency Government has continued to strive to reduce the numbers. The efforts made by the West Pasaman Regency regional government are by launching Regent Regulation number 33 of 2019 concerning program convergence actions/activities to accelerate stunting prevention in West Pasaman Regency in 2019-2021. This convergence is an intervention approach carried out by the government in a coordinated and joint manner on priority regional and household targets in preventing stunting. This convergence is carried out starting from the planning stage, implementation and monitoring stages, to the evaluation stage after undergoing the program. Then, in 2022 based on Presidential Regulation Number 72 of 2021 concerning the Acceleration of Stunting Reduction, the Regent of Pasaman also issued Decree Number 188.45/131 of 2022 concerning the Formation of a Team for the Acceleration of Handling Stunting in West Pasaman Regency for 2022-2026.

The activity targets aimed at by the government in making policies to prevent stunting in West Pasaman Regency are divided into 2, namely: first, policies for specific nutritional intervention targets aimed at the First 1000 Days of Life (HPK) group, namely pregnant women, mothers giving birth, newborns, and babies aged 6 months to 2 years. Second, policies for sensitive nutrition intervention targets aimed at the general public, namely increasing access and quality of nutrition and health services in the community, increasing awareness, commitment, parenting practices, maternal and child nutrition, increasing the availability of clean water and sanitation facilities, increasing food access nutrition, and strengthening coordination between West Pasaman Regency government programs and all sub-districts and nagari within West Pasaman Regency.

After the Regent's Regulation or Perbup was issued regarding policies for stunting prevention in West Pasaman, a Regional Apparatus Organization (OPD) was appointed from representatives of each department and institution within the West Pasaman Regency Government. The departments and institutions that are part of the OPD to prevent stunting in West Pasaman are: Regional Planning and Development Agency (Bappeda), Health Service,

Public Works and Spatial Planning Service (PUPR), Housing and Settlement Area Service, Education and Culture Service, Food Security Service, Community and Village Empowerment Service, Population Control Service, Family Planning, Women's Empowerment and Child Protection, and Social Service. All agencies that are part of the OPD are chaired by the West Pasaman Regency Bappeda. Each agency that is a representative for preventing stunting must create each program according to its service area and directed at households, each sub-district health center and the Nagari Government to make it more effective.

3. Reduction Of Stunting In West Pasaman

The implementation of the acceleration program for handling stunting reduction in West Pasaman Regency is carried out through 8 convergence actions which include situation analysis, activity plans, stunting consultations, Perbub/Perwako, coaching KPM (Human Development Cadres), data management system, measurement and publication, and annual work review. Many interventions to accelerate stunting prevention are carried out through the Health Service and Population Control and Family Planning Services, because they are based on stunting management regulations from the central, provincial and district levels.

The implementation of 8 accelerated stunting prevention actions carried out in West Pasaman Regency encountered obstacles, namely the large area and the small number of nagari. When the research was conducted there were only 19 nagari in West Pasaman Regency. The area is large and the population is large, causing difficulties in collecting stunting data. To overcome this, the center for stunting prevention activities was lowered to jorong level so that these activities could reach all priority groups. Apart from that, related OPDs integrate each other's activities. For example, integrating Posyandu with PAUD. With this integration, programs between OPDs can be held simultaneously. Likewise, at the nagari level, they also synergize and support the Stunting Prevention Acceleration Team program. One of the actions, such as exploring ideas, was carried out at the nagari level before a stunting discussion was held. In the nagari, idea generation can be done at PAUD and also at the Posyandu in the nagari. In the village itself there is also a healthy village house program (RDS). RDS is a space for discussion and exploring ideas at the lowest level in society, namely the family. It is hoped that the ideas that come to the surface during the stunting discussion are accurate. The exploration of ideas and RDS is also assisted by experts, namely local village or nagari assistants (PLD). Local village or nagari assistants accompany the nagari which are the locus of stunting. Meanwhile, at the district level there are also experts (IA). These experts can be provided through one of the OPDs, namely the Nagari Community Empowerment Service (DPMN). Both at the district level and at the nagari level there are Human Development Cadres (KPM).

