MIKAILALSYS
Journal of Multidisciplinary Sciences

e-ISSN : 2987-2286
p-ISSN : 2987-3924

Index: Harvard, Boston, Sydney, Copernicus, Sinta 4, Scilit, Semantic, Google, etc

https://doi.org/10.58578/mikailalsys.v4i2.11359

Analysis of the Implementation of the Family Planning and Reproductive Health (KBKR) Program in Minimizing Stunting in Padang Pariaman Regency

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Article Info:

Submitted:	Revised:	Accepted:	Published:
Jun 6, 2026	Jul 4, 2026	Jul 16, 2026	Jul 21, 2026

Abstract

Stunting remains a major public health challenge in Indonesia, prompting the implementation of multisectoral interventions, including the Family Planning and Reproductive Health (KBKR) Program. Padang Pariaman Regency constitutes a priority area because of persistent constraints related to healthcare access, human resource availability, and public understanding of contraception. This study aims to analyze the implementation of the KBKR Program in supporting stunting reduction and identify the factors influencing its implementation in Padang Pariaman Regency. A qualitative descriptive approach was employed, with informants purposively selected from the Population Control and Family Planning Agency, the Health Office, Ketaping Community Health Center, healthcare workers, and community members. Data were collected through observations, interviews, and documentation and analyzed using the interactive model of Miles, Huberman, and Saldaña. The findings indicate that the KBKR Program has been implemented relatively well based on the Mazmanian and Sabatier policy implementation framework, encompassing independent, intervening, and dependent variables. Program implementation is

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supported by clearly defined objectives, cross-sectoral coordination, and implementers' commitment to delivering community-based services. Nevertheless, implementation remains suboptimal because of limited public understanding of contraception, shortages of trained personnel, inadequate operational funding, geographical barriers to service accessibility, and insufficient community participation. The study concludes that the effectiveness of the KBKR Program in supporting accelerated stunting reduction depends on strengthening implementers' capacity, increasing budgetary support, expanding equitable access to services, and providing continuous public education. These findings contribute to public policy and health-program implementation studies by demonstrating the importance of institutional capacity, service accessibility, and community engagement in integrating family planning and reproductive health interventions with stunting-reduction efforts.

Keywords: Family Planning; Policy Implementation; Reproductive Health; Stunting Reduction; Public Health

INTRODUCTION

Stunting remains one of the public health problems that poses a challenge to human resource development in Indonesia. This condition represents a form of growth failure in children caused by chronic malnutrition and recurrent infections, particularly during the first 1,000 Days of Life (HPK), resulting in children's height falling below the age-appropriate growth standards (WHO, 2020). Stunting affects not only children's physical growth but also their cognitive development, productivity, and the quality of human resources in the future (Kemenkes, 2020; Kusuma, 2025). Therefore, accelerating stunting reduction has become one of the national development priorities, as outlined in the National Medium-Term Development Plan (RPJMN), which targets a stunting prevalence rate of 18.8% by 2025, 14.4% by 2029, and 5% by 2045 as part of the vision of Golden Indonesia 2045 (Kemensetneg, 2025; Lestari, 2025).

Government efforts to reduce the prevalence of stunting have shown positive progress. According to the 2024 Indonesian Nutritional Status Survey (*Survei Status Gizi Indonesia*/SSGI), the national prevalence of stunting declined from 21.5% in 2023 to 19.8% in 2024. This decrease was accompanied by reductions in the prevalence of wasting and overweight among children under five, reflecting improvements in children's nutritional status nationwide. Nevertheless, significant challenges remain in accelerating stunting

reduction due to persistent regional disparities. UNICEF reported that approximately 2.3 million stunted children under five are still concentrated in several provinces in Indonesia, while evidence regarding the factors contributing to successful stunting reduction across regions remains limited, thereby complicating the formulation of more targeted interventions (UNICEF, 2025).

As a follow-up to national policy, the government enacted Presidential Regulation Number 72 of 2021 concerning the Acceleration of Stunting Reduction, which emphasizes the implementation of holistic, integrated, and coordinated interventions through synergy among ministries, local governments, and various stakeholders. In its implementation, the National Population and Family Planning Agency (*Badan Kependudukan dan Keluarga Berencana Nasional*/BKKBN), which has been transformed into the Ministry of Population and Family Development (*Kementerian Kependudukan dan Pembangunan Keluarga*/Kemendukbangga) under Presidential Regulations Numbers 180 and 181 of 2024, serves as the lead institution for accelerating stunting reduction. This role is further reinforced by Government Regulation Number 87 of 2014 concerning family development and family planning services, as well as Law Number 17 of 2023 on Health, which stipulates that family planning services aim to regulate pregnancy, establish a healthy and high-quality generation, and reduce maternal and infant mortality rates.

