

# Stunting Paradox and Socio-Legal Critique: The Importance of Moving from Regulatory Formalism to Socio-Ecological Justice in Gunungkidul, Yogyakarta

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**ABSTRACT** *This study aims to analyze the implementation gap in stunting reduction acceleration policies within Gunungkidul Regency, which presents a distinct paradox within the Special Region of Yogyakarta (DIY). This research employs a socio-legal case study approach. Data collection relied on a documentary study of statutory regulations, planning documents, and performance reports ranging from the national to the regency level, selected through purposive sampling based on thematic relevance. The data were analyzed using qualitative content analysis and vertical synchronization techniques to dissect the policy trajectory. Data validity was established through source triangulation by cross-referencing information across regulatory documents, implementation reports, and statistical data. The findings reveal that despite Gunungkidul possessing a comprehensive regulatory framework, extending to Regent Regulations, its stunting reduction rate remains the slowest in DIY. A significant disparity exists between formal policy and factual outcomes, exacerbated by limited transparency in local performance documentation and persistent socio-ecological challenges. The study concludes that the primary impediment to stunting reduction in Gunungkidul is not an absence of rules, but rather the low effectiveness of policy implementation. Consequently, a paradigm shift is required from mere policy formulation to adaptive, transparent, and accountable implementation oversight.*

**KEYWORDS** *Stunting; Gunungkidul; Socio-Legal Analysis; Policy Implementation; Legal Effectiveness.*

## INTRODUCTION

Stunting constitutes a pressing multidimensional development issue due to its detrimental impact on human capital formation (de Onis and Branca 2016, 23). This condition of growth faltering caused by chronic malnutrition hinders children's cognitive and physical development, perpetuates the intergenerational cycle of poverty, and potentially diminishes gross domestic product (Krishna et al. 2018, 10). Responding to this urgency, the Government of Indonesia has positioned the acceleration of stunting reduction as a national priority, legitimized through Presidential Regulation Number 72 of 2021, with a national prevalence target of 14 percent by 2024. This commitment underscores that addressing stunting is no longer merely a health program but a strategic development agenda demanding convergent action from the central to the regional levels.

The significance of this study is twofold. Practically, this research provides evidence-based analysis that serves as strategic input for the Regional Government of Gunungkidul Regency to evaluate and reformulate more effective implementation strategies. Academically, this research contributes to the literature on policy implementation in Indonesia by presenting a regional case study that, despite possessing a comprehensive regulatory commitment, demonstrates lagging performance even within a province with a high Human Development Index like the Special Region of Yogyakarta (DIY).

This research focuses on the policy implementation gap, defined as the discrepancy between provisions enshrined in legal texts and their realization in the field. In public policy studies, the success of a policy is determined not solely by the quality of its formulation but by the effectiveness of its execution (Setiyawati et al.

2024, 185). This study posits that the stunting issue in Gunungkidul Regency is not a result of a regulatory deficit or an absence of rules, but rather a failure of implementation. This failure is reflected in stunting prevalence data, which consistently places Gunungkidul at the highest position in the Special Region of Yogyakarta during the 2021–2024 period (Dinas Kesehatan DIY 2025).

This anomalous phenomenon persists even in the presence of a relatively complete regulatory hierarchy, ranging from DIY Governor Regulation No. 92 of 2020 to Gunungkidul Regent Regulation No. 36 of 2023. Previous literature regarding stunting policy implementation in Indonesia has tended to focus on technical inhibiting factors (Simarmata and Fitriati 2024), weak coordination (Agustina, Weken, and Anggraeny 2023; Bhutta et al. 2020; Hisanuddin, Andriani, and Hisanuddin 2023; Setiyawati et al. 2024), budgetary constraints (Hanapi and Yuhermansyah 2020; Hartotok et al. 2021; Ihsan, Nurhayati, and Nahdhah 2023; Karim and Akuba 2024; Lailiyah 2023; Rakhmaning Tiyas and Mubasysyir Hasanbasri 2023; Romadhoni 2024; Sumartini 2022; Zarmawi and Haryanto 2023), and low community participation (Subramanian, Mejía-Guevara, and Krishna 2016; Yusuf et al. 2022). While these studies excel in mapping operational challenges, they generally lack a deep exploration of the socio-legal dimension. Specifically, they often fail to address why legal instruments designed to overcome these technical barriers remain ineffective in practice.

