

Local Political Dynamics in Stunting Policy Governance: The Role of the Family Support Team in Yoka Village, Jayapura

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Received: 17 April 2026 ; Revised: 10 May 2026 ; Accepted: 30 June 2026

ABSTRACT - Addressing persistent stunting in indigenous Papuan communities urgently requires understanding how grassroots governance navigates deeply entrenched local power structures. This qualitative study examines stunting policy implementation in Yoka Village, Jayapura, focusing on the Family Support Team as a frontline actor negotiating diverse authority frameworks. Utilizing village historical records and interviews with community leaders, the research reveals that state health mandates intersect directly with traditional authority, known as Keondofoloan, which has endured since 1956. Findings show that implementation suffers from inadequate village budget allocation for health, resulting in home visit coverage below 20 percent in 2025. Furthermore, traditional healing practices present significant competition to state medical narratives. This study offers novel insights into how traditional power structures actively shape public health outcomes in post-colonial indigenous settings. Ultimately, the research contributes to policy governance by demonstrating that effective stunting intervention depends on strategic alignment and bargaining among village officials, the Village Consultative Body, and traditional authority holders. Synthesizing formal regulations with indigenous value systems is essential to ensure community acceptance and sustainable delivery of nutrition services.

Keywords: *local political dynamics, governance, stunting, street-level bureaucracy, traditional authority*

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How to Cite: Lebang, G., Lobo, A. N., & Sitorus, F. R. P. P (2026). The Author Guidelines of Journal of Contemporary Local Politics. *Journal of Contemporary Local Politics*, 5(1), 150-168. <https://doi.org/10.46507/jclp.v5i1.816>

Permalink/DOI: <https://doi.org/10.46507/jclp.v5i1.816>

Introduction

The problem of stunting has now shifted from a medical issue to a matter of power at the grassroots level (Afandi et al., 2023). The central government, through Presidential Regulation Number 72 of 2021, has designated accelerating stunting reduction as a key national agenda (Hanafi & Trisulandari, 2026; Khairudin Gustam & Usni, 2026). However, in practice, this regulation does not operate in a vacuum. In regions like Papua, health policies often clash with long-standing power-sharing systems (Lewis, 2015). Yoka Village in Heram District, Jayapura, demonstrates how a state program must navigate an environment with two layers of leadership: the legally constituted village government and the customary authority held by the Ondofolo (heads of customary law) (Kendi & Ibrahim, 2025).

Historically, Yoka Village has strong roots in governance dating back to the Dutch colonial era. The village's founding on December 19, 1956, under the leadership of Luis Mebri as the first Korano (head of customary law), demonstrates that the Hebaeibulu community already had an independent system of territorial governance long before the full introduction of modern Indonesian administration (Kridasakti et al., 2025). This historical position makes the recognition of customary leaders a determining factor in every public policy implemented in the village, as state schemes often fail when they overlook local conditions and indigenous authority (Scott, 1998). In this context, the implementation of stunting policies is not merely a technical health intervention but a form of "negotiated governance" where state regulations must seek legitimacy from traditional power structures (Canfield et al., 2021; Erman & Furendal, 2024).

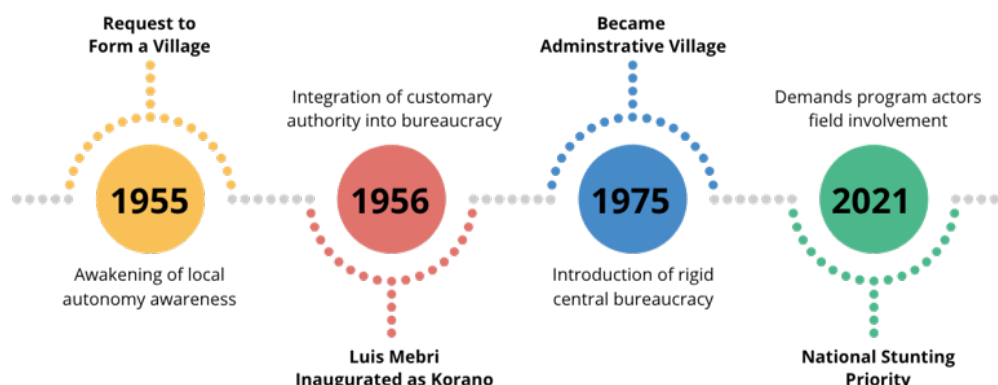


Figure 1. Timeline of Administrative and Authority Development in Yoka Village

Source: Historical Data from Yoka Village, 2026

The timeline above shows that the government structure in Yoka was formed through a bargaining process between the community and the authorities. This impacts the current governance of stunting policies. The TPK, consisting of midwives, family planning cadres, and PKK cadres, must navigate between these two bodies of authority. If the TPK relies solely on official instructions without engaging traditional leaders, access to residents' homes will be restricted. Power in Yoka is determined not only by official decrees (SK) but also by the blessing of elders or Hebaeibulu traditional leaders.

The state of the art, or the position of previous studies on stunting in Indonesia, is still dominated by a public health approach that measures nutritional intake and sanitation. Other emerging studies focus on the use of Village Funds, but more often on the aspect of orderly financial administration. Very little research has examined how stunting is managed in a hybrid

political environment, where the voices of traditional leaders are heard more than medical counseling. Previous research often overlooks the fact that field workers, such as the TPK, are actually political actors negotiating power at the grassroots level (Tian & Chuang, 2022).