One of the strategies implemented by Kemendukbangga to support the acceleration of stunting reduction is the Family Planning and Reproductive Health (*Program Keluarga Berencana dan Kesehatan Reproduksi*/KBKR) Program. This program focuses on pregnancy planning, the improvement of reproductive health, and the prevention of high-risk pregnancies through contraceptive services, counseling, premarital screening, postpartum family planning services, home visits, and public education. The program targets prospective brides and grooms, postpartum mothers, and couples of reproductive age. In addition to improving reproductive health, the implementation of the KBKR Program is intended to reduce the risks associated with pregnancies that occur too closely together, at too young an age, or too frequently, all of which are recognized risk factors for stunting. The government's commitment to strengthening this program is demonstrated through various national initiatives, including the One Million Acceptors Simultaneous Family Planning Service, organized in collaboration with the Indonesian Midwives Association in 2025 to expand access to family planning services throughout Indonesia (Redaksi Merdeka, 2025).

Padang Pariaman Regency is one of the regions prioritized for the implementation of the Family Planning and Reproductive Health (KBKR) Program in West Sumatra Province. Although the prevalence of stunting in this regency is not the highest in the province, Kemendukbangga designated it as a priority area in 2025, considering the limited access to health services, the shortage of medical personnel, and the low level of public understanding regarding contraception (Pemerintah, 2025). Furthermore, the Government of Padang Pariaman Regency has enacted Regent Regulation Number 23 of 2023 concerning the Strategy for Accelerating Integrated Stunting Reduction and Prevention as a manifestation of its commitment to supporting stunting reduction efforts in the region.

The implementation of the KBKR Program in Padang Pariaman Regency involves various stakeholders, including the Population Control and Family Planning Agency (PPKB Office), the Health Office, community health centers, family planning counselors, midwives, community health cadres, and other members of the community (R. Lestari, 2024). The program is implemented through both in-facility services, such as consultations and contraceptive services, and outreach activities, including counseling, integrated health service posts (*posyandu*), home visits, data collection on couples of reproductive age, and reproductive health screening for prospective brides and grooms. These services are expected to improve public access to family planning services while simultaneously supporting stunting prevention efforts from the preconception period through the postpartum stage. Despite these efforts, the implementation of the KBKR Program in Padang Pariaman Regency continues to face several challenges. The designation of the regency as a priority area by Kemendukbangga indicates the existence of problems related to human resources, access to health services, and public understanding of contraceptive use (Nisa et al., 2023). These conditions have the potential to affect the effectiveness of program implementation, particularly in reaching target groups dispersed across areas with diverse geographical characteristics.

Previous studies have generally examined the relationship between family planning programs and stunting reduction, as well as the determinants of stunting from a health perspective. However, research specifically analyzing the implementation of the Family Planning and Reproductive Health (KBKR) Program as a government policy aimed at minimizing stunting, particularly in regions designated as priority areas by Kemendukbangga, remains relatively limited. Therefore, further studies are needed to provide a comprehensive understanding of how the program is implemented at the local level and to identify the

various factors influencing its success. Accordingly, this study aims to analyze the implementation of the Family Planning and Reproductive Health (KBKR) Program in minimizing stunting in Padang Pariaman Regency and to identify the factors affecting its implementation.

METHODS

This study employed a qualitative approach with a descriptive method to analyze the implementation of the Family Planning and Reproductive Health (KBKR) Program in minimizing stunting in Padang Pariaman Regency. The qualitative approach was used to understand the phenomenon based on natural settings, with the researcher serving as the primary research instrument (Sugiyono, 2023). The study was conducted in Padang Pariaman Regency, West Sumatra Province, which was designated as a priority area for the KBKR Program in 2025 by the Ministry of Population and Family Development. The focus of the study included the implementation of the KBKR Program and the factors influencing its implementation in efforts to minimize stunting.