To coordinate the many OPDs involved, it is generally divided into two communication channels. Within the stunting prevention acceleration team there are

two streams, namely the steering team and the implementation team. The steering team is the West Pasaman Regency regional government, chaired by the Deputy Regent of West Pasaman Regency. Next is the implementation team led by the local Bappeda. This can be seen from the commitment of the West Pasaman Regency regional government, namely through the Regent's Regulation on stunting convergence action both at the district and village levels. For example, local governments instruct DPMN to record and report their findings once every 3 months via score cards. Data collection such as DPMN is also carried out by other OPDs and will be presented during cross-sector FGD (Focus Group Discussion). This cross-sector FGD is the same as exploring ideas at the community level which involves all elements of society. The same thing is also done between OPDs, both in official meetings to discuss stunting and meetings for other purposes which are also aimed at having an impact on preventing stunting.

In each OPD and at meetings between OPDs, performance assessments are also carried out. Performance assessments are carried out to evaluate the performance and success of accelerated stunting prevention programs in each OPD. The performance assessment in each OPD is directed at improving the accelerated implementation of stunting prevention at the district level. This is the commitment of the West Pasaman Regency regional government, perhaps it is not something new, but this commitment is felt to be the key to the success of stunting convergence in West Pasaman Regency. The agreements in the stunting discussion are fully supported by local government leaders. Not only agreeing, the Regent, Deputy Regent and other leadership elements are also always present at meetings or other meetings held in accordance with their activities.

Furthermore, there were also small meetings between OPD as members of the implementation team which were attended by echelon 3 officials and below. The OPD within the implementing team also reminds each other to make existing programs a success. Because many of the accelerated stunting prevention programs implemented are integrated. Coordination between OPDs is the mainstay weapon of the West Pasaman Regency regional government in accelerating stunting prevention. Another example, such as mapping the accelerated stunting prevention program, can be carried out by the relevant OPDs to overcome the problems faced in accelerating stunting prevention. The results of the program mapping and the problems faced were finding solutions together between OPDs. Then efforts will also be made to support the existing budget in the OPDs involved. It is not a special fund for stunting, but as much as possible it will also have an impact on accelerating stunting prevention. For example, PUPR mapped that there are areas where sanitation is classified as not good, based on the situation analysis carried out it is necessary to provide sanitation. This is supported by the local government so that it is submitted so that it can receive a special allocation from both the APBN and APBD so that it can receive sanitation assistance in the mapped areas.

Then, the findings and mapping in Jorong and Nagari by each relevant OPD will be presented at every meeting at the district level. This is done so that open information can be known by the local nagari government, it is hoped that it can be more accurate and have a big impact on communities at risk of stunting. Currently, nagari has a fairly large structure and budget for stunting prevention. The funds owned by the nagari are not specifically for stunting, but improving the welfare of the nagari community is believed to have a big impact in accelerating efforts to prevent stunting.

The programs that have been implemented by each OPD are: Bappeda is tasked with making regional regulations or what are called Regent regulations. Bappeda coordinates all OPDs involved and ensures that the stunting management program in the area runs as planned. So far, the implementation of Bappeda's duties with the existing OPDs has gone quite well by carrying out regular monitoring.

The Health Service is one of the agencies that plays a very important role in handling stunting in West Pasaman. The Health Service created a program in the form of providing training to all health workers and Posyandu cadres and providing counseling to the community. The Health Service ensures that service activities at the Community Health Center and Polindes run smoothly. Technically, stunting prevention is mostly carried out by village midwives and Posyandu cadres. Village midwives and Posyandu cadres follow the directions given by the Community Health Center and Health Service.

