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**Sustainable Development Goals (SDGs): Implementation of Stunting Mitigation in Bantaeng Regency**

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**Abstract**

Stunting has become a global and national issue in recent years, nationally the government in the 2020-2024 RPJMN targets the stunting prevalence rate in Indonesia to decrease to 14% while Bantaeng Regency sets 14.5 percent where the previous year was 22.1%. Stunting is one of the indicators in the Sustainable Development Goals (SDGs), namely the second goal of ending hunger, achieving food security and good nutrition, and promoting sustainable agriculture. The purpose of this research is to look at the implementation of stunting prevention policies using the SDGs approach, local government strategies, and the challenges of implementing stunting prevention policies using Edwards' theory. This research uses descriptive qualitative research methods through direct interviews with all stakeholders who play a role in stunting prevention, documentation, and direct observation or observation. While the data analysis uses an approach according to (Miles & Huberman, 2007), including data collection, data reduction, data presentation, and drawing conclusions. Based on the researcher's findings that the implementation of stunting prevention policies with the SDGs approach from the economic, social, and environmental aspects, while the local government strategy in overcoming stunting is cooperation between regional apparatus, specific and sensitive interventions, while the challenges of implementing stunting prevention policies include communication, resources, disposition, and bureaucratic structure have been implemented, but are still facing various challenges in all aspects of policy implementation.

**Keywords:** SDGs, Policy Implementation, Stunting

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**Introduction**

The Sustainable Development Goals (SDGs) is a sustainable development program that aims to prosper the global community and preserve nature, as well as a reference in the development framework of countries around the world. The SDGs have several goals that need to be achieved, one of which is to end hunger, achieve food security and good nutrition, and improve sustainable agriculture. However, the nutrition problem in Indonesia is currently very serious. According to the 2018 Basic Health Survey (Riskesdas), the prevalence of stunting among children under five in Indonesia reached 30.8% and decreased to 24.4% in 2021 (Ministry of Health, 2021). Although this figure is still higher than the WHO threshold of 20%. The Indonesian government aims to reduce the prevalence of stunting to 14% by 2024 through various national efforts and programs. The Government's attention is also seriously demonstrated by prioritizing to address stunting in children. This is following the goals of the SDGs attached to the Presidential Decree No. 59 of 2017 on the Implementation of Achieving the Sustainable Development Goals, as a follow-up to the agreement in Transforming Our World: The 2030 Agenda for Sustainable Development. In addition, the central government has also established national policies and strategies to reduce the prevalence of stunting, as stated in Presidential Regulation Number 72 of 2021 concerning the Acceleration of Stunting Reduction. The policy emphasizes a multi-sectoral approach that includes improving nutrition, sanitation, clean water, and access to health services. However, implementation at the local level requires the active role of local governments to adapt the program to local needs and conditions.

Stunting is a chronic condition that affects growth and development. If not treated in the long term, it can affect the growth and development of children (Ginting KP & Pandiangan A). The problem of stunting begins in the womb. It does not become apparent until the child is two years old (Ministry of Health, 2019). The causes of stunting can be seen from several dimensions, namely the mother and the child. Stunting is a condition of stunted growth in children under the age of five years due to chronic malnutrition, particularly in the first 1,000 days of life (HPK). Stunting affects how the brain grows and develops, so there is a higher risk of suffering from chronic diseases in adulthood (Ministry of Villages, Development of Disadvantaged Regions, and Transmigration, 2017).

According to the Global Nutrition Report 2020, about 149 million young children, or about 21.9 percent of the world's young children, are stunted, and most of them are in the Asian region, 81.7 million young children, or 54.8 percentThe World Health Organization (WHO) has set a goal of reducing stunting by 40 percent by 2025. Calculations by the World Bank show that the per capita income of the population is 7 percent lower than it would be if there were no interventions to reduce stunting in a country. African and Southeast Asian countries tend to be even higher, at around 9-10 percent of gross domestic product (GDP) per capita (Galasso E, Wagstaff A).The government in the 2020-2024 RPJMN has also set a target to reduce the stunting prevalence rate in Indonesia to 14 percent. This goal can be achieved by involving multi-sectoral roles and ensuring synchronization of programs from the national level to the village level (Bappenas, 2019). The step that will be taken to accelerate the achievement of these goals is to identify specific districts/cities and/or villages as focus districts/cities. The number of focus districts/cities will be gradually expanded to cover all districts/cities in Indonesia (Bappenas, 2019).

