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GOVERNING STUNTING PREVENTION THROUGH THE LENS OF AMANAH: CROSS-SECTORAL SYNERGY IN WONOGIRI REGENCY

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Abstract

Wonogiri Regency is one of the regencies in Central Java Province, with a stunting prevalence of 11.34% in 2024. Addressing stunting requires cross-sectoral synergy because its contributing factors are complex, ranging from the micro to the macro level. This study examines cross-sectoral synergy in stunting prevention in Wonogiri Regency through the lens of amanah (trust) as an ethical and a theoretical framework for analyzing institutional responsibilities, interagency coordination, and public accountability. The research uses Miles and Huberman's

qualitative data analysis technique through data reduction, data presentation, and conclusion drawing. The study involved eight informants from the Health Office, Population Control, Family Planning, and the Women's Empowerment and Child Protection Office (PPKBP3A), as well as health workers from Puskesmas (Community Health Centers) in Wonogiri, Ngadirojo, and Manyaran. The findings show that the Health Office focuses on specific nutritional interventions, and the PPKBP3A Office focuses on sensitive nutritional interventions and assistance for families at risk of stunting. At the same time, Puskesmas serves as the frontline in maternal and child health services. The value of amanah is reflected in each institution's commitment to carrying out its responsibilities professionally and with a focus on promoting public welfare.

***Keywords**: Stunting Prevention; Amanah; Collaborative Governance.*

Abstrak

Kabupaten Wonogiri merupakan salah satu kabupaten di Provinsi Jawa Tengah dengan prevalensi stunting sebesar 11,34% pada tahun 2024. Penanggulangan stunting memerlukan sinergi lintas sektor karena faktor penyebabnya bersifat kompleks, mulai dari tingkat mikro hingga makro. Studi ini mengkaji sinergi lintas sektor dalam pencegahan stunting di Kabupaten Wonogiri melalui perspektif "Amanah" sebagai kerangka etis dan teoretis untuk menganalisis tanggung jawab kelembagaan, koordinasi antarinstansi, dan akuntabilitas publik. Penelitian ini menggunakan teknik analisis data kualitatif Miles dan Huberman yang mencakup tahapan reduksi data, penyajian data, dan penarikan kesimpulan. Penelitian menggunakan teknik analisis data kualitatif Miles dan Huberman melalui tahap reduksi, penyajian data, dan penarikan kesimpulan. Adapun informan dalam penelitian ini berjumlah 8 orang. yang masing-masing merupakan perwakilan dari Staf Dinas Kesehatan, Staf Dinas Pengendalian Penduduk, Keluarga Berencana, Pemberdayaan Perempuan dan Perlindungan Anak (PPKBP3A), serta bidan Puskesmas Kecamatan Wonogiri, Ngadirojo, dan Manyaran. Hasil penelitian menunjukkan bahwa Dinas Kesehatan berfokus pada intervensi gizi spesifik, Dinas PPKBP3A pada intervensi gizi sensitif dan pendampingan keluarga berisiko stunting,

sedangkan Puskesmas berperan sebagai ujung tombak pelayanan kesehatan ibu dan anak. Nilai amanah tercermin dalam komitmen setiap institusi untuk menjalankan tanggung jawab secara profesional dan berorientasi pada kesejahteraan masyarakat.

Kata kunci: Pencegahan Stunting; Amanah; Tata Kelola Kolaboratif.

A. Introduction

Stunting remains a major health and human development challenge for many countries, especially low- and middle-income countries. The World Health Organization (WHO) defines stunting as a growth and development disorder in children marked by a height-for-age measurement more than two standard deviations below the WHO Child Growth Standards median. This condition is primarily associated with chronic or repeated undernutrition, recurrent infections, and caregiving practices and environments that do not support a child's growth. Thus, stunting cannot be understood merely as a health issue, but rather as a multidimensional problem related to poverty, the quality of public services, food security, sanitation, education, caregiving, and government governance capacity.[1]

This issue is especially important in the Indonesian context because reducing stunting requires interventions that are consistent, integrated, and sustainable. Data from the Indonesian Nutritional Status Survey (SSGI) shows that the national stunting prevalence fell from 21.5% in 2023 to 19.8% in 2024.[2] Although it shows positive progress, the figure still indicates that millions of Indonesian children suffer from growth stunting that could affect

[1] WHO, "Stunting in a Nutshell," 2021, https://www.who.int/news/item/19-11-2015-stunting-in-a-nutshell.

[2] Kemenkes, "SSGI 2024: Prevalensi Stunting Nasional Turun Menjadi 19,8%," kemenkes.go.id, 2025, https://kemkes.go.id/id/ssgi-2024-prevalensi-stunting-nasional-turun-menjadi-198?

the quality of human capital in the long term. The government aims to reduce stunting prevalence to 14.2% by 2029, making accelerated stunting reduction an important national development priority.[3]

In Wonogiri Regency, despite recording a stunting prevalence of 11.34 in 2024, which is lower than the national average, the regional dynamics present unique structural challenges for stunting eradication. Geographically, Wonogiri is dominated by mountainous karst terrain, making several sub-districts vulnerable to seasonal droughts, reduced agricultural yields, and localized food insecurity. Demographically and socio-culturally, the regency has high rates of circular labour migration, where working-age parents routinely move to major urban centres for work. This phenomenon gives rise to widespread grandparent-headed caregiving, where elderly relatives assume primary responsibility for child-rearing. These grandparents often operate with limited knowledge of modern infant nutrition, sanitation, and health monitoring.