The novelty of this research lies in its use of a socio-legal case study approach to shift the analytical focus from descriptive inquiries regarding inhibiting factors to normative and analytical questions: why do existing legal instruments fail to function effectively within the local context? Consequently, the primary objective of this research is to critically analyze why, despite a regulatory framework spanning from Presidential Regulation No. 72/2021 to Regent Regulation No. 36/2023, Gunungkidul Regency continues to experience an anomaly in its stunting reduction efforts. The benefit of this research is the identification of critical points in the implementation chain, ranging from potential weaknesses in local regulatory substance and failures of standard intervention models to issues of data transparency, which collectively explain the discrepancy between formal commitments and factual achievements.

METHOD

This study employs a qualitative approach utilizing an empirical socio-legal case study design (Kritzer 2021). The primary objective is to investigate how legal norms (*das sollen*) operate within actual social contexts (*das sein*). The principal data source is documentation, comprising 14 documents selected through purposive sampling. These documents encompass policies, planning records, and government-issued reports spanning the years 2020–2024. The specific breakdown of documents includes: one national-level regulation (Presidential Regulation No. 72/2021); eleven provincial-level documents (Governor Regulation No. 92/2020, the DIY Regional Medium-Term Development Plan or RPJMD, the Health Office Strategic Plan or Renstra, four Performance Reports, and four Health Data Books); and two documents at the Gunungkidul Regency level (Gunungkidul RPJMD and Regent Regulation No. 36/2023). This dataset provides a comprehensive basis for analyzing the vertical policy trajectory from the macro to the micro level. The utilization of these 14 documents is detailed in Table 1.

Table 1. Secondary Data Sources and Research Utilization

Document Type	Document Title	Research Utilization
Presidential Regulation	Pres. Reg. No. 72/2021	Serves as the highest legal foundation ( <i>das sollen</i> ) and national standard to be analyzed for synchronization with regional policies.
Governor Regulation	DIY Gov. Reg. No. 92/2020	Used to analyze initial commitments and the Regional Action Plan (RAD) prior to the latest national mandate.
Strategic Planning	DIY RPJMD 2022–2027	Identifies stunting reduction targets, objectives, and policy directions at the provincial

			level as a derivative of national policy.
<b>Technical Planning</b>	DIY Health Office Renstra 2022–2027		Analyzes how the RPJMD vision is translated into technical programs and activities by the relevant agency.
<b>Performance Report</b>	DIY Health Office LKjIP (2021–2024)		Functions as reporting documentation for triangulation; identifies programs reported as operational annually.
<b>Impact Data</b>	DIY Health Office Data (2021–2024)		Functions as impact documentation for triangulation; serves as the primary quantitative data source (das sein) to demonstrate stunting prevalence anomalies.
<b>Strategic Planning</b>	Gunungkidul RPJMD 2021–2026		Analyzes commitments and stunting reduction targets established by the Gunungkidul Regional Government.
<b>Regional Regulation</b>	Gunungkidul Regent Reg. No. 36/2023		Serves as evidence of local legal instruments; analyzes the framework, implementation team, and intervention details at the regency level.

All documents were analyzed using qualitative content analysis and vertical synchronization analysis techniques. Content analysis was conducted to identify, categorize, and interpret document content regarding strategies, programs, and stunting reduction targets (Creswell and Creswell 2018). Vertical

synchronization analysis was employed to trace policy consistency and continuity from the national down to the regency level. To test the accuracy and validity of the findings, the study applied source triangulation by cross-referencing three types of documents: planning documents (RPJMD, Renstra), reporting documents (LKjIP), and indicator/impact documents (Health Data Books). This triangulation approach enables the identification of gaps between plans, execution, and actual field results, thereby strengthening the internal validity of the research.

