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**THE STUNTING PHENOMENON IN THE SUBDISTRICT OF TAMBAK WEDI SURABAYA USING THE *PUBLIC STRATEGY THEORY***

<sup>1</sup>Syakira Mumtaz Sholehah\*, <sup>2</sup>Ajeng, <sup>3</sup>Nesya Vista Wibowo, <sup>4</sup>Rizky Dwijayanti  
Public Administration Department, Faculty Social and Politics Science, University of August  
17, 1945 Surabaya  
Email: [syakira090305@gmail.com](mailto:syakira090305@gmail.com)\*

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**Abstract**

*Study This analyze stunting problem in the sub-district Tambak Wedi, Surabaya, with a qualitative approach based on Public Strategy Theory from Mulgan . Findings field reveal paradox where stunting does not only infect poor family , but also family with condition economy capable . Factor the cause including poverty parental information about nutrition balance and pattern modern permissive parenting . Through five- stage framework Mulgan (Purpose, Environment, Direction, Action, Learning), this research This identify failure systemic in stunting management strategies . The gap happen start from formulation unattainable goals clear , weak coordination and direction between institutions , actions that are not appropriate target , up to evaluation and learning that is not running optimally. It was concluded that existing approaches Not yet touch root problems , so that required more strategic overhaul holistic , integrative , and based empowerment public.*

**Article History**

Received: 1-12-2025

Reviewed: 20-12-2025

Accepted: 21-12-2025

**Keywords:** Stunting, Socioeconomic Strata, Public Strategy Theory, Health Policy, Case Study

**How to Cite:** <sup>1</sup>Syakira Mumtaz Sholehah, <sup>2</sup>Ajeng, <sup>3</sup>Nesya Vista Wibowo, <sup>4</sup>Rizky Dwijayanti. (2026). The Stunting Phenomenon In The Subdistrict Of Tambak Wedi Surabaya Using The Public Strategy Theory. *Governance ( Journal Management and Policy Public )*, Vol 16 No 01.

 <https://doi.org/10.38156/gjkmp.v16i1.395>

**INTRODUCTION****Background**

Although Surabaya City has consistently recorded a stunting prevalence below the national average, addressing stunting remains a critical public health priority. Over the past decade, Surabaya has demonstrated substantial progress in reducing stunting prevalence through integrated nutrition and health interventions. Data from the Indonesian Nutrition Status Survey (SSGI) show that Surabaya's stunting prevalence declined significantly, reaching 4.8% in 2022, the lowest among cities nationwide, compared to 28.9% in 2021. This positive trend continued in 2023, with the number of active stunting cases decreasing from

923 cases in early January to 529 cases by September 2023. These achievements stand in stark contrast to the national stunting prevalence, which remained at 21% in 2022, highlighting Surabaya as a model city in stunting reduction efforts (Pemerintah Kota Surabaya, 2023).

However, this aggregate success at the city level does not fully reflect conditions across all sub-districts. Despite Surabaya's strong macro-level performance, stunting persists in specific urban pockets, indicating uneven policy outcomes at the micro level. One such area is Tambak Wedi Sub-district, which was selected as the research locus due to its distinctive coastal urban characteristics. Tambak Wedi represents a complex socio-economic landscape marked by dense residential settlements, proximity to industrial zones, uneven sanitation infrastructure, and household livelihoods dominated by informal-sector employment. These conditions create vulnerabilities that are not solely linked to income poverty.

Field findings in Tambak Wedi reveal a paradigm shift in the conventional understanding of stunting, demonstrating that the problem is not exclusively associated with income poverty. Two dominant factors emerge from the empirical data. First, information poverty, in which parents with relatively adequate income remain trapped in consumption patterns dominated by instant and sugary foods due to limited understanding of balanced nutrition. Second, modern permissive parenting styles, where parents tend to comply with children's food preferences, resulting in nutritionally imbalanced dietary intake (Saranani et al., 2023). This phenomenon becomes even more striking in the context of a metropolitan city such as Surabaya, which holds the highest Regional Original Income (PAD) in East Java, reaching approximately IDR 8 trillion in 2025, and is widely recognized as a regional economic growth center (Pattopoi, 2025). Despite these economic advantages, field evidence indicates that stunting remains present among children, including in Tambak Wedi Sub-district, thereby reinforcing its relevance as the locus of this study.

