



Elite Power Relations In Health Development Politics: A Discourse Analysis Of Stunting Prevention In Indonesia

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ABSTRAK

This study aims to analyze elite power relations in the politics of health development through a discourse analysis of stunting prevention policies in Indonesia. The research employs a qualitative approach with a descriptive-analytical design within a critical paradigm framework. Data were collected through the analysis of policy documents, official reports, and public narratives related to stunting, and were examined using Critical Discourse Analysis influenced by the perspectives of Michel Foucault and Norman Fairclough. The findings reveal that stunting policy is constructed through dominant discourses, such as the narratives of a "stunting crisis" and the "first 1,000 days of life," which function as instruments of policy legitimation. Political and bureaucratic elites play a dominant role in producing and reproducing policy discourse through their control over knowledge, data, and indicators. At the implementation level, power relations are dynamic, characterized by processes of adaptation and resistance at the local level. However, the dominance of a top-down approach and an emphasis on quantitative indicators contribute to a gap between policy formulation and actual practice. This study concludes that stunting prevention policy is a product of complex power relations among elites, discourse, and social practices. Therefore, a more inclusive, participatory, and context-sensitive policy approach is needed to enhance program effectiveness. This study contributes to the development of political analysis in health development by integrating power relations and discourse analysis within public policy studies.



INTRODUCTION

Development is fundamentally understood not Health development is a strategic pillar of national development, aiming to sustainably improve the quality of human resources. From a global perspective, health is not simply defined as the absence of disease, but as a state of physical, mental, and social well-being that enables individuals to function optimally in society (World Health Organization, 2020). In Indonesia, one of the priority issues in health development is stunting, a condition of growth failure due to chronic malnutrition in early life (Ministry of Health of the Republic of Indonesia, 2022). Stunting impacts not only a child's physical growth but also their cognitive development and future economic productivity (Victora et al., 2008). Therefore, addressing stunting is an integral part of the national development agenda. However, the complexity of the stunting problem suggests that the approach cannot be purely technical. This problem involves various interrelated determinants, including social, economic, cultural, and political aspects. Therefore, a more comprehensive approach is needed to understand the dynamics of stunting policy and program implementation.

In the development of scientific studies, research on stunting is still dominated by a public health approach that focuses on biological and behavioral factors, such as nutritional intake, sanitation, and access to health services (Black et al., 2013). While this approach is important, there is a tendency to neglect the structural and political dimensions of health policy. Bibliometric analysis shows the dominance of technical keywords, while concepts such as power, elites, and politics receive relatively little attention (Munn et al., 2018). This indicates a bias in knowledge production that emphasizes a technocratic approach. However, health policy is never neutral but is influenced by the interests and power relations between actors. Therefore, an alternative approach is needed that can integrate the socio-political dimension in

stunting analysis. This approach is crucial for explaining how policies are formulated and implemented within the context of power. Therefore, stunting studies need to be expanded towards a political analysis of health development.

From a critical perspective, power is understood as a relation distributed throughout social practices and operating through discourse. Michel Foucault's thinking emphasizes that power is not only repressive but also productive in shaping knowledge and social practices (Foucault, 1972). In the context of stunting, discourses such as the "nutrition crisis" and the "first 1,000 days of life" are social constructs that shape perspectives on the problem and perceived solutions. These discourses serve as legitimizing mechanisms for government policies and interventions. Furthermore, stunting indicators and measurement standards reflect the power of knowledge held by technocratic actors and specific institutions. Therefore, stunting policy analysis requires examining how discourse is produced and reproduced in the social space. A discourse analysis approach reveals the hidden dimensions of power behind policy. This is crucial for understanding how policy realities are socially and politically shaped.

