



Exploring the Key Factors in the Implementation of the GERMAS Policy: A Public Management Perspective Using the Mazmanian and Sabatier Framework

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ABSTRACT

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The implementation of the Healthy Living Community Movement (GERMAS) at the local level extends national health policies aimed at improving public health. This study examines the implementation of Regent Regulation No. 48 of 2019 on GERMAS in Pangkalan Koto Baru Subdistrict, utilizing the Mazmanian and Sabatier policy implementation model. A qualitative approach, including interviews, observations, and document analysis, was employed with policy implementers and community stakeholders. Findings reveal three key factors influencing implementation: (1) policy clarity and consistency, hindered by the lack of derivative regulations at local levels; (2) implementer capacity and commitment, limited by insufficient funding; and (3) social support, weakened by low public participation and ineffective health communication strategies. These results suggest that policy success depends on aligning institutional design, bureaucratic capacity, and community readiness. In management terms, effective policy execution requires strong leadership, efficient resource management, and active stakeholder engagement. Strengthening regulatory frameworks, ensuring sustainable funding, and adopting participatory communication strategies are critical for improving GERMAS implementation at the grassroots level. This study highlights the importance of management practices, including strategic planning, resource allocation, and community engagement in enhancing the effectiveness of public health policies.

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INTRODUCTION

The Healthy Living Community Movement (GERMAS) is a national strategic policy initiative, launched through Presidential Instruction No. 1 of 2017, in response to the increasing double burden of health issues in Indonesia.

This double burden includes the high prevalence of infectious diseases, the surge in non-communicable diseases, and the resurgence of diseases that were previously controlled. GERMAS aims to build a healthy lifestyle culture through systematic, comprehensive, and cross-sectoral promotive and preventive approaches, involving local governments, businesses, the community, and the mass media (Hendratman et al., 2024; Kusyanti & Yulita, 2022).

As the operationalization of this national policy at the local level, the Lima Puluh Kota Regency Government issued Regent Regulation No. 48 of 2019 on GERMAS. This regulation serves as the legal and administrative framework for implementing GERMAS in the Lima Puluh Kota Regency, including in Pangkalan Koto Baru Subdistrict. However, as is common in decentralization policies in Indonesia, implementation at the local level often does not align with the central policy design. Gaps persist between policy norms and field practices, hindering the program's effectiveness.

Several studies have examined the implementation of GERMAS in various regions. Aritonang et al. (2024) reviewed the implementation of GERMAS at Hutabaginda Health Center in North Tapanuli, finding that the involvement of health workers and community support strongly influenced program success. Nursalamah et al. (2021) in Lebak Regency revealed weaknesses in coordination and policy consistency between the regency and subdistrict levels. Cahyani et al. (2020) and Arifah et al. (2023) found that poor communication between agencies and limited budget allocation were significant barriers to the implementation of GERMAS at the village level. While these studies are valuable, there has been little in-depth analysis of GERMAS implementation in West Sumatra, particularly at the nagari level, where this policy is focused.

The novelty of this research lies in its approach to filling this gap. This study applies the Mazmanian and Sabatier (1983) policy implementation framework, which emphasizes three key variables in policy implementation: (1) the substantive characteristics of the policy (legal clarity & implementability), (2) the capacity and commitment of implementers, and (3) external socio-economic and political conditions. This approach has not been widely applied in the context of GERMAS, especially in West Sumatra. It offers a fresh perspective in analyzing community-based policy implementation at the nagari level, which is more specific.

From a management perspective, implementing policies like GERMAS requires careful planning, efficient resource management, and the active involvement of all parties in decision-making and execution processes. Good management optimizes available resources, such as budgets, workforce, and

infrastructure, while ensuring effective coordination between key stakeholders, including local governments, the private sector, and the community. Without proper management, even a well-designed policy can face challenges in successful implementation at the regional level.

Therefore, this article aims to analyze in-depth the variables influencing the implementation of Regent Regulation No. 48 of 2019 on GERMAS in Pangkalan Koto Baru Subdistrict. The findings of this study are expected to contribute both theoretically and practically to strengthening community-based health policies. By considering the managerial aspects of policy implementation, this study also aims to provide insights for the formulation of similar policies in other regions, emphasizing the importance of coordination, proper budget allocation, and community involvement in the execution of health programs at the local level.

RESEARCH METHOD

This study adopts a descriptive qualitative approach to gain a deeper understanding of the dynamics of implementing the GERMAS policy in Pangkalan Koto Baru Subdistrict, Lima Puluh Kota Regency. The primary focus of this research is to explore the factors that facilitate or hinder the implementation of Regent Regulation No. 48 of 2019 on the Healthy Living Community Movement (GERMAS), based on the policy implementation model developed by Mazmanian and Sabatier. Through this approach, the study aims to systematically analyze the local context that influences the success or challenges of policy implementation.

To collect comprehensive data, this research employs three main data collection techniques: in-depth interviews, participatory observation, and documentation of policies and program activity reports. Interviews are conducted using a semi-structured technique, providing flexibility to explore various perspectives and experiences from policy implementers and beneficiaries. The informants involved in this study are selected using purposive sampling, ensuring that only those with direct involvement in the implementation of GERMAS, such as health workers from the Health Center, nagari officials, and health cadres, are included.