### **Pervious Studies**

Various study previously has highlight stunting problem from aspect nutrition and economics family. (Kesehatan et al., 2020)explain that stunting is condition body short consequence lack nutrition chronic frequent started since 1000 days First life. (Handryastuti et al., 2022) find that child with stunting have ability more cognitive low and vulnerable to disease infection. In addition that, research (Saranani et al., 2023)emphasize importance intervention nutrition specific based food local, such as giving moringa fish nuggets and eggs, in effort stunting prevention in the community rural areas. Although diverse study the enrich understanding about causes and impacts of stunting, some big Still focus on poor families or group prone to in a way economics. Studies that examine stunting phenomenon in families capable in urban areas still very limited, even though context social and patterns parenting in group the different in a way significant from public earning low.

This study aims to address this gap by analyzing the stunting phenomenon in economically capable families in Tambak Wedi Sub-district, utilizing Mulgan's (2009) Public Strategy Theory. Through this analysis, the research seeks to explain why local government strategies have been ineffective in reducing stunting rates in such contexts and to identify the systemic failures in policy goal formulation, direction, action, and learning at the local level.

## Theory

### 1.1 Stunting in general

Stunting is condition more body short from the average or Can also called dwarfism. Stunting is different with *wasting* (thin), which indicates malnutrition acute. Stunting indicates condition nutrition long - lasting bad, often started during 1000 day period First life or *Golden Window Period*. According to curve WHO growth, a person 's height child must be above the red line (-2 SD). If growth child be on the verge limit (Z-Score) <-2 SD to with -3 SD (short / *stunted*) and <-3 SD (very short / *severely stunte*) then child the diagnosed with stunting (Kesehatan et al., 2020). Impact One of the children affected by stunting is will experience difficulty in field academic so that will influence achievements achieved (Handryastuti et al., 2022). Besides that, vulnerable caught disease infection (diarrhea) due to lack of nutrition inside body (Pahlevi, 2022).

### 1.2 Social Economy Strata and Health Disparities

Social strata economy is terms referring to division public based on combination from income, education, occupation, and social status. This idea important For understand How source power and opportunity distributed in a way No evenly in societ , which causes disparity health. Determinants social health (SDOH) is factors personal, social, and environmental factors that shape health and well-being society. Factors This covers income, place stay, and sources Power man (Cleveland Clinic, 2024). Inequality social economy create difference in access to food, education, information health and services health, which ultimately produce inequality results health between group social economy

### 1.3 The Public Strategy Theory

Public strategy is utilization source power and strength public by public bodies in a way systematic For reach Public purpose in matter This is a person or public from a country. Mulgan also stated that public strategy give direction How government think and act with the best strategy that is give clarity to government about What will achieved and how method For achieve it. According to Mulgan (2009) in journal (Shefika Candra Kirana & Mawar Mawar, 2024) public strategy shared into 5 stages :

#### 1. Purpose

Effort For identify and determine reason Why objective the important and valuable, then reason Why objective the must implemented by institutions, and expectations what to expect from implementation objective Because objective determine What will achieved by the institution government as well as What will carried out by the government.

#### 2. Environment

Condition environment government both internal and external external influences aspect changes, so that in context action, necessary evaluated possible threats and opportunities appears in the future, then evaluate to what extent capacity organization the government that implements a strategy to respond to it.

#### 3. Direction

Leader give directions or instructions For mobilize source Power humans below, including good and correct coordination, communication and motivation For do What should done.

4. Action

Effort For determine action What should done For reach goals that have been set previously. This is includes what strategies will be used For reach objective mentioned, as well as implementation policies and work programs that have been There is.

5. Learning

Analysis process is response to the strategies that have been implemented from perspective public and politics, how is the strategy responded to, and how evaluation that must be done done For implement the strategy.

### **Objective**

This study aims to achieve two main objectives. First, it seeks to comprehensively analyze the causal nexus between the cycle of poverty and the prevalence of stunting in Tambak Wedi Sub-district. Second, it aims to evaluate the systemic effectiveness of current public stunting-reduction strategies by applying Mulgan's Public Strategy Theory as an analytical framework. This evaluation will be structured around the theory's five core components: (a) clarity of Purpose, (b) conduciveness of the internal and external Environment, (c) strength of strategic Direction and coordination, (d) relevance and implementation of Actions, and (e) the role of Learning and adaptation in the policy cycle.