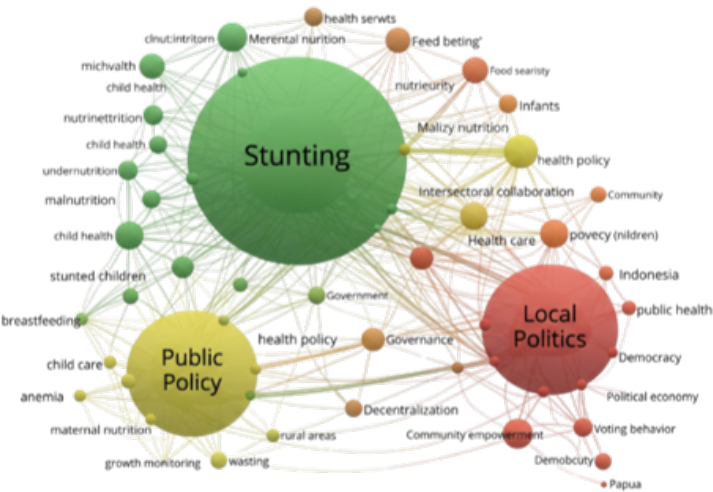


Figure 2. Bibliometric Mapping of Stunting and Local Politics Studies
Source: Vosviewer, 2026

Based on the mapping in Figure 2, a clear research gap is evident. The focus of research to date has been on clinical matters. Analysis of this visualization demonstrates the need for a new perspective that views stunting as a product of local political agreements. The scientific novelty of this paper lies in unpacking the role of the TPK, which has traditionally been viewed as merely technical implementers, even though they are actually policy makers amidst the pressures of dual authority in Papua.

The main issue that emerges is the unequal distribution of resources. Although stunting is a central priority, at the Yoka Village level, budget allocation often does not align with the needs of field workers. The small number of TPK must serve a vast area with challenging geographical conditions. This is exacerbated by the continued influence of traditional medicine, which is often considered more authoritative by the community than medical advice from the TPK (Sokani & Twala, 2026; Xia, 2025).

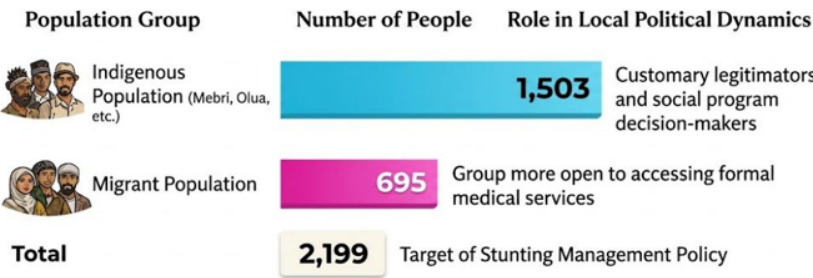


Figure 3. Population Composition Comparison as a Policy Basis
Source: Yoka Village Population Report, 2021

Figure 3 shows that the majority of the population is indigenous and strongly tied to customary systems. Analysis of this data indicates that the TPK's success depends heavily on its ability to win the hearts and minds of indigenous groups. Local political dynamics here operate through kinship and clan ties. If the TPK fails to establish communication with the dominant clans in Yoka, the nutrition management program will remain merely a figure on paper without changing community behavior.

The question this study seeks to answer is how the power bargaining process between the village government, the Village Deliberative Council (Bamuskam), and traditional leaders influences the performance of the TPK in addressing stunting. The hypothesis proposed is that the low home visit rate of the TPK (below 20 percent) is not due to laziness among officers, but rather to weak political and budgetary support from village elites and competition for influence with traditional authorities.

The purpose of this article is to map how stunting policy is managed amidst the pull of local political interests in Yoka Village. This study seeks to demonstrate that health governance in customary areas requires an approach that goes beyond medical matters and must also involve strategies for garnering support from informal power holders for government programs to be effective.

The inequities in stunting policy governance in Yoka Village become even more apparent when we examine the allocation of resources available to field implementers. State policies often impose large targets on grassroots actors without adequate logistical support. The TPK in Yoka Village consists of only four staff members, covering an area of 40.4 square kilometers. This area extends from the coast of Lake Sentani to the hills, which are difficult to reach, especially during inclement weather.

