LOCAL GOVERNMENT POLICY FORMULATION FOR STUNTING REDUCTION BASED ON LOCAL WISDOM: A CONSTRUCTIVIST AND COLLABORATIVE GOVERNANCE ANALYSIS OF THE MEGOU PAK INDIGENOUS COMMUNITY IN TULANG BAWANG REGENCY

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Abstract

This study analyzes the formulation of local government policy for addressing stunting in Tulang Bawang Regency through the integration of the local wisdom value of "Mengan Bangek" within the Megou Pak indigenous community. Although stunting prevalence in the regency declined sharply from 32.49 percent in 2018 to 4.54 percent in 2024, a fundamental challenge persists in harmonizing technocratic medical intervention with socio-cultural practice, including early marriage and shifting caregiving patterns. Using a descriptive qualitative method within a phenomenological approach, the study finds that the community structures and interprets stunting, locally termed "ebah," through everyday experience shaped by an inherited stock of knowledge and a risk perception that diverges from clinical standards. The integration of Mengan Bangek, a communal eating tradition emphasizing togetherness, gratitude, and local nutritional intake, is identified as a strategic vehicle for bridging government bureaucratic language with domestic household practice. The study's novelty lies in a policy model adopting a bottom-up perspective that positions extra-governmental agency, particularly Megou Pak customary leaders, as key actors in policy formulation rather than mere program implementers. Findings indicate that sustainable stunting reduction requires interdisciplinary synergy uniting modern health standards with local wisdom to strengthen social acceptance and household nutritional self-reliance, yielding policy recommendations that are more contextual, participatory, and socially legitimate amid the dynamics of change within the Tulang Bawang indigenous community.

Keywords: Policy Formulation; Stunting; Mengan Bangek; Megou Pak Indigenous Community; Collaborative Governance.

1. INTRODUCTION

Stunting remains a persistent challenge in Indonesia's public health agenda. National prevalence stood at 19.8 percent in 2024, down from 37.2 percent in 2013, yet still above the WHO's tolerable threshold of 20 percent. Government response has been anchored in successive regulations, Presidential Regulation No. 42/2013 and its successor No. 72/2021, mandating a convergence approach that integrates specific nutrition interventions (targeted at the first 1,000 days of life, contributing roughly 30 percent of stunting reduction) with sensitive interventions delivered through non-health sectors (the remaining 70 percent). Lampung Governor Regulation No. 19/2019 operationalizes this mandate provincially through cross-agency coordination and Stunting Acceleration Teams (TPPS).

Within this architecture, Tulang Bawang Regency presents a striking case: prevalence fell from 32.49 percent in 2018 to 4.54 percent in 2024 (e-PPGBM data), one of the fastest declines in Lampung

Province, achieved under Tulang Bawang Regent Regulation No. 45/2019. Yet this aggregate trend conceals substantial sub-district variation, from 0.70 percent in Banjar Baru to 13.29 percent in Banjar Agung in 2024, indicating that policy effectiveness is neither uniform nor fully explained by administrative intervention alone.

This unevenness points to a determinant that standardized national formulas struggle to capture: the socio-cultural fabric within which nutrition behavior is embedded. Tulang Bawang is home to the Megou Pak indigenous community, whose customary system (Adat Pepadun) governs kinship, food distribution, and child-rearing norms across four clans. Central to this order is "Mengan Bangek," a communal eating tradition emphasizing togetherness, gratitude, and locally sourced nutrition, most visibly expressed through nyeruit, shared eating from a single tray of fish, sambal, and local vegetables, a practice with roots tracing at least to the nineteenth century. The community also holds an indigenous category, "ebah," denoting a child's short stature, a category this study shows local custodians of tradition already disaggregate into genetically determined shortness and nutritionally preventable stunting.

The persistence of stunting in pockets of Tulang Bawang despite a strong aggregate decline, alongside the documented vitality of this culturally embedded tradition, motivates the study's central problem: local stunting policy has tended toward a technocratic register that treats culture as background rather than as constitutive of formulation itself, deploying local wisdom, where engaged at all, merely as a communication device rather than a genuine epistemic partner. This gap matters because, as the findings show, households do not experience stunting as a pure clinical deficit but through inherited food taboos, caregiving displaced to grandparents under labor migration, and early marriage.

Positioned within Development Studies, this research extends the human-centered development paradigm by testing whether socio-cultural capital, often framed as an obstacle to modernization, can instead anchor policy legitimacy and sustain behavioral change beyond the lifespan of externally funded programs. Three research questions guide the inquiry: how does the community structure and interpret stunting in everyday life; how can Mengan Bangek be integrated with non-government agency to address stunting; and what policy formulation would effectively address stunting on this basis. The study's contribution is twofold, theoretically integrating public policy studies with local wisdom scholarship, and practically yielding a bottom-up formulation model that positions customary leaders (penyimbang) as co-determining actors rather than mere implementers, with direct relevance to SDG 2's call for food security grounded in household-level cultural practice rather than macro supply alone.