The research was conducted over a six-month period, from January to June 2026. Research informants were selected purposively and consisted of the Family Planning and Reproductive Health Program managers from the Health Office of Padang Pariaman Regency, the Head of the Family Planning Division of the Population Control and Family Planning Agency (PPKB Office) of Padang Pariaman Regency, healthcare personnel responsible for family planning and reproductive health services at Ketaping Community Health Center, and seven members of the target groups, including couples of reproductive age, prospective brides and grooms, and postpartum mothers. The research data consisted of primary data obtained through in-depth interviews and secondary data derived from documents, reports, and regulations related to the implementation of the KBKR Program (Nurdin & Hartati, 2019).

Data were collected through interviews and documentation using notebooks, audio recorders, and cameras. Data validity was examined using source and technique triangulation involving village officials and Family Planning Field Counselors (PLKB) as supporting informants (Sugiyono, 2023). In addition, to enhance the credibility of the research findings, the researcher conducted member checking with the informants to ensure the accuracy of the data and interpretations obtained throughout the research process. Data analysis was

carried out interactively through the stages of data reduction, data display, and conclusion drawing, as proposed by Miles and Huberman (Miles et al., 2022).

RESULTS

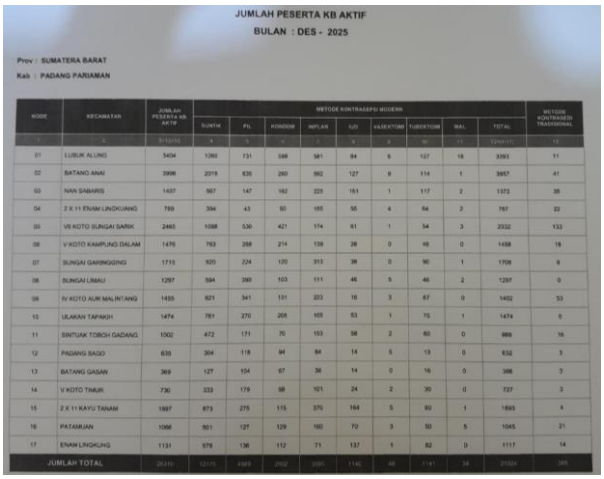
The findings indicate that the implementation of the Family Planning and Reproductive Health (KBKR) Program in Padang Pariaman Regency has been carried out as one of the strategies to support the acceleration of stunting reduction. Based on the analysis using Mazmanian and Sabatier's policy implementation model, the implementation of the program was examined through independent variables, intervening variables, and dependent variables.

Regarding the independent variables, the implementation of the KBKR Program faces relatively complex characteristics of the problem. The program aims not only to control births but also to encourage behavioral change within the community in terms of birth spacing, improving reproductive health, and preventing stunting risk factors. The program targets diverse groups, including prospective brides and grooms, couples of reproductive age, postpartum mothers, and families at risk of stunting, thereby requiring different service approaches for each group. In addition, the implementation of the program continues to encounter various challenges, including the public's limited understanding of contraception, social and religious perceptions regarding the use of long-term contraceptive methods, limited access to services due to geographical conditions, insufficient operational funding, and the shortage of healthcare personnel with expertise in Long-Acting Reversible Contraceptive Methods (LARCM).

Regarding the intervening variables, the findings reveal that the implementation of the KBKR Program has been supported by a relatively clear policy framework. The program is supported by a legal basis, targets for active family planning participants, service strategies through routine services and social service activities (*Bakti Sosial* or BAKSOS), as well as a clear division of responsibilities among the Population Control and Family Planning Agency (DPPKB), the Health Office, community health centers, and various supporting institutions. Cross-sectoral coordination is also conducted regularly through collaboration with the Family Welfare Empowerment Organization (PKK), the Indonesian National Armed Forces (TNI), the Indonesian National Police (POLRI), the Indonesian Midwives Association (*Ikatan Bidan Indonesia*/IBI), and community health cadres. Nevertheless, the effectiveness of

implementation is still influenced by environmental conditions, such as limited family support for contraceptive use, inadequate transportation access to healthcare facilities, and socio-cultural conditions that affect public acceptance of the program.

Meanwhile, the dependent variables indicate that program implementers have a good understanding of the objectives and mechanisms of the KBKR Program. Most members of the target groups have utilized contraceptive services, participated in outreach activities, and undergone reproductive health screening prior to marriage. Program data also show an increase in the number of active family planning participants, from 23,627 participants in 2023 to 27,015 participants in 2024, followed by 26,310 participants in 2025. These data indicate that community participation in the KBKR Program has been relatively maintained despite a slight decline in 2025. This condition can be observed in Figure 1.