Conceptually, stunting has both direct and indirect causes and requires a cross-sectoral approach. WHO emphasizes that addressing stunting requires joint action through improved access to nutritious food, clean water and sanitation, health services, social protection, education, and stronger caregiving practices.[4] The complexity shows that successfully addressing stunting cannot rely solely on nutrition-specific interventions carried out by the health sector. Nutrition-sensitive interventions addressing broader social, economic, and environmental determinants are also necessary. Consequently, the effectiveness of stunting prevention depends on institutions' capacity to coordinate their responsibilities and integrate programs.

From a governance perspective, stunting's complexity requires collaboration among institutions and stakeholders.

[3] Kemenkes.

[4] WHO, "Nutrition and Food Safety," who.int, n.d., https://www.who.int/teams/nutrition-and-food-safety/monitoring-nutritional-status-and-food-safety-and-events/healthy-growth-and-development?

Research by Yunifar, Kusbandrijo, and Puspaningtyas shows that collaborative governance in addressing stunting involves various actors and requires cross-sector communication and coordination.[5] That approach is relevant to stunting prevention because local governments, health offices, health workers, community health volunteers, families, and other sectors each have different resources, knowledge, and authority. Therefore, synergy does not only mean dividing administrative tasks, but also includes coordination, policy communication, information exchange, program integration, and shared accountability for achieving stunting reduction outcomes.

However, collaborative governance has not fully explained the moral dimension underlying the exercise of public responsibility, especially in Indonesian society, which has a strong socio-religious foundation. In this context, the concept of *amanah* (trust) in Islam can be used as an ethical perspective for understanding the responsibilities of the government and health workers in stunting prevention. *Amanah* not only means safeguarding what is entrusted to one but also carries out responsibilities properly, fairly, honestly, and accountably. The Qur'an affirms in Q.S. al-Nisa' [4]:58:

"Indeed, Allah commands you to render trusts to whom they are due, and when you judge between people, to judge with justice".

That verse links trustworthiness and justice to carrying out one's responsibilities to others. In the context of government, authority, budgets, policies, services, and public resources can be understood as a trust that must serve society's interests and welfare.

Trustworthiness becomes even more relevant in stunting reduction policy. Local governments not only have an

[5] Allya Tsamarah Yunifar, Bambang Kusbandrijo, and Anggaeny Puspaningtyas, "Collaborative Governance Pada Penerapan Perwali NO 79 Tahun 2022 Tentang Percepatan Penurunan Stunting Di Kota Surabaya," *Praja Observer: Jurnal Penelitian Administrasi Publik* 2, no. 04 (2022): 148–58, https://aksiologi.org/index.php/praja/article/view/1120/773.

administrative obligation to implement programs, but also a moral responsibility to ensure that children's rights to health, growth, and development are not neglected. Likewise, health workers do not merely carry out technical service functions; they have a professional and ethical responsibility to provide care that is appropriate, fair, and aligned with community needs. Studies of trustworthiness in Islamic leadership show that it can be understood as a principle of trust, honesty, responsibility, and protection of others' rights, and that it is relevant to justice, transparency, and accountability in public leadership.[6] Thus, *amanah* can be used to broaden the understanding of governance from merely an issue of institutional effectiveness to an ethical accountability for the use of public authority.

This perspective is also connected to the principles of *Maqāṣid al-Syarīʻah* (objectives of Islamic law), particularly *ḥifẓ al-nafs* (protection of life) and *ḥifẓ al-nasl* (protection of lineage). In relation to stunting prevention, *ḥifẓ al-nafs* underscores the duty to ensure children's health, physical condition, and survival. In contrast, *ḥifẓ al-nasl* stresses the need to maintain the quality and welfare of future generations. These concepts define the larger *maslahah* (public good) as the guiding principle of institutional obligations. Therefore, *Maqāṣid al-Syarīʻah* sets the moral goals that underpin stunting prevention, while *amanah* provides standards for assessing how public officials meet their duties in achieving these goals. *Amanah* in this context can be operationalized through several dimensions, namely responsibility, integrity in exercising authority, fairness in the distribution of services, concern for vulnerable groups, and accountability for policy outcomes. This framework allows research to examine not only whether stunting programs are implemented, but also how government actors and health workers interpret and carry out the responsibilities entrusted

[6] Lu'lu' Azzahro' and Dini Anjani, "Menyampaikan Amanah Dalam Kepemimpinan: Analisis Maqāṣid Al-Syarīʻah Terhadap Q.S. An-Nisa Ayat 58," *Al-Afham: Journal of Islamic Studies* 1, no. 1 (2024): 24–34, https://doi.org/https://doi.org/10.62509/ajis.v1i1.331.

to them.[7] Thus, *amanah* can serve as an ethical and theoretical lens for examining how institutional actors exercise authority and fulfill responsibilities through integrity, fairness, commitment, and accountability.