2. LITERATURE REVIEW AND HYPOTHESIS DEVELOPMENT

2.1 Social Constructivism as Grand Theory

This study is anchored in the social constructivist paradigm of Berger and Luckmann (1966), which holds that social reality is not given but produced through historical, interactive human activity via three simultaneous moments: externalization, in which humans project themselves into the world through action and language; objectivation, in which these products acquire an apparently objective, coercive character; and internalization, in which the objectivated world is absorbed into individual consciousness through socialization. Repeated patterns of action become institutionalized and are then legitimated, escalating from taken-for-granted knowledge to the symbolic universe, the most comprehensive level of meaning-integration. The counterpart concept, reification, the apprehension of

human products as if they were facts of nature, restores the possibility that social arrangements, including health policy, can be questioned and remade.

Constructivism is selected as grand theory because how a community structures and lives out the meaning of a health condition cannot be captured through measurement alone; it requires entry into the intersubjective world of meaning within which actors negotiate reality. This implies that the meaning of stunting circulating among customary leaders, officials, health workers, and mothers in Tulang Bawang should diverge systematically by social position, and these divergent constructions are themselves data that policy must reconcile rather than override.

2.2 New Public Service and Interpretive Policy Analysis

Constructivism finds administrative expression in Denhardt and Denhardt's (2003) New Public Service (NPS), which rejects both the passivity of Old Public Administration and the market logic of New Public Management, insisting that "the public interest" is continuously constructed through deliberative dialogue rather than aggregated from individual preferences, captured in the maxim "serve citizens, not customers." Citizens become active agents and "owners of government" rather than passive recipients. Applied to indigenous stunting governance, NPS demands that formulation honor the Megou Pak community's cultural rights and build substantively, not merely procedurally, inclusive deliberation.

Yanow's (2000) Interpretive Policy Analysis (IPA) supplies the applied methodological lens, arguing that policy is a cultural artifact saturated with meaning, symbol, and language rather than a value-neutral text, such that policy-making is meaning-making and implementation is meaning-interpretation. IPA directs attention to three policy artifacts: language (narratives and terminology through which stunting is articulated), action (rituals such as the actual performance of Mengan Bangek, read as a text), and object (material symbols such as fishponds and home gardens). This framework is the principal applied theory guiding the empirical reading below.

2.3 Bottom-Up Policy Formulation

Classical formulations, from Dye's (1992) "whatever governments choose to do or not to do" to Anderson's (2014) emphasis on purposive government action, converge on formulation as the stage translating an agenda-captured problem into competing alternatives (Dunn, 1994). This study aligns with the bottom-up tradition of Lipsky's (1980) street-level bureaucracy and Elmore's (1978) backward mapping, both insisting that design begin from frontline actors and target communities rather than the formulating authority. This is theoretically compatible with NPS because both displace the citizen from object to subject of policy; Indonesia's Village Fund and tiered Musrenbang forums demonstrate that participatory planning enhances contextual fit (Rompas, 2015), while Ostrom (1990) and Lindblom (1959) reinforce that locally adapted solutions outperform uniform national templates where policy intersects deeply held cultural practice.

2.4 Stock of Knowledge and Social Capital

Two middle-range theories specify how local wisdom functions as a policy resource. Schutz's (1967, 1970) "stock of knowledge" describes the sedimented, intersubjectively transmitted reservoir of experience individuals draw upon to interpret everyday situations, including judgments about adequate child nutrition, distinguishing "because motives" (rooted in past experience) from "in-order-to motives" (rooted in anticipated futures)—a distinction productive for separating health workers' pursuit of "zero stunting" from families seeking visible, immediate improvement.

Putnam's (1993, 2000) social capital theory conceptualizes trust, norms, and networks as resources enabling collective action, distinguishing bonding capital (dense in-group ties sustained by Megou Pak institutions such as Penyimbang and Majelis Adat) from bridging capital (ties connecting the

community to government health bureaucracies). Mengan Bangek can thus be theorized as an active reservoir of social capital rather than a mere cultural artifact; the absence of a third, linking dimension, vertical trust between community and state, frequently explains why well-designed interventions falter despite sound technical content.

2.5 Collaborative Governance as Institutional Pillar

Ansell and Gash's (2008) collaborative governance model specifies four variables, starting conditions, institutional design, facilitative leadership, and collaborative process, through which non-state stakeholders are directly engaged in consensus-oriented decision-making. Resource asymmetry between a fiscally resourced bureaucracy and a customary institution is treated not as a fatal obstacle but as the very condition making collaboration necessary, provided design compensates through inclusive participation and transparent ground rules. The collaborative process unfolds through dialogue, trust-building, commitment, shared understanding, and intermediate outcomes that sustain motivation. The framework's main limitation, noted by Fung (2006), is its tendency to assume institutional design alone neutralizes informal power dynamics and that semantic consensus can be reached without resolving deeper disagreements over what counts as health and who has authority to define it, a limitation this study's findings later corroborate as a risk of "participatory theatre."