Community and Nagari Empowerment Service, the focus of work is on action 4 and action 5. Concerning regulations and determining community development cadres (KPM). At the beginning of the year around February, mapping was carried out which was taken from exploring ideas at the Jorong and Nagari levels. Furthermore, after mapping the program and obstacles in accelerating stunting prevention, an FGD was held the following month. In the FGD, it is hoped that the right formula can be found regarding what actions will be taken next. The results of the FGD were taken and conveyed to the stunting discussion at the district level later.

Empowerment programs or activities carried out are prioritized so that they can also overcome the problem of stunting. DPMN is working together with other parties in accelerating the success of stunting prevention, especially with nagari. The DPMN Service and the nagari have partner status. Collaboration with nagari so that we can be on target in reaching stunting sufferers. For example, there is a family food garden (TPK) program that is being implemented with KPM cadres in nagari villages. Apart from that, it also collaborates with other departments such as the Health Office and PKK, for example, to increase community knowledge in meeting needs and nutrition. There are also friendship activities with the community (SIBIMA) and mini workshops (LOKMIN) that can be carried out at the Posyandu. The aim is to get to the bottom of what problems exist in the nagari. The assumption is that if the root of the problem is clear, the best solution can be formulated for the local community so that it is right on target.

This data was raised in the FGD for Healthy Village Houses (RDS) and then also presented at the Nagari Deliberation (Musna). The aim is to be included in the next program proposal either at the nagari level or to the relevant OPD. Currently, nagari-nagari have adequate structures with functions to meet the needs of their community, as well as in resolving problems at the nagari level. In addition, nagari already have large enough funds so they can act more quickly.

All activities at DPMN will be monitored around August so that they can be evaluated and improved for the program early next year. This was done in an effort to increase the acceleration of stunting prevention in Nagari. The result is that currently services at several Posyandu in several villages have improved. The key to running well is the action to accelerate stunting prevention apart from the commitment of the leadership and related OPDs as well as cooperation with nagari as partners.

The Department of Population Control, Family Planning, Women's Empowerment and Child Protection (DPKBP3A) is tasked with providing counseling to teenagers and providing vitamin A to teenage girls in middle and high schools. However, at the high school level, the Health Service has difficulty doing this because it is not under the West Pasaman Regency Education Office (the authority of the Provincial Government). Apart from that, it also provides education to the public about participating in the Family Planning (KB) program.

In its implementation, the PUPR Service encourages community participation to build clean water facilities in the form of the Community-Based Drinking Water Supply and Sanitation Program (PAMSIMAS) or Rural Drinking Water Supply System (SPAM). They collaborate with the private sector and all institutions in society to increase the availability of clean water. The Department of Housing and Settlement Areas implements programs that encourage communities to build sanitation facilities and provide healthy living behavior to communities in various villages surrounding West Pasaman Regency.

The Education and Culture Service in coordination with the Nagari Community Empowerment Service provides training to teachers who teach in PAUD, collaborates with the Health Service to provide health and reproductive counseling to young women in junior high schools (SMP), collaborates with the Health Service to activate business school health (UKS) for every junior high school throughout West Pasaman Regency.

The Food Security Service ensures the availability of food needed by the community, provides guidance, increases capacity and community participation to implement the sustainable food home area (KRPL) program. The Food Security Service also collaborates with the Health Service to provide counseling on supplementary feeding (PMT) to the people of West Pasaman.

The Social Service is helping the government to make stunting prevention a success by providing non-cash food assistance (BPNT) and family hope program (PKH) assistance to all people who come from poor families, as well as ensuring that families who receive assistance in the

first 1000 days of life receive education, promotion and outreach regarding parenting and nutritional patterns.

All departments included in the OPD list that have been appointed by the Regent of West Pasaman Regency, collaborate more with the nagari government to implement the technical program. The nagari government knows better what the situation and conditions of its people are, so the technical implementation is carried out by the government of each nagari in West Pasaman. The nagari government also collaborates with village midwives and Posyandu cadres to carry out the technical implementation of the West Pasaman Regency government program. Each jorong/hamlet in a nagari has been confirmed to have 1 Village Maternity Center (Polindes) per jorong and 2-3 Posyandu posts per jorong so that it is easier for the community to mobilize. Each Posyandu is also ensured to have a minimum of 5 Posyandu cadres who are professionals and have undergone training by the Health Service through the Community Health Center in each sub-district.