Based on the study's initial interviews, local government and health workers in Wonogiri Regency use two main approaches: specific interventions and sensitive interventions. Specific interventions target nutritional and health factors, including adolescents, pregnant women, infants, and toddlers. Meanwhile, sensitive interventions are aimed at factors that indirectly affect children's nutritional status and growth and development, such as socioeconomic conditions, education, sanitation, the environment, and caregiving quality. Implementing both approaches requires coordination between the local government and health workers so that interventions do not proceed in isolated sectors. In this context, *amanah* matters because a program's success depends not only on the availability of policies and resources, but also on how earnestly actors entrusted with authority carry out their responsibilities with the public interest in mind.

Yunifar et al. examined collaboration in accelerating stunting reduction, emphasizing the importance of involving various stakeholders.[8] They examined collaborative governance in implementing Surabaya Mayor Regulation No. 79 of 2022 on accelerating stunting reduction, emphasizing the role of stakeholder involvement and inter-institutional collaboration in supporting local stunting prevention efforts. Pusmanti also showed that collaborative governance can reduce stunting prevalence because

[7] Mohammed Veqar Ashraf-Khan and Mohammad Shahadat Hossain, "Governance: Exploring the Islamic Approach and Its Relevance for the Modern Context," *International Journal of Islamic Khazanah* 11, no. 1 (2021): 29–40, https://doi.org/https://doi.org/10.15575/ijik.v11i1.10433.

[8] Yunifar, Kusbandrijo, and Puspaningtyas, "Collaborative Governance Pada Penerapan Perwali NO 79 Tahun 2022 Tentang Percepatan Penurunan Stunting Di Kota Surabaya."

the issue requires involvement from many sectors and actors.[9] These studies demonstrate that collaboration is an important institutional mechanism for addressing stunting. However, they primarily focus on the mechanisms and strategies of inter-stakeholder collaboration, leaving the ethical dimensions of such collaboration relatively underexplored.

Meanwhile, research on the concept of *amanah* in leadership shows that *amanah* is related to responsibility, justice, transparency, and accountability in exercising public authority.[10] Research that integrates the concept of *amanah* with an analysis of synergy between local government and health workers in tackling stunting at the district level remains limited. Specifically, little attention has been paid to how institutional duties, ethical conduct, equity, and responsibility can be analyzed through the lens of *amanah* in the context of reducing stunting at the local level. This research aims to fill this gap by exploring how local institutions coordinate roles in how the moral aspects of *amanah* manifest in the performance of those responsibilities.

While previous studies on public administration rely predominantly on a technocratic perspective, literature on *amanah* often remains restricted to normative moral exhortations rather than empirical public governance analysis. This leaves a critical research gap regarding how faith-inspired ethics interact with institutional mechanics in local public administration. An important analytical gap remains concerning how *amanah* can be used to examine the ethical dimensions of collaborative governance, particularly the fulfillment of institutional responsibilities, integrity, fairness, and accountability among local government institutions and health workers in stunting prevention. By addressing this gap, this study integrates collaborative governance and the concept of

[9] Rati Sumanti, "Collaborative Governance: Strategi Pencegahan Dan Penurunan Prevalensi Stunting," *Jurnal Kebijakan Pembangunan* 19, no. 1 (2024): 13–26, https://doi.org/https://doi.org/10.47441/jkp.v19i1.361.

[10] Azzahro' and Anjani, "Menyampaikan Amanah Dalam Kepemimpinan: Analisis Maqāṣid Al-Syarī'ah Terhadap Q.S. An-Nisa Ayat 58."

amanah to examine stunting reduction more comprehensively. Collaborative governance is used to explain the mechanisms of synergy, coordination, and division of roles among stakeholders. At the same time, *amanah* serves as an ethical and theoretical analytical lens to examine responsibility, integrity, fairness, and accountability in carrying out those roles.

This study addresses that gap by integrating collaborative governance as an analytical framework for understanding interagency coordination and institutional relationships with *amanah* as an ethical perspective for examining the fulfillment of public responsibilities. Specifically, this study examines the division of roles and coordination between the local government and healthcare workers, the implementation of specific and sensitive interventions, and how the value of *amanah* is reflected in the responsibility, integrity, fairness, and accountability of the actors involved in implementing stunting prevention policies. The findings are expected to make an academic contribution to the development of value-based health governance studies and provide practical implications for strengthening stunting prevention policies at the regional level.