The role of elites in the politics of health development is crucial in understanding the dynamics of stunting policy. Political and bureaucratic elites hold strategic positions in determining policy agendas, resource allocation, and development priorities (Shiffman & Smith, 2007). In practice, stunting policies are not entirely based on rational considerations but are also influenced by political interests and power legitimacy. Furthermore, the relationship between central and regional elites demonstrates complex power dynamics, including negotiation and adaptation in policy implementation (Harris et al., 2017). This often creates a gap between formulated policies and their implementation on the ground. Furthermore, local actors, such as village heads and health cadres, also play a role in translating policies into daily practice, which is inextricably linked to local power structures



(Scott, 1998). This suggests that stunting policies are the result of the interaction of various actors within complex power relations. Therefore, analyzing the roles of elites and local actors is crucial for a comprehensive understanding of policy implementation.

Based on this description, there is a significant gap between technical health approaches and socio-political approaches in stunting studies. This research seeks to fill this gap through a critical approach focusing on power relations and discourse analysis.

The title "Elite Power Relations in the Politics of Health Development: A Discourse Analysis of Stunting Prevention in Indonesia" is well-justified because it comprehensively integrates theoretical and empirical dimensions. This title emphasizes the importance of power, elites, and discourse as key elements in health policy analysis. Furthermore, the Indonesian context provides empirical relevance to national development issues. Therefore, this research is expected to provide theoretical contributions to the development of social and political sciences, as well as practical contributions to policy formulation that is more sensitive to power dynamics. Ultimately, this approach is expected to yield a deeper and more contextualized understanding of stunting prevention in Indonesia.

METHODS

This study uses a qualitative approach with a descriptive analysis approach, aiming to deeply describe and interpret elite power relations in the politics of health development, particularly in the discourse on stunting prevention in Indonesia. The descriptive analysis approach was chosen because it allows researchers to systematically describe phenomena while interpreting the meanings contained in social practices and public policies (Creswell, 2014). This research is grounded in a critical paradigm that views social reality as a construct shaped by power relations and actor interests. In this context, stunting policy is understood not merely as a technocratic product, but as the result of a discursive process involving political

elites, bureaucrats, and other actors. The primary focus of the research is on how policy discourse is produced, distributed, and reproduced in social and political spaces. Therefore, this approach is relevant for examining the relationship between power, elites, and language in health policy. Therefore, this study emphasizes a contextual and interpretive understanding of the phenomenon under study.

The research subjects are actors who play a role in the formation and implementation of stunting policy, such as political elites, bureaucratic elites, health workers, and local actors. Informants were determined using purposive sampling techniques, namely based on strategic position, involvement in policy, and capacity to produce or disseminate discourse related to stunting (Patton, 2002).

RESULTS AND DISCUSSION

Stunting Prevention Policy in Indonesia

Stunting prevention policy in Indonesia developed in response to the high prevalence of stunting, which has a broad impact on the quality of human resources and national development. The Indonesian government has designated stunting as a strategic priority through various national policies, including the *National Strategy for the Acceleration of Stunting Prevention*, which emphasizes a cross-sectoral convergence approach (Ministry of National Development Planning/Bappenas, 2018).

This approach integrates specific nutrition interventions, such as supplementation and maternal-child health services, with nutrition-sensitive interventions, such as the provision of clean water, sanitation, and social protection. Thus, stunting policy is not solely oriented towards the health sector but also involves other sectors such as education, social affairs, and infrastructure. This demonstrates that stunting is understood as a multidimensional problem that requires a comprehensive approach.

Furthermore, this policy also reflects the government's commitment to achieving the Sustainable Development Goals. In this context, stunting is not only a health issue but also a strategic development issue. Therefore, stunting



prevention policy is a crucial part of the national development agenda. In its implementation, stunting prevention policies in Indonesia involve various actors from the central to regional levels. The central government plays a role in policy formulation, budget allocation, and setting program standards, while regional governments are responsible for implementing and adapting policies to local contexts. Furthermore, other actors, such as health workers, integrated health post (Posyandu) cadres, and the community, also play a crucial role in the program's success.