JUMLAH PESERTA KB AKTIF

BULAN : DES - 2025

Prov : SUMATERA BARAT

Kab : PADANG PARIAMAN

NODE	KECAMATAN	JUMLAH PESERTA KB AKTIF	METODE KONTRASEPSI MODERN									METODE KONTRASEPSI TRADISIONAL
			SUNTIK	PIL	KONDOM	IMPLAN	IUD	VASEKTOMI	TUBEKTOMI	MAL	TOTAL	
1	2	3=12+13	4	5	6	7	8	9	10	11	12=4+11	13
01	LUBUK ALUNG	3404	1260	731	588	581	84	6	127	16	3393	11
02	BATANG ANAI	3998	2019	635	260	562	127	9	114	1	3957	41
03	NAN SABARIS	1437	567	147	162	225	151	1	117	2	1372	35
04	2 X 11 ENAM LINGKUANG	789	394	43	50	155	55	4	64	2	767	22
05	VII KOTO SUNGAI SARIK	2465	1088	530	421	174	61	1	54	3	2332	133
06	V KOTO KAMPUNG DALAM	1476	763	258	214	139	28	0	48	0	1458	18
07	SUNGAI GARINGGING	1715	620	224	120	313	38	0	90	1	1708	8
08	SUNGAI LIMAU	1297	594	390	103	111	46	5	46	2	1297	0
09	IV KOTO AUR MALINTANG	1455	621	341	131	223	16	3	67	0	1402	53
10	ULAKAN TAPAKIH	1474	761	270	208	105	53	1	75	1	1474	0
11	SINTUAK TOBOH GADANG	1002	472	171	70	153	58	2	60	0	986	16
12	PADANG SAGO	635	304	118	94	84	14	5	13	0	632	3
13	BATANG GASAN	369	127	104	67	38	14	0	16	0	366	3
14	V KOTO TIMUR	730	333	179	58	101	24	2	30	0	727	3
15	2 X 11 KAYU TANAM	1897	873	275	115	370	164	5	90	1	1893	4
16	PATAMUAN	1066	501	127	129	160	70	3	50	5	1045	21
17	ENAM LINGKUNG	1131	578	136	112	71	137	1	82	0	1117	14
JUMLAH TOTAL		26310	12175	4989	2502	3095	1140	48	1141	34	25024	385

Figure 1. Data on the Number of Active Family Planning Participants, December 2025

Nevertheless, the study still identified the existence of an unmet need group, low participation among some members of the community, and the necessity to improve the capacity of healthcare personnel, strengthen funding, ensure equitable access to services, and intensify public education in order to enhance the effectiveness of the KBKR Program implementation.

In addition to describing program implementation, this study also identified various factors influencing the implementation of the Family Planning and Reproductive Health (KBKR) Program in efforts to minimize stunting in Padang Pariaman Regency. Supporting factors include strong inter-agency coordination, the high commitment of program implementers, the availability of free family planning services through healthcare facilities, and the involvement of community health cadres and village midwives in reaching local

communities. On the other hand, the program continues to face several challenges, such as the public's limited understanding of reproductive health and contraceptive use, geographical conditions that hinder access to services, the shortage of human resources with specialized competencies, limited operational budgets, and suboptimal community participation. These findings demonstrate that the success of the KBKR Program is determined not only by the availability of services but also by resource support, social conditions within the community, and the effectiveness of coordination among stakeholders. Therefore, it is necessary to strengthen reproductive health education, improve the capacity of program implementers, and optimize budgetary support and community participation to ensure that the objectives of the KBKR Program in supporting the acceleration of stunting reduction can be achieved more effectively.

DISCUSSION

Implementation of the KBKR Program in Minimizing Stunting in Padang Pariaman Regency

The findings indicate that the implementation of the Family Planning and Reproductive Health (KBKR) Program in Padang Pariaman Regency has been carried out in accordance with its policy objectives, namely improving reproductive health, regulating birth spacing, and supporting the acceleration of stunting reduction. Nevertheless, the program has not yet reached an optimal level of implementation, as it continues to be influenced by various factors related to the characteristics of the problem, the capacity of implementers, environmental conditions, and the responses of target groups. These findings suggest that the success of policy implementation is determined not only by the existence of the program itself but also by the government's ability to manage the various factors affecting the implementation process.