B. Discussion

1. Concept of Stunting Theory

Stunting is a condition of impaired growth in children, characterized by a height that is lower than the standard for a child's age due to chronic malnutrition that begins during the intrauterine period and continues through the toddler years. Biologically, stunting reflects a disruption in linear growth that is irreversible if it occurs during the first 1,000 days of life, because it affects bone development, the immune system, and the brain's

cognitive function. [11] According to the World Health Organization (WHO), stunting is classified based on the Height-for-Age Z score (HFA-Z) as < −2 SD from the WHO reference median.[12] A child is classified as stunted if their HFA-Z score is < −2 standard deviations (SD) from the WHO Child Growth Standards median. This standard compares a child's height with an international reference population growing under optimal conditions (adequate nutrition, a healthy environment, and good caregiving practices). Stunting is not just a matter of height; it is also an indicator of nutritional status and social well-being, with a direct impact on human capital through limitations in cognitive function, later-life productivity, and the risk of noncommunicable diseases.[13]

From the perspective of the health determinants theory, stunting is influenced by direct and indirect factors. Direct factors include inadequate nutrition and recurrent infections, while indirect factors include socioeconomic conditions, maternal education, environmental sanitation, and access to health services.[14] Research shows that factors such as poverty, economic inequality, and limited access to health services contribute significantly to the prevalence of stunting.[15] This shows that interventions cannot focus solely on individuals; they must take a cross-sector approach. In addition, within the framework of multilevel determinants theory, stunting is understood as the result of interactions among micro factors

[11] R. E. Black et al., "Maternal and Child Undernutrition and Overweight in Low-Income and Middle-Income Countries," *The Lancet* 382, no. 9890 (2013), https://doi.org/10.1016/S0140-6736(13)60937.

[12] WHO, "Stunting in a Nutshell."

[13] C. G. Victora et al., "Evisiting Maternal and Child Undernutrition in Low-Income and Middle-Income Countries: Variable Progress towards an Unfinished Agenda," *The Lancet* 397, no. 10282 (2021): 1388–1399, https://doi.org/10.1016/S0140-6736(21)00394-9.

[14] W. Y Sihotang et al., "Determinants of Stunting in Children under Five: A Scoping Review," *Jurnal Gizi Indonesia* 12, no. 1 (2023): 9–20, https://doi.org/https://doi.org/10.14710/jgi.12.1.9-20.

[15] R. E. Septiani, T. Mulyaningsih, and M. Mulyanto, "The Effect of Macroeconomics and Access to Health Service on Stunting in Indonesia," *Health Science Journal of Indonesia* 14, no. 1 (2023), https://doi.org/https://doi.org/10.22435/hsji.v14i1.6440.

(the child's nutritional status and the mother's health), meso factors (the family and community environment), and macro factors (policy, economic development, and the health system). [16] This approach reinforces that addressing stunting requires integrating specific interventions (nutrition) with sensitive interventions (socioeconomic).

2. The Concept of *Amanah* from an Islamic Perspective

Amanah is a fundamental concept in Islamic ethics, related to human responsibility in carrying out the duties, authority, and trust placed upon them. Etymologically, *amanah* comes from the Arabic root *amina–ya'manu–amānah*, which means safety, peace, trust, and trustworthiness. In a socio-political context, *amanah* is not only related to personal honesty, but also concerns a person's obligation to carry out responsibilities in accordance with the mandate they have received. The main basis for the concept of *amanah* is found in the Qur'an, Surah al-Nisā':58:

> "Indeed, Allah commands you to render trusts to whom they are due and when you judge between people, to judge with justice."

This verse shows that *amanah* has two interconnected dimensions: fulfilling trust and upholding justice. Thus, *amanah* in government is not merely the honesty of public officials; it must be realized through the responsible and just exercise of authority.[17]

That concept is reinforced by Surah al-Mu'minūn, verse 8, which describes believers as those who uphold trust and promises, as well as Surah al-Anfāl, verse 27, which forbids betraying the trust that has been placed in one's care. In this

[16] Tri Mulyaningsih et al., "Beyond Personal Factors: Multilevel Determinants of Childhood Stunting in Indonesia," *Plos One* 16, no. 11 (2021), https://doi.org/https://doi.org/10.1371/journal.pone.0260265.

[17] M. Quraish Shihab, *Tafsir Al-Mishbah: Pesan, Kesan, Dan Keserasian Al-Qur'an*, Vol. 2 (Jakarta: Lentera Hati, 2002).

perspective, power, office, public resources, and government authority can be seen as a form of trust that must be accounted for.

In a hadith of the Prophet Muhammad SAW, it is also affirmed that every person is a leader and will be held accountable for their leadership.[18] That hadith provides an important basis for understanding that public leadership has a dimension of moral accountability, not merely an administrative one. Therefore, government officials, bureaucratic personnel, and public service workers can be seen as parties entrusted with managing the public interest.

Studies of Islamic leadership in the public sector show that trustworthiness is linked to efforts to build a government that is trustworthy and accountable.[19] Contemporary research on Islamic values-based leadership in Indonesian local government also finds that internalizing the value of *amanah* can be reflected in inclusive policies, participatory governance, anti-corruption reforms, and sustainable development.[20]

The concept of *amanah* can be operationalized across several dimensions relevant to implementing government policy. From an Islamic perspective, *amanah* does not merely mean preserving trust, but also carries the responsibility to use authority, resources, and office in the public interest. The Qur'an commands that trusts be delivered to those entitled to them and that judgments among people be carried out with justice. This principle shows that *amanah* in government is

[18] Muhammad ibn Ismā'īl Al-Bukhārī, *Ṣaḥīḥ Al-Bukhārī* (Beirut: Dār Ṭawq al-Najāh, 2001).

[19] Hidayat and Lukman J. Tumulo, "Islamic Leadership in the Public Sector," *International Journal Administration, Business & Organization* 2, no. 3 (2021): 1–9, https://doi.org/https://doi.org/10.61242/ijabo.21.185.