The implementation of the stunting prevention program at the district level has been carried out well. However, the implementation of the stunting prevention program is spearheaded in nagari and problems are still encountered. The implementers, consisting of village midwives, posyandu cadres, PLKB, and PKK, who are said to be the leading bureaucracy in implementing stunting management policies in West Pasaman, have tried to carry out their duties based on the instructions they received during the training. In carrying out their work, they make every effort to ensure that pregnant women and mothers who have toddlers and toddlers participate in posyandu activities. The village midwives and cadres looked enthusiastic in carrying out their respective duties. They also went door to door for mothers who did not come to the posyandu activities.

It's just that the way it works uses a program approach that looks a bit rigid, such that mothers have to follow all the instructions given because they emphasize that the program is good for the health of the mother and child. There seems to be a little emphasis and coercion in carrying out their duties because there is also a demand from the program that they must ensure that groups of pregnant mothers, breastfeeding mothers and mothers with toddlers and toddlers are reached by the program targets. However, without the officers realizing that the way they work makes mothers feel pressured and what actually happens is their resistance, so that many mothers, especially those with stunted children, no longer want to come to posyandu activities. Moreover, mothers who have stunted children are classified as economically well-off people.

4. Target Community Acceptance Of Implementation Implementation Of The Stunting Reduction Policy

The community has varied responses in accepting the government's program to reduce stunting in West Pasaman. Most of the people of West Pasaman accept the programs provided by the government through the nagari

government, village midwives and Posyandu cadres. However, there is one nagari that is very different from other nagari, namely Nagari Sasak. Nagari Sasak has the highest stunting rate in West Pasaman. The people here find it quite difficult to accept the stunting prevention program. They do not accept that their child is said to be stunted. Mothers who have stunted children are resistant to Posyandu activities. In general, the level of attendance of mothers at Posyandu activities is low. There are many reasons why they are not present. Among the reasons they don't want to take part in the stunting reduction program are being afraid of their child getting an injection, the program schedule not being in line with their work schedule, forgetting their schedule, and so on. Especially during the Covid-19 pandemic, there was very little public presence here. They think that officers gave the vaccine secretly to themselves and their children. Even though these mothers gave many reasons, officers continued to try to take approaches that could convince the mothers to take part in the program. All officials accelerating stunting reduction, especially village midwives and posyandu cadres, continue to try to persuade the community without giving up.

Posyandu officers invite pregnant women and mothers who have toddlers and toddlers to come to the homes of the target community one day before the implementation of the Posyandu and convince the community that nothing will happen to the program. Apart from that, officers also go door to door to people who do not want to come to Posyandu. Officers came with tools to measure the children's weight and height and gave additional food to the children. It turns out that what the officers did was not enough to make the target community accept the stunting prevention program. The messages conveyed by the stunting prevention program cannot be understood by the target group, such as why should pregnant women take blood supplements? Why are children given worm medicine, and why should children be immunized?

Apart from that, the stunting prevention program in Nagari Sasak is more focused on specific nutritional interventions, namely on Posyandu activities. For nutritionally sensitive interventions it is less visible. In Nagari Sasak, the most basic thing related to the problem of stunting is the community's poor living habits. There are still many people who have the habit of defecating on the beach. Apart from that, livestock waste is no less annoying. There, in general, many livestock animals are still released into the wild. Therefore, it can pollute the yard and contaminate the sand around the house. The cleanliness of the local community's living environment is also not maintained.

Another habit pattern is related to the habit of washing hands before eating for children. In Nagari Sasak, because the environment is on the beach, children's play areas often come into contact with sand. Many children play in the sand, even though the sand is not necessarily clean because it is contaminated by various dirt. It is not uncommon to find children with dirty and sandy hands eating straight away without washing their hands first. According to local people it is normal, but it is certainly not

healthy. As a result, many toddlers there have worms. According to nutrition officers, almost all of the 90 children who were given worm medicine suffered from worms.