On the other hand, local governments face a major challenge in trying to reduce stunting in their region. The study by Azizah et al. (2023) highlights the important role of villages and Posyandu in reducing stunting at the local level. Posyandu plays a role in providing health services, especially in monitoring the growth of toddler and providing supplementary feeding. However, limited infrastructure, budget, and health workers are the main challenges in implementing the program. Meanwhile, research by Sianipar et al. (2021) in Asmat, Papua, highlighted the need to increase the capacity of human resources as local food processors to accelerate stunting prevention.

By detailing and implementing related SDG targets, addressing stunting is closely linked to achieving the SDGs globally, while specifically addressing stunting and improving child well-being at the local level.

It is important to realize that stunting is a serious threat to the quality of human resources and also to the competitiveness of the nation. This is because children who are stunted not only experience physical growth disorders (short stature), but also brain development disorders that can greatly affect their ability and performance at school, as well as their productivity and creativity at productive ages. In general, stunting can hinder economic growth, increase poverty and widen inequality. Therefore, it is relevant to use the SDG conceptual approach in stunting prevention efforts, both at the national and regional levels. This is because the SDGs include aspects of meeting child nutrition, health protection, and education. In the context of Indonesia, the prevalence of stunting is still high, although there has been a decrease from year to year (Azizah et al., 20-23). Therefore, in order to achieve the SDG targets by 2030, central and local governments have a critical role to play in optimizing stunting prevention programs.

Achieving nutrition by addressing stunting is central to development. Good nutrition is the foundation for health, productivity, and cognitive development (Martorell, 2017) for both individuals and communities. Optimal nutrition not only improves the quality of life for individuals, but also has a positive impact on economic growth and social stability (Hendriadi & Ariani, 2020). Therefore, efforts to improve nutrition through health and food security programs are essential to achieving inclusive and sustainable development goals. Addressing stunting is also in line with the Sustainable Development Goals, in particular Goal 2 to end hunger, achieve food security and good nutrition, and promote sustainable agriculture. The go al for 2025 is to reduce the prevalence of stunting and wasting in children under the age of five and to end all forms of malnutrition by the year 2030. Stunting is a condition of failure to thrive in children under the age of five due to chronic malnutrition, resulting in children who are too short for their age and who have poor brain development. Chronic malnutrition occurs while the child is in the womb and in the first few days after birth, but stunting does not occur until the child is two years old. According to the World Health Organization (WHO), stunting is chronic malnutrition based on an index of height-for-age (PB/U) or height-for-age (TB/U) with a z-score of less than -2.

According to the results of the Indonesian Nutrition Status Survey (SSGI) of the Ministry of Health, the prevalence of stunting in the province of South Sulawesi reached 27.2% in 2022. This is the 10th highest rank in Indonesia. In the same year, there were 14 districts with above-average prevalence of stunting among children under five. Meanwhile, 10 other districts/cities were below the average (South Sulawesi Provincial Government, 2023). Based on the data from the SSGI results, it also shows that the stunting prevalence rate in Bantaeng Regency has decreased by 0.4 percent from 2021. This figure is 22.1 percent (Bantaeng Regency Government). These data show that Bantaeng district, in the province of South Sulawesi, is one of the regions that has shown a strong commitment to stunting prevention. The success in reducing stunting shows that the region has innovative health initiatives and programs that focus on improving the nutritional status of its people. As a form of support from the local government of Bantaeng Regency, namely the issuance of Bantaeng Regent Regulation No. 71 of 2019 on the Convergence of the Stunting Prevention Acceleration Program, Presidential Regulation No. 83 of 2017 on Strategic Food and Nutrition Policy, Presidential Instruction No. 1 of 2017 on Healthy Community Movement, Bantaeng Regency Regional Regulation No. 1 of 2016 on No Smoking Areas, Bantaeng Regent Regulation No. 34 of 2015 on BreastfeedingIn addition to the efforts of local governments, the initiative to promote the synchronization of programs to accelerate the reduction of stunting is also regulated by Permendagri No. 31/2019 on guidelines for the preparation of the work plan of local governments for 2020The above policy is in line with the explanation of Van Meter and Van Horn (Budi Winarno, 2002), which states that policy implementation is the actions taken by individuals (groups) of the government and private sector aimed at achieving the goals set in previous decisions. While George C. Edward III explains that policy implementation is influenced by four variables, namely: Communication, Resources, Disposition, and Bureaucratic Structure.