[20] Tristia Riskawati et al., "Faith-Driven Leaders in a Non-Theocratic Country: Internalizing Muhammadiyah Values in Local Governance," *Asia Pacific Journal of Public Administration* 48, no. 2 (2026): 145–68, https://doi.org/https://doi.org/10.1080/23276665.2025.2571898.

closely tied to responsibility, justice, integrity, competence, and accountability in exercising power.[21]

3. Interagency Synergy in Government

Interagency synergy is the process of cooperation and integration of actions between two or more government organizations that have different authorities, resources, and responsibilities to achieve the same policy goals. This concept is important because many public issues are complex and multidimensional, so they cannot be addressed by a single organization acting alone. Collaborative public management is an approach to public administration that enables governments to work through strategic partnerships, networks, alliances, committees, coalitions, and other forms of collaborative relationships to address complex public issues.[22]

In the context of intergovernmental relations, McGuire explains that intergovernmental management includes management activities that go beyond the boundaries of organizations and levels of government. This perspective places the government's ability to build cooperative working relationships as an important part of policy implementation capacity.[23] Thus, interagency synergy can be understood as the government's institutional capacity to integrate actors, authority, resources, information, and actions in jointly achieving policy objectives.

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[21] Shihab, *Tafsir Al-Mishbah: Pesan, Kesan, Dan Keserasian Al-Qur'an*.

[22] Robert Agranoff and Michael McGuire, *Collaborative Public Management: New Strategies for Local Governments* (Washington: Georgetown University Press, 2003).

[23] Michael McGuire, "Intergovernmental Management: A View from the Bottom," *Public Administration Review* 66, no. 5 (2006), https://doi.org/https://doi.org/10.1111/j.1540-6210.2006.00632.x.

4. Method

This study used a qualitative, descriptive approach to analyze the synergy between the roles of local government and health workers in addressing stunting in Wonogiri Regency. The research was conducted over eight months, from April to November 2025, in Wonogiri, Ngadirojo, and Manyaran Districts, which, according to data from the Wonogiri Regency Health Office in 2023, had relatively high stunting cases. These three sub-districts were purposively selected from the 25 sub-districts in Wonogiri Regency based on the distribution of stunting cases reported by the Wonogiri Regency Health Office in 2023. The three areas were identified as having relatively high numbers of stunting cases compared with other sub-districts, making them relevant locations for examining the coordination and implementation of stunting prevention programs.

Data were collected through observation, semi-structured interviews, and documentation, using observation sheets, interview guides, and documentation checklists. These techniques were used to obtain complementary information and enable comparisons between reported institutional practices and activities observed in the field. Observations were conducted during program implementation at community health centers and integrated health posts. At the same time, in-depth interviews explored the roles of local government, health workers, stunting reduction programs, and forms of synergy among the parties involved. Documentation included decrees, prevalence data, activity reports, and the Regional Action Plan (RAD), as well as photo documentation, videos, and interview recordings.[24]

Informants were selected using purposive sampling, meaning they were chosen based on the consideration that they had knowledge of and direct involvement in the phenomenon

[24] Creswell John W., *Research Design Pendekatan Kualitatif, Kuantitatif Dan Mixed*, Tiga (Yogyakarta: Pustaka Belajar, 2014).

being studied.[25] A total of eight informants were involved, including representatives from the Health Office, the PPKBP3A Office, and health workers from *Puskesmas* (Community Health Centers) in Wonogiri, Ngadirojo and Manyaran who were involved in the Stunting Reduction Acceleration Team (TPPS). Data were analyzed using the interactive model of Miles, Huberman, and Saldaña, which includes data condensation/reduction, data display, and drawing and verifying conclusions.[26] Data validity was established through technique triangulation and source triangulation by comparing information obtained through observation, interviews, and documentation, as well as from various informants.

Table 1. Research Informants

No.	Name	Role
1.	Ariyanti	Health office staff
2.	Intan	PPKBP3A office staff
3.	Tya	Health worker (Wonogiri)
4.	Dian	Health worker (Wonogiri)
5.	Tumini	Health worker (Manyaran)
6.	Giyem	Health worker (Manyaran)
7.	Ajeng	Health worker (Ngadirojo)
8.	Giyat	Health worker (Ngadirojo)

[25] Michael Quinn Patton, *Qualitative Research & Evaluation Methods*, 4th Editio (California: Sage Publication, 2015).

[26] Matthew B. Miles, A. Michael Huberman, and Johnny Saldaña, *Qualitative Data Analysis: A Methods Sourcebook*, 3rd Editio (California: Sage Publication, 2014).

