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Legal Politics and State Responsibility in Addressing Adolescent Stunting: Fulfilling the Right to Health in West Java

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ABSTRACT

This article examines adolescent stunting as a legal and human rights issue within the framework of the right to health in Indonesia. It argues that the problem should be assessed not only through health intervention outcomes, but also through the legal politics of policy implementation and state responsibility under Presidential Regulation No. 72 of 2021 on the Acceleration of Stunting Reduction. Using an empirical legal approach with a socio-legal orientation, the study analyzes the implementation of the anti-stunting policy in Garut Regency, Majalengka Regency, and West Bandung Regency, drawing on legal materials, interviews, observations, questionnaires, and supporting empirical data. The findings show that adolescents are materially affected by stunting and respond positively to structured measures, yet they remain weakly prioritized in operational anti-stunting governance, which continues to focus more explicitly on pregnant women and children under five. Local institutions have undertaken meaningful action, but implementation remains fragmented and dependent on local initiative rather than on a clearly standardized rights-based framework. This article concludes that adolescent stunting reflects a gap between normative guarantees and policy implementation, and that stronger legal recognition, local accountability, and adolescent inclusion are necessary for the fuller realization of the right to health.

Keywords: Legal politics, adolescent stunting, right to health, state responsibility, policy implementation, West Java.

ABSTRAK

Artikel ini mengkaji stunting pada remaja sebagai isu hukum dan hak asasi manusia dalam kerangka hak atas kesehatan di Indonesia. Artikel ini berpendapat bahwa masalah tersebut harus dinilai tidak hanya berdasarkan hasil intervensi kesehatan, tetapi juga berdasarkan politik hukum, implementasi kebijakan, serta tanggung jawab negara sesuai dengan Peraturan Presiden Nomor 72 Tahun 2021 tentang Percepatan Penurunan Stunting. Menggunakan pendekatan hukum empiris dengan orientasi sosial-hukum, studi ini menganalisis implementasi kebijakan di Kabupaten Garut, Kabupaten Majalengka, dan Kabupaten Bandung Barat melalui materi hukum, wawancara, observasi, kuesioner, serta data intervensi pendukung. Temuan menunjukkan bahwa remaja secara material terpengaruh oleh stunting dan merespons secara positif terhadap langkah-langkah terstruktur, namun mereka tetap kurang diprioritaskan dalam tata kelola operasional anti-stunting, yang terus berfokus secara lebih eksplisit pada ibu hamil dan anak di bawah lima tahun. Temuan juga menunjukkan bahwa institusi-institusi lokal telah mengambil tindakan yang cukup berarti, tetapi implementasinya tetap terfragmentasi dan lebih bergantung pada inisiatif lokal dibandingkan dengan kerangka kerja berbasis hak yang terstandarisasi dengan jelas. Artikel ini menyimpulkan bahwa stunting pada remaja mencerminkan kesenjangan antara jaminan normatif dan implementasi kebijakan. Hal ini berkontribusi pada kajian politik hukum kesehatan dan hak asasi manusia dengan menunjukkan perlunya pengakuan hukum yang lebih kuat, akuntabilitas lokal, serta keterlibatan remaja dalam kebijakan anti-stunting.

Kata Kunci: Politik hukum, stunting pada remaja, hak atas kesehatan, tanggung jawab negara, implementasi kebijakan, Jawa Barat.

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INTRODUCTION

Freedom from stunting must be understood not only as a public health aspiration but also as part of the legal protection of the right to health (Parekh & Pillai, 2016; Patterson, 2024). Stunting is a serious and persistent problem in developing countries, including Indonesia, because it affects not only physical growth but also cognitive development, educational attainment, productivity, and long-term human welfare (Lestari, Siregar, Hidayat, & Yusuf, 2024; Moelyo, Pulungan, Sitaresmi, & Julia, 2025). For adolescents, the effects of stunting are particularly significant because they extend into a developmental stage closely associated with learning, self-confidence, social participation, and future reproductive health (Medise et al., 2024; Oddo, Roshita, & Rah, 2019). For that reason, adolescent stunting should not be treated merely as a technical or nutritional matter. It raises a broader legal question concerning whether the state has adequately protected adolescents whose developmental vulnerability may place them at long-term disadvantage (Hanifah & Syahrizal, 2024; Nurhaeni et al., 2024).

Within the Indonesian constitutional order, the right to health is expressly recognized in Article 28H paragraph (1) of the 1945 Constitution, which guarantees every person's right to live in physical and spiritual prosperity and to obtain health services, while Article 34 paragraph (3) places responsibility on the state to provide adequate health service facilities. These constitutional guarantees are reinforced by Law No. 39 of 1999 on Human Rights, Law No. 17 of 2023 on Health, and Indonesia's ratification of the International Covenant on Economic, Social and Cultural Rights through Law No. 11 of 2005. Taken together, these instruments place the right to the highest attainable standard of health within the framework of state obligation rather than mere policy discretion. Accordingly, the prevention and mitigation of stunting are not only matters of technical intervention but also part of the state's duty to respect, protect, and fulfil health rights (Sari, Asrinaldi, & Valentina, 2025; Suharso, 2023; Widjaja, Adhityo, Ryendra, & Cristiany, 2023).