According to the policy implementation theory proposed by Mazmanian and Sabatier, successful implementation is influenced by three main components: problem characteristics as independent variables, the policy's capacity to structure the implementation process along with environmental conditions as intervening variables, and implementation outcomes as dependent variables. These three components are interrelated and determine the extent to which policy objectives can be achieved. Weaknesses in any one of these

components may affect the overall effectiveness of policy implementation (Mazmanian & Sabatier, 1983).

With regard to the independent variables, this study found that the characteristics of the problems associated with the implementation of the KBKR Program in Padang Pariaman Regency are relatively complex. Technical obstacles arise from the extensive service coverage area, diverse geographical conditions, limited transportation access to healthcare facilities, and the shortage of healthcare workers with competencies in providing Long-Acting Reversible Contraceptive Methods (LARCM). These conditions indicate that implementation challenges stem not only from the substance of the policy itself but also from the characteristics of the area in which the policy is implemented. The greater the technical complexity of a policy, the greater the resources required to achieve its intended objectives. This finding is consistent with the study conducted by (Rahmawati et al., 2025; Lestari et al., 2024), which states that limited regional access and healthcare resources are important factors influencing the effectiveness of family planning programs in rural areas.

Furthermore, this study demonstrates that the target groups of the KBKR Program are heterogeneous, consisting of prospective brides and grooms, couples of reproductive age, postpartum mothers, and families at risk of stunting. Such diversity requires the government to implement different service strategies tailored to the needs of each group. Counseling, reproductive health screening, educational activities, and contraceptive services cannot be delivered using a uniform approach. These findings reinforce the results of the study by (Widyawati et al., 2024; Kiranasari, 2024), which explains that the success of reproductive health programs is highly dependent on the implementers' ability to adapt communication methods to the characteristics of the target groups.

This study also found that changing public behavior remains a major challenge in the implementation of the KBKR Program. Although some community members have accepted contraceptive use as part of family planning, there are still groups that are reluctant to utilize such services. This reluctance is influenced by personal experiences, perceptions regarding contraceptive side effects, religious beliefs, and limited family support. These conditions indicate that behavioral change cannot be achieved solely through the provision of healthcare services but requires a continuous educational process. This finding is consistent with the study by (Maharani et al., 2023; Dharminto et al., 2024), which found that knowledge levels

and social support significantly influence the decisions of couples of reproductive age to use contraceptive methods.

Regarding the intervening variables, the findings show that local governments have established a relatively clear implementation structure. The division of responsibilities among the Population Control and Family Planning Agency (DPPKB), the Health Office, community health centers, midwives, health cadres, the Family Welfare Empowerment Organization (PKK), the Indonesian National Armed Forces (TNI), and the Indonesian National Police (POLRI) demonstrates the existence of cross-sectoral coordination in supporting the implementation of the KBKR Program. The services provided, both within healthcare facilities and through outreach activities, including postpartum family planning services, premarital screening, and reproductive health education, indicate that the program has been implemented through promotive, preventive, and curative approaches. These findings support the study conducted by (Torlesse et al., 2016), which emphasizes that inter-agency collaboration is one of the key factors in improving the effectiveness of public health programs.

However, the effectiveness of program implementation is still constrained by limited resources, particularly in terms of budget allocation and the capacity of healthcare personnel. The number of healthcare workers who have received training in LARCM services remains limited, resulting in unequal access to long-term contraceptive services across healthcare facilities. In addition, budget efficiency measures have reduced the intensity of field services, including the limited utilization of Mobile Service Units (MOYAN), which previously served as an important means of reaching communities in remote areas. These findings indicate that a well-structured implementation framework does not necessarily guarantee optimal implementation when adequate resources are lacking. The results of this study are in line with the findings of (Wahdi et al., 2024), which identify limited budgets and human resources as major obstacles to the implementation of reproductive health programs at the local level.

From the perspective of the implementation environment, the study reveals increasing public support for the KBKR Program. This is reflected in the growing number of active family planning participants and increased community participation in educational activities and reproductive health screening programs. Nevertheless, the socio-economic conditions of the community, time constraints due to work activities, and limited access to healthcare facilities continue to influence the level of public participation in family planning

services. These findings demonstrate that the implementation of public policy cannot be separated from the influence of external conditions that lie beyond the control of implementing organizations.