2.6 Synthesis and Hypothesis Development

Integrating these strands: constructivism establishes that stunting's meaning is constructed differently across actors; NPS and IPA warrant treating that divergence as legitimate input rather than an obstacle; Schutz's and Putnam's theories specify the cognitive and relational mechanisms through which Mengan Bangek can function as a policy resource; and collaborative governance specifies the procedural architecture for genuine co-determination. Three propositions follow. First, the meaning of stunting in Tulang Bawang is fragmented across epistemic communities, each holding a partial but legitimate stock of knowledge, such that no single technocratic narrative can ground an effective intervention alone. Second, Mengan Bangek possesses latent nutritional, social-psychological, and social-capital value that, if deliberately re-signified rather than romantically preserved or biomedically discarded, can transform household feeding practice. Third, formulation processes that institutionalize customary leaders as co-determining actors within a collaborative governance architecture will produce more legitimate and durable outcomes than formulation confined to standard top-down instruments alone. These propositions are examined against the empirical record in the following sections.

3. METHODOLOGY

3.1 Research Design

This study employs a qualitative research design using an intrinsic case study strategy (Creswell, 2017), in which the case, stunting in Tulang Bawang Regency, Lampung Province, is examined for its own intrinsic interest rather than as a representative instance of a broader class. The approach permits an in-depth, contextually bounded investigation drawing on multiple data sources, interviews, observation, and documentary records, consistent with qualitative inquiry's orientation toward descriptive data expressed in words rather than statistical procedures (Bogdan & Taylor, 1992). The design's epistemological commitments align with the study's constructivist grand theory: rather than testing a pre-specified causal model, the research seeks a systematic, contextually grounded depiction of the relationships among phenomena, allowing meaning to emerge from the accounts of differently positioned actors.

3.2 Research Focus

The inquiry was structured around the three research questions, each translated into an investigative theme. The first, concerning how the community structures and interprets stunting, is operationalized through elaborating the structure and meaning of stunting in everyday life, probing how this meaning emerges and which actors internalize local values. The second, concerning integration of the Mengan Bangek tradition with extra-governmental agency, is operationalized through evaluating existing policy and constructing a bottom-up formulation synergizing with local culture. The third, concerning effective policy formulation, is operationalized through identifying facilitating and inhibiting factors in the formulation process, triangulated across interview, observation, and documentary data (Moleong, 2010).

3.3 Research Informants

Informants were selected through purposive sampling (Sugiyono, 2016) across ten categories designed to capture the full range of epistemic positions relevant to the research questions: four customary leaders (Penyimbang), one heading each of the four Megou Pak clans (Marga Aji, Buay Bolan, Suay Umpu, Tegamoan), selected for depth of cultural knowledge; four village heads (Kakam) and secretaries, selected for direct experience with village-level stunting deliberation (rembuk stunting); two members of the district health center's Maternal and Child Health Cluster, a coordinating midwife and a nutritionist, for clinical knowledge; two village midwives representing the Posyandu structure; one Posyandu mother as a direct beneficiary with lived programmatic experience; the District Health Office Head and the Stunting Handling Division Head, for formulation and implementation knowledge respectively; and cross-sectoral representatives from the Population and Family Planning Agency, the Community and Village Empowerment Office, Education, Social, Agriculture, and Communication Offices, and the Regional Development Planning Agency (BAPPERIDA). This composition was judged sufficient to triangulate the structural-cultural, clinical-technical, experiential, and policy-bureaucratic dimensions of the research questions.

3.4 Data Collection Techniques

Three techniques were employed. In-depth, semi-structured interviews built from the research focus themes served as the primary technique, continuing until informational saturation was reached across all informant categories. Non-participant systematic observation supplemented interview data at Posyandu sessions, stunting deliberation forums, and customary gatherings, bounded in scope by the research problem and objectives. Documentary study drew on official reports, regulations, and administrative archives, including Riskesdas, SSGI, SKI, and e-PPGBM prevalence data and the regional regulatory instruments governing stunting acceleration.

3.5 Data Analysis Techniques

Analysis followed Miles and Huberman's (1994) interactive model, comprising three concurrent, iterative streams. Data reduction involved summarizing and focusing on elements most relevant to the research questions, clarifying gaps for subsequent collection. Data display presented reduced and categorized information in narrative textual form organized by observed relational patterns, before further condensation into summary statements. Conclusion drawing and verification tested provisional propositions against newly emerging evidence, cross-checked findings with informants, and progressively refined the analysis toward a final, well-supported set of conclusions. Categorization carried an inductive qualitative interpretation consistent with the design's non-positivistic paradigm, proceeding iteratively between fieldwork and coding rather than as a single terminal step.