This legal perspective is particularly important for adolescents. Much of Indonesia's anti-stunting discourse and implementation has been centred on pregnant women, infants, and children under five, which is understandable from a preventive and maternal-child health perspective (Ismunarta, 2025; Nurhaeni et al., 2024; Stewart, Iannotti, Dewey, Michaelsen, & Onyango, 2013). However, stunting in adolescence affects pubertal development, memory, learning, bone and tooth growth, metabolism, and psychosocial development (Medise et al., 2024; Moelyo et al., 2025). Adolescents who carry the long-term effects of earlier nutritional deprivation do not fall outside the protection of the right to health simply because policy attention is more explicitly directed at other vulnerable groups (Parekh & Pillai, 2016; Patterson, 2024). This raises an important legal and policy question: what is the position of adolescents as subjects of the right to health when they are already experiencing the ongoing consequences of stunting, yet remain less visible in the operational design of anti-stunting policies?

Presidential Regulation No. 72 of 2021 on the Acceleration of Stunting Reduction provides the national framework for strategy, implementation, coordination, monitoring, evaluation, and funding. Yet the practical prioritization of adolescents within that framework remains less visible than that of pregnant women and toddlers. This gap is legally significant because the right to health is universal and indivisible (Patterson, 2024; Robinson, 2007). Adolescents cannot be treated merely as a peripheral policy category when they are directly affected by the consequences of undernutrition and are also crucial to preventing intergenerational stunting (Medise et al., 2024; Oddo et al., 2019). Once the anti-stunting policy is viewed through a human rights lens, the central issue is no longer only whether interventions are available, but whether the regulatory and governance framework adequately includes adolescents as rights holders and

whether government institutions can be held accountable for implementation gaps (Parekh & Pillai, 2016; Patterson, 2024).

The urgency of this issue is borne out by empirical evidence, but that evidence must be read juridically rather than descriptively. Stunting among adolescents affects not only physical growth but also cognitive development, self-confidence, educational participation, and future productivity (Karuniawati, Respati, Baiquni, & Mulyani, 2025; Lestari et al., 2024). In other words, it implicates the broader legal architecture of welfare, equality, and human development. If adolescents who have already entered junior secondary education remain outside the practical focus of anti-stunting interventions, the question is not simply whether health interventions are effective (Karuniawati et al., 2025; Patterson, 2024). The deeper question is whether the state's regulatory and governance framework has adequately protected adolescents' right to health. From a human rights perspective, the issue cannot be reduced to prevalence data. It lies in whether existing policies are normatively inclusive, whether implementation actually reaches the relevant legal subjects, and whether institutions can be held accountable for the gap between legal commitment and field practice (Gruskin, Zacharias, Jardell, Ferguson, & Khosla, 2021; Yamin & Maleche, 2017).

The existing literature provides an important starting point, but it also reveals a clear gap. Previous studies on stunting in Indonesia have largely focused on nutrition, physiology, maternal and child health, educational effects, or intervention effectiveness (Medise et al., 2024; Moelyo et al., 2025; Nurhaeni et al., 2024). Other studies have examined nutrition education, dietary intake, and exercise as ways to address adolescent stunting. These studies are important because they identify the determinants of stunting and the possible effectiveness of specific interventions. However, they do not sufficiently address whether current legal and policy frameworks, especially Presidential Regulation No. 72 of 2021 and the local governance practices derived from it, adequately protect adolescents as subjects of the right to health (Nurdiana, Ayuningtyas, Yuliatiningtyas, & Nurhasana, 2025; Suharso, 2023).

This article addresses that gap by shifting the analytical focus from intervention effectiveness to legal protection, state responsibility, and policy implementation. It argues that adolescent stunting must be repositioned within the framework of health law, human rights law, and legal policy. Scientific and political strategies remain relevant, but they cannot be understood merely as general public policy tools. This article treats the relationship between science and politics not simply as a policy debate, but as a legal-policy problem. Scientific strategy is the use of evidence-based interventions to inform public regulation and service delivery, while political strategy refers to how state actors, local governments, and implementing institutions translate legal mandates into coordinated action, budgetary commitment, and accountable governance (Patterson, 2024; Yamin & Maleche, 2017). The central legal question is therefore whether scientific evidence on adolescent stunting has been adequately transformed into norms, priorities, institutional coordination, and implementation mechanisms that fulfil the right to health (Nurdiana et al., 2025).