### **METHOD**

This study employed a qualitative research design with a participatory exploratory approach through an in-depth case study. The primary objective was to gain a comprehensive and nuanced understanding of the stunting phenomenon within its real-life context. A key methodological focus was to enter the "frame of mind" of parents of stunted children from economically capable households. This empathetic engagement aimed to uncover the underlying logic, perceptions, and socio-cultural rationales behind their childcare practices and food provision patterns, which ultimately contribute to long-term nutritional issues despite adequate financial means.

Consequently, the research sought not only to map the evident problems but also to generate an in-depth explanatory understanding of why existing interventions have consistently failed to address the root causes of stunting in this specific demographic. Primary data were collected through in-depth interviews with key stakeholders, including parents, health cadres, community health center (Puskesmas) staff, and local policymakers. These interviews were analyzed using thematic analysis, following the stages of familiarization, code generation, theme search and review, and final theme definition. This analytical process was crucial for identifying recurring patterns, contradictions, and deep-seated narratives within the collected data, thereby providing a robust empirical foundation for the findings discussed.

This Study carried out in RT 08 RW 04 Kelurahan Tambak Wedi, Kenjeran, Surabaya City. Research placed in RT 08 RW 04 Kelurahan Tambak Wedi New XV-A based on consideration special . Most of stunting cases in the region This occurs in children from family with income medium to on according to information obtained from cadre local. Data obtained by direct interview is called primary data. Initial data collection was conducted through in-depth interviews. The primary data source for this study came from families

categorized as economically "well-off" and with stunted children. Extensive interviews with the parents of stunted children, especially mothers, were conducted to gain a better understanding of their mindsets, nutritional knowledge, and parenting habits. Researchers also collected secondary data. in the form of data originating from from literature study previously, the official website government Surabaya city, article credible news with research. Data collection techniques include interview in-depth, observation directly, and studies documentation. Paradox this is the background urgency research - how Possible A metropolitan city with access to facility adequate health, education and infrastructure. This Research answer puzzles the through findings revolutionary field. Based on interview deep with RT head, RW head, Karang Cadets, health centers, DPRD members for Electoral District 3, residents in the sub-district Tambak Wedi, revealed fact astonishing that stunting is not only occurs in poor families, but is also contagious children from family with condition economy enough even respected. Interview done with three informant main : mother R (parents ) child pre -stunting), Mr Pri ( figure society ), and Mr. G ( member of the Surabaya DPRD).

## **RESULTS AND DISCUSSION**

According to Mulgan (2009) in journal, public strategy depends on the country's ability to identify and handle need society, especially for group prone to like stunted children. Public strategy Alone defined as a systematic process For convey objective for group of people, organize allocation source power, and apply appropriate intervention target For finish problem complex social. In stages public policy according to Ripley (1985) in book (Samito et al., 2020)shared into 5 stages that is formulation problems, *forecasting*, recommendations policy, policy monitoring, and evaluation policy.

In matter stunting management in the sub-district Tambak Wedi, the continuation of the intervention program like provision food additional services health mother and child, and training nutrition society has a big influence effectiveness of public strategies. To reach welfare and justice social, government own not quite enough answer constitutional For develop and implement policies that can pressing stunting figures. Therefore that, one of public strategy priorities government is create a healthy, productive and free generation from threat nutrition bad. This is can achieved through redistribution source Power health, provision guarantee social and empowerment family For give care and fulfillment nutrition children. As a result, the quality of source Power humans in the Tambak Wedi will increasing and inequality health will reduce.

The results of the interview data analysis show that stunting in Tambak Wedi Village not only occurs in poor families, but also in families that are economically sufficient. A public figure stated that "most of the stunting are actually children of parents who are actually capable, but the parents are busy working and paying little attention to the children's meals" (Interview of Mr Pri). This finding was strengthened by interviews with parents who acknowledged the time limitations in supervising children's daily diet. Interview data also showed that the diet of children dominated by high-sugar and low-nutritive foods contributed to stunting conditions. One mother said that "my child has a hard time eating rice, eventually

drinking sweet tea and eating chiki more often, even though it has been given milk" (Mother R Interview).

### **3.1 Purpose**

Based on results interviews, various problem main in stunting management in Tambak Wedi related close with component objective in public strategy theory Mulgan. Components This should become base for government. For determine reasons and directions program implementation, however there is gap between expected goals with conditions in the field. Health Center as the vanguard only do service base like weighing and giving milk without action carry on or references for heavy child his body not rising, showing that stunting reduction has not yet become priority. Posyandu cadres have not yet competent Because only do data collection without capable give solution nutrition, while the election No focus on ability, but rather on willingness with reward low. This is signify No existence clarity objective in formation system cadre quality.