This multi-actor involvement reflects the complexity of health governance, which requires coordination across sectors and levels of government (Kickbusch & Gleicher, 2012). However, in practice, gaps often exist between policies formulated at the central level and their implementation at the regional level. This is influenced by differences in resource capacity, socio-cultural conditions, and local political dynamics. Therefore, the implementation of stunting policies is not uniform but rather contextual, according to regional characteristics. This situation demonstrates that health policies are influenced not only by program design but also by institutional and social factors. Therefore, analyzing policy implementation is crucial to understanding the effectiveness of stunting programs.

Furthermore, stunting prevention policies in Indonesia are inextricably linked to the political dynamics behind them. These policies are often used as instruments to demonstrate government performance and gain political legitimacy. From a critical perspective, health policies are the result of a negotiation process between various actors with differing interests and power (Buse et al., 2012).

This demonstrates that stunting policies are not entirely technocratic but are also influenced by political and economic considerations. Furthermore, the involvement of international institutions and donors in stunting programs also demonstrates the presence of global influences on national policies. This situation strengthens the argument that health policies

are part of a broader political arena. Thus, stunting prevention policies can be understood as the result of interactions between actors, interests, and power relations. This analysis is crucial for uncovering the often-hidden political dimensions of health policies. Therefore, a critical approach is relevant in examining stunting policies in Indonesia.

The Discourse Construction of Stunting in Policy

The discourse construction of stunting in Indonesian policy demonstrates that this problem is not only understood as a health phenomenon, but also as a strategic issue framed through specific narratives. Discourses such as "stunting crisis," "the first 1,000 days of life (HPK)," and "golden generation" have become dominant terminology in government policy documents and public communications. These narratives serve to construct both the urgency and legitimacy of policy interventions undertaken by the state. From Michel Foucault's perspective, discourse is a mechanism of knowledge production that shapes how reality is understood and addressed (Foucault, 1972). Thus, the use of the term "crisis" not only describes empirical conditions but also plays a role in directing public attention and mobilizing resources. Furthermore, the concept of "1000 HPK" constructs a specific period as the primary point of intervention, which then forms the basis for program formulation. This suggests that stunting policy is shaped through a discursive process that defines the problem and the solutions considered relevant. Therefore, discourse analysis is crucial for understanding how stunting policy is constructed.

Furthermore, the discourse on stunting policy is also reflected in the use of indicators, standards, and technocratic language that dominate official documents. The use of prevalence data, stunting reduction targets, and performance indicators are part of a strategy to build evidence-based legitimacy (evidence-based policy). However, from a critical perspective, this knowledge is not entirely neutral but is produced within specific power relations. Michel Foucault's



thinking on power/knowledge emphasizes that knowledge and power are intertwined in shaping socially accepted truths (Foucault, 1980). In this context, indicators and statistical data function not only as measurement tools but also as instruments for controlling and directing policy. Technocratic discourse tends to position expert actors and bureaucracy as the primary authority in determining policy direction. Meanwhile, local perspectives and community experiences are often under-represented in the construction of this discourse. Thus, there is an imbalance in the production of policy knowledge that requires critical examination.

Furthermore, the construction of the stunting discourse also involves a process of selecting and simplifying complex realities into more easily communicated narratives. In this process, certain aspects of the stunting problem, such as nutritional and behavioral factors, are emphasized over structural factors like poverty, social inequality, and access to resources. This aligns with policy approaches that often focus on technical and measurable interventions. Bacchi's (2009) approach, using the *What's the Problem Represented to Be?* framework, demonstrates that policy not only responds to problems but also shapes their representation. Thus, stunting policy discourse reflects specific choices influenced by the interests of dominant actors. This process demonstrates that health policy is a result of social construction involving power relations. Therefore, analyzing policy discourse is crucial to uncovering how the reality of stunting is shaped and directed. This approach provides a more critical understanding of policy as a socio-political product.