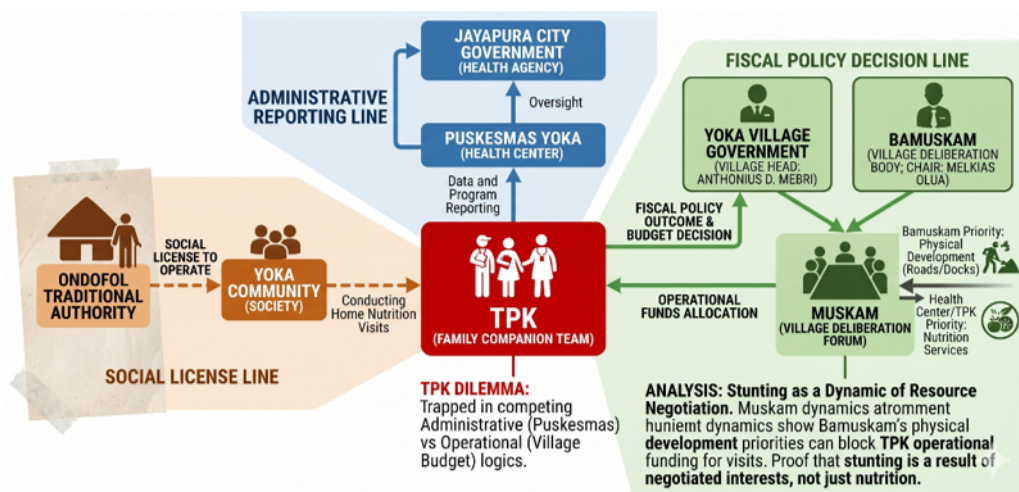


Figure 4. Hybrid Governance Structure in Stunting Policy in Yoka

Source: Processed by the authors, 2026

An analysis of Figure 4 illustrates that the TPK is trapped in a tangled bureaucracy. Administratively, the TPK is accountable to the Yoka Community Health Center and the Health Office, but operationally, they are highly dependent on budgetary policies decided by the Village Head (Anthonius D. MEBRI) and the Village Deliberative Council (Bamuskam). If the Bamuskam, led by Melkias Olua, prioritizes the construction of roads or docks, the TPK's home visits will be hampered. This dynamic demonstrates that stunting is not simply a nutritional issue, but rather a matter of bargaining within the Village Deliberation (Muskam) (Amin & Sholichah, 2026).

The state of the art in this study also refers to Lipsky's understanding of street-level bureaucracy. Previous researchers tended to view health workers as enforcers of rigid regulations. However, the facts in Yoka demonstrate that the TPK exercise political discretion. They must choose which information to convey to residents without offending local beliefs in shamans or traditional medicine. This is where this research is novel; the researchers position the TPK as political actors navigating the tensions of state authority and Hebaeibulu customary power.

Table 1. Ratio of TPK Workload to Area and Target

Variable	Number/Description	Impact on Governance
Number of TPK Members	4 People	Disproportionate workload
Working Area	40,4 Km ²	Constraints in referral service coverage
Target: Pregnant Women/Toddlers	> 100 People	Low intensity of private mentoring
Limited TPK Operational	Budget/Remaining ADK	Low motivation and mobility of actors

Source: Primary data processed from TPK Reports and Village Profiles (2026).

The data in Table 1 demonstrates a clear imbalance in policy governance. With only four people covering an area of 40.4 square kilometers, it is understandable that the home visit rate is below 20 percent. Analysis of this data indicates that the failure to achieve stunting targets in Yoka is a form of "distribution failure" of political resources. Village elites prefer to allocate budgets to visible items rather than long-term, invisible health investments. This reinforces the hypothesis that stunting policies often compete with physical development interests, which hold greater political value for village elites.

The research problem stems from the strong influence of informal authorities that have not been fully integrated into formal stunting prevention schemes. Communities prefer to trust traditional birth attendants (TPK) due to emotional and cultural ties. Traditional birth attendants (TPK) are often perceived as "outsiders" even though they are villagers themselves, bringing with them a medical narrative perceived as foreign. Therefore, this research is crucial in uncovering how political communication patterns and power distribution in Yoka can be restructured to support the national target of stunting reduction.

The primary objective of this article is to formulate a model for stunting policy governance based on local political recognition. The researcher demonstrates that without concrete budget support from the Village Consultative Body (Bamuskam) and the active involvement of the Ondofolo customary authorities, the stunting reduction acceleration program will become merely an administrative burden for the Village Consultative Body (TPK). This study hopes to raise awareness among policymakers at the city and village levels that the success of public services in Papua is highly dependent on the ability of state actors to negotiate with local political forces.

Method

This study uses a qualitative approach with a descriptive design to examine the power bargaining process in stunting policy governance (Nicmanis, 2024). The choice of qualitative methods was based on the need to capture the meaning behind the interactions between bureaucratic actors at the grassroots level and traditional and formal authority holders in Yoka Village. The researcher positioned herself as the primary instrument in conducting observations and in-depth interviews to understand how state regulations are negotiated within the Hebaeibulu community.

Data sources were selected through purposive sampling, targeting key actors who control policies and budgets at the village level (Ardiputra et al., 2025). Research informants included the Village Head, members of the Village Consultative Body (Bamuskam), members of Family Support Team (TPK), and traditional leaders who have influence in collective decision-making.

Table 2. Matrix of Informants and Roles in Policy Governance

Analysis of Table 2 shows that data collection covered all levels of power holders in Yoka Village. The involvement of INF-01 and INF-02 was crucial in determining the extent to which stunting issues were included in the village budget priority list. Meanwhile, data from INF-03 and INF-04 were used to examine the friction that occurs when health policies come into contact with the traditional values of local communities.

To strengthen the analytical framework, researchers used VOSviewer software to map the interrelationships of key concepts that emerged during field data collection. This aimed to identify key barriers to policy governance.

Figure 5. Mapping of Local Policy Governance Concepts

The analysis in Figure 5 demonstrates that the TPK and stunting issues remain outside the main budget discussion cycle in Yoka Village. The larger cluster is dominated by customary authority and physical development issues. This methodological finding led the researcher to focus on why there is a gap between policy implementers and the budget control center.