Another habit pattern is not prioritizing environmental cleanliness. What this means is that in the Nagari Sasak community there are no places to dispose of household waste. Most of it is thrown around the house, collected and then when it is dry the rubbish is burned. Sometimes before the waste can be burned, the waste flies away in the wind, polluting the surrounding environment. There is also no drainage hole for waste water, the waste water is just thrown away. The water dries up but the wet waste emits a pungent odor and is also covered in flies. Only a small number of families in the nagari really care about cleanliness. There are still many people who throw their household waste into rivers and the sea. As a result, rubbish is scattered on the beach when the waves are thrown onto the beach. It is not uncommon for animal carcasses and strong-smelling rubbish to be found on the beach.

1. Effectiveness Of Acceleration Policy Implementation Handling Stunting In West Pasaman

The West Pasaman Regency Government policy is based on Perbub number 33 of 2019 concerning convergence actions for accelerated stunting prevention programs in West Pasaman Regency in 2019-2021 which were designed by each Regional Apparatus Organization (OPD), implemented in collaboration with the Nigerian government. In the nagari the main implementers are village midwives, Posyandu cadres, PKK cadres, family planning field officers and human development cadres. All programs that have always been a commitment to all involved have produced quite satisfactory results. The stunting rate in West Pasaman Regency has decreased, in fact this area has become the area with the fastest reduction in stunting in West Sumatra Province from 2019 to 2021. The decline in stunting rates in the West Pasaman Regency area occurred after the policy was made based on the 2019 Regent's Regulation (Perbub).

According to the Indonesian nutritional status survey (SSGI), West Pasaman Regency in 2019 had 31.66% of children experiencing stunting, and in 2021 this has decreased to 24%. Apart from that, since the existence of Perbub number 33 of 2019 concerning stunting reduction policies, West Pasaman Regency received the first ranking stunting reduction convergence award in the province of West Sumatra 4 times in a row from 2019 to 2022. This award was received by West Pasaman Regency. This is proof that the implementation of the policy to accelerate stunting reduction is progressing as expected.

However, this effort was not completely successful. In 2022, the results from SSGI, the stunting rate in West Pasaman actually increased to 35.5%. This research found that the work implementation procedures of the Stunting Reduction Acceleration Team were indeed running according to the instructions of the policies contained in the regulations. But something the team forgot

was that the success of the policy was essentially a change in the behavior of the target community. The program has been carried out by officers according to procedures. What has not happened is that the message from the program has not reached the target community.

If you look at communities such as Nagari Sasak, not all of the people targeted by the program have actually accepted and undergone the program. Pregnant women still behave as usual before the program. Their diet remains as usual, they don't pay much attention to the nutritional composition of food. The main food is rice. Side dishes and vegetables are just friends for eating rice. Apart from that, there are those who say that the food they eat is especially appetizing because during pregnancy they find it very difficult to eat. Then, some of the pregnant women did not drink the blood supplement tablets given to them by the village midwife or obtained during posyandu activities because they did not understand why they were taking the tablets. Likewise, mothers who have children under two years old (Baduta) still feed them as they usually do without paying attention to the composition of the food. Just like the food for pregnant women, they only prioritize rice with side dishes. It is rare to give vegetables, so fruit is not an important thing in a child's diet. Many even say their children have difficulty eating. Children prefer to eat snacks from stalls.

The difficulty in accepting the program can be seen from the way the officers convey the program to the mothers who are too focused on the language of the program. For example, pregnant women are given 90 blood supplement tablets during pregnancy, and the mother is then told that these tablets must be finished. But mothers don't understand why they have to take the tablets. Then, for mothers who had children who were categorized as stunted, officials said their children were stunted because they were not given nutritious food. Mothers feel they are to blame for their child's condition. This resulted in the mothers being resistant and no longer wanting to participate in the program activities.