5. Stunting Prevention as a Responsibility of the Regional Government

Stunting prevention in Wonogiri Regency cannot be understood solely as a matter of health services, but rather as a human development issue that requires the involvement of the regional government, health workers, families, and the community. Stunting is a condition related to chronic malnutrition and recurrent infections and is influenced by socioeconomic conditions, maternal health, parenting practices, feeding practices, sanitation, and the quality of health services. Its impact is not only seen in a child's physical growth but can also affect cognitive development, health, productivity, and the quality of human resources in the long term. [27]

Those conditions make stunting prevention a public responsibility that requires a multisector approach. The research findings show that the Wonogiri Regency Government has placed stunting prevention on a cross-sector agenda by involving the Health Office, the Population Control, Family Planning, Women's Empowerment and Child Protection Office (PPKBP3A), *Puskesmas* (Community Health Centers), *Posyandu* (Integrated Health Posts), Family Assistance Teams (TPK), and village governments. This pattern aligns with Presidential Regulation No. 72 of 2021, which states that stunting reduction acceleration is carried out holistically, integrative, and with quality through coordination, synergy, and synchronization among government institutions and stakeholders.

In Wonogiri Regency, this approach is reflected in the division of functions between local government and health workers. The health Office carries out technical functions related to specific nutrition interventions. At the same time, the PPKBP3A Office plays a greater role in sensitive nutrition interventions through strengthening families, reproductive

[27] WHO, "Malnutrition," who.int, 2024, https://www.who.int/en/news-room/fact-sheets/detail/malnutrition?

health, parenting, and support for families at risk of stunting. *Puskesmas* then serves as the institution that translates this policy into direct community services.

Thus, stunting prevention shows that local government acts not only as a policymaker but also as the party responsible for successful policy implementation. Presidential Regulation No. 72 of 2021 even places regency/city local governments as one of the main actors in carrying out the convergence of accelerated stunting reduction. Therefore, policy success cannot be measured only by the existence of regulations or programs, but also by the government's ability to ensure that the policy is translated into services that are targeted and sustainable.

6. The Role of the Health Office in Implementing Specific Nutrition Interventions

The findings show that the Wonogiri Regency Health Office holds a strategic position in carrying out specific nutrition interventions. Based on interviews with Health Office staff who are part of the Stunting Reduction Acceleration Coordination Team, these roles include mapping stunting cases, expanding coverage of maternal and child health services, strengthening interventions during the first 1,000 days of life (HPK), supervising *Puskesmas* and *Posyandu*, distributing iron supplements to adolescent girls, providing supplemental food to children under five, checking haemoglobin levels in pregnant women and adolescent girls, and early detection of pregnant women at high risk.

> *"Setiap bulan ada rakor untuk memastikan semua pihak bergerak bersama dan setiap instansi memiliki penanggung jawab untuk memastikan tugas tersampaikan dan setiap kendala dapat diatasi segera."* (Every month there is a coordination meeting to ensure that all parties move together and each agency has a person in charge to ensure that tasks are

delivered and any obstacles can be overcome immediately)

These findings show that the health Office carries out functions that are not only administrative but also technical and preventive. Strengthening interventions during the first 1,000 days of life is important because this period is a critical phase for a child's growth and development. WHO emphasizes that optimizing nutrition from pregnancy through the first two years of life provides long-term benefits for a child's growth and development.[28] The Health Office's role is also evident in strengthening the capacity of health workers and cadres through nutrition counselling training and digital reporting. This shows that the intervention's success depends not only on the program's availability, but also on the capacity of implementing actors at the primary care level.

Viewed through the lens of *amanah*, the Health Office's performance can be interpreted as a form of responsibility in managing a public mandate. The concept of *amanah* in Islam does not stop at safeguarding trust; it also demands that responsibilities be carried out properly, fairly, and accountably.[29] The Qur'an affirms that trusts must be delivered to those entitled to them and that public affairs must be carried out with justice (Qur'an, An-Nisa [4]: 58). Thus, case mapping, accurate targeting of interventions, service supervision, and program evaluation can be understood as concrete forms of implementing that trust in the delivery of public services.

[28] WHO.

[29] Abdullah Demirel, "Kur'an-ı Kerim'de Emanet Kavramının Kamu Yönetimi Açısından Yorumu: Etik, Sorumluluk ve Yönetişim Perspektifi," *Journal of Islamic Civilization* 12, no. 54 (2026), https://doi.org/10.55918/islammedeniyetidergisi.1929454.

7. The Role of the PPKBP3A Office in Sensitive Nutrition Interventions

Unlike the Health Office, which places greater emphasis on specific nutrition interventions, the PPKBP3A Office of Wonogiri Regency has an important role in sensitive nutrition interventions. Interview findings show that the PPKBP3A Office works with the Family Planning Office, *Posyandu* cadres, and TPK in supporting families at risk of stunting. Implemented programs include Early Childhood Family Development (BKB), Youth Family Development (BKR), family support, reproductive health education, and counselling for prospective brides and grooms.

The BKB program supports stunting prevention by providing education on parenting, stimulating growth and development, meeting household nutrition needs, and preventing violence and child neglect. Meanwhile, BKR is directed toward building family readiness, birth planning, preventing pregnancy at too young an age, and preventing child marriage. These interventions show that stunting prevention must begin before pregnancy and not only when a child has already experienced growth problems.