## **FINDING AND DISCUSSION**

### **A. Stunting Prevalence Data in Gunungkidul**

Initial observation of the 2021 data reveals a stark disparity between Gunungkidul Regency and other regencies/cities in the Special Region of Yogyakarta (DIY). In that year, stunting prevalence in Gunungkidul was recorded at 22.5%, a figure significantly higher than its counterparts; Sleman ranked second with 16.0%, while Bantul recorded the lowest at 14.9% (Dinas Kesehatan DIY 2024, 19). The gap of over 6.5 percentage points between Gunungkidul and the second-highest region confirms that, from the onset of the analysis period, the stunting issue in Gunungkidul was not a marginal phenomenon but a glaring anomaly. This initial pattern suggests that the stunting burden in Gunungkidul possesses a distinct scale and commenced from a much heavier baseline, thereby demanding more intensive intervention compared to neighboring areas.

A concerning divergence emerged in the 2022 data. While nearly all other regencies/cities in DIY demonstrated a decline in stunting prevalence, Gunungkidul became the sole region to experience an increase, rising from 22.5% to 23.3%. This increase occurred while other areas, such as Kulon Progo and Yogyakarta City, showed consistent reductions. This phenomenon indicates the presence of an anomaly in policy implementation or local socio-ecological pressures absent in other territories. This counter-trend implies that provincial-level stunting countermeasures were either inadequate or failed to adapt to the contextual conditions of Gunungkidul during that year, signaling more fundamental systemic challenges.

The 2023 data demonstrates a sharp correction in Gunungkidul, where stunting prevalence dropped drastically from 23.3% to 17.7%. This 5.6 percentage point decrease

represents the largest annual rate of improvement among all regencies/cities during the 2021–2024 period (Dinas Kesehatan DIY 2024, 20). This improvement indicates a responsive capacity and the potential success of more focused interventions or policy shifts beginning to take effect. Nevertheless, a complex reality persists; despite the significant decline, Gunungkidul's stunting prevalence in 2023 (17.7%) remained above the initial 2021 figures of all other regencies/cities. This underscores that the scale of the problem in Gunungkidul is so vast that even the best improvement rates are insufficient to equalize conditions with other regions.

The trend of lagging performance was further consolidated in the final analysis period of 2024. In 2024, Gunungkidul recorded a prevalence of 15.3%. Although this figure indicates a continuation of the improvement trend, the relative gap compared to other regions became increasingly pronounced; all other regencies/cities in DIY had reduced prevalence to below 10%, while Yogyakarta City reached 7.9% (Dinas Kesehatan DIY 2024, 21). Consequently, Gunungkidul remains the only region with a prevalence far exceeding the provincial average (10.5%) and national targets. These findings confirm that despite incremental improvements, the rate of recovery in Gunungkidul is fundamentally slower than in other regions, suggesting that existing strategies are insufficient to accelerate the closing of the gap.

The 2021–2024 data series constructs a narrative of persistent anomaly; characterized by a high baseline, negative divergence, impressive yet insufficient correction, and consolidation as the most lagging region. The generalization drawn from these observations is that stunting in Gunungkidul Regency is not merely a quantitative issue; it is structural and contextual in nature. The region's inability to match the regional pace of improvement, despite intervention efforts, signifies deep-seated implementation barriers. This anomaly serves as the primary justification for this study to shift from mere numerical description to a socio-legal analysis of the underlying policies.

**Table 2. Comparison of Toddler Stunting Prevalence in DIY, 2021–2024**

Regency/City	2021 (%)	2022 (%)	2023 (%)	2024 (%)
<b>Kulon Progo</b>	15.7	13.9	13.6	9.8
<b>Bantul</b>	14.9	14.5	11.8	8.5

<b>Gunungkidul</b>	22.5	23.3	17.7	15.3
<b>Sleman</b>	16.0	15.0	12.4	9.0
<b>Yogyakarta</b>	15.1	13.8	10.3	7.9
<b>DIY Average</b>	17.3	16.4	13.8	10.5

*Source: Processed from DIY Health Data, 2021–2024.*

## B. Formal Commitment at the Regency Level

Preliminary analysis of regional strategic planning documents reveals that stunting has been explicitly identified as a development priority. Specifically, the Gunungkidul Regency Regional Medium-Term Development Plan (RPJMD) 2021–2026 incorporates stunting prevalence as one of the 19 Key Performance Indicators (KPIs). This designation legally establishes stunting reduction as a benchmark for the regency's development success over the five-year period. The RPJMD document also stipulates clear quantitative targets, namely reducing prevalence from a baseline of 23.6% in 2021 to 18.6% by the end of 2026, with an average annual reduction target of 1%. The inclusion of stunting as a KPI within the highest-level regency planning document serves as initial formal evidence of the political and bureaucratic commitment to address this issue in a measurable manner (Gunungkidul Regency RPJMD 2021–2026).