3.6 Data Triangulation Technique

Trustworthiness was established through source triangulation (Patton, 1987), one of Denzin's four triangulation strategies (in Moleong, 2002), alongside member-checking. Source triangulation was

operationalized through five comparisons: observational against interview data; interview responses on the same topic across different informants, and between primary and supporting informants; an informant's statements at different points in time; an informant's perspective against broader community views; and interview results against related documents. This multi-angle approach reflects the premise that a phenomenon examined from several vantage points yields a more reliable approximation of the truth than any single-source account, while systematically reducing bias in collection and analysis.

4. RESULTS AND DISCUSSION

4.1 The Research Setting: Tulang Bawang Regency and the Megou Pak Indigenous Community

Tulang Bawang Regency, in eastern Lampung Province, traces its political lineage to one of the oldest recorded polities in the archipelago, referenced in fourth-century Chinese pilgrim accounts as the kingdom of To-Lang P'o-Hwang. Established as an autonomous regency under Law No. 2/1997 and subsequently reduced through the 2008 splits creating Mesuji and West Tulang Bawang Regencies, it today comprises fifteen sub-districts, four urban wards, and 148 villages across 4,361.83 square kilometers, with a 2024 population of 434,078 and an economy anchored in agriculture, forestry, and fisheries (36.45 percent of regional GDP). The regency hosts the Megou Pak indigenous community, organized through the customary system Adat Pepadun across four principal clans, Tegamoan, Buay Bolan, Suay Umpu, and Tumiang, each governed by a Penyimbang (clan leader) within a five-tier customary hierarchy and supported by the formally constituted Lembaga Adat Megou Pak Tulang Bawang (LAMP-TB).

Central to Megou Pak cultural life is communal eating, most concretely expressed through nyeruit, in which family members share a single serving tray of grilled or pindang fish, sambal, raw vegetables, and local spices. This is encompassed within the broader value of "Mengan Bangek," connoting eating well, abundantly, and gratefully in company, while the related term "ebah" denotes a child's short or stunted condition. As subsequent sections demonstrate, both terms carry interpretive depth directly relevant to the policy problem. District-level prevalence data (Riskesdas, SSGBI, SSGI, SKI, e-PPGBM) document a decline from 32.49 percent in 2018 to 4.54 percent in 2024, alongside sub-district variation from 0.70 to 13.29 percent in the most recent year, establishing both the achievement and the unevenness this study's findings seek to explain.

4.2 The Fragmented Construction of Meaning: Stock of Knowledge Across Social Strata

Consistent with the study's first proposition, fieldwork reveals that stunting's meaning in Tulang Bawang is not a unitary biomedical fact but a constellation of overlapping yet divergent constructions distributed across distinct social strata, each holding its own Schutzian stock of knowledge.

Customary leaders articulate stunting through the indigenous category "ebah," consistently disaggregated into two subtypes. One Penyimbang explained that a child's shortness may be inherited and not a matter of nutritional deficiency, but qualified that growth potential could still be secured through maternal diet during pregnancy, indicating that nutritionally caused "ebah" is understood as preventable. This same leader, head of Marga Suay Umpu, linked Mengan Bangek's nutritional logic to a complete and balanced diet, the vernacular "four healthy, five perfect," with the shared nyeruit tray functioning to "unite hearts." He extended this to maternal nutrition, observing that a mother who maintains the nyeruit diet through pregnancy secures conditions resembling the biomedical first-1,000-days concept, articulated independently of clinical terminology.

Village heads and secretarial staff construct a more structurally inflected understanding, attributing stunting to inadequate nutrition, deficient parenting, economic hardship, and limited clean

water access, while stressing village-level participation. One head described parents leaving before dawn and returning after dusk, leaving children to grandparents whose feeding favors satiety over balance. A secretary identified early marriage, citing cases as young as fourteen against a recommended threshold of nineteen, as the most intractable factor, while explicitly rejecting a poverty-deterministic reading: economically comfortable but inattentive parents can produce stunted children at comparable rates, anticipating UNICEF's (1998) triple-determinants framework of food, health environment, and care.

Midwives and nutritionists articulate the most procedurally elaborated knowledge. A coordinating midwife distinguished Posyandu-screened "suspected" cases from definitive clinical diagnosis, emphasizing preventive action, including iron supplementation for adolescent girls, beginning before pregnancy. A village midwife described monthly growth monitoring and the ninety-day supplementary feeding (PMT) program, while identifying cases of persistent growth failure traced to undiagnosed comorbidities requiring referral. Nutritionists added that growth correction remains possible for roughly fifteen percent of cases before age two, falling to zero thereafter, congruent with the biomedical literature on irreversibility beyond the 1,000-day window (Victora et al., 2008; de Onis & Branca, 2016).

Posyandu mothers construct the most surface-level, reactive understanding, typically equating stunting with "lack of nutrition" and experiencing intervention as welcome governmental care rather than risk-monitoring. One mother's account of receiving vitamins, milk, eggs, and supplementary food as evidence the government "cares" frames the family-state relationship in affective and material terms; her account of repeated illness and caregiving fatigue illustrates stunting experienced as an exhausting lived condition rather than a growth-chart statistic.