Based on the dependent variables, this study shows that the implementation of the KBKR Program has had a positive impact on improving family planning services in Padang Pariaman Regency. The increase in the number of active family planning participants in 2024 compared to the previous year, as well as the implementation of various reproductive health programs, demonstrates the program's contribution to stunting prevention efforts. Although the number of active family planning participants declined in 2025, these achievements still indicate that the program has been able to maintain community involvement in contraceptive use. These findings support the study by (Fajar et al., 2023; Kumar et al., 2023), which states that strengthening family planning services contributes to improvements in maternal and child health and supports the acceleration of stunting reduction.

Nevertheless, these implementation outcomes do not yet indicate fully optimal success, as there are still segments of the population that have not utilized family planning services. This condition suggests that the success of implementation should not be measured solely by the increase in the number of program participants but also by the program's ability to reach all target groups equitably. Therefore, it is necessary to strengthen human resource capacity, increase budgetary support, expand access to services, and enhance public education regarding the importance of family planning in preventing stunting.

Overall, the findings indicate that the implementation of the KBKR Program in Padang Pariaman Regency has been relatively successful but remains at the stage of *developing implementation*. The program has achieved most of its policy objectives; however, its effectiveness continues to be influenced by resource limitations, regional characteristics, and the gradual nature of behavioral change within the community. Thus, Mazmanian and Sabatier's policy implementation theory has proven relevant in explaining that successful policy implementation results from the interaction among problem characteristics, the capacity of implementing organizations, environmental conditions, and the responses of target groups to the policies being implemented.

Inhibiting Factors in the Implementation of the KBKR Program in Minimizing Stunting in Padang Pariaman Regency

The findings indicate that the implementation of the Family Planning and Reproductive Health (KBKR) Program in Padang Pariaman Regency continues to face several obstacles that affect the effectiveness of program implementation. These obstacles include the public's limited understanding of reproductive health and contraception, shortages of human resources, limited operational budgets, geographical conditions, and suboptimal community participation. These constraints are interrelated and create complex challenges in achieving the program's objectives, particularly in supporting the acceleration of stunting reduction. These findings suggest that the success of policy implementation is determined not only by the quality of program planning but also by the government's ability to overcome the challenges that emerge during the implementation process.

The public's limited understanding constitutes one of the main obstacles to the implementation of the KBKR Program. Some members of the community still perceive the use of contraceptives as being contrary to religious teachings or potentially harmful to health. As a result, there are still groups of people who are reluctant to utilize family planning services, even though such services are already available. These findings demonstrate that behavioral change requires a continuous process of education and socialization. The results of this study are consistent with the findings of (Adzkia et al., 2023), which revealed that limited family knowledge regarding maternal and child health was one of the factors hindering the success of stunting prevention programs in Pasaman Regency. Furthermore, (Hafid et al., 2022) explained that intensive family assistance is essential for improving public understanding of the importance of reproductive health and family planning in efforts to prevent stunting. These findings support the view of Mazmanian and Sabatier that the success of policy implementation is strongly influenced by the degree to which target groups accept policy objectives.

The shortage of human resources also constitutes a significant inhibiting factor. The number of healthcare workers who have received training in Long-Acting Reversible Contraceptive Methods (LARCM) remains insufficient compared to the service demands in the field. Consequently, long-term contraceptive services remain concentrated in certain healthcare facilities and have not yet been distributed evenly across all regions. This condition indicates that the capacity of implementing organizations plays a crucial role in determining

the success of policy implementation. These findings are supported by (Kiranasari, 2024) who argued that limited human resources and institutional capacity constitute major obstacles to the implementation of stunting reduction policies in Sintang Regency. Therefore, improving the competencies of healthcare personnel is essential for enhancing the effectiveness of the KBKR Program.

In addition to human resource limitations, budgetary issues also exert a considerable influence on program implementation. Limited operational budgets have reduced the intensity of field services, the provision of training for healthcare personnel, and the utilization of Mobile Service Units (MOYAN) to reach communities in remote areas. Although local governments have attempted to maintain service quality through various efficiency strategies, budget constraints continue to restrict the ability of program implementers to deliver services optimally. These findings are in line with the study conducted by (L. A. Lestari et al., 2024), which emphasized that the success of strategies to accelerate stunting reduction is strongly influenced by budgetary support and program sustainability at the regional level. Similarly, (Hiddayaturrahmi et al., 2024) explained that limited fiscal resources often become a barrier to the implementation of various health policies related to stunting reduction.