Methodologically, this article adopts an empirical legal approach with a socio-legal orientation. It examines adolescent stunting not merely as a health condition but as a legal-policy issue concerning how the regulatory framework for stunting reduction is implemented in local governance and how that implementation affects the fulfilment of adolescents' right to health (Clarke, Rajan, & Schmets, 2016; Rauta, Kurnia, & Wauran, 2023; Stuttaford, Harrington, & Lewando-Hundt, 2012). The study focuses on Garut Regency, Majalengka Regency, and West Bandung Regency because these areas represent local settings where adolescent stunting is socio-legally significant, both in terms of prevalence history and institutional variation in implementation, including public schools, Islamic boarding schools, and different local

governance environments. This selection allows the article to assess how a national regulatory framework is translated into different local protection settings and whether adolescents receive sufficiently clear legal and policy attention across those settings.

Based on this framework, the socio-legal problem addressed in this article can be formulated as follows: how is the implementation of the regulatory framework for stunting reduction, particularly Presidential Regulation No. 72 of 2021, reflected in local efforts to address adolescent stunting, and to what extent does that implementation fulfil the state's responsibility to protect adolescents' right to health? Accordingly, this study aims to analyze the implementation of legal and policy measures related to adolescent stunting in Garut Regency, Majalengka Regency, and West Bandung Regency, and to evaluate their implications for legal protection, governance accountability, and the fulfilment of adolescents' health rights. By doing so, the article seeks to contribute not only to the discussion of stunting interventions but also to the development of socio-legal analysis concerning state responsibility, regulatory implementation, governance accountability, and the protection of the right to health in Indonesia. The following sections explain the study's socio-legal method, present empirical findings on policy implementation and adolescent inclusion, and discuss their implications for legal protection, governance accountability, and the fulfilment of the right to health.

RESEARCH METHOD

This study employs an empirical legal approach with a socio-legal orientation. The research is empirical legal because it does not examine legislation only at the level of normative text, but also investigates how legal norms and public policies concerning stunting reduction are implemented in practice and how such implementation affects the fulfillment of adolescents' right to health (Stuttaford et al., 2012; Tangkas, Yustina, & Wibowo, 2018). Its socio-legal orientation is important because adolescent stunting cannot be adequately understood through doctrinal analysis alone; it must also be examined through the interaction among law, policy, institutions, and social practice in local settings (Clarke et al., 2016; Rauta et al., 2023). Accordingly, the study focuses on the implementation of the legal and policy framework on stunting reduction, especially Presidential Regulation No. 72 of 2021 on the Acceleration of Stunting Reduction, and on how local governance mechanisms in Garut Regency, Majalengka Regency, and West Bandung Regency reflect the state's responsibility to protect and fulfil adolescents' right to health.

The object of legal analysis in this article is not merely the health condition of adolescents, but the relationship between legal norms, policy implementation, and institutional responsibility. More specifically, the study examines whether the existing regulatory framework adequately includes adolescents as subjects of health protection, how local governments and educational institutions operationalize anti-stunting policies, and where gaps persist between the normative commitment to the right to health and the actual field practice of stunting mitigation for adolescents (Gostin et al., 2019; Mulumba, Ruano, Perehudoff, & Ooms, 2021). In this way, the article treats scientific and political strategies not simply as intervention tools, but as part of a broader legal-policy question concerning state responsibility, governance accountability, and the adequacy of legal protection (Arawinda & Wisnaeni, 2025; Kantamaturapoj et al., 2020).

The study uses three data categories. First, primary legal data consist of statutory and policy materials relevant to the right to health and stunting reduction, including the 1945 Constitution of the Republic of Indonesia, Law No. 39 of 1999 on Human Rights, Law No. 17 of 2023 on Health, Law No. 11 of 2005 on the ratification of the ICESCR, Presidential Regulation No. 72 of 2021 on the Acceleration of Stunting Reduction, and relevant local policy documents and administrative practices in the research

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locations. Second, secondary legal data include legal doctrine, academic journals, books, and scholarly works on health law, human rights law, legal protection, governance and accountability, and public policy implementation. Third, empirical data were collected through interviews, observations, questionnaires, and supporting intervention records in three districts in West Java: Garut Regency, Majalengka Regency, and West Bandung Regency. These empirical data were used to understand how the legal framework operates in practice and how institutional actors, schools, and local stakeholders respond to adolescent stunting in the field.

The empirical component involved 74 adolescents whose height was below the WHO standard and who were studying in junior secondary schools or equivalent institutions in the selected locations. The study also interviewed school principals, teachers, pesantren managers, local education actors, and other stakeholders involved in adolescent care and anti-stunting responses. In addition, questionnaires and field observations were used to identify how adolescents, schools, and local actors experienced the impact of stunting and responded to available programs. For the purposes of this legal article, these data are not treated primarily as evidence of clinical effectiveness, but rather as supporting material for assessing whether the implementation of anti-stunting regulations and local policies has meaningfully reached adolescents as legal subjects of the right to health.