Elite Power Relations in the Production of Policy Discourse

Elite power relations in the production of policy discourse demonstrate that strategic actors play a dominant role in shaping the narrative and direction of health development policy. Political and bureaucratic elites, as holders of formal authority, have the capacity to determine how a problem is defined and prioritized on the policy agenda. In the context

of stunting prevention, elites play a role in establishing policy framing through the use of terms, indicators, and targets that serve as references for program implementation. Michel Foucault's perspective asserts that power operates not only through formal structures but also through the production of knowledge and discourse that shapes social reality (Foucault, 1980). Thus, the elite's ability to control the policy narrative constitutes a significant form of power. The discourse produced by elites then serves as a reference for other actors in understanding and implementing policy. This demonstrates that discourse production is an integral part of the practice of power. Therefore, analyzing the role of elites in policy discourse is crucial for understanding the dynamics of health policy.

Furthermore, elite power relations in the production of discourse are also reflected in the use of data, indicators, and scientific evidence as tools for policy legitimacy. Bureaucratic elites and technocrats often have the authority to determine the type of knowledge used in policymaking, including in the collection and interpretation of stunting data. Within the power/knowledge framework proposed by Michel Foucault, knowledge is not neutral but is produced within the context of specific power relations (Foucault, 1980). Statistical data and performance indicators are used not only to describe empirical conditions but also to justify selected policy interventions. Furthermore, actors with access to knowledge resources hold a stronger position in determining policy direction. This demonstrates inequality in the production and distribution of policy knowledge. As a result, alternative perspectives originating from the community or local actors are often less accommodated. Thus, policy discourse reflects the dominance of certain actors within power relations.

Furthermore, the production of policy discourse is also influenced by interactions between elites, involving dynamics of negotiation, collaboration, and competing interests. Elites at the central and regional levels,



as well as external actors such as international institutions, interact to shape the dominant policy narrative. This process demonstrates that policy discourse is not a single entity, but rather the result of contestation between various interests (Shiffman & Smith, 2007). In the context of stunting, policy priorities are often influenced by the power of actors in mobilizing political support and resources. This demonstrates that health policy is the result of complex power configurations. Furthermore, interactions between elites also influence how policy discourse is disseminated and implemented at various levels of government. Thus, the production of discourse cannot be separated from the dynamics of power relations between actors. Therefore, an analysis of elite power relations is key to understanding the formation of stunting policy.

Dynamics of Power Relations in Policy Implementation

The dynamics of power relations in the implementation of stunting prevention policies in Indonesia demonstrate that the policy implementation process is not linear, but rather influenced by the interactions of various actors at different levels. Although policies are formulated centrally, their implementation involves local governments, which have the autonomy to adapt programs to local contexts. This creates space for negotiation between the central and local governments in determining implementation priorities and strategies. In many cases, differences in institutional capacity, resources, and socio-cultural conditions influence the effectiveness of policy implementation. Michel Foucault's perspective emphasizes that power operates not only from the top down but also across various social relations (Foucault, 1980). Thus, policy implementation becomes an arena where power relations are dynamically exercised. This suggests that policy success is determined not only by program design but also by the interactions of actors within a given context. Therefore, implementation analysis needs to consider the power dimension comprehensively.

At the local level, actors such as village heads, health cadres, and field workers play a crucial role in translating policies into daily practice. However, they are not in a neutral position, but rather are involved in local power structures that influence their actions. In many cases, policy implementation is influenced by patronage relationships, social hierarchies, and prevailing cultural norms in society (Scott, 1998). This suggests that policies are implemented not only based on formal rules but also through informal practices that reflect local power relations. Furthermore, local actors often adapt policies to suit societal conditions. This process can result in variations in policy implementation across regions.