From the side legislative, regional council members Not yet play a role active netting aspirations community. Visit they nature transactional approaching elections, and assistance only given to constituents, not based on need society. Goal representation the people shifted become effort maintain power politics. Besides that, the lack of transparency and weakness accountability budget become obstacle big. Every ward given allocated funds general addition help funding sub-district, in the sub-district Fishpond Wedi there is cash flow of Rp. 610,235,505 (Walikota Surabaya, 2020), however its use No clear and supervised weak, so that the nutrition program No running optimally. According to The 2024 Indonesian Nutritional Status Survey (SSGI), released by the Health Development Policy Agency (BKPK) of the Indonesian Ministry of Health on May 26, 2025, shows that the prevalence of stunting in East Java continues to increase. declining. Stunting in East Java decrease drastic from 17.7% in 2023 to 14.7 % in 2024, (Azmi, 2025)still there are areas with number case relatively tall like Ward Fishpond Wedi. Condition the show that although in a way macro stunting reduction target achieved, implementation at the level local Not yet fully effective. This is strengthen findings that the program objectives have not been internalized in a way consistent across all institution implementer.

Supposedly, the goal of the stunting program is to produce generation child healthy and quality through intervention nutrition since early. Government expected practice cadre integrated health post in a way professional, accompanying with expert nutrition, as well as ensure community health center responsive give guide concrete, not just help food. Without clarity goals and commitments strong, stunting will Keep going impact negative to quality source Power human — good physique and cognitive like delay speech and difficulty learning. Although stunting is investment term long for progress nation, attention politicians to issue This low Because budget small and not profitable in a way politics. Therefore Therefore, handling stunting requires approach comprehensive and based society, including education nutrition balanced and visits house by cadres trained. Without direction clear goals and synergy between institutions, stunting programs only will become formal activities without results sustainable.

### **3.2 Environment**

Based on analysis to results interview, components condition environment in public strategy theory Mulgan seen in effort addressing stunting in the Tambak area Wedi. Condition environment external show a number of threats, such as participation political lower council members Because only active moment elections, transparency budget at the level less urban villages, as well as culture society that hinders implementation of health programs like rejection vaccines. However, there are also opprtunities, such as hope public will presence cadre reliable integrated health post supported by skilled workers expert nutrition, as well as possibility Work The same with organization public such as PKK and Fatayat.

From the internal side, the ability organization government assessed weak Because complicated bureaucracy, inadequate socialization effective, and limitations source Power human beings in the community health center. Evaluation more carry on reveal that response government to threats and opportunities Not yet adequate, so that a strategy for handling stunting is necessary strengthened with increase capacity institutions, tightening supervision budget, and implement a more approach inclusive as well as sustainable .

### **3.3 Direction**

Based on results interview, components direction in public strategy theory Mulgan show existence failure systemic in give effective direction, coordination, and motivation in stunting management in Tambak Wedi. Health Center only give instructions technical simple like weighing and recording without action clear continuation when found case child 's weight did not go up. Posyandu cadres also did not get direction or adequate training, so that No capable give solution related nutrition and development child.

Election cadres who do not based on competence make things worse situation Because No There is standard established skills government. Coordination inter-agency like health centers, sub-districts, RT/RW, and cadres walk individually without unified direction. The legislature also does not notice give direction strategic, because more focus on activities political approaching elections rather than on the effort concrete address stunting. Lack of motivation cadre consequence low pay and minimal appreciation also hinders program effectiveness. Direction to the elderly even weak ; they only accept help food without education comprehensive nutrition.

Weakness direction also occurs in the sector education Because No There is instructions For monitor condition children who experience disturbance Study due to stunting. Innovation like massage tuina at the Community Health Center Fishpond Wedi No developed more carry on Because No There is direction from service health. Therefore that, is necessary capable leader give clear, measurable, and sustainable direction, strengthening coordination cross institutions, as well as increase motivation cadre through training, incentives, and appreciation. Without strong direction, handling stunting will Keep going hampered and running partial without optimal results.

### **3.4 Action**

1. Failure System Basic Health Services : Health Centers main , health centers and integrated health posts, in fact become center failure. Service limited to measurement weight and height, giving bread and biscuits sugary high, and lack of counseling.

There are complaints that references to House Sick forced. Mrs. Riska criticize hard staff integrated health post Because No own ability and only take notes without capable give solution. He also urged that every integrated health post own expert nutrition.