The study also included a limited quasi-experimental intervention component, including nutritious food provision, local nutrition utilization, and “R” exercise, with pre- and post-observations across the treatment and control groups. However, in this article, that component is presented as supporting empirical evidence rather than as the principal research design. Its function is to show that adolescents are not merely passive recipients of legal policy, but a group whose health conditions, development, and vulnerability require more explicit legal recognition and policy attention. Therefore, the intervention data are used to illuminate the practical consequences of policy prioritization and implementation gaps, rather than to shift the study into a purely biomedical or experimental framework.

Data were analyzed through normative qualitative analysis and legal policy implementation analysis. A normative qualitative analysis was used to identify the state's legal obligations and adolescents' policy position within the regulatory framework on health and stunting reduction. Legal policy implementation analysis was then used to examine how those norms were translated into local governance, school-based action, and institutional coordination. Finally, the study conducted a gap analysis to compare legal norms and policy commitments with field practice, particularly regarding whether adolescents were adequately included, protected, and prioritized in the implementation of anti-stunting measures. Through this combination, the article can assess not only what the law prescribes, but also how far implementation reflects the constitutional and human rights obligation to fulfil adolescents’ right to health.

RESULTS AND DISCUSSION

Result

The findings show that adolescent stunting in West Java is not merely a matter of nutrition, physical development, or school-based intervention, but also of legal visibility and policy implementation. Although the national framework for stunting reduction has been established through Presidential Regulation No. 72 of 2021, field findings indicate that adolescents are not yet treated as a sufficiently explicit priority group in operational implementation. Anti-stunting efforts remain more clearly directed towards pregnant women and children under five, while adolescents appear mainly through supplementary,

indirect, or locally improvised measures. This indicates a gap between the broad legal guarantee of the right to health and the narrower practical scope of policy execution. The first major finding of this study, therefore, is that adolescents remain only partially included within the implementation architecture of anti-stunting policy.

A second finding concerns the role of local institutions in translating anti-stunting commitments into practice. The study shows that schools, Islamic boarding schools, teachers, village heads, local government actors, and community health services already participate in identifying adolescents at risk and providing support. In the three research sites, principals, teachers, pesantren managers, and local stakeholders provided practical responses on student development, school routines, physical activity, nutritional conditions, and institutional collaboration. These findings demonstrate that adolescent stunting is already visible at the implementation level. At the same time, they also show that such efforts still depend heavily on local initiative and cross-sectoral cooperation rather than on a clearly standardized rights-based mechanism. As a result, adolescent anti-stunting measures are being implemented through dispersed institutional practices rather than through a stable, explicit legal-protection framework.

Table 1. Research Sites and Institutional Informants

Research site	Institution type	Key informants	Main relevance to the study	Legal-policy significance
Leles, Garut Regency	Madrasah Tsanawiyah	Principal, physical education teacher, homeroom teacher	Provided insight into school-based health policy, student physical activity, and classroom observation of adolescent development.	Shows how schools function as frontline institutions in the implementation of adolescent health protection.
Sukahaji, Majalengka Regency	Islamic boarding school	Boarding school head, foundation head, senior teacher	Provided information on religious education, food provision, student health routines, and collaboration with government and health actors.	Illustrates how pesantren governance can contribute to adolescent health protection within a broader local policy framework.
Lembang, West Bandung Regency	Junior high school	Principal, public relations teacher, homeroom teacher	Provided information on school policy, sedentary behavior, parent communication, and village-level collaboration.	Highlights the role of school governance and local communication in translating health policy into adolescent-focused action.

Source: Researcher processed data

Table 1 shows that the study draws not only on adolescent measurement data but also on institutional actors who shape how anti-stunting policy is interpreted and implemented in practice. The analytical value of these sites lies in their role as governance arenas through which adolescent health protection is mediated, negotiated, and operationalized.

A third finding concerns the governance measures used to address adolescent stunting at the local level. The manuscript documents a series of implementation steps, including teacher and principal

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surveys, collaboration with village heads, nutritional provision, healthy lifestyle education, school-based physical activity, regular monitoring, cooperation with community health centres, community participation, and mass media dissemination. These measures indicate that anti-stunting action for adolescents already involves a network of educational, village, health, and community institutions. However, the same findings reveal that such implementation remains fragmented. The measures are present, but they are not yet organized within a sufficiently explicit adolescent-centred legal protection structure. The problem, therefore, is not the total absence of response, but the incomplete consolidation of response into a stable governance mechanism that treats adolescents as protected legal subjects rather than as incidental programme recipients.