The WHO also places factors outside health services, such as household food security, parenting, sanitation, the environment, and socioeconomic conditions, as important determinants of nutrition problems. Therefore, non-health interventions need to go hand in hand with health interventions so that the changes achieved are sustainable.[30]

From the perspective of *amanah,* the role of the Dinas PPKBP3A shows that the government's responsibility extends beyond providing medical services to protecting families and

[30] WHO, "Essential Nutrition Actions: Improving Maternal, Newborn, Infant and Young Child Health and Nutrition," who.int, 2013, https://www.who.int/publications/i/item/9789241505550?

future generations. *Amanah* requires the government to pay attention to the interests of the community as a whole, especially vulnerable groups. Thus, family support for families at risk of stunting can be positioned as a form of government responsibility to prevent health risks from emerging at the family level.

8. The Role of Community Health Centers and Health Workers in Delivering Public Services

Community Health Centers are very important actors because they serve as the meeting point between government policy and the community. Interviews with midwives and health workers at the Community Health Centers in Ngadirojo, Manyaran, and Wonogiri Districts show that these centers provide basic immunizations, growth and development monitoring, examinations and treatment for undernourished toddlers, education for pregnant and breastfeeding mothers, and support for families with toddlers.

Midwives and health workers also provide education on meeting nutritional needs during pregnancy, taking iron supplements, preventing anaemia, exclusive breastfeeding, and providing complementary foods for breast milk. At the implementation level, these functions show that health workers not only provide clinical services, but also carry out educational and family empowerment functions. Routine weight and height measurements through *Posyandu* enable health workers to detect early signs of growth-disorder risk. Home visits also enable health workers to identify risk factors that are not always visible in formal health services, such as poor sanitation, low nutritional knowledge, and noncompliance with health checkups.

> "*Pemerintah menyediakan anggaran, Dinas Kesehatan memberikan arahan, sedangkan Puskesmas berperan dalam aspek teknis seperti pemeriksaan gizi dan edukasi pola makan sehat. Kader PKK atau posyandu kemudian membantu menggerakkan*

> *kegiatan edukasi berbasis masyarakat, seperti demo memasak sehat dan penyuluhan di tingkat RT."* (The government provides a budget, the Health Office provides direction, while the Health Center plays a role in technical aspects such as nutrition checks and healthy eating education. PKK or *Posyandu* cadres then help drive community-based educational activities such as healthy cooking demonstrations and counseling at the RT level.)

In the context of *amanah* values, health workers' role becomes important because they hold both a professional mandate and public trust. Amanah at this level can be realized through professionalism, honest information, care, accuracy in service, and a commitment to providing non-discriminatory service. A study on Islamic governance shows that *amanah* is closely related to accountability, transparency, and responsibility in the use of authority.[31] Thus, health workers demonstrate trustworthiness not only in complying with medical procedures, but also in building communication with families. Clear and easy-to-understand education, ongoing support, and a willingness to make home visits are forms of moral and professional responsibility toward the communities served.

9. Interagency Synergy as a Form of Collective Trustworthiness

The study findings show that efforts to address stunting in Wonogiri Regency occur through complementary relationships among the Health Office, the PPKBP3A Office, community health centers, TPK, *Posyandu*, and village governments. The Health Office provides data and coordinates health interventions; the PPKBP3A Office strengthens family

[31] Ashraf-Khan and Hossain, "Governance: Exploring the Islamic Approach and Its Relevance for the Modern Context."

interventions and support; and community health centers deliver direct health services.

From the ethical perspective of *amanah*, this institutional arrangement can be examined in terms of collective responsibility. In this study, collective *amanah* refers institutions' the shared responsibility of to fulfill their respective public mandates in accordance with their authority and functions. This does not imply that *amanah* has been formally established as a government program or fully institutionalized across the agencies involved. Rather, it provides an ethical perspective for examining how institutional responsibilities are exercised in addressing stunting. The Health Office, the PPKBP3A Office, and community health centers each have different responsibilities. Still, their respective roles are directed toward a common public objective: protecting children's health and supporting their development.

This perspective extends the discussion of *amanah* beyond the individual relationship between public officials and the community to include relationships among public institutions. In Islamic governance, *amanah* is associated with the responsible exercise of authority and the fulfillment of obligations for the public good. Within the framework of Islamic governance, *amanah* is associated with managing authority responsibly and transparently, with a focus on the public good.[32] Presidential Regulation No. 72 of 2021 also explicitly places coordination, synergy, and synchronization as the main principles for accelerating the reduction of stunting.

Given the nature of stunting, cross-sector synergy is unavoidable. From a collaborative governance perspective, solving complex public problems requires multiple actors and collaborative mechanisms that combine resources, authority,

[32] Muri and Otom Mustomi, "Governing with Amanah, 'Adalah, and Maslahah: Islamic Legal Values in Jakarta's One-Stop Public Service Under Regional Autonomy," *Jurnal Ilmiiah Mahasiswa* 14, no. 22026 (2025).

information, and responsibilities to achieve a common goal.[33] In this study, the Health Office, the PPKBP3A Office, community health centers, and community-level support actors have different resources and authorities. Therefore, the effectiveness of stunting prevention depends on their ability to connect their respective functions through coordination and shared responsibility.

However, the study findings also show that the existence of coordination does not in itself mean that policy implementation has been fully effective. Limited numbers of community health workers, differences in the quality of interagency data, and issues of targeting accuracy remain obstacles in program implementation. These conditions indicate an implementation gap, namely the gap between policy objectives and the conditions and capacities of implementation at the field level. In other words, regulations, task division, and coordination mechanisms are important prerequisites. Still, they are not enough to ensure that all families at risk of stunting receive accurate interventions.