The geographical conditions of Padang Pariaman Regency also present unique challenges to the implementation of the KBKR Program. The large geographical area, the presence of remote regions, and limited transportation infrastructure have resulted in unequal access to reproductive health services. These geographical barriers become even more pronounced when combined with limited operational facilities and budgetary support, preventing outreach services from being implemented optimally. These findings are consistent with the study (Husnawati & Yusran, 2024), which demonstrated that geographical conditions and regional vulnerabilities influence the success of health policy innovations at the village level. In addition, (L. A. Lestari et al., 2024) found that the effectiveness of quality family programs in supporting the acceleration of stunting reduction is highly dependent on the government's ability to reach communities in hard-to-access areas.

On the other hand, suboptimal community participation indicates that the success of program implementation depends not only on the availability of services but also on the willingness of the community to utilize them. The continuing existence of unmet needs indicates that there are couples of reproductive age who require family planning services but

have not yet adopted contraceptive methods. This condition suggests that the implementation coverage of the KBKR Program has not fully reached all target groups. These findings are consistent with the study by (Antarini, 2021), which stated that the success of quality family programs is largely determined by the level of community involvement in utilizing healthcare services and family empowerment programs. Furthermore, the UNICEF report also emphasized that increasing community participation is one of the key factors in accelerating the reduction of stunting prevalence in Indonesia.

Overall, these inhibiting factors demonstrate that the implementation of the KBKR Program is influenced by a combination of internal factors within implementing organizations and external factors originating from the community and environmental conditions. The public's limited understanding, constraints in human resources and budgets, geographical conditions, and suboptimal community participation are interrelated and affect the effectiveness of the program. Therefore, efforts to improve implementation cannot rely solely on increasing the number of activities but must also include strengthening the capacity of healthcare personnel, increasing budgetary support, expanding access to services, and developing more adaptive communication strategies to enhance public understanding and participation. Through these efforts, the objectives of the KBKR Program in supporting the acceleration of stunting reduction in Padang Pariaman Regency can be achieved more effectively.

CONCLUSION

The implementation of the Family Planning and Reproductive Health (KBKR) Program in minimizing stunting in Padang Pariaman Regency demonstrates that the program has been implemented relatively well based on Mazmanian and Sabatier's policy implementation model. The clarity of the program objectives, inter-agency coordination, and the commitment of implementers have become supporting factors for program implementation, as reflected in contraceptive services, premarital screening, postpartum family planning services, health education, and home visits. Nevertheless, the implementation of the program has not yet reached an optimal level due to several factors, including the public's limited understanding of reproductive health and contraception, the shortage of healthcare personnel trained in Long-Acting Reversible Contraceptive Methods (LARCM), limited operational budgets, geographical conditions that hinder access to

services, and suboptimal community participation. This study demonstrates that the success of the KBKR Program implementation is determined not only by the clarity of the policy but also by the availability of resources, environmental support, and the characteristics of the target groups. These findings imply that strengthening human resource capacity, increasing budgetary support, expanding service coverage, and providing continuous public education should become priorities in improving the effectiveness of program implementation as part of efforts to accelerate stunting reduction.

This study contributes both theoretically and practically to the field of public policy implementation, particularly in relation to the Family Planning and Reproductive Health (KBKR) Program in supporting the acceleration of stunting reduction. Theoretically, this study reinforces the relevance of Mazmanian and Sabatier's policy implementation model in explaining the interrelationship among problem characteristics, the capacity of implementing organizations, environmental conditions, and the responses of target groups to policy success. Practically, the findings of this study may serve as a reference for local governments, Population Control and Family Planning Agencies, and related institutions in formulating more effective strategies to improve the quality of family planning and reproductive health services. Furthermore, this study enriches the academic literature concerning the relationship between family planning programs and stunting prevention efforts, particularly within the context of local governance in Indonesia.

Future studies are expected to further develop research on the implementation of the KBKR Program by employing broader approaches and scopes, including quantitative methods and mixed-methods approaches, in order to measure more comprehensively the program's impact on reducing stunting prevalence. Subsequent studies may also expand the research setting by comparing the implementation of the KBKR Program across regions with different geographical and social characteristics. In addition, future research should further examine the factors influencing community participation in the utilization of family planning services, the effectiveness of health communication strategies, and the role of cross-sectoral collaboration in supporting program success. Thus, future research findings are expected to provide more comprehensive policy recommendations to strengthen the implementation of the KBKR Program in accelerating stunting reduction.

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