Table 2. Local Governance Measures in Implementing Adolescent Anti-Stunting Policy

Measure	Main actors	Operational description	Governance function	Legal-policy relevance
Teacher and principal survey	Schools, principals, teachers	Schools identify adolescents at risk and collect anthropometric information.	Early detection and institutional screening	Shows that educational institutions are part of the implementation chain for adolescent health protection.
Collaboration with village heads	Village governments, local cadres	Village heads and local health actors help identify vulnerable families and nutritional risks.	Local coordination	Reflects decentralized responsibility in translating national anti-stunting policy into field practice.
Nutritional provision	Schools, teachers, local stakeholders	Schools promote nutritious meals and encourage healthier food practices for adolescents.	Service delivery	Indicates that anti-stunting governance is not only preventive for toddlers, but can also be operationalized for adolescents.
Healthy lifestyle education	Schools, parents, students	Nutrition education and healthy living campaigns are delivered to students and parents.	Preventive communication	Supports the fulfillment of the right to health through information, awareness, and behavioral guidance.
School-based physical activity	Schools, sports teachers	Exercise sessions and "R" gymnastics are introduced as	Developmental intervention	Broadens the implementation of health policy

Measure	Main actors	Operational description	Governance function	Legal-policy relevance
		part of adolescent support.		beyond nutrition alone.
Monitoring and evaluation	Schools, local implementers	Routine measurements and program review are conducted over time.	Oversight and follow-up	Suggests the emergence of accountability mechanisms, although still uneven and not fully standardized.
Collaboration with community health centers	Schools, Puskesmas, local health services	Screening and supplementation are connected with health-service actors.	Cross-sector integration	Demonstrates the importance of linking education and health institutions in the fulfillment of adolescent health rights.
Community participation	Parents, communities, support groups	Community and parent involvement is encouraged in nutrition and health programs.	Social support and participation	Reinforces the idea that health rights implementation depends on both institutional action and social participation.
Mass media dissemination	Government, schools, public communication channels	Information is disseminated through television, radio, print, and online media.	Public communication and policy socialization	Indicates that policy implementation also depends on public communication and awareness-building.

Source: Researcher processed data

Table 2 demonstrates that anti-stunting efforts for adolescents already involve multi-actor implementation across schools, villages, health services, and communities. Yet it also makes clear that this governance structure remains programmatic and dispersed rather than fully institutionalized as a consistent rights-protection regime for adolescents. This data is related to the fourth finding, which concerns the relationship between scientific evidence and the inclusion of adolescents in policy. The empirical intervention data show that adolescents who received the most comprehensive package of nutritious food, local nutrition, and "R" exercise experienced the greatest improvements in physical growth, concentration, fitness, and self-confidence, while the control group showed the weakest outcomes. These results are important, but not merely because they prove clinical effectiveness. Their broader significance lies in demonstrating that adolescents are a materially affected group whose condition can improve through structured intervention. This strengthens the argument that adolescents should be more explicitly included in anti-stunting implementation as subjects of legal protection, rather than remaining

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only indirect or secondary beneficiaries. Once evidence shows that adolescents respond positively to targeted measures, weak policy prioritization becomes harder to justify under the principle of equal protection of the right to health.

Table 3. Supporting Empirical Evidence for Adolescent Inclusion in Anti-Stunting Policy

Outcome dimension	Main empirical pattern	Comparative trend across groups	Legal-policy implication
Physical growth	Adolescents receiving the most complete intervention package showed the highest average height increase.	The full-treatment group outperformed the control group and the partial-intervention groups.	Adolescents are a responsive target group and therefore should not remain peripheral in anti-stunting implementation.
Cognitive concentration	Concentration scores improved most clearly in groups receiving more structured intervention.	The strongest gains appeared in treatment groups, while the control group showed the weakest change.	The right to health should be interpreted broadly to include developmental and educational dimensions, not only physical survival.
Physical fitness	Fitness outcomes improved most strongly among adolescents receiving integrated nutritional and exercise support.	Groups with exercise-based support performed better than the control group.	Local implementation should not treat adolescent health as a narrow nutrition issue, but as a broader question of developmental well-being.
Self-confidence	Psychosocial outcomes improved in treatment groups and remained weakest in the control group.	The most comprehensive intervention generated the strongest improvement.	Anti-stunting policy has implications for dignity, participation, and psychosocial development, which are relevant to rights-based protection.
Overall policy relevance	The intervention data show that adolescents benefit from targeted, structured anti-stunting measures.	Positive outcomes were not random, but associated with more complete intervention exposure.	Scientific evidence should be translated into clearer legal inclusion, stronger operational priority, and more explicit protection of adolescents' right to health.

Source: Researcher processed data

Table 3 presents the intervention results as empirical evidence supporting legal and policy inclusion. The table shows that adolescent anti-stunting measures affect not only physical development but also concentration, fitness, and psychosocial confidence. This broadens the significance of the findings and reinforces the claim that adolescent health protection should be understood as part of the state's duty to fulfil the right to health in a developmental and non-selective manner.