From this explanation, policy implementation consists of policy goals or objectives, activities or activities to achieve goals, from the results of activities. Thus, it can be concluded that implementation is a dynamic process where policy implementers carry out an activity or activity so that in the end they will get a result that is in accordance with the goals or objectives of the policy itself. The success of a policy implementation can be measured or seen from the process and the achievement of the final result (output), namely whether the objectives to be achieved are achieved or not.

The success of the Bantaeng district government in reducing stunting and malnutrition rates shows that in addition to regulatory and policy support, the innovation of supporting public services by the local government is no less important. There are nine supporting innovations, namely Puskesmas Blood Terminal, SASKIA Flag, Birthday at Posyandu, Health Cadre, Delivery Facility Shuttle, PSC 119 Bantaeng, School-Based Surveillance, Exclusive Breastfeeding Certificate and Immunization Certificate such as giving milk to all women with SEZ and SEZ postpartum mothers. Meanwhile, according to data from the Basic Health Survey (Riskesdas), the stunting rate in Bantaeng was recorded at 21.0 percent in 2018. This is the lowest rate among 24 districts/cities in South Sulawesi. Similarly, the stunting rate in Bantaeng Regency may decrease to 20.5 percent by 2021. Although there was an increase of 22 percent in 2022 due to the pandemic, the stunting rate in Bantaeng Regency decreased again in 2022 to 21 percent compared to the national stunting rate of 24 percent (Ministry of Health, 2023). In 2024, Bantaeng Regency aims to reduce the stunting rate to 14.5 percent (fajar.co.id, 2023).

The success of Bantaeng district in tackling the stunting problem is also the result of the collaboration of different sectors to work together to intervene in the case of stunting. The success of this collaboration shows the establishment of harmonious communication among stakeholders in the stunting management program in Bantaeng Regency. Communication is the process of equalizing shared meanings among parties or institutions, which in this case are stakeholders who support the stunting and malnutrition handling program in the Bantaeng district. Therefore, this research question has three things, including the implementation of stunting prevention, local government strategies in stunting prevention, and challenges to the implementation of stunting prevention in Bantaeng Regency.

**Research Methods**

This research uses descriptive qualitative, where researchers go directly to the field to study the object of study and have direct interactions with various actors, including individuals, groups, organizations, community groups, and the private sector, with the aim of obtaining in-depth information about stunting prevention in Bantaeng Regency. This is based on the purpose of qualitative research to produce descriptive data in the form of written or spoken words from people and observable behavior (Moleong, 2000). The location of this research is Bantaeng Regency, South Sulawesi Province, using data collection techniques through direct interviews with all stakeholders who play a role in stunting prevention, documentation, and direct observation or observation. While data analysis uses an approach according to (Miles & Huberman, 2007), including data collection, data reduction, data presentation, and drawing conclusions. This research focuses on policy implementation with the SDGs approach, namely economic, social, and environmental aspects, then the strategy of the local government of Bantaeng district in overcoming stunting, as well as the challenges of implementing stunting prevention in Bantaeng district using the Edward III theory approach, namely bureaucratic structure, resources, disposition, and communication.

**Results and Discussion**

Bantaeng Regency is geographically located ± 120 km south of Makassar, the capital of South Sulawesi Province with a position of 5°21'13''-5°35'26'' south latitude and 119°51'42''-120°05'27'' east longitude. The land area of Bantaeng Regency is 395.83 km2 and consists of 8 sub-districts, namely: Bissappu, Uluere, Sinoa, Bantaeng, Eremerasa, Tompobulu, Pa'jukukang and Gantarangkeke. Based on data from the Population and Civil Registration Office, the population of Bantaeng Regency in 2023 was 211,623 people. Compared to the population in 2020, the population of Bantaeng Regency experienced a growth of 5.04 percent. Meanwhile, the number of people in the category of children aged 0-14 years amounted to 52,973 people (BPS, 2024). This category of children is the focus of government attention in the data collection process, which includes stunting.

Table 1. Number of Ppoulation Aged 0-14 Years

|  |  |  |  |
| --- | --- | --- | --- |
| Age Group | Male | Female | Total Number |
| 0-4 | 8.306 | 7.932 | 16.238 |
| 5-9 | 9.290 | 8.736 | 18.024 |
| 10-14 | 8.920 | 8.791 | 17.711 |

Source: Bantaeng Central Statistics Office, 2024

The prevalence of stunted toddlers (height for age) based on the Indonesian Nutrition Status Survey (SSGI) decreased by 0.4% from 22.5% in 2021 to 22.1% in 2022, but hard work is still needed to reduce the stunting rate by 4.05% every year to reach the target of 14% in 2024. The following stunting conditions are prevalent in South Sulawesi.