The strategic commitment outlined in the RPJMD was subsequently operationalized through more detailed legal instruments. The Gunungkidul Regency Government issued Regent Regulation (Perbup) Number 52 of 2022, which was later refined by Regent Regulation Number 36 of 2023 concerning Stunting Reduction Acceleration. An analysis of the preambles in Perbup No. 36/2023 demonstrates an effort to align local policy with national regulations, including explicit references to Presidential Regulation Number 72 of 2021. The issuance and subsequent amendment of this regulation mark a formal step toward constructing a more robust policy framework. Inductively, this transformation from a strategic planning document into a specific regulation signifies a shift from mere strategic commitment to a binding legal obligation for the relevant regional apparatus.

Content analysis of Perbup No. 36/2023 reveals the adoption of the convergence principle as mandated by national policy. This regulation establishes a Stunting Reduction Acceleration Team (TPPS) extending from the regency down to the village level, with clearly defined roles for Regional Apparatus Organizations (OPD). For instance, the Regional Development Planning

Agency (Bappeda) serves as the coordinator, while the Health Office acts as the technical implementer (Perbup No. 36/2023, Article 7). The specific roles and functions of each institution are explicitly detailed. The establishment of a cross-sectoral coordinating body, legally formalized through the Regent Regulation, constitutes a critical finding; it demonstrates that the formal commitment in Gunungkidul is not only substantive but also structural, as it builds an institutional mechanism for integrated program execution.

Beyond institutional aspects, the formal commitment of the Gunungkidul Regency Government is reflected in the detailing of mandatory interventions. The appendices of Perbup No. 36/2023 map out activities to be implemented, classified into specific interventions and sensitive interventions. For example, Supplementary Feeding Programs (PMT) are assigned to the Health Office as specific interventions, whereas the provision of access to drinking water and sanitation falls under the responsibility of the Public Works Office as sensitive interventions, accompanied by achievement indicators and reporting frequencies (Perbup No. 36/2023, Appendix). This mapping transforms formal commitments into an operational action plan capable of implementation and oversight.

The cumulative findings—ranging from the designation of stunting as a KPI in the RPJMD, the issuance and amendment of the Regent Regulation, and the formation of cross-sectoral coordination teams to the detailing of intervention programs—collectively demonstrate a systematic and multi-layered effort by the Gunungkidul Regency Government to establish a comprehensive policy foundation. The generalization drawn from this is that, *de jure*, Gunungkidul Regency possesses the necessary formal instruments to accelerate stunting reduction. It is the very existence of this strong legal and planning framework that gives rise to the paradox when field achievements fall short of expectations. Consequently, the core issue shifts from the question of "does commitment exist?" to "why has this formal commitment remained ineffective in practice?" This inquiry demands further analysis examining aspects of implementation, institutional capability, resource allocation, and local dynamics influencing policy execution.

### **C. Program Implementation Reporting at the Regional Level**

An analysis of a series of Performance Reports (LKjIP) from the Health Office of the Special Region of Yogyakarta (DIY) for the 2021–2024 period reveals several findings regarding the consistency of nutrition intervention reporting. Each year, these documents routinely report the execution of key stunting handling programs. These include the Supplementary Feeding Program (PMT) targeting vulnerable groups such as pregnant women with Chronic Energy Deficiency (CED) and toddlers with undernutrition status, as well as Iron Supplementation (TTD) targeting adolescent girls and pregnant women for anemia prevention (DIY Health Office LKjIP, 2021–2024). The recurrence of these reports suggests a standardized strategy applied continuously by the provincial government in response to nutrition and stunting issues across the jurisdiction.