The fifth finding concerns state responsibility and the consistency of implementation. The manuscript shows that local governments, educational institutions, and community actors were involved in communication, cooperation, and support for adolescent-focused anti-stunting efforts. This involvement indicates that anti-stunting governance does not depend solely on scientific intervention. It

also depends on how legal mandates are translated into local coordination and action. Yet this same pattern reveals a structural weakness. Because implementation relies heavily on local commitment, leadership, and inter-sectoral initiative, adolescent protection remains vulnerable to inconsistency. Adolescents are included where institutions are willing and able to act, but their protection is not yet secured by an equally explicit implementation obligation across settings. The findings, therefore, point to a legal-policy problem of uneven accountability rather than simply a technical problem of limited intervention.

Taken together, the results show that adolescent stunting policy is characterized by partial inclusion. The regulatory framework provides a general normative basis, local institutions undertake meaningful action, and empirical evidence demonstrates that adolescents benefit from targeted intervention. However, these elements have not yet been fully integrated into a coherent legal-protection model. Adolescents remain less visible than other target groups within the implementation architecture, local governance remains fragmented, and accountability remains more dependent on institutional initiative than on a clearly standardized rights-based framework. These findings form the basis for the following discussion, which interprets scientific and political strategies as legal-policy strategies directed towards the fulfilment of adolescents' right to health.

Disscusion

Scientific-Legal Strategy: Evidence, Service Delivery, and the Right to Health

The findings show that scientific strategy should not be understood merely as a set of technical health interventions, but as a legal-policy question about whether evidence on adolescent stunting has been translated into service priorities and implementation mechanisms that fulfil the right to health. The intervention results demonstrate that adolescents who received a more integrated package of nutritious food, local nutrition, and "R" exercise showed better outcomes in physical growth, concentration, fitness, and self-confidence than those who received less complete treatment or no treatment. For the purposes of this article, the central significance of those findings is not physiological detail. Their legal significance lies in showing that adolescents are a materially affected and empirically responsive group. Once such evidence exists, adolescents can no longer be treated as merely indirect or residual beneficiaries of anti-stunting policy.

This argument gains strength when set against the normative framework of the right to health. Health rights are not satisfied by abstract constitutional or statutory recognition alone, but require actual access, inclusion, and implementation (Gostin et al., 2019; Kantamaturapoj et al., 2020). The empirical findings support a rights-based reading: if adolescents demonstrably benefit from structured anti-stunting measures, their weak operational prioritization reflects not a lack of evidence but a weakness in legal translation (Waller et al., 2022). The issue is therefore not whether science matters, but whether scientific evidence has been given sufficient normative force in policy design and service delivery. A legal system that recognizes health as a right but fails to convert evidence of adolescent need into implementation priority risks producing selective rather than equal protection (Osei Afriyie, Hooley, Mhalu, Tediosi, & Mtenga, 2021; Rodríguez Gatta et al., 2024).

This interpretation also extends prior scholarship. Existing studies on adolescent stunting cited in the manuscript identified social and health determinants, while intervention-oriented studies on nutrition education, dietary intake, and exercise showed that structured measures can improve adolescent outcomes. Yet most of those studies remain within public health or intervention logic (Karuniawati et al.,

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2025; Medise et al., 2024; Oddo et al., 2019). They do not ask whether such evidence has been translated into legal obligations, implementation standards, or rights-based policy inclusion. This article builds on that literature by shifting the analytical question. The issue is no longer only whether an intervention works, but whether the state has responded to available evidence in a way that adequately protects adolescents as subjects of the right to health.

The theoretical relevance of the science-politics relationship becomes clearer through this shift. Forsyth's postulate is useful here not merely as a general policy reflection but as a legal-policy insight: science without justice risks exclusion, while politics without evidence risks inaccurate or ineffective regulation (Forsyth, 2003). Read in that way, scientific strategy becomes a scientific-legal strategy. It refers to the use of evidence-based interventions as the basis for public regulation, for setting implementation priorities, and for health service delivery (Armstrong et al., 2013; Gostin et al., 2019). The findings show that such translation has been partial. Evidence exists that confirms adolescent vulnerability and responsiveness to intervention. Yet anti-stunting implementation still places greater operational weight on pregnant women and toddlers, while adolescents remain less explicitly visible in the implementation chain (Karuniawati et al., 2025; Medise et al., 2024; Oddo et al., 2019). The weakness, therefore, is not epistemic but normative and administrative: evidence has not yet been fully translated into a stronger adolescent-centred implementation architecture (Kantamaturapoj et al., 2020; Waller et al., 2022).