Sumber: Dinas BKKBN Kabupaten Bantaeng

Picture 1. Prevalence of Stunting by District/City in South Sulawesi in 2021 and 2022

The Sustainable Development Goals (SDGs) are a global framework that aims to address some of the world's major challenges through the collaborative efforts of nations. In general, the goal of the SDGs is to achieve sustainable development in three dimensions: economic, social, and environmental. Based on data from the Indonesian Nutrition Status Study (SSGI), the stunting prevalence rate in Bantaeng Regency has decreased by 0.4 percent since 2021. The figure is 22.1 percent (Bantaeng Regency Government). Stunting is one of the factors affecting human development. Stunting is also one of the indicators in the Sustainable Development Goals (SDGs), namely Goal 2, "End hunger, achieve food security and good nutrition, and promote sustainable agriculture". The goal for 2025 is to reduce the prevalence of stunting and wasting in children under five and to end all forms of malnutrition by 2030. Stunting is the failure of children under five to thrive due to chronic malnutrition, resulting in children who are too short for their age and have poor brain development. Chronic malnutrition occurs while the child is in the womb and in the first few days after birth, but stunting does not appear until the child is two years old. According to the World Health Organization (WHO), stunting is chronic malnutrition based on an index of body length for age (PB/U) or height for age (TB/U) with a z-score of less than -2. Stunting poses a serious threat to the quality of human resources and also damages a nation's competitiveness. This is because stunted children not only experience impaired physical growth (short height), but also have impaired brain development, which can greatly affect their ability and performance in school, as well as their productivity and creativity in productive age. More broadly, stunting can hinder economic growth, increase poverty and widen inequality. Stunting prevention efforts in Bantaeng Regency are supported by a number of strong legal foundations. Regent Regulation No. 71/2019 on the Convergence of the Stunting Prevention Acceleration Program and Presidential Regulation No. 83/2017 on Strategic Food and Nutrition Policy are the basis for formulating stunting prevention strategies. Presidential Instruction No. 1 of 2017 on Healthy Community Movement and Bantaeng District Regulation No. 1 of 2016 on No Smoking Areas also form the basis for policies supporting stunting prevention efforts. Bantaeng's stunting reduction efforts are supported by comprehensive regulations, bold innovations, and strong commitment and collaboration. This foundation provides a solid foundation for achieving the stunting reduction target in line with Bantaeng's vision and has become an inspiring example for other regions facing similar challenges.

**1. Implementing stunting prevention with the SDGs approach in Bantaeng Regency**

1. **Economic aspects**

Based on the Bantaeng Regent Decree No. 430/72/II/2021, decisive action has been taken by forming a working group to address integrated nutrition problems in Bantaeng Regency. This policy was born in view of the condition of the community who have economic constraints, especially for the treatment of their children who are included in the stunting category, thus issuing several regulations in favor of the community. This effort shows the commitment of the local government to overcome stunting as a whole. The Bantaeng District TPPS supports the implementation of the Acceleration of Stunting Reduction activities at the district level to the village TPPS through the existing budget in accordance with the applicable regulations and facilitates coordination between members of the district TPPS to the village TPPS. However, the Department of Women's Empowerment and Child Protection (DPPKB) faces a budget shortfall that prevents the Acceleration of Stunting Reduction program from using village funds. Inadequate resources to implement family and golden generation programs are the main cause of this problem. The lack of a stunting prevention policy in the Village Community Empowerment Office (PMD) is a more challenging issue. The village fund budget cannot be used to address stunting at the village level due to a lack of clear guidance. Addressing these issues and ensuring that stunting prevention programs are effective and efficient throughout Bantaeng Regency will require strategic action and strong interagency collaboration.

1. **Social Aspect**

In each Puskesmas, innovations in the management of stunting are supported by the community, allowing cadres to implement the program smoothly. One innovation that is strongly supported by the community is the One Flag One Target MCH (SASKIA) innovation. The innovation of One Flag One Target MCH (SASKIA) flag, was born from the head of Puskesmas in Sinoa H. Iwan Setiawan, SKM., M. Kes, Bantaeng Regency. The innovation aims to signal the presence of pregnant women in an area with flags installed by health workers in homes occupied by pregnant women, infants, and toddlers. In addition, this innovation is supported by the E-SASKIA application, which allows midwives to monitor these conditions at any time. Public awareness of the importance of behavior change is also increasing, providing additional support for stunting prevention efforts. However, in areas where stunting rates are still high, the Banteng district government is slowly beginning to intervene to include these areas in its stunting prevention efforts.