District health officials anchor understanding in the WHO clinical standard, operationalized through the Sigizi system and biannual Gerbek Stunting campaigns, while candidly acknowledging that health-sector interventions have outpaced cross-agency sensitive interventions in agriculture, fisheries, and economic empowerment due to siloed agency work, citing the Health Office's own incorporation of local fish into feeding programs as a partial workaround.

This six-stratum mapping substantiates the first proposition: rather than fragmented deficiency correctable through one-way education, the dispersion of knowledge across customary, administrative, clinical, experiential, and bureaucratic registers constitutes a complementary but currently unintegrated reservoir. Hajer and Wagenaar's (2003) claim that effective policy requires authentic deliberation among differently-knowing actors finds direct support: each stratum captures a genuine dimension the others do not, and no single perspective alone suffices.

4.3 Mechanisms of Meaning Construction: Practical Deficit, Caregiving Distortion, and Belief Resistance

Beyond this cross-sectional mapping, fieldwork identifies three interacting mechanisms producing stunting's everyday reality, each readable through Schutz's because-motive/in-order-to-motive distinction.

The first is practical nutritional deficit, arising from incompatibility between laboring parents' hours and sustained feeding attention; pre-meal, micronutrient-poor snacking produces false satiety displacing complete staple meals, attributed substantially to grandmothers' permissive caregiving style. The second is caregiving distortion, produced by early marriage, labor out-migration, and transfer of caregiving to grandparents whose norms differ from contemporary guidance, illustrated starkly by children left with caregivers providing "just rice" while parents work abroad. The third is belief resistance, in which circulating food taboos suppress consumption of available, nutritious local

resources; the most striking instance is a household with its own catfish pond withholding catfish from a child's diet due to a grandmother's conviction it would cause intestinal worms, attributed by a midwife to "a flawed way of thinking, due to a lack of knowledge."

Analyzed through the Health Belief Model, this catfish case shows that perceived barriers rooted in inherited belief can override perceived benefits even when the resource is present at zero cost, substantiating that supply-side interventions will underperform unless paired with engagement with household belief systems. Notably, the customary tradition itself contains an internal corrective: one leader insisted nyeruit "without fish lacks the spirit to eat," a culturally authoritative counter-narrative to the taboo originating from within the same cultural register rather than from biomedical sources.

A further finding of theoretical significance is "rebound" stunting: a village secretary reported that village-budget feeding sustained over two to three months produced measurable improvement, only to reverse once withdrawn. Read through Berger and Luckmann's (1966) lens, this indicates that supplementary feeding, however technically sound, failed to transform the household's habitual structure of relevance, such that families treated the program as an external episode rather than internalizing durable change. This finding is the empirical crux of the argument that follows: policy durability requires intervention at the level of meaning-structure, not merely nutrient supply, and Mengan Bangek, as an already-internalized cultural value, offers a uniquely promising vehicle for such deeper transformation.

4.4 Intersubjectivity and Divergent Motives Across Actors

Building on the knowledge mapping, motive analysis following Schutz (1970) clarifies why actors agreeing on stunting's multidimensionality diverge on priority. Village heads, from a because-motive rooted in observed economic hardship and caregiving lapses, foreground economic and parenting determinants. Midwives and nutritionists, from accumulated clinical observation and an in-order-to-motive toward "zero stunting," foreground biomedical and procedural determinants. District officials, from an in-order-to-motive toward program performance and institutional legitimacy, foreground cross-sector coordination. This divergence reflects genuinely different relevance structures rooted in each actor's institutional position, not a deficiency correctable through communication alone.

The convergence across all groups is equally significant: every informant category affirmed that no single sector can resolve stunting alone, a shared premise supplying the necessary precondition for the collaborative governance architecture examined next. The persistence of divergent motives alongside this shared premise sets up the central policy challenge: designing a formulation process integrating fragmented but complementary knowledge and divergent but non-conflicting motives, rather than letting one actor group's framing dominate by default.

4.5 Mengan Bangek as Cultural Structure and Social Capital Reservoir

Having established that stunting's meaning is fragmented and household practice rebounds without durable transformation, this section examines whether Mengan Bangek can function as a structural resource for formulation rather than decorative cultural framing.

Read through Giddens's (1984) structuration theory, Mengan Bangek constitutes a living social structure: rules and resources simultaneously constraining and enabling action, continuously reproduced through repeated practice, shared-tray eating, transmission of nyeruit norms, rather than a static artifact external to ongoing social life. That the tradition continues to be practiced and recognized even by non-Lampung residents evidences a reproductive vitality and bridging capacity that romanticized accounts of "endangered" local wisdom often miss. Giddens's duality of structure, structure as simultaneously medium and outcome of action, supplies the theoretical warrant for re-

signification: Mengan Bangek's core values, togetherness, gratitude, attentiveness, valorization of local food, can be retained and strengthened while surface practice is adapted, for instance removing chili-based sambal unsuitable for infants and substituting plain pindang fish, boiled egg, or clear vegetable broth, without severing the practice from its identity-bearing root.