A further implication concerns the meaning of legal protection. In this article, legal protection does not mean only the existence of legislation. It also means whether the implementation actually reaches those whose rights are affected (Gostin et al., 2019; Kantamaturapoj et al., 2020). The intervention findings strengthen the claim that adolescents should be treated as a legally relevant target group, because the harms of earlier stunting persist into adolescence and affect physical development, cognition, psychosocial confidence, and future life chances (Lestari et al., 2024; Medise et al., 2024). Scientific evidence thus provides more than technical support. It provides a legal and policy basis for demanding stronger inclusion of adolescents in anti-stunting governance. Where such inclusion remains weak, the fulfilment of the right to health remains incomplete (Armstrong et al., 2013; Karuniawati et al., 2025; Parekh & Pillai, 2016).

Political-Legal Strategy: State Responsibility, Coordination, and Governance Accountability

The findings also show that political strategy must be interpreted more rigorously than as mere leadership vision, communication, or collaborative goodwill. In this article, political strategy is best understood as a political-legal strategy: the process by which state actors, local governments, and implementing institutions translate legal mandates into coordinated action, budgetary commitments, and accountable governance (Armstrong et al., 2013; Kantamaturapoj et al., 2020). Field data indicate that anti-stunting action for adolescents already involves schools, pesantren, teachers, village governments, community health centres, and local stakeholders. This finding is consistent with Riwanto et al. (2023), who emphasize that legal-policy problems require collaborative governance involving multiple actors, institutions, and coordinated policy mechanisms. Similarly, Mashur et al. (2023) show that collaborative governance has become an important approach in addressing complex public issues because it emphasizes interaction, coordination, and cooperation among multiple actors and institutions. Surveys, local identification, nutritional provision, education, school-based exercise, and cross-sector cooperation all demonstrate that anti-stunting governance is taking shape through inter-institutional collaboration rather than solely through the health sector.

Yet this finding must be read critically. The presence of local coordination does not automatically mean that the state has fulfilled its legal obligation. This concern is relevant to Emzaed et al. (2023), who

show that centralized legal politics may weaken civil society participation when state policy overlooks historically rooted community practices. In the context of adolescent anti-stunting governance, this suggests that state responsibility should not eliminate local participation, but should provide a clear legal framework that strengthens coordination, accountability, and community involvement. The study shows that much of the implementation still depends on local initiative, administrative improvisation, and the willingness of particular institutions to act. Tukijan et al. (2023) argue that digital government has become increasingly important in public governance because it relates to information management, institutional readiness, and service-oriented implementation. In line with this, Indriana et al. (2023) show that the interaction between government transformation and technology can expand public access and support more adaptive governance practices in Indonesian society. Therefore, adolescent anti-stunting governance requires not only local commitment, but also stronger information systems, digital monitoring mechanisms, and coordinated institutional support to ensure consistent implementation across schools, health services, village governments, and local stakeholders. Therefore, adolescent anti-stunting governance requires not only local commitment, but also stronger information systems and monitoring mechanisms to ensure that implementation is consistent across institutions and regions. This matters because rights fulfilment should not rest too heavily on discretionary cooperation. Where implementation depends primarily on goodwill, outcomes become uneven across localities, and adolescents' protection becomes contingent rather than guaranteed (Kantamaturapoj et al., 2020; Katz & Mair, 1994). From a legal perspective, this is a problem of governance accountability. The issue is not the total absence of action, but the lack of a sufficiently standardized and explicit implementation design that secures adolescent protection as part of the state's duty under health law and human rights law (Mulumba et al., 2021).

This argument resonates with broader governance theory. Ostrom's work on institutional coordination and Pierson's account of policy feedback both show that policy effectiveness depends on how institutions organize responsibility, routinize implementation, and sustain commitments over time (Baldwin, Chen, & Cole, 2018; Lockwood, 2022). However, the present article extends that argument into legal scholarship. In legal studies, coordination is valuable not only because it increases efficiency, but also because it reveals whether the state has converted normative commitments into an accountable protection structure (Kantamaturapoj et al., 2020; Mulumba et al., 2021). The findings suggest that local actors already play important roles, but these roles are not yet consistently embedded in a stable rights-based framework. This condition is also relevant to Mun'im et al. (2025), who show that local authority, social capital, and political relations can influence public policy outcomes in socio-legal contexts. In adolescent anti-stunting governance, schools, pesantren, village governments, and health services should therefore be understood not merely as supporting actors, but as local governance agents whose roles require clearer legal recognition and institutional consolidation. Although Schools and pesantren may contribute meaningfully, but their duties remain more programmatic than juridically consolidated. This point is supported by Ikhwan et al. (2026), who show that Islamic educational institutions can function not only as spaces for religious instruction, but also as community-based institutions that advocate for vulnerable groups, particularly women and children. In the context of adolescent anti-stunting governance, pesantren and schools should therefore be positioned as strategic local institutions for identifying vulnerability, supporting health-related education, and strengthening rights-based protection for adolescents.