2. Unsuitable Approach Integrated and Unintegrated Innovative : Handling stunting is not overcome problem fundamental behavior and culture. Innovative and contextual strategies No used For handle problem like pattern caring for busy parents work, children who choose food, height consumption of sugar, MSG, and " chiki " foods, and lack of education nutrition family.
3. Governance and Political Dysfunction Budget : Budget amounting to 610 million rupiah allocated by the sub-district No transparent and not clear how is the money used . Social assistance program such as BLT, rice, and MBG are considered ceremonial and " maintaining " in nature impoverishment ". Because there is no give room For manipulation budget, politicians considered No interested with problem big like poverty and stunting. The presence of politicians only seen in promises transactional during the election period.
4. Activism Isolated Resident : Mrs. Riska is one of the from few people are very aware self and courage look for solution Alone with attending seminars, consultations doctors, and experiments food. However, the system does not support obstruct effort individual this. Government must build capacity cadres and systems responsive referrals, not your usual bad program.

Result of Analysis in addressing stunting in the region said, the whole framework action variables / actions used For handle problem the experience failure systemic which includes various level. Discussion deep This has enriched with Mrs. Riska's perspective. 1. Macro Level (Politics & Policy): Interests political term short, budget that is not transparent, and non- discriminatory policies supported by a mature implementation strategy cause dysfunction. 2. Meso Level (Bureaucracy and Institutions): Community Health Centers and Sub-districts fail carry out policy with good. No There is coordination, employees who do not competent, and system monitoring No functioning. 3. Micro Level (Society & Family): Problems behavior and culture faced by the famil, which is not responded to by educational and supportive programs. Bureaucracy that is not responsive obstruct effort conscious citizens like Mrs. Riska.

### **3.5 Learning**

There is difference knowledge between community and officers health, according to perspective public Miss Riska as Mother from child pre -stunting, Sis Riska Study independent with follow doctor's advice, attend seminars, and join with community baby. With give Eat child at least ten bribe as much as four times a day, plus milk, and increase consume protein such as fish and chicken every day, he learn method overcome problem Eat children. Learning process This show that public respond plan government with look for knowledge Alone Because system education moment This No give adequate education.

Learning process show understanding about root stunting problems in the work area from perspective political DPRD members. Council members found that in Tambak Wedi, the cause of stunting is lack of education health and nutrition, as well as high sugar consumption

in toddlers, which causes diabetes. Learning This obtained from Coaching Welfare Family (PKK), Hope Node Cadres (KSH), head health center, organization Fatayat, and parents from stunted children. One of them response political regarding stunting management strategies is with give help social direct to ward as effort supervision, remembering budget per sub-district reached Rp. 610 million so many things that don't transparent. Evaluation must be done covers improvement supervision distribution of funds and programs at the level sub-district, neighborhood neighbors, and harmony citizens who are assessed No clear and not maximum its implementation.

## CONCLUSION

This study concludes that the persistent stunting in Tambak Wedi Sub-district stems from a systemic failure in public strategy across all governance levels. The application of Mulgan's (2009) five-stage framework reveals critical breakdowns at each stage: ambiguous Purpose, a political and bureaucratic Environment that hinders implementation, a lack of cohesive Direction, misaligned and superficial Actions, and an absence of systematic Learning and evaluation.

Theoretically, this case validates the diagnostic power of Mulgan's framework for complex public health issues while also extending it. The findings underscore that a logically coherent strategy is futile when undermined by a disjointed political-administrative ecosystem. The lack of political will, manifested in transactional politics and non-transparent budgeting, coupled with bureaucratic inertia within health services, actively corrupts the strategy cycle. Therefore, the framework must explicitly integrate the political economy of implementation as a core environmental variable.

The implications are twofold. First, a strategic overhaul is required at each stage of Mulgan's model: setting clear and measurable goals, fostering a supportive environment through accountability and commitment, ensuring coordinated direction, implementing context-sensitive and innovative interventions, and embedding adaptive learning mechanisms. Second, and more fundamentally, a paradigm shift is necessary from a top-down, subsidy-driven approach to a community-empowered, rights-based model. This entails professionalizing frontline workers, building critical health literacy, and establishing transparent governance that genuinely incorporates community agency, as exemplified by proactive residents like Mrs. R. Ultimately, sustainable stunting reduction hinges on a synergistic governance pact. This requires aligning the often-divergent interests of political actors, bureaucratic institutions, and civil society around the long-term goal of human capital development, moving beyond short-term political calculations and fragmented programmatic actions.

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