The data analysis process followed an interactive model consisting of data reduction, data presentation, and conclusion drawing (Popenoe et al., 2021). The researcher coded the interview results to identify patterns of power negotiations. Data validity was tested through source triangulation, comparing statements from the village government with facts found in the field through TPK reports and voices from customary leaders. This step was taken to ensure that the study results provide a complete picture of the local political dynamics in addressing stunting in Papuan customary areas.

Result and Discussion

Authority Profile and Power Distribution in Yoka Village

Yoka Village has a diverse and historically layered power structure in which formal administrative authority coexists with customary leadership. Historically, governance in the region has been rooted in the Keondofoloan system, with the Ondofolo occupying a central position in customary leadership and social organization. This customary structure has continued to shape the distribution and exercise of authority within the village even after the establishment of formal administrative institutions. Since the administrative formalization of Yoka Village in 1956, the position of Korano, which was subsequently renamed Village Head, has remained closely associated with customary lineage. This historical continuity demonstrates that the development of formal village administration has not entirely displaced customary authority, but has instead operated alongside an established system of traditional leadership.

At present, formal administrative leadership is held by Anthonius D. Mebri as Village Head, while institutional oversight is exercised by the Village Consultative Body (Bamuskam). The coexistence of the Village Head, Bamuskam, and customary leadership creates a multidimensional governance structure in which authority is distributed across formal administrative and customary institutions (Dzimiri & Dzimiri, 2026). The Village Head represents the formal governmental structure responsible for village administration, while Bamuskam performs an oversight role within the formal village governance system.

At the same time, the historical position of customary leadership remains significant in shaping social relations, community affairs, and the way authority is exercised at the local level. Customary institutions continue to possess social legitimacy within the community, particularly in matters that are closely connected to collective values, traditions, and established patterns of social interaction. Their influence therefore operates alongside the formal authority of the Village Head and the oversight function of Bamuskam. This coexistence creates a governance environment in which formal administrative decisions may interact with customary expectations and forms of authority, making the relationship between formal and customary institutions an important feature of village governance.

This demonstrates that Yoka Village governance is not primarily based on the village government's administrative hierarchy. The local institutional landscape and customary arrangements affect how policies, programs, and community affairs are managed. Thus, formal and customary authority interact to generate a multifaceted governance framework with different institutions' legitimacy and influence. Understanding this institutional structure is crucial to understanding how government programs are executed and how cooperation, decision-making, and public service delivery occur in Yoka Village's social and cultural setting.

Table 3. Distribution of Actors and Interests in Stunting Policy

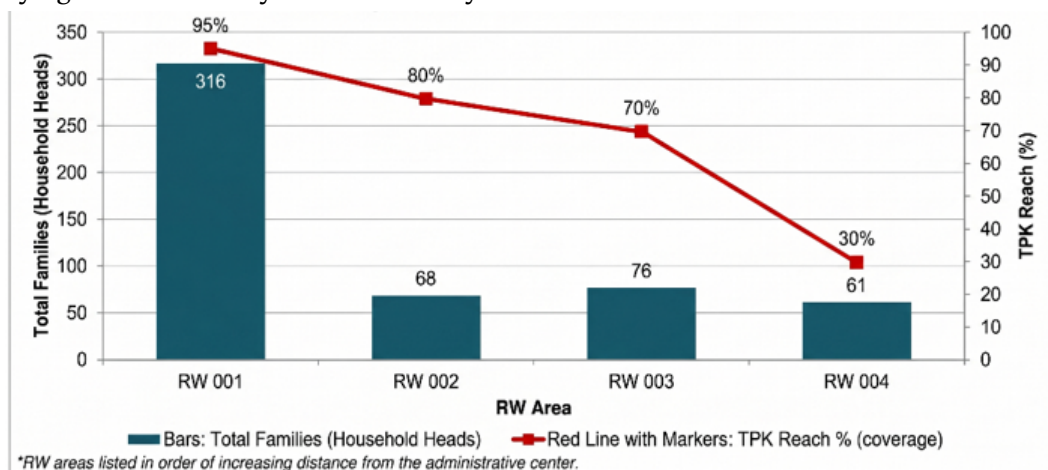
Political Actor	Basis of Authority	Controlled Resources	Interest Regarding Stunting
Village Head	Legal-Formal (Mayoral Decree)	Village Revenue and Expenditure Budget (APBK)	Administrative achievements and village stability
Bamuskam	Representative (Community)	Budget Approval and Oversight	Fulfillment of indigenous citizens' aspirations
Ondofolo	Traditional (Cultural)	Social Legitimacy and Citizen Compliance	Preservation of noble values and customary dignity
TPK	Frontline Bureaucracy (Health)	Medical Knowledge and Field Data	Reduction of case numbers and target fulfillment

Source: Processed Primary Data (2026).

Analysis of Table 3 shows that stunting policy must pass through different entry points. Budget resources are controlled by the formal elite (Village Head and Bamuskam), but community compliance rests with the Ondofolo. Without agreement between these three authorities, the TPK, as the implementer at the lower level, will lose direction in implementing the program. This demonstrates that stunting policy governance in Yoka is hybrid, where state regulations can only work if they are supported by customary laws (Achmad et al., 2026; Supranoto et al., 2025).