Thus, policy implementation is a contextual and heterogeneous process. Therefore, it is important to understand how local actors play a role in reproducing or changing policies. Beyond adaptation, the dynamics of power relations are also evident in resistance to policies deemed incompatible with local needs or interests. Resistance can take various forms, from open rejection to symbolic implementation that merely meets administrative demands without any substantive change.

This phenomenon demonstrates the tension between top-down policies and the reality on the ground. From a critical perspective, resistance is part of the power relationship, demonstrating that actors are not entirely passive but possess agency in responding to policies. Michel Foucault's thinking asserts that where there is power, there is also resistance (Foucault, 1978).

Thus, policy implementation becomes a space for contestation between various interests. This demonstrates that policies are not always fully accepted by local actors. Therefore, implementation analysis needs to consider forms of resistance as part of power dynamics.

Furthermore, the dynamics of power relations in policy implementation also influence the effectiveness and sustainability of stunting prevention programs.

The dominance of top-down approaches that fail to consider local contexts can create a



gap between policy and community needs. Furthermore, a focus on achieving performance indicators often encourages administrative practices that do not always reflect real changes on the ground. This suggests that power relations in policy implementation can distort program objectives. In this context, a more participatory and inclusive approach is crucial to improving policy effectiveness. By actively involving local actors, policies can be more responsive to community needs. Therefore, understanding the dynamics of power relations is key to improving the quality of health policy implementation. Thus, stunting policy implementation can be understood as a complex and dynamic socio-political process.

Critical Discourse Analysis of Stunting Policy

Analysis of stunting policy using a Critical Discourse Analysis (CDA) approach reveals the relationship between language, power, and social structure in the policy process. This approach, developed by Norman Fairclough, emphasizes three main dimensions: text, discursive practices, and social practices (Fairclough, 2013). At the text level, stunting policy in Indonesia is dominated by technocratic language, such as prevalence indicators, reduction targets, and specific and sensitive intervention terms. This language reflects the dominance of scientific and administrative perspectives in the policy. However, from a critical perspective, this language is not neutral but rather reflects the interests and positions of actors with authority within the policy system. Thus, policy texts serve as a means of reproducing existing power structures. This analysis demonstrates that policy language plays a significant role in shaping perspectives on the problem of stunting. Therefore, a CDA approach is relevant for examining stunting policy in greater depth.

At the discursive practice level, the production and distribution of stunting policy demonstrates the dominance of bureaucratic elites and technocrats in shaping the policy narrative. Policy documents, official reports, and public communications are the primary medium

for disseminating constructed discourse. From Michel Foucault's perspective, this process reflects the close relationship between power and knowledge (power/knowledge), where actors who control knowledge production have the ability to determine socially recognized truths (Foucault, 1980). The resulting discourse then serves as a reference for other actors in understanding and implementing policy. However, this process also demonstrates the marginalization of alternative perspectives, particularly those from local communities. This indicates inequality in the production and distribution of policy discourse. Thus, discursive practices become a crucial arena in the power relations surrounding stunting policy. Therefore, analysis at this level helps reveal who holds the authority to shape the policy narrative.

At the level of social practice, stunting policy cannot be separated from the underlying social, political, and economic context. This policy is influenced by national development agendas, global pressures, and domestic political dynamics that determine policy priorities (Bacchi, 2009). The discourse on stunting as a national issue reflects how health issues are constructed to support broader development agendas. Furthermore, the focus on technical interventions often overlooks structural factors such as poverty and social inequality, which are at the root of stunting. This suggests that stunting policies are the result of complex socio-political processes. From a critical perspective, this analysis is crucial for uncovering how policies can reproduce inequality if they fail to consider the full social context. Therefore, the CDA approach makes a significant contribution to understanding policies as products of power and discourse. Thus, critical discourse analysis is an effective tool for comprehensively evaluating stunting policies.