1. **Enviromental aspect**

The implementation of the stunting policy requires the cooperation and support of various parties, not just specific agencies such as the Ministry of Health. The Ministry of Religious Affairs in Bantaeng Regency, through the Religious Affairs Office (KUA), has made great strides in fulfilling its duty to prevent stunting. KUA can be more proactive in identifying prospective brides and grooms at risk of stunting by utilizing the Electronic System Ready for Marriage, Ready for Pregnancy (ELSIMIL) application and introducing the Electronic System Ready for Marriage, Ready for Pregnancy (ELSIMIL) certificate requirement as part of the marriage administration process. Through this process, prevention and treatment activities can start earlier. To prevent stunting, village and sub-district governments, the Family Welfare Empowerment Team (PKK), Family Planning Extension Workers (KB), Family Planning Cadres (KB), Human Development Cadres (KPM), midwives, Bintara Pembina Desa (Babinsa), and Bhayangkara Pembina Keamanan dan Ketertiban Masyarakat (Bhabinkamtibmas) must work together. It is expected that community participation in the Posyandu program will increase significantly through movement activities to the Posyandu, such as *kejar timbang*. To ensure that this stunting prevention program is successful and has a positive impact on the well-being of the community, especially the younger generation who are the future assets of the country, it is imperative that all stakeholders work together.