Mengan Bangek's nutritional substance is considerable: fish supplies animal protein and amino acids, raw vegetables supply fiber and vitamins, fermented shrimp paste (terasi) supplies iodine critical to cognitive development, and spices supply antioxidants, together a nutritionally comprehensive profile achievable through locally available, low-cost ingredients. This is reinforced by a social-psychological mechanism: health workers independently observed that the communal eating atmosphere measurably improves appetite among reluctant eaters, consistent with Bandura's (1977) observational learning, whereby a child observes family members eating with evident enjoyment and imitates the behavior, also documented in the family-meal literature (Birch & Fisher, 1998).

Through Putnam's (1993, 2000) tripartite framework, Mengan Bangek exhibits all three forms of social capital, though unevenly developed. As bonding capital, it distributes nutritional responsibility across the extended household rather than concentrating it on the mother alone. As bridging capital, its demonstrated capacity to be practiced across ethnic lines offers an inclusive foundation reaching beyond the Megou Pak community alone. As linking capital, customary institutions' documented willingness to participate in Posyandu outreach constitutes a vertical channel of trust between community and bureaucracy that has not yet been systematically cultivated. Putnam's proposition that social capital is a precondition for effective public action implies a clear corollary: policy ignoring this reservoir must build trust from nothing, whereas policy channeling Mengan Bangek's existing capital builds on an already substantial foundation.

Against the New Public Service framework (Denhardt & Denhardt, 2003), Megou Pak's customary leadership, as principal custodian of Mengan Bangek's meaning, is currently positioned as informant rather than co-determining partner, despite repeated expressions of willingness to engage, representing an underutilized asset rather than absent capacity or will. Three tensions require honest acknowledgment. First, between nyeruit's adult culinary identity, spicy and textured, and infant nutritional requirements, resolvable through the "modified Mengan Bangek" concept retaining core values while adapting form. Second, between technocratic emphasis on standardized indicators and cultural emphasis on togetherness, resolvable by treating these as complementary, culture supplying language and legitimacy, health science supplying technical standards. Third, the risk of ceremonialism, Mengan Bangek reduced to a one-off commemorative event rather than internalized as daily habit, a risk the rebound-stunting finding makes salient and that Lipsky (1980) would predict given event-dependent programs' typical failure to produce durable change.

4.6 Cross-Sector Partnership and the Limits of Existing Collaborative Architecture

Cross-sector partnership does not begin from a blank slate; an established network already links the district health center, village government, schools, and allied agencies through monthly Posyandu sessions, local-ingredient feeding, pregnancy classes, school-based supplementation, and the biannual Gerbek Stunting campaign. Integrating Mengan Bangek into this architecture is theorized here not as adding a decorative component but as re-orienting the network around a shared cultural anchor translating across sectoral vocabularies: health speaks the language of the first 1,000 days and anthropometric indicators; village government speaks village-fund priorities; customary institutions speak Megou Pak honor and identity; communication agencies speak dissemination; social services speak beneficiary protection. A district health official explicitly endorsed this vision, indicating

willingness to collaborate on a "healthy kitchen" initiative drawing on home-garden cultivation and community information groups.

Applying Ansell and Gash's (2008) framework, starting conditions exhibit a documented asymmetry between a formally resourced bureaucracy and an informally resourced but culturally legitimate customary institution, an asymmetry that functions as a precondition for complementary collaboration rather than a barrier, provided institutional design compensates appropriately. A further favorable condition, atypical relative to many local-wisdom revitalization efforts elsewhere, is that Mengan Bangek remains actively practiced rather than requiring resuscitation, and customary institutions have already signaled readiness to collaborate.

Three innovations illustrate the bottom-up, street-level policy innovation genuinely collaborative conditions can produce. The first is "sweeping stunting," in which village heads, formally designated "Stunting Foster Fathers" (Bapak Asuh Stunting), personally visit families who miss the Gerbek Stunting campaign, leveraging personalized social authority that the Health Belief Model predicts functions as a more effective cue to action than anonymous institutional announcement. The second is the rembuk stunting deliberation forum, formally convening neighborhood units, customary and religious leaders, Posyandu cadres, and community members, consistent with the NPS principle of thinking strategically and acting democratically, though documented as tending toward ceremonial participation where attendance is not consistently followed by binding commitment, a limitation Ansell and Gash's framework anticipates. The third is the informally developed "stunted toddler class," in which a nutritionist and village head jointly devised a community cooking class combining nutritional intervention, behavioral education, and a transformed mealtime atmosphere, an initiative whose formalization remains blocked by budgetary constraints, illustrating Elmore's (1978) observation that formal mechanisms often lack flexibility to absorb promising field-level innovation.