Furthermore, an examination of the reporting narrative within the LKjIP demonstrates a uniform pattern of aggregate presentation throughout the DIY region. These documents tend to report program achievements at the provincial level without presenting disaggregated data or analyses that delineate differences in implementation intensity or effectiveness between regencies/cities. For instance, the success of PMT or TTD distribution is reported as a general achievement of the DIY Health Office, which implicitly assumes uniform coverage and implementation standards, including in Gunungkidul Regency (DIY Health Office LKjIP, 2022). There are no specific notes or explanations detailing differentiated strategies or program intensification efforts that might have been applied in Gunungkidul as a response to the region's high stunting prevalence. This uniform reporting pattern indicates that, from the perspective of provincial performance accountability, all regencies/cities are treated as equivalent recipients of intervention.

Observation of the program types receiving the most detailed reporting also yields significant findings. The programs reported in detail, such as PMT and TTD, predominantly fall under the category of specific nutrition interventions. These are actions whose impact is directly aimed at individuals to improve nutritional status. Conversely, sensitive nutrition interventions—such as improving access to safe drinking water,

sanitation enhancement, and family economic empowerment—which play a preventive and structural role, receive a relatively smaller portion of reporting (DIY Health Office LKjIP, 2024). This finding suggests that the focus of performance accountability published by the DIY Health Office tends to highlight downstream interventions that are curative and promotive in nature, while upstream preventive and structural interventions receive less attention in reporting.

The consistency, uniformity, and emphasis on specific interventions collectively form a picture of the implementation approach at the regional level. Data from these four annual LKjIPs inductively indicate the existence of a standard implementation model or a "one-size-fits-all" approach. In other words, identical programs, reported in a uniform format, are applied across the entire DIY region without explicit documentation of strategic adjustments for areas with a heavier burden of problems, such as Gunungkidul (DIY Health Office LKjIP, 2024). This pattern implies that although stunting prevalence shows disparity between regions, the programmatic response reported at the provincial level tends not to reflect priority differentiation according to the scale of each region's problem.

These findings raise a critical question; if reported program inputs are relatively uniform across regions, why do the outputs or impacts reflected in stunting prevalence differ significantly between areas? The misalignment between input uniformity and outcome divergence indicates that the standard implementation model applied at the provincial level is likely inadequate to address the contextual and specific challenges in Gunungkidul Regency. These findings point to the necessity of enriching provincial reporting mechanisms with disaggregated data and evaluative analysis that separately assesses local needs, execution intensity, and the effectiveness of upstream versus downstream interventions.

#### **D. The Trap of Administrative Synchronization: Compliance without Context**

This discussion interprets the research findings to address the central inquiry: why has the comprehensive formal commitment to stunting reduction in Gunungkidul Regency failed to yield commensurate impacts in the field? The analysis is structured through three interrelated arguments. First, there exists a paradox of policy synchronization that tends to be administrative

rather than substantive. Second, the standardized intervention model fails to address distinct local socio-ecological challenges. Third, the implications of weak data transparency reflect institutional issues that impede accountability and policy effectiveness.

The research results demonstrate formal compliance within the policy hierarchy. For instance, Gunungkidul Regent Regulation (Perbup) No. 36 of 2023 explicitly references Presidential Regulation 72/2021 in its preambles, signaling an effort toward vertical synchronization. However, this compliance raises a critical question regarding whether the synchronization is substantive or merely administrative (Afandi et al. 2023). Content analysis of the Regent Regulation indicates that the structure and types of regulated interventions tend to replicate the general frameworks mandated by supra-regional policies, such as the formation of the Stunting Reduction Acceleration Team (TPPS) and the classification of specific and sensitive interventions. Although administratively fulfilling the requirements, this approach risks losing contextual sharpness. The local regulation has yet to demonstrate policy innovation or strategies specifically designed to address the root causes unique to Gunungkidul. Consequently, the regulation functions more as an instrument for fulfilling bureaucratic obligations rather than as an adaptive problem-solving tool; it is robust on paper but limited in addressing actual needs.

This paradox becomes increasingly evident when formal commitment confronts a uniform implementation model. The Performance Reports of the DIY Health Office consistently highlight the success of specific interventions, such as Supplementary Feeding (PMT) and Iron Supplementation (TTD), which are assumed to operate evenly across all regencies/cities (DIY Health Office LKjIP, 2022). However, this "one-size-fits-all" model proves less effective in Gunungkidul because it fails to address more fragile foundational conditions, namely sensitive interventions (Jalaludin et al. 2025). Data indicates that the problem in Gunungkidul is structural. In 2024, the achievement of villages implementing Community-Based Total Sanitation (STBM) in Gunungkidul was only 43.75%, a figure that is starkly disproportionate compared to the four other regencies/cities that had reached 100% (DIY Health Office Data, 2024). This sanitation disparity constitutes a persistent environmental risk factor for recurrent infections in children, which in turn diminishes the

effectiveness of nutritional interventions no matter how well executed (Moreno et al. 2023).