**1. Local government strategy to combat stunting in Bantaeng Regency**

**a. Cooperation of Regional Apparatus Organizations**

In order to achieve community welfare, especially to end hunger, food security, and good nutrition, cooperation among regional apparatuses is needed to achieve the desired goals. In Bantaeng Regency, the local government has collaborated with at least 15 OPDs and 2 vertical institutions that carry out various activities to reduce the stunting rate. The following are the responsibilities and functions of each OPD in interventions to reduce stunting. The Regional Financial Management Agency plays a role in: (1) Facilitating the availability of technical guidelines for SKPD/Body financial planning related to the convergence of accelerating stunting prevention, (2) Providing technical support for financial management related to the convergence of accelerating stunting prevention, (3) Carrying out monitoring, evaluation of financial management related to the convergence of accelerating stunting prevention, and (4) Providing technical guidance on the use of stunting prevention convergence funds. The Health Office plays a role in: (1) Coordinating and collaborating with other SKPDs at the regency level, especially activities that deal with other SKPDs, (2) Accompanying the proposed program/activity plan related to stunting prevention in the regional development plan, (3) Encouraging the emergence of research in the community related to tracking the root causes of stunting, (4) Increasing the socialization of stunting prevention strategies to the community and stakeholders, (5) Coaching UPT health in improving nutritional status and community nutrition knowledge, (6) Implementing health promotion strategies, (7) Encouraging regional strategies related to behavior change communication strategies, (8) Developing a local nutrition surveillance system accompanied by accurate case detection and referral that is rapid and appropriate, (9) Providing nutritional supplements to pregnant women and young children, (10) Providing PMT to pregnant women with chronic energy deficiency (KEK) and malnourished young children, (11) Improving delivery services at health facilities, (12) Coordinating with the Public Works Office in implementing the Community-Based Total Sanitation program, and (13) Monitoring and evaluating the final results of the plan as a basis for measuring performance. The Public Works Office plays a role in (1) coordinating with relevant parties to jointly proactively address stunting prevention, (2) developing program/activity plans to meet the basic need for daily drinking water, and providing household sanitation as one of the sensitive interventions to address stunting, and (3) conducting monitoring and evaluation in the implementation of activities and the use of water supply and sanitation facilities. The Office of Education plays a role in: (1) coordinating with the Office of PMD, PP and PA to improve the potential of nutrition-oriented PAUD educators, (2) collaborating with the Office of Health to ensure the provision of reproductive health counseling to adolescents at the secondary and equivalent levels. The Food Security Office plays a role in: (1) socializing diverse, nutritionally balanced and safe food consumption, (2) developing the KRPL by optimizing the use of the farm as a source of family food, (3) strengthening the food and nutrition alert system, (4) developing food diversification based on local food, (5) developing safety systems and service quality, (6) developing food reserves, (7) developing food distribution, and (8) socializing post-harvest handling and processing of agricultural products. The Office of PMD, PP and PA plays a role in: (1) assigning village facilitators to oversee the implementation of village stunting meetings, (2) coordinating with BAPPEDA to ensure that programs/activities, indicators, funding, and locations related to stunting prevention are convergent and accommodated in the village development work plan and in accordance with policy, (3) monitoring the outcomes of stunting meetings that have been agreed upon in terms of programs/activities, appropriate target groups, and village locations, (4) guiding proposals for programs/activities related to stunting prevention into district or village development plans under the coordination of the PMD, PP, and PA, (5) Village community development and empowerment in coordination with other SKPDs, (6) Strengthening village government and village community institutions, (7) Encouraging and facilitating villages to adopt stunting policies. The Population Control and Family Planning Office plays a role in: (1) increasing the promotion of 1,000 (one thousand) HPK parenting, (2) providing access to family planning services, (3) conducting socialization of the age of marriage. The Youth and Sports Office plays a role in: (1) Increasing the knowledge of youth and sports teachers about stunting, (2) Conducting socialization to the surrounding community about stunting and 1,000 (one thousand) HPK, (3) Optimally promoting the involvement of youth community organizations at the village level, (4) Encouraging and motivating pregnant women to participate in antenatal care, (5) Involving youth in stunting campaigns. The Department of Agriculture plays a role in: (1) increasing the production of fruits, vegetables, and medicinal plants in environmentally friendly areas, (2) promoting household livestock, horticultural crops, and annual crops, (3) institutionalizing agricultural enterprises in groups. The Housing, Settlement and Land Agency plays a role in: (1) facilitating the provision of livable houses for poor families without houses, (2) facilitating the provision of livable houses for people affected by government development, (3) facilitating the provision of clean water and basic sanitation in public facilities and residential areas. The Department of Transportation plays a role in: (1) promoting open access to transportation for remote areas, (2) promoting connectivity between transportation modes for hard-to-reach areas. The Office of Communication, Informatics and Standardization plays a role in: (1) disseminating public service informatics related to stunting convergence, (2) encouraging broadcast media and other mass media to socialize stunting policies, (3) monitoring and supervising the implementation of stunting policies. The Environmental Bureau plays a role in: (1) controlling water and soil pollution, (2) supervising the use of B3 and LB3 mining waste materials and hazardous and toxic materials in mining sites that have an impact on environmental health, (3) Encourage the community to build and utilize waste banks from the source of waste by sorting with the 3R system (Reduse, Reuse, Recycle) to reduce waste piles, (4) Encourage environmental partnerships by involving non-governmental organizations (NGOs), environment, village/sub-district heads and community participation in maintaining environmental quality, (5) Encourage public concern for a pollution-free environment including cigarette smoking, (5) Promote public concern for a pollution-free environment, including cigarette pollution, (6) Encourage the community, private institutions and the government to reduce the use of bottled water and plastic materials. The Office of Cooperatives, SMEs and Trade plays a role in: (1) improving the supervision of the distribution and sale of tobacco products, alcoholic beverages and hazardous materials that are often misused in food, packaged goods, (2) improving the supervision of the production, marketing and trade of food and beverage products with SNI standards, (3) improving the promotion of healthy food and beverages, (4) improving the quality and design of food products that are healthy for consumption, (5) improving the supervision of expired food products. The Ministry of Industry and Labor plays a role in: (1) improving the supervision of the production process of the processed food industry, (2) conducting quality supervision of processed food industry products, (3) strengthening the supervision of mandatory Indonesian National Standards, (4) encouraging and directing companies to conduct regular health check-ups / early detection of diseases among workers, (6) encouraging and facilitating companies to provide lactation rooms. The Social Welfare Department plays a role in: (1) facilitating the provision of Integrated Social Welfare Data (DTKS) to support the reduction of stunting in poor communities, (2) optimizing Social Food Assistance (BSP) and PKH through Family Capacity Building Meeting (P2K2) activities to increase beneficiaries' knowledge about health, nutrition, education and child care, (3) optimizing stunting prevention.

In addition to the 15 OPDs that intervene in stunting prevention based on their respective roles, the local government also collaborates with vertical institutions such as the Ministry of Religion, which has a role in: (1) implementing premarital health counseling to promote healthy lifestyles and improve the nutritional status of prospective brides, (2) strengthening the function of Pesantren Health Post and UKS/Madrasah, (3) strengthening the counseling of Sakinah families. Meanwhile, BPJS Kesehatan plays a role in improving promotive and preventive services for participants of the National Health Insurance Program, including secondary prevention efforts and early detection of diseases. Collaboration between OPDs and vertical government institutions has resulted in a 0.4% reduction in stunting over the past year.