Facilitative leadership operates at multiple levels: at the district level, through making stunting reduction a formal performance indicator for sub-district heads, creating incentive alignment; at the village level, through the personalized Stunting Foster Father role building interpersonal trust that regulation alone cannot manufacture; and at the cultural level, through customary leaders whose statements linking Mengan Bangek to child health carry moral authority equivalent bureaucratic statements lack. Assessed against Ansell and Gash's five recursive elements, the collaborative process shows partial development: dialogue and intermediate outcomes (improved attendance, modified menus) are documented, but shared understanding remains incomplete, since semantic agreement on "Mengan Bangek" has not yet been accompanied by deeper ontological agreement between biomedical and customary registers on what constitutes child health, precisely the blind spot critics such as Fung (2006) identify in the framework.

4.7 Interpretive Policy Analysis: Mengan Bangek as Policy Language and Symbol

This section advances the analysis to formulation itself, applying Yanow's (2000) Interpretive Policy Analysis to show how a cultural value can be deliberately constructed as policy language rather than merely described as pre-existing fact.

A persistent gap separates the technical register of formal programming, specific nutrition intervention, the first 1,000 days, at-risk family, from the experiential register through which households understand their children's condition: a child who eats poorly, weighs too little, or receives insufficient attention at meals. Mengan Bangek is uniquely positioned to bridge this gap because it is already a shared symbolic resource: a leader's description of the communal tray as uniting hearts "starting from the family" shows that eating together already carries symbolic weight concerning unity

and care that technical language does not independently carry. Re-signifying this weight toward nutritional ends, communicating the first 1,000 days as ensuring a child grows strong enough to one day join Mengan Bangek, or animal protein as the fish already part of ancestral nyeruit, constitutes translation rather than simplification, consistent with Yanow's (2000) and Fischer's (2003) insistence that policy communication operates through discourse and symbol as much as formal instrument.

This re-signification must avoid two failure modes documented in the fieldwork. The first is reduction to slogan, Mengan Bangek invoked as a program name without accompanying change in Posyandu practice or household routine, the ceremonialism risk noted above. The second is uncritical literalism, adopting the adult-oriented, spice-heavy nyeruit menu wholesale for infants, a failure the leaders' own statements about fish's centrality (rather than chili) suggest can be avoided by distinguishing nutritionally essential elements from those merely conventional to adult taste. The resolution, consistent with the structuration argument above, is to extract the symbolic core, commensality, nutritional completeness, family attentiveness, while adapting concrete form, terming the result "Mengan Bangek Sehat" (Healthy Mengan Bangek) to signal continuity with tradition while making health-oriented modification explicit.

4.8 Toward an Integrative Policy Model: Mengan Bangek Sehat

Synthesizing the preceding analysis, this study proposes the Mengan Bangek Sehat program, operationalizing the study's three propositions within a coherent institutional architecture. The model rests on five principles. First, cultural modification rather than wholesale adoption: the tradition's nutritionally relevant core is retained while spice intensity and texture are adapted for infants, supervised by nutritionists and midwives. Second, the family as locus of behavioral change: because rebound stunting shows institutional intervention alone does not durably alter household practice, the model positions the whole family, not the mother alone, as the primary subject of intervention, consistent with documented caregiving displacement to grandparents. Third, local food as nutritional basis: menus draw on already-accessible river fish, eggs, and home-garden vegetables, ensuring affordability and avoiding the targeting dilution documented in this study, whereby supplementary food intended for one child is shared across the household under scarcity. Fourth, clinical standards retained under health-sector supervision: nutritional adequacy and food safety remain under midwives' and nutritionists' technical authority even as culture supplies language and legitimacy. Fifth, genuine multisectoral synergy: the Health Office, Food Security agency, Communication Office, Social Office, village government, customary institutions, and families each contribute according to comparative institutional advantage rather than treating collaboration as procedural formality.

Institutionally, the model requires action at three levels. At the district level, the existing Stunting Acceleration Team (TPPS) should formally institutionalize a communication channel between LAMP-TB and relevant agencies, ensuring Mengan Bangek enters program design and budget allocation rather than remaining confined to village-level discourse. At the primary health center level, health workers require structured cultural-competence training to mediate between biomedical and customary registers, a competence nutritionist informants already demonstrate informally through menu modification but which lacks systematic institutional support. At the village level, the rembuk stunting forum requires expansion from coordination meeting into a genuine deliberative space generating binding commitments, including agreed modified menus, defined customary-leader roles in socialization, and household-monitoring mechanisms, directly addressing the ceremonial-participation weakness noted above.

A five-stage evaluation framework accompanies implementation: input evaluation verifying that actors, cadres, nutritionist guidance, local food supply, and forum support are in place; process

evaluation verifying that planned activities, education, menu demonstration, deliberation, household accompaniment, are actually conducted with substantive rather than nominal leader involvement; output evaluation tracking families reached, demonstrations conducted, and Posyandu sessions incorporating the message; outcome evaluation tracking behavioral indicators such as meal frequency, protein consumption, attendance, and use of locally sourced child-appropriate menus; and, distinctively, meaning evaluation, assessing whether the community's interpretation of Mengan Bangek itself has shifted to encompass health-oriented meaning alongside its traditional connotations, a dimension consistent with Interpretive Policy Analysis and largely absent from conventional evaluation designs.