The weakness of sensitive interventions is not limited to communal sanitation but also encompasses household conditions. Access to permanent healthy latrines at the beginning of the analysis period placed Gunungkidul in a vulnerable position. In 2021, the percentage of families with access to permanent healthy latrines in Gunungkidul was only 39%, far below Sleman at 81% and the DIY average of 74% (DIY Health Data Book, 2021). Similarly, the coverage of drinking water quality surveillance in 2022 in Gunungkidul was only 31.8%, the second lowest after Kulon Progo and significantly below the DIY average of 46.3% (DIY Health Data Book, 2022). The combination of poor sanitation and low water quality creates an environment detrimental to child growth and development. This condition represents a fundamental factor that cannot be resolved solely through the specific nutritional interventions that serve as the mainstay of regional programs.

The weak policy impact on the ground is also linked to governance and accountability. A significant finding of this research is the difficulty, and in some cases the unavailability, of specific performance documents for Gunungkidul Regency, such as the Health Office Strategic Plan or the regency-level LKjIP, on official public information channels. The absence of public access to these documents is not merely a technical issue; it serves as a socio-legal indicator regarding the weakness of transparency and the culture of data-based accountability. Good regulations, even those like Perbup No. 36 of 2023, lose their effectiveness if implementation takes place within a closed space that cannot be monitored or evaluated by the public and other stakeholders. This transparency gap hinders the policy improvement cycle, as without open performance data, it is difficult to identify which programs are failing and why.

The impact of weak transparency is systemic. First, it impedes social control mechanisms essential for ensuring resource allocation and program execution are effective and well-targeted. Second, this condition may reflect weaknesses in institutional capacity regarding data management and performance reporting at the local level. If data is not managed and published properly, the decision-making process for future policy adaptation will lack an evidence base. Thus, the failure to reduce

stunting rates in Gunungkidul is not caused solely by technical factors in the field; fundamental governance factors also play a role. The inability to make performance data public ultimately weakens the effectiveness of the Regent Regulation, risking the regulation becoming strong in text but weak in oversight and implementation.

Ultimately, to enhance the effectiveness of stunting reduction in Gunungkidul, an approach combining the following three elements is required. First, policy synchronization must proceed with substantive adaptation that incorporates local context into intervention design. Second, intervention programs need to shift from a uniform model toward strategies responsive to structural vulnerabilities, particularly sensitive interventions such as sanitation and water quality. Third, transparency and data management must be strengthened so that public accountability and evidence-based policy-making can operate effectively. Without these steps, existing formal commitments will remain vulnerable to implementation failure in the field.

## **CONCLUSION**

The paradox of high stunting prevalence in Gunungkidul Regency does not stem from a lack of legal foundation. Conversely, the region possesses a comprehensive regulatory framework extending down to the regency level. The core issue resides in a fundamental implementation gap, where the existence of the Regent Regulation as a local legal instrument has failed to effectively address the unique and deep-seated socio-ecological challenges in Gunungkidul. Consequently, it is concluded that the primary challenge lies not in policy formulation, but rather in policy execution and effectiveness in the field.

In light of these findings, it is recommended that the Gunungkidul Regional Government, specifically through the Regional Development Planning Agency (Bappeda), shift its focus from mere regulatory issuance to the fortification of implementation. Concrete recommended measures include: first, conducting an in-depth evaluation of the implementation of Regent Regulation Number 36 of 2023 to identify specific barriers to program execution at the field level. Second, enhancing transparency and public health data governance by ensuring the availability of

planning documents (Strategic Plans/Renstra), performance reports (LKjIP), and annual health data, making them easily accessible to the public via official websites. These two steps are crucial for transforming policy from mere administrative compliance into tangible action that is accountable, evidence-based, and impactful for accelerating stunting reduction in Gunungkidul.

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