So, it could be said that a well-designed program is not necessarily effective. The ineffectiveness of the program to accelerate stunting reduction here is due to the delivery of the program by frontline officers to the target community in an unconscious way that makes the community feel pressured.

CONCLUSION

The West Pasaman Regency Government has made serious efforts to deal with stunting. Every time a new policy regarding stunting management is issued from the central government, the Regional Government of West Pasaman Regency responds quickly. At least to date the West Pasaman Regency Government has had four Regent Regulations regarding stunting management, namely West Pasaman Regent Regulation Number 33 of 2019 concerning Convergence Actions for Accelerated Stunting Prevention Programs/Activities in West Pasaman Regency 2019-2021, West Pasaman Regent Regulation Number 65 of 2019 regarding the Integrated

Stunting Information System for West Pasaman Regency, Decree of the Regent of Pasaman Number: 188.45/171.a/BUP-PASBAR/2020 concerning Priority Locus for Integrated Stunting Prevention and Control in 2020 and Decree of the Regent of West Pasaman Number 188.45/131/BUP-PASBAR/2022 Regarding the Formation of the West Pasaman Stunting Acceleration Handling Team for 2022-2026.

Based on the Regent's regulations The implementation of the stunting reduction acceleration program involves 11 Regional Apparatus Organizations (OPD), namely Bappeda, Health Service, Education Service, Nagari Community Empowerment Service, Public Works and Public Housing Service, Population Control and Family Planning Service, Family Welfare Empowerment, Social Service, Resilience Service Food and several other OPDs involved. All OPDs have worked to implement stunting prevention policies relatively well, as evidenced by the West Pasaman District Government getting first place 4 times in a row from 2019 to 2022 in the Convergence Action to Accelerate Stunting Reduction throughout West Sumatra province.

It turns out that these efforts are not enough to overcome the stunting problem in West Pasaman. It was still found that there were villages where stunting rates were still very high, namely Nagari Sasak. Implementation implementers at the forefront consisting of village midwives, Posyandu cadres, Family Welfare Empowerment (PKK) cadres have not succeeded in convincing the public about the stunting prevention and handling program. The program approach they implemented as obtained during the training actually made mothers, especially those with stunted children, become resistant and on the next occasion they did not want to take part in Posyandu activities again.

Apart from that, there is a stunting program that is not being explored here, namely sensitive nutrition interventions, especially regarding sanitation and environmental cleanliness. Here environmental cleanliness is not good, as can be seen from the lack of proper management of household waste. Garbage is just strewn around the residence, both plastic waste and wet waste. Then, many people's houses do not have their own toilets. They defecate in public latrines and some even in open spaces such as on the beach or in the bushes around the house. Unfavorable conditions have resulted in many children under five suffering from worms.

Seeing the implementation of the stunting prevention program in West Pasaman in general and in Nagari Sasak in particular It is felt that there is a need to change the approach in implementing the program. As it is necessary to pay attention to the cultural characteristics of the target community. The approach taken so far emphasizes a top down approach, namely an approach based on the perspective of the government or policy makers in reducing stunting. The cultural characteristic of society is that people do not easily change life behavior patterns that have been formed for generations. They think that what they are doing is the same as what their parents have been doing all this time and according to them it is not

a problem. The top down approach gives the target community the impression that preventing stunting is in the government's interests, not theirs. It is necessary to provide understanding to the community that preventing stunting is in the interests of their own children. For example, you can start by asking about their hopes for their child in the future. Many people in rural areas want their children to become soldiers or police. To become soldiers or police, their children must have a certain height. In order for children to be tall, they must consume balanced nutritious food, especially from the time the child is still in the womb until he is a toddler.

Stunting prevention takes the form of preventive measures. Preventive action is difficult for the public to believe in because Didn't see the results straight away. If the program approach is more command-based, society often finds it difficult to accept it. In general, people accept the program more easily by providing examples rather than orders.

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