Policy Achievements and Spatial Constraints

Field data indicates a wide gap between central policy targets and implementation capabilities at the local level. Family Support Team (TPK), tasked with providing family assistance, faces significant spatial constraints. The Yoka area, divided into four neighborhood units (RW), has varying levels of density and accessibility.

**Figure 6.** Distribution of Household Heads per RW Area in Yoka

Source: Processed by the authors, 2026

The analysis in Figure 6 shows that the TPK's workload is concentrated in RW 001. However, political obstacles arise when residents in other RWs feel they receive less attention due to limited staff mobility. This uneven population distribution demands a more equitable distribution of logistical resources (Breitbarth et al., 2021). The fact that TPK home visits are below 20 percent demonstrates that "spatial politics" in Yoka favors areas that are easily accessible, while residents in remote areas or along lakeshores are often neglected in health policy governance.

Hybrid Governance: The Pull of Formal and Customary Authority

In line with Ansell & Gash (2008) conception of Collaborative Governance, governance in Yoka Village requires cooperation, communication, and interaction among actors who possess different forms of authority and resources. Ideally, government institutions, customary leaders, community representatives, and other relevant stakeholders should participate in decision-making through processes based on dialogue, mutual recognition, and shared responsibility. Such collaboration is particularly important in the provision of family and child health services because health interventions are not implemented solely through formal government institutions but also operate within the social and cultural structures of the community. The effectiveness of collaborative governance therefore depends on the extent to which formal institutions are able to establish meaningful relationships with actors who possess authority within the local social system (Costumato, 2021; Gao & Teets, 2021).

In practice, however, the governance process in Yoka Village demonstrates an imbalance between formal governmental authority and customary authority (Ogundare et al., 2026; Siahay et al., 2026). Although government actors are responsible for implementing health programs, customary leaders retain substantial influence over decisions concerning community participation and the acceptance of health-related interventions. TPK, for example, often have to obtain approval from customary leaders before conducting outreach activities related to nutrition and immunization. This condition indicates that formal policy implementation is mediated by customary structures, making customary leaders an important gatekeeper in the implementation of government health programs (Ahwan et al., 2026; Laine, 2026; Mutumba et al., 2026). Consequently, government actors cannot rely solely on formal administrative authority but must also engage with existing customary institutions to ensure that programs can be introduced and accepted within the community.

This situation is closely associated with the social and cultural context of the Hebaeibulu community, where family and child health are viewed as matters that are strongly connected to traditional values and community norms. The influence of customary authority consequently reflects not merely an institutional barrier but also the community's established mechanism for regulating matters considered important to family and collective life. From a collaborative governance perspective, this condition highlights the importance of recognizing customary leaders as relevant governance actors rather than treating them solely as external actors to government policy (Allen et al., 2023; Ansell et al., 2023; Hofstad et al., 2022). Meaningful collaboration requires the development of communication and mutual understanding between government institutions and customary authorities so that health interventions can accommodate local values while maintaining their intended public health objectives.

Table 4. Knowledge Contestation: Medical Narratives vs. Local Beliefs

Nutritional/Health Issue	Medical View (TPK)	Local Belief (Community)	Political Negotiation Outcome
Egg Consumption	High protein for growth	Believed to cause boils/diseases	Covert rejection of TPK's advice
Childbirth	Must be done at the Health Center	Preferred with the help of traditional birth attendants	Persistence of traditional childbirth cases
Local Food	Nutritional diversification	Dependence on specific foods	Partial success in the <i>Dahsat</i> program

Source: Processed Interview and Observation Results, 2026

Analysis of Table 4 illustrates that TPK are in a "contest for truth" with traditional authorities. Data on births by traditional birth attendants (7 cases in 2025) indicate that the influence of traditional birth attendants as informal health authorities has not completely diminished. TPK, in this case, perform a street-level bureaucratic function by exercising discretion to adjust their messages to avoid open conflict with traditional customs (Hupe, 2016). They do not enforce medical rules rigidly, but instead use a family approach to reduce resistance, which aligns with the necessity of localized and gender-sensitive policy implementation in complex social environments (Akbar & Nisa, 2024). This strategic adaptation allows actors at the grassroots level to bridge the gap between formal state mandates and indigenous values (Hill & Hupe, 2021).

Political Economy of the Budget: Elite Priorities vs. Community Needs

According to Prasetyo et al (2025) budget politics reflects the priorities and interests embedded within the exercise of elite power, particularly through the process of determining which programs receive greater financial support. In Yoka Village, the Village Consultative Body (Bamuskam) plays a significant role in the budget approval process, thereby influencing the allocation of village resources among competing priorities. Field observations indicate that physical infrastructure projects, particularly road and pier construction, tend to receive a substantially larger share of the village budget than incentives and operational expenditures for the Family Support Team (TPK). This allocation pattern suggests that budgetary priorities are shaped not only by technical considerations but also by institutional preferences regarding visible physical development, while community-based programs such as family support may receive comparatively less financial attention.