This formulation constitutes the study's principal contribution: rather than treating local wisdom as an object of cultural preservation deployed instrumentally to lend legitimacy to an otherwise unchanged biomedical program, the Mengan Bangek Sehat model repositions Mengan Bangek as the value-axis around which the relationship between government, community, customary institutions, and health workers is redefined, with customary leaders functioning as co-determining actors translating clinical indicators into resonant social norms, rather than as passive implementers consulted after key decisions are made elsewhere.

5. CONCLUSION

This study examined how local government policy formulation for stunting reduction in Tulang Bawang Regency can be grounded in the indigenous cultural value of Mengan Bangek practiced by the Megou Pak community, addressing how stunting's meaning is socially constructed, how this cultural value can integrate with extra-governmental agency, and how an effective, culturally grounded formulation model can be designed.

Three principal conclusions emerge. First, stunting's meaning in Tulang Bawang is a social construction rather than a singular biomedical fact, fragmented across at least six epistemic strata, customary leaders, village officials, midwives, nutritionists, mothers, and district bureaucrats, each holding a partial but legitimate stock of knowledge. Most consequentially, customary leaders' indigenous category "ebah" already distinguishes genetically determined shortness from nutritionally preventable stunting, an epistemic sophistication converging with biomedical understanding despite proceeding from an independent cultural tradition. At the household level, stunting emerges from three interacting mechanisms, practical nutritional deficit driven by laboring parenthood, caregiving displacement to grandparents under early marriage and migration, and belief resistance in which inherited food taboos suppress consumption of available nutritious resources, exemplified by a household withholding home-raised catfish from a child for fear of intestinal parasites.

Second, Mengan Bangek possesses substantial latent value, structurally, nutritionally, and as a reservoir of social capital, but this value is not self-actualizing; it requires deliberate, carefully managed re-signification rather than uncritical preservation or biomedical displacement. Through Giddens's structuration theory, the tradition's enabling core, commensality, nutritional completeness, family attentiveness, can be retained while concrete form is adapted for infants and toddlers, a process this study terms "Mengan Bangek Sehat." Through Putnam's framework, the tradition exhibits bonding, bridging, and linking capital in varying states of development, with linking capital between customary institutions and health bureaucracy identified as the most underdeveloped and therefore most strategically significant for deliberate cultivation. The documented phenomenon of rebound stunting, improvement during active intervention followed by regression once intervention ceased, supplies the strongest empirical warrant for this study's central claim: durable behavioral change requires

intervention at the level of the household's habitual structure of relevance, not merely nutrient supply, and an already-internalized cultural value such as Mengan Bangek offers a uniquely promising, already-trusted vehicle for this deeper transformation.

Third, an effective and legitimate formulation model for Tulang Bawang must integrate four pillars operating in concert: biological-nutritional intervention targeted to the first 1,000 days; systematic transformation of belief systems through culturally credible messengers; reconstruction of caregiving norms with Mengan Bangek as organizing strategy rather than decorative addition; and formulation mechanisms systematically incorporating local actors' knowledge into the policy cycle rather than one-way consultation. The resulting Mengan Bangek Sehat model integrates existing instruments, Posyandu, supplementary feeding, the rembuk stunting forum, household accompaniment, home-garden cultivation, and public communication, around this cultural value, while positioning customary leaders as co-determining actors rather than informants consulted after key decisions are made.

These findings carry theoretical and practical significance. Theoretically, the study demonstrates that socio-cultural variables are not obstacles to be managed around but can constitute genuine social capital mobilizing bottom-up development, extending bottom-up formulation theory by evidencing how customary leadership can function as a primary actor in agenda-setting and design rather than merely implementation. Practically, the study yields direct recommendations: issuance of a regent regulation mandating village-fund allocation toward a "Healthy Mengan Bangek Kitchen" (Dapur Sehat Mengan Bangek) program; an obligation on agriculture and fisheries agencies to supply fish fingerlings and vegetable seedlings to at-risk families through sustainable home gardens; rebranding program communication from clinical toward culturally empowering language; development of grandparent-inclusive nutrition counseling in recognition of grandparents' de facto authority over feeding decisions; and positioning child nutritional health within the customary value of "Piil Pesenggiri" (customary honor), such that raising a healthy child is understood as an achievement of family and clan dignity.

This study is bounded by its qualitative, single-regency design and its focus on the formulation stage alone, deliberately excluding implementation and evaluation; the durability and scalability of Mengan Bangek Sehat accordingly remain empirical questions for future inquiry. Three directions follow: an investigation of the double burden carried by laboring mothers and its consequences for exclusive breastfeeding sustainability; an assessment of customary leaders' use of social media in nutrition advocacy among millennial and Generation Z parents; and a test of whether the model's underlying logic, rather than its specific fish-based content, can transfer to communities whose local food culture is not fish-centered, clarifying the broader applicability of culturally grounded stunting policy formulation beyond Tulang Bawang Regency.

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