**b. Specific Intervention**

Based on Presidential Decree 72 of 2021 on Accelerating the Reduction of Stunting, specific nutrition interventions, namely interventions related to improving nutrition and health. The interventions implemented by the Bantaeng Regency government to prevent stunting in pregnant women are: (1) Providing supplemental food for poor chronically energy-deficient pregnant women aims to ensure adequate nutritional intake during pregnancy, (2) Providing blood additive tablet (TTD) supplementation and calcium supplementation aims to support the health of pregnant women and fetal growth, (3) Regular pregnancy checks and HIV prevention through testing and counseling provide comprehensive health protection. Then breastfeeding mothers and children 0-23 months: (1) supplemental feeding for chronically undernourished mothers to ensure postpartum nutrition, (2) breastfeeding promotion and counseling to improve exclusive breastfeeding practices and infant nutritional quality, (3) treatment of acute malnutrition and restorative feeding for acutely malnourished children are critical interventions in the early growth period, (4) routine growth monitoring, vitamin A capsule supplementation, immunization, and zinc supplementation for diarrhea treatment support child health and development. For adolescent girls: Supplementation with blood supplement tablets aims to meet the specific nutritional needs of growing adolescent girls, and children 24-59 months: (1) treatment of acute malnutrition and provision of supplementary feeding for acutely malnourished children remains necessary to address the problem of stunting in this age group, (2) growth monitoring, vitamin A capsule supplementation and zinc supplementation for diarrhea treatment remain a priority. These specific interventions will be implemented by each OPD based on their respective roles in the fight against stunting.

1. **Specific Intervention**

Nutrition-sensitive interventions based on Presidential Decree 72 of 2021 on the Acceleration of Stunting Reduction support interventions to reduce the rate of stunting, such as the provision of clean water and sanitation, which aims to (1) increase public awareness of the importance of clean sanitation and healthy water services, (2) improve access and quality of nutrition and health services, (3) increase access to family planning (FP) services to optimally plan pregnancies. (4) Ensure access to National Health Insurance (JKN) to support the accessibility of health services, (5) Provide cash assistance to underprivileged families (PKH) as economic support that affects nutritional well-being, (6) Increase awareness, commitment and practices of maternal and child care and nutrition, (7) Disseminate information through various media on maternal and child care and nutrition, (8) Provide interpersonal behavior change counseling and parenting for parents, (9) Ensure access to Early Childhood Development (ECCD) services, (10) Improve the quality and quantity of health care services, (11) Improve the quality and quantity of nutrition and health services, (9) Ensuring access to early childhood education (ECE) and growth monitoring for children, (10) Providing health and reproductive counseling for adolescents, (11) Empowering women and protecting children as an integral part of stunting prevention efforts, (11) Implementing access to food in kind (BPNT) for underprivileged families, (12) Increasing access to sustainable food home area (KRPL) activities, (13) Strengthen food labeling and advertising regulations to increase public awareness.

Addressing stunting in Bantaeng Regency is a holistic approach that includes specific interventions for vulnerable groups and sensitive interventions to create an environment that supports children's optimal growth and development. This is expected to have a positive impact on reducing the prevalence of stunting and improving the quality of life of children in the region.

**2. The Challenges of Implementing Stunting Prevention Policies in Bantaeng Regency**

Basically, policy implementation is carried out to achieve predetermined goals. George C. Edward III explains that policy implementation is influenced by four variables, namely: Communication, Resources, Disposition, and Bureaucratic Structure. These four indicators are used to analyze the challenges of policy implementation in stunting prevention in Bantaeng Regency.