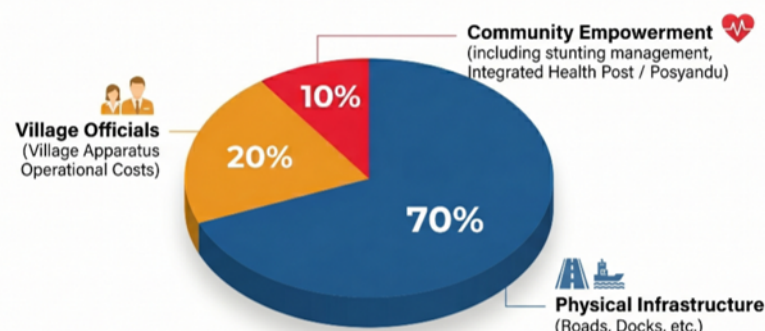


Figure 7. Village Fund Allocation Diagram: Physical Sector vs. Health Sector (Stunting)

Source: Processed by the authors, 2026

Analysis of Figure 7 demonstrates that stunting policy governance has not been a primary political agenda for village elites. This low budget allocation has a direct impact on the motivation of Family Support Team (TPK) cadres. Without adequate funding for transportation and teaching aids, the Family Support Team (TPK) struggled to reach target families in neighborhood units (RW) 002 and 003. This confirms that the failure to achieve stunting targets in Yoka was not solely due to medical factors, but rather the political decisions of village elites who prioritized physical projects with greater symbolic power.

The Role of the TPK as Political Negotiators at the Grassroots Level

TPK in Yoka Village perform functions that go beyond health care. They must act as negotiators, linking the interests of the Public health center (Puskesmas) with the desires of the community. As explained by Akbar & Nisa (2024), the empowerment of field agents is largely

determined by the extent of policy space granted to them. In Yoka, the TPK often had to engage in "backdoor politics," approaching women and traditional leaders to ensure that health messages reached other residents.

Table 5. Implementation of the TPK Function in the Local Political Structure

TPK Function	Action	Local Political Barriers
Facilitator	Connecting residents to referral facilities	Lack of operational vehicle support from the village
Educator	Providing nutrition education	Clashing with cultural myths held by traditional leaders
Mediator	Mediating conflicts between medical and traditional views	TPK's weak bargaining position vis-à-vis Bamuskam
Motivator	Mobilizing residents to the <i>Posyandu</i> (Integrated Health Post)	Low resident participation due to economic activities

Source: Processed primary data (2026).

The analysis in Table 5 shows that every function carried out by the TPK consistently encounters political obstacles. The motivator function, for example, often fails because residents prioritize economic activities (earning a living in the lake or forest) over attending Posyandu. The TPK lacks the power to coerce residents, so they can only rely on the Village Head's advice. However, if the Village Head does not provide strong instructions, attendance at Posyandu will remain low. This indicates that the TPK's effectiveness is highly dependent on the level of political support provided by formal village leaders. 4.2.4. Fluctuating Health Data: Between Citizen Compliance and Coordination Failure

Local political dynamics are also evident in fluctuations in citizen participation rates in health programs. Data shows a mismatch between the number of pregnant women seeking medical check-ups and the number of babies taken to postpartum health services. This reflects gaps in the governance of support provided by field actors.

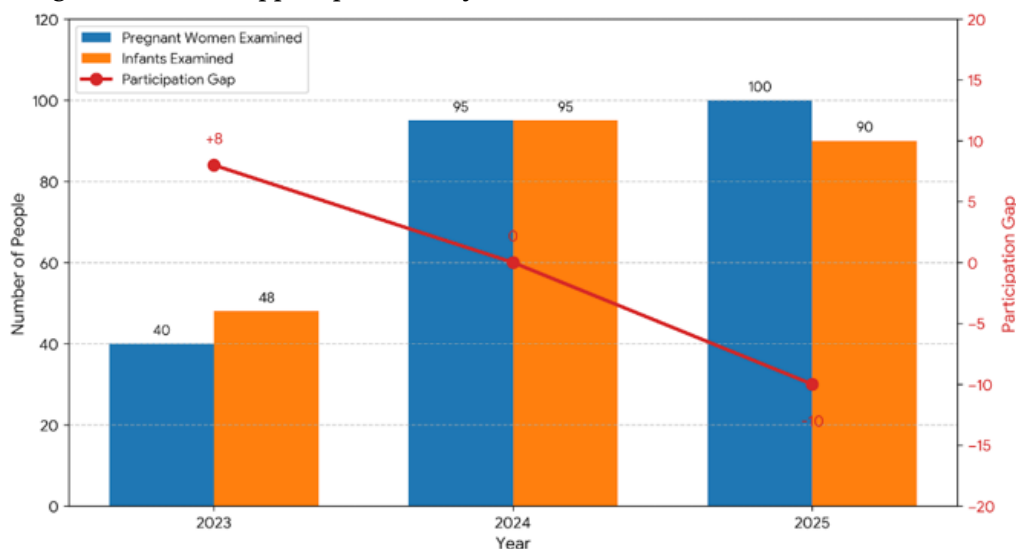


Figure 8. Trends in Maternal and Child Health Participation in Yoka Village (2023-2025)

Source: Data from Elang Jaya I & II Integrated Healthcare Center, 2026

Analysis of figure 8 shows a contrasting situation in 2025. Although the number of registered pregnant women increased to 100, the number of babies examined decreased to 90. This decline indicates that the Community Empowerment and Child Health Team (TPK) is

beginning to lose control in conducting ongoing monitoring after birth (Ghosh, 2026; Sigit et al., 2025). Politically, this demonstrates that coordination between the Yoka Community Health Center, which has 42 health workers, and the TPK, which only has 4, is not yet fully integrated. The TPK, as a street-level bureaucracy, is experiencing resource exhaustion, resulting in neglected monitoring of newborns. This situation indicates that stunting policies remain ceremonial in early pregnancy but lack long-term oversight.