The results also reveal a deeper issue of selective implementation. Presidential Regulation No. 72 of 2021 provides a national framework for accelerating stunting reduction, yet field findings indicate that adolescents remain less visible in operational practice. This suggests that the legal framework is broader

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than its implementation. Such a gap is significant from a human rights perspective, as the right to health is universal and indivisible. Adolescents do not become less entitled to health protection merely because policy has chosen to foreground other vulnerable groups (Kantamaturapoj et al., 2020; Mulumba et al., 2021). The practical focus on pregnant women and toddlers may be understandable from a preventive standpoint, but it cannot erase the state's continuing obligation towards adolescents who are already experiencing the impacts of stunting and who also represent the next generation of reproductive-age citizens (Bhutta et al., 2017). Political strategy, therefore, cannot be judged solely by the existence of collaboration, but by whether collaboration enables equal and accountable implementation of legal protection (Agblevor et al., 2023).

This is why the article reframes political strategy as a matter of state responsibility. The local findings show that commitment, communication, and collaboration can create space for action, but they also reveal that action remains fragmented and not yet firmly standardized. A rights-based state cannot indefinitely rely on informal initiatives. It must establish clearer implementation duties, stronger operational guidance, and more explicit accountability mechanisms for local governments and implementing institutions. Without these elements, adolescent anti-stunting measures remain vulnerable to policy inconsistency, leadership changes, and local disparities in institutional capacity.

From this perspective, the relationship between science and politics becomes clearer. Scientific evidence identifies adolescent needs and shows that intervention can be effective. Political strategy mobilizes institutions and coordinates implementation. Law must bind these two together by converting evidence and commitment into enforceable priorities, institutional responsibilities, and governance standards. Where that legal translation is weak, policy may still function partially, but rights fulfilment remains incomplete. That is the article's central contribution to health law and human rights scholarship: it demonstrates that adolescent stunting should not be approached solely as a matter of intervention effectiveness, but as a test of whether the state has adequately transformed evidence and political commitment into legal protection and accountable implementation.

The findings, therefore, support three implications for legal policy. First, adolescents should be recognized more explicitly within the implementation architecture of anti-stunting regulation, whether through stronger technical directives, local implementation protocols, or policy instruments that identify them as a priority legal subject rather than a derivative target. Second, local government accountability should be strengthened so that anti-stunting actions for adolescents are not left primarily to the discretion of schools, village actors, and local stakeholders. Third, monitoring and evaluation should assess not only whether programmes exist, but also whether those programmes fulfil the state's obligation to protect adolescents' right to health in a consistent and non-selective manner. Political strategy becomes legally meaningful only when it produces durable, reviewable, and rights-oriented institutional coordination.

CONCLUSION

This study finds that adolescent stunting in West Java should be understood not only as a public health issue but also as a matter of legal protection and of the state's responsibility to fulfil the right to health. The findings show that scientific and political strategies can support mitigation efforts, yet their main significance lies in revealing whether existing legal and policy commitments, especially Presidential Regulation No. 72 of 2021, have been translated into operational protection for adolescents. Although the regulatory framework for stunting reduction already exists, its implementation remains more clearly directed towards pregnant women and children under five, while adolescents continue to occupy a weaker

and less explicit position within policy priorities. The article, therefore, identifies a gap between the broad normative guarantee of health rights and the narrower practical scope of implementation.

The study also shows that current regulations and practices have not yet provided sufficiently clear and consistent legal protection for adolescents as holders of the right to health. Local governments, schools, pesantren, health services, and community actors have already undertaken meaningful measures through coordination, monitoring, nutritional support, and health education, demonstrating that anti-stunting governance is not absent. However, these efforts remain fragmented, dependent on local initiative, and insufficiently standardized as a rights-based protection mechanism. This article contributes to health law, human rights law, and legal policy studies by showing that adolescent stunting must be assessed not only by intervention outcomes but also by the extent to which legal norms are translated into institutional priorities, governance accountability, and non-selective implementation. For that reason, strengthening adolescents' legal visibility within anti-stunting policy, clarifying local government obligations, and improving monitoring and accountability are necessary steps to align policy implementation more closely with the state's legal duty to fulfil the right to health.

Finally, this study confirms that fulfilling adolescents' right to health is a legal obligation of the state, not merely an incidental outcome of health programmes or administrative goodwill. Its limitation is that the socio-legal analysis is still based on selected districts in West Java and relies primarily on the implementation of one major regulatory framework, so it cannot yet capture wider variation across provinces, local legal instruments, or judicial and administrative responses in other regions. Future research should therefore examine how adolescent stunting is addressed across different local regulatory settings, compare regional implementation models, and investigate more closely how constitutional health rights, local governance, and sectoral policy coordination interact in practice. Such work would deepen the legal understanding of how the right to health can be made more inclusive, enforceable, and effective for adolescents within Indonesia's anti-stunting governance framework.

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