Implications of Power Relations for Policy Effectiveness

The power relations established in stunting prevention policies have significant implications for the effectiveness of program implementation in the field. Elite dominance in the policy formulation process tends to result in a top-down



approach, where strategic decisions are primarily determined by central actors without adequate consideration of the local context. This can lead to a mismatch between policy design and the needs of the target community. From Michel Foucault's perspective, centralized power in the production of knowledge and policy can limit the participation of other actors (Foucault, 1980). As a result, policy implementation is often administrative in nature and less responsive to local social dynamics. Furthermore, the dominance of technocratic narratives can ignore the cultural and social dimensions that are crucial for changing community behavior. Thus, unbalanced power relations have the potential to hinder the effectiveness of stunting policies. Therefore, analyzing power relations is crucial in evaluating the success of health policies.

Furthermore, the implications of power relations are also evident in the overemphasis on achieving quantitative indicators as a measure of policy success. The focus on stunting prevalence reduction targets and other performance indicators encourages implementing actors to focus more on administrative reporting than on substantive changes in society. This creates the phenomenon of goal displacement, where policy objectives shift from improving health quality to meeting numerical targets (Buse et al., 2012). In this context, data and indicators serve not only as evaluation tools but also as instruments of power that direct the behavior of policy actors. This situation can lead to distortions in policy implementation, where programs are run to meet bureaucratic demands rather than community needs. Furthermore, the most vulnerable groups often receive less attention in policies oriented toward aggregate data. Thus, power relations within policies can influence the unequal distribution of program benefits. Therefore, it is important to critically review the use of indicators in health policy.

Furthermore, power relations also impact the level of participation and sustainability of stunting prevention programs. Policies dominated by elites tend to limit community

involvement in the formulation and implementation processes, thereby reducing a sense of ownership of the program. In the long term, this condition can hinder program sustainability due to a lack of community support. A critical perspective emphasizes that policy effectiveness depends heavily on the ability to build more inclusive and participatory relationships among policy actors (Bacchi, 2009). Therefore, a more dialogic and community-based approach is crucial for improving policy success. By actively involving communities, policies can be more responsive to local needs and increase the effectiveness of interventions. Furthermore, this approach can also reduce inequalities in power relations between elites and communities. Therefore, understanding the implications of power relations makes a significant contribution to improving health development policies.

CONCLUSION

This research demonstrates that stunting prevention policies in Indonesia cannot be understood solely as technocratic processes, but rather as the product of complex power relations between elites, discourses, and social practices. Stunting policies are shaped through powerful discursive constructs, such as the narratives of the "stunting crisis" and the "first 1,000 days of life," which function not only as communication tools but also as mechanisms of policy legitimacy. From Michel Foucault's perspective, these discourses reflect the close relationship between power and knowledge (power/knowledge), where actors who control knowledge production hold a dominant position in determining policy direction. Thus, stunting policies are the result of discursive processes fraught with vested interests and power relations.

Furthermore, the role of political and bureaucratic elites is proven to be highly dominant in the production and reproduction of policy discourse. Elites have the capacity to determine problem framing, set program priorities, and control the use of data and indicators as the basis for policy legitimacy. This dominance is not only evident at the policy



formulation stage but also continues into implementation through administrative control mechanisms and performance targets. However, at the local level, power relations become more dynamic, driven by processes of adaptation, negotiation, and resistance from local actors. This demonstrates that policy implementation is not linear, but rather the result of interactions between various actors within diverse social and political contexts. Thus, stunting policy becomes an arena for contested interests involving various levels of power.

The implications of these power relations directly impact the effectiveness of stunting prevention policies. Approaches dominated by elites and oriented toward quantitative indicators tend to create a gap between formal policies and practices on the ground. Furthermore, limited community participation in the policy process also reduces program sustainability. Therefore, a more inclusive, participatory, and contextual approach is needed in the formulation and implementation of health policies. This research confirms that understanding power relations and discourse is key to increasing the effectiveness of health development policies. Therefore, this study provides theoretical and practical contributions to the development of more critical and reflective policy analysis.

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