1. **Communication,** or the success of policy implementation, requires that implementers know what to do, where the goals and objectives of the policy must be communicated to the target group so that it will reduce the distortion of implementation. The challenges of implementing the stunting prevention policy in Bantaeng Regency from the communication aspect, according to the head of BKKBN, are arguably quite minimal, with the establishment of communication between 15 OPD (Regional Apparatus Organizations) and 2 vertical government institutions, UPT Integrated Nutrition Service Center, Rural / Urban Community Institution Cadres (IMP) divided into Village Family Planning Assistant Officers (SKOP Desa) and Village Family Planning Assistant Officers (SKOP Dusun).In addition, in the implementation of handling stunting cases, there are 4 applications or websites that connect central and local government communication, including: Electronic System Ready to Marry, Ready to Get Pregnant (Elsimil) initiated by the National Population and Family Planning Agency, Ikhtiar Men-Zerokan Stunting (Inzting) initiated by the South Sulawesi Provincial Government, E-PPGBM as an electronic system for recording and reporting nutrition, and the Family Information System (SIGA).
2. **Resources,** where even if the policy content has been communicated clearly and consistently, the implementation will not be effective if the implementers lack the necessary resources. These resources can be in the form of human resources, such as the implementers' competencies, and financial resources. The DPPKB faces a budget shortfall in implementing the family and golden generation program, while policies related to stunting mitigation implementation by the Community and Village Empowerment Agency are not yet available, causing village funds to remain unusable for stunting handling at the village level. Another challenge, according to the Head of the Integrated Nutrition Service Center (UPT) of Bantaeng Regency, is the lack of human resources at the Integrated Nutrition Service Center, particularly the shortage of pediatricians, obstetricians, nutritionists for needs analysis, and midwives. As a result, the frequency and quality of nutrition services for families at risk of stunting are only available weekly. Therefore, increasing financial and human resources is a top priority to ensure the sustainability and effectiveness of the stunting prevention program.
3. **Disposition**, refers to the inherent traits and characteristics possessed by the implementer. If the implementer has a good disposition, they can effectively carry out policies as intended by the policymakers. Edward III (1980; 98) states that the attitude of the implementer can sometimes cause problems if their perspective or approach differs from that of the policymakers. Therefore, to anticipate this, considerations should be made regarding the placement of staff (implementers) and incentives. The challenge in implementing the Stunting Policy in Bantaeng Regency from the perspective of disposition is the mismatch between the positions and placements of the staff and their actual capabilities. In such situations, it is often found that employees with sufficient knowledge and skills are not placed in positions that match their abilities and potential. Conversely, there are situations where underqualified individuals hold positions that require specific expertise. This leads to a mismatch between the tasks assigned and the available skills. Therefore, improper job placement can hinder the success of the Stunting Policy program because the quality of task execution will be directly affected by the competence and qualifications of the individuals responsible for those tasks.
4. **Bureaucratic Structure,** is the arrangement of work components (units) within an organization, indicating the division of labor and clarifying how different functions or activities are integrated or coordinated. Additionally, the organizational structure also demonstrates job specialization, the chain of command, and the reporting channels (Edward III, 1980;125). An overly long organizational structure tends to weaken supervision and create red tape, which consists of complicated and complex bureaucratic procedures that render organizational activities inflexible. Aspects of the organizational structure include Standard Operating Procedures (SOP) and fragmentation. The division of tasks in addressing stunting by the PMD (Community Empowerment Office) is still not optimal in its implementation, as some activities that should be carried out to tackle stunting are not fully executed. For instance, stunting prevention programs like the distribution of supplementary food may not be well implemented. Furthermore, issues arise in the selection process of IMP (Rural/Urban Community Institutions) cadres, where cadre nominations are often influenced more by family ties with the village head rather than based on ability and competence. This results in suboptimal quality of stunting management programs at the village level, which in turn can affect the overall effectiveness and success of stunting prevention and mitigation efforts.

**Conclusion**

The implementation of stunting prevention with an SDG approach in Bantaeng Regency has taken economic aspects into account by issuing various policies to assist the community, especially children affected by stunting, by providing free treatment to reduce stunting rates. From a social perspective, participation, understanding, and awareness of stunting are very good, as evidenced by community support for the placement of signs in their homes to facilitate both specific and sensitive interventions. Meanwhile, from an environmental aspect, community involvement in combating stunting is evident through actions such as visiting local health centers or reporting to relevant agencies if their peers experience similar issues. The local government's strategy for stunting prevention involves collaboration with 15 Regional Work Units (OPD) and 2 Vertical Government Agencies, and conducting specific and sensitive interventions to reduce stunting rates.

However, the government strategies for addressing stunting in Bantaeng Regency face implementation challenges, primarily in Communication, where all Regional Apparatus Organizations (OPDs) often expect information from one another and lack coordination, resulting in slow intervention execution. In terms of Resources, there is a shortage of pediatricians, obstetricians, nutritionists for needs analysis, and midwives. Consequently, the frequency and quality of nutritional services for families at risk of stunting are only available weekly. Disposition issues arise when there is a mismatch between positions and the skills possessed, leading to employees with adequate knowledge and skills being placed in roles that do not align with their abilities and potential. Bureaucratic Structure is another challenge, as the selection process for IMP (Village/Urban Community Institutions) cadres or employees is often influenced by familial relationships with village heads rather than based on merit and competence.

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