AGIL Social Systems Analysis: Maintaining Policy Resilience in Indigenous Areas

Applying Talcott Parsons' social systems framework to the governance of stunting policy in Yoka Village reveals how structural resilience is maintained through four interconnected functions: adaptation, goal attainment, integration, and latency (AGIL). Within the Hebaeibulu community, the function of adaptation is operationalized through the TPK's capacity to adjust rigid national medical narratives into the existing physical and social reality of the village. A concrete manifestation of this adaptation is found in the Dahsat (Dapur Sehat Atasi Stunting) program, which utilizes locally sourced indigenous food items to bypass the communities' constrained economic purchasing power (Aqsal Falevi Harahap et al., 2026). However, this adaptive capacity faces severe material limits due to the expansive 40.4 square kilometer geographical layout of Yoka, leaving peripheral areas near the lake under-served.

The system's goal attainment focuses on achieving formal stunting reduction targets via systemic community mobilization, particularly through the scheduled Posyandu activities on the 14th and 16th of each month (Kemal & Iip Permana, 2025; Prayitno et al., 2025). In practice, this structural goal is frequently compromised by competing economic sub-systems. Indigenous residents often prioritize immediate livelihood activities on Lake Sentani or in adjacent forests over health counseling sessions, viewing modern medical interventions as secondary to economic survival. Consequently, the pursuit of state-mandated health goals becomes volatile when it lacks integration with the community's daily socioeconomic cycles.

To counteract these systemic frictions, the function of integration plays a pivotal role in maintaining structural coherence between state and customary spheres. This integration is established through direct political collaboration between the formal Village Head and the Village Consultative Body (Bamuskam). As argued by Hartaman et al (2023), grassroot institutional efficacy heavily depends on citizen engagement within local political architectures. In the context of Yoka, integration occurs when Bamuskam leverages its representative legitimacy to persuade indigenous clans to grant the TPK access for home visits, thereby embedding external health agents within the indigenous kinship network.

Finally, the sustainability of this hybrid policy model hinges on the latency (pattern maintenance) function, which is responsible for preserving long-term dietary and behavioral changes even during periods of programmatic inactivity. In Yoka, this function resides entirely outside the formal state apparatus and is held by the Ondofolo (traditional leaders). The Ondofolo act as the ultimate cultural guardians; without their continued endorsement, newly introduced health disciplines are easily eroded by a resurgence of traditional myths or competing medical narratives from local shamans. Therefore, the structural resilience of stunting governance in Yoka is not driven by bureaucratic enforcement, but rather by the latent authority of traditional elites who validate state regulations within the indigenous value system.

Table 6. Achievement of Social System Functions in Stunting Governance

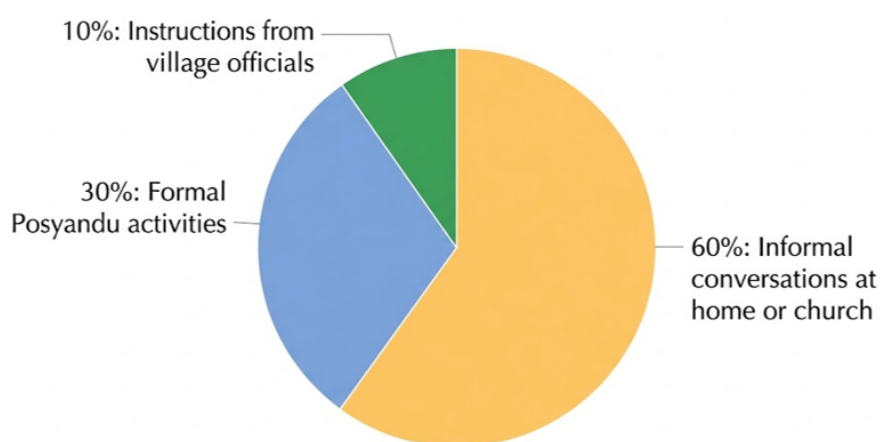
System Function	Responsible Actor	Status in Yoka Village	Political Analysis
Adaptation	TPK and PKK Cadres	Partially Functioning	TPK still struggles to cover the vast 40.4 km ² area
Goal Attainment	Village Head	Not Yet Optimal	Policies remain focused on administrative numbers
Integration	Bamuskam	Strong	Bamuskam is able to unite the voices of indigenous citizens
Pattern Maintenance	Traditional Leader (Ondofolo)	Very Strong	Citizen compliance depends heavily on customary directive

Source: Processed by the authors, 2026

Table 6 shows that the pattern maintenance and integration functions are stronger in the hands of informal actors (Ondofolo and Bamuskam) than in the hands of formal policy-implementing actors (TPK). This analysis strengthens the argument that policy governance in Papuan customary areas will never achieve its goals if it relies solely on state bureaucratic structures. Informal power is the true driving force of the social system in Yoka.

Gender Politics: TPK as Women's Agency in the Domestic Space

The role of TPK, which is entirely filled by women, brings an interesting dimension to gender politics. As emphasized by Akbar and Nisa (2024), women's empowerment in public policy at the local level often faces structural barriers. In Yoka Village, TPK members like Mrs. Karolina Yetoro use their social capital as midwives and indigenous people to enter private family spaces.