> *"Perbedaan data antara desa, kader, dan Puskesmas masih sering terjadi sehingga membutuhkan waktu lebih lama untuk verifikasi. Selain itu, keterbatasan kader dan tenaga kesehatan di beberapa kecamatan menyebabkan intervensi pemerintah tidak selalu berjalan efektif."* (Data differences between villages, cadres, and health centers still occur frequently, so verification takes longer. In addition, the limited availability of community health cadres and health workers in several districts means government intervention is not always effective).

[33] Chris Ansell and Alison Gash, "Collaborative Governance in Theory and Practice," *Journal of Public Administration Research and Theory* 18, no. 4 (2008), https://academic.oup.com/jpart/article-abstract/18/4/543/1090370.

At this point, the concept of *amanah* provides a relevant ethical analytical perspective. In Islamic thought, *amanah* refers to the responsibility to safeguard and carry out what is entrusted to a person or party properly. Its normative foundation is found, among others, in QS. An-Nisa [4]:58, which commands that trusts be delivered to those entitled to them and that decisions among people be made justly. This principle provides the basis that authority is not a right to be used freely, but a mandate that must be carried out responsibly.

In governance, *amanah* can be linked to accountability, transparency, justice, and using authority for the public interest. Ashraf-Khan and Hossain explain that *amanah* in Islamic governance is closely related to trust, accountability, transparency, justice, and equality.[34] In this study, the Health Office, the PPKBP3A Office, community health centers, and community-level support actors have different resources and authorities. Therefore, the effectiveness of stunting prevention depends on their ability to connect their respective functions through coordination and shared responsibility.

This conceptualization gives synergy a more substantive meaning. Coordination among the Health Office, the PPKBP3A Office, community health centers, TPK, *Posyandu*, and village governments is not merely an administrative procedure, but a mechanism to ensure that the public mandate is not fragmented. Data exchange, division of tasks, supervision, family support, and evaluation are instruments to ensure that each actor carries out its share of responsibility consistently. From a collaborative governance perspective, this process is important because collaboration requires not only the involvement of various actors, but also deliberative processes, trust, commitment, and a shared understanding of policy goals.[35]

[34] Ashraf-Khan and Hossain, "Governance: Exploring the Islamic Approach and Its Relevance for the Modern Context."
[35] Ansell and Gash, "Collaborative Governance in Theory and Practice."

The implementation gap noted in this research suggests that the success of collaborative governance depends not only on official institutional frameworks and available resources, but also in how public duties are carried out under real-world constraints. Personnel shortage, discrepancies in institutional data, and difficulties in targeting interventions could undermine the consistency and effectiveness of efforts to prevent stunting. In this regard, the idea of *amanah* offers a moral basis for enhancing institutional accountability beyond mere adherence to administrative regulations. It underscores that public bodies must remain answerable for carrying out their responsibilities, ensuring accurate information, and providing necessary support to at-risk families, despite limited implementation resources. Therefore, *amanah* does not inherently resolve structural challenges or replace the need for sufficient resources. Instead, it serves as a guiding ethical principle that fosters responsible choices, institutional dedication, and accountability in remedying implementation deficiencies. Combined with collaborative governance, this viewpoint underscores that successful cooperation requires not only harmonization among institutions but also a collective commitment to fulfilling public responsibilities.

From a collaborative governance perspective, this situation points to the need for stronger communication, information integration, and shared verification mechanisms. From the ethical perspective of *amanah*, data accuracy relates to institutional responsibility and accountability. Each institution is responsible for ensuring that the information it collects, reports, and uses is reliable. Therefore, data inconsistency should be understood not merely as a technical administrative issue but also as a challenge to accountable coordination in delivering public services.

C. Conclusion

This study shows that efforts to address stunting in Wonogiri Regency are carried out through role-sharing and synergy between the local government and health workers. The Health Office implements specific nutrition interventions, and the PPKBP3A Office strengthens sensitive nutrition interventions through family support and empowerment. At the same time, community health centers serve as the frontline in care, monitoring, education, early detection, and treatment of children at risk of stunting. This structural division shows that the ultimate success of stunting reduction in Wonogiri relies on the convergence of two foundational pillars: a clear technical demarcation between specific and sensitive interventions, and the shared internalization of collective *amanah* among interagency stakeholders.

In this context, *amanah* offers an ethical perspective that strengthens the analysis of policy implementation. *Amanah* can be understood as moral and institutional responsibility in carrying out a public mandate. Local governments and health workers uphold *amanah* when the authority they hold is used to provide services that are professional, transparent, accountable, fair, targeted, and oriented toward the public good. Because stunting is a cross-sector issue, *amanah* also requires each institution to build synergy with other actors in accordance with its authority. The findings of this study affirm that *amanah* is not enough as an individual moral commitment; it must be institutionalized within the stunting prevention governance system. This institutionalization can be achieved through stronger cross-sector coordination, data integration and standardization, increased cadre capacity, ongoing supervision, program evaluation, and stronger accountability for each actor.

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