**Figure 7.** The TPK's Political Communication Flow in Influencing Families

Source: Processed by the authors, 2026

Analysis of Figure 7 shows that the stunting policy in Yoka was more effective through informal channels. Women in the TPK engaged in a "politics of presence" by personally visiting pregnant women. They served as the face of state policies, reaching the community's homes. However, their political position remained vulnerable due to a lack of adequate transportation. Given the vast, hilly terrain, the TPK had to travel on foot without any operational vehicles provided by the village government. This demonstrates that although women spearhead policy implementation, the male-dominated village elite has not provided equal resources to facilitate women's work in the field.

Power Relations and Body Discipline: A Foucaultian Perspective on Stunting Policy

Viewing stunting governance through Foucault's (1980) thinking, this policy represents a form of population regulation (biopolitics) by the state (Lindholm & Di Carlo, 2024). The state wants to ensure that children in Yoka grow up according to established medical standards. However, in Yoka, these efforts to discipline the body clash with the sovereignty of the indigenous body.

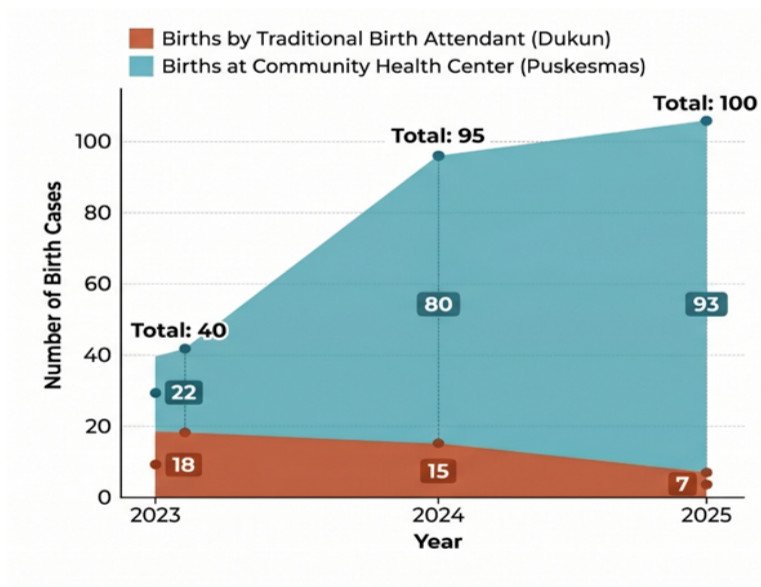


Figure 8. Shifting Authority in Childbirth as a Form of Political Compliance

Source: Processed Primary Data, 2026

The data in figure 8 demonstrates the triumph of medical narratives over traditional practices. The drastic reduction in births by traditional birth attendants from 18 to 7 cases demonstrates the success of TPK in instilling health discipline in the community. However, the remaining seven cases demonstrate that pockets of political resistance persist, with residents preferring customary authority over state authority (Shadrina, 2024). This aligns with Scott's (1998) notion of "silent resistance," where residents quietly continue to practice traditional practices despite strict government regulations.

The local political dynamics in the governance of stunting policy in Yoka ultimately boil down to one point: power is not about who holds the highest position, but rather who is most capable of impacting the daily lives of residents. The TPK has successfully acted as a bridge, but they need stronger political and budgetary protection from the Bamuskam (Community Development Planning Agency) and the Village Head to ensure their work doesn't stall midway due to exhaustion and operational costs.

Conclusion

The governance of stunting policies in Yoka Village demonstrates that the success of national programs is highly dependent on the outcomes of power negotiations at the grassroots level. The primary problem in addressing nutrition in this region lies not solely in the medical aspect, but rather in how these policies are negotiated amidst the tug-of-war between the formal authority of the village government and the Keondofoloan customary authority. Researchers argue that the Family Assistance Team (TPK) plays a vulnerable role as a grassroots political actor, lacking the support of equitable resource allocation within the village budget structure.

The study's findings indicate that customary authority remains the primary gateway for legitimizing any health program. Although participation in health facilities for pregnant women has increased, the effectiveness of home visits by the TPK remains low, below 20 percent. This is a direct impact of the vast working area, which covers 40.4 square kilometers and lacks operational transportation support. Village elites, represented by the Village Consultative Body (Bamuskam), continue to focus the majority of Village Funds on physical development projects such as roads and docks, marginalizing the budget for health workers' operations. Furthermore, the influence of traditional healing practices continues to compete with the government's medical narrative, despite a gradual shift in public trust toward community health center services. The TPK, in this case, exercised political discretion by employing a familial approach to avoid open conflict with the long-standing values of the Hebaeibulu community.

Based on these findings, it is recommended that further research delve deeper into the mechanisms of fiscal decentralization at the village level, particularly regarding accountability for the use of Village Funds for the health sector in other hybrid regions in Papua. Furthermore, a study is needed on the model for integrating customary authority into the formal state reporting system to foster stronger alignment in addressing community welfare issues in areas with strong cultural characteristics. This is crucial to ensure that central government policies do not simply focus on administrative figures but genuinely address the basic needs of residents at the grassroots level.

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