Data analysis is carried out using thematic analysis, where the collected data is mapped based on the three key dimensions in the Mazmanian and Sabatier model: (1) Policy clarity and consistency, (2) Implementer capacity and commitment, and (3) Social-political environment and community support. To ensure the validity of the data, triangulation of sources and methods is applied to verify the consistency and richness of the information obtained from various perspectives.

RESULT AND DISCUSSION

Result

This study aims to identify and analyze the challenges faced in the implementation of the Healthy Living Community Movement (GERMAS) policy in Pangkalan Koto Baru Subdistrict, Lima Puluh Kota Regency. Based on the field findings, there are three main dimensions that determine the success or failure of the GERMAS implementation: policy clarity and consistency, implementer capacity and commitment, and social support and external environmental conditions. Each of these dimensions provides deep insights into the dynamics of policy implementation at the local level.

Policy Clarity and Consistency

Policy clarity and consistency are fundamental to the effective implementation of public policies. In this case, Regent Regulation No. 48 of 2019 on GERMAS provides a clear legal framework, with defined objectives and an approach based on health promotion and prevention. However, although the policy is clear at the regency level, significant challenges arise when it is translated into implementation at the subdistrict and nagari levels. One major issue is the lack of derivative regulations, such as decrees from the Subdistrict Head and Nagari Head, which should provide more specific operational guidelines and mechanisms.

The absence of implementing regulations such as Decrees (SK) at the local level has created a significant institutional gap. Field implementers, such as health centers and health cadres, face ambiguity in carrying out the policy. Without formal authority, they are forced to execute the program without clear administrative support, resulting in low legitimacy and coordination at the field level. Additionally, the fragmentation of coordination between implementing units is a major obstacle. For example, coordination between the Education Office for health education in schools, and collaboration with community leaders in the implementation of smoke-free areas (KTR), is not integrated into a comprehensive cross-sectoral system. This reveals vertical inconsistencies in the policy structure: strong at the top, but weak at the bottom.

Implementer Capacity and Commitment

Mazmanian and Sabatier emphasize that the capacity and commitment of implementers are key factors in determining policy success. In the case of GERMAS in Pangkalan Koto Baru, despite strong commitment from field implementers, particularly from the health center and nagari government, this commitment is not matched by adequate capacity. Institutionally, implementers

show strong initiative in mobilizing health cadres, conducting regular training, and integrating GERMAS activities into Posyandu and basic health services. Health cadres play a central role as intermediaries between professional health workers and the community.

However, this commitment is constrained by the lack of dedicated funding for the GERMAS program. Activities are often funded through other programs, such as the Health Operational Costs Fund (Dana BOK), which is limited and must be shared with other priorities. As a result, many GERMAS activities are delayed or reduced in frequency, such as health education campaigns and nutrition campaigns. This shows an imbalance between the high commitment of implementers and the lack of financial and operational support. Institutionally, this reflects weak structural support from the local government, indicating that GERMAS has not yet been fully integrated as a priority in local health development. The mismatch between normative commitment in the regulations and the reality on the ground creates what is often referred to as the policy-practice gap—a gap between policy statements and field practices.

Social Support and External Environmental Conditions

Social support and external environmental conditions also play an important role in the success of GERMAS implementation. The study found that low public awareness about the importance of healthy living is a significant barrier. Unhealthy lifestyle practices, such as consuming instant food, lack of physical activity, and high smoking prevalence, remain widespread in the community. Data from the local health center shows that more than 90% of male school-aged children are active smokers, and there is no effective implementation of smoke-free areas (KTR) in the region.

This situation indicates that the health education conducted through the GERMAS program has not effectively reached the collective awareness of the community. The educational approach has been top-down and normative, lacking consideration for local cultural values. The absence of involvement from community leaders, religious figures, and other social institutions, such as schools and religious groups, has reduced the social resonance of the GERMAS message. Without strong support from the community and non-governmental actors, the GERMAS program tends to run as an institutional agenda and has not yet evolved into a social movement that actively involves the community.

Synergy Between Policy, Implementers, and Community

The findings show that although the GERMAS policy is well-designed at the regency level, its implementation at the local level faces an imbalance between the strong policy at the top and the weak institutional capacity at the

bottom. Although field implementers have strong commitment, the lack of adequate budget and implementing regulations hinders the program from running optimally.

Recommendations for Improving GERMAS Implementation

Based on these findings, this study provides several recommendations for improving the implementation of GERMAS at the local level. First, there needs to be more detailed derivative regulations at the subdistrict and nagari levels to address the lack of clarity in roles and authority. Second, dedicated funding for GERMAS should be prioritized to ensure that implementers have the necessary resources to run the program effectively. Third, to create sustainable behavioral change, GERMAS must transform into a social movement by involving the community more actively in every phase of the implementation. Additionally, the communication approach should be more adaptive and based on local values, involving key actors such as community leaders and religious figures to strengthen the social resonance of the GERMAS message.

Discussion

The implementation of the GERMAS policy in Pangkalan Koto Baru Subdistrict shows a disconnection between the macro policy framework and micro-level implementation. From the perspective of Mazmanian and Sabatier (1983), this reflects the weakness of the command structure in the implementation process. In other words, while the policy designed at the central level is clear, at the operational level, policy implementers in the field are facing their own confusion due to the lack of clear guidelines on authority and implementation mechanisms. This finding aligns with the research by Nursalamah et al. (2021), which shows that the weakness of implementing regulations at the subdistrict level can result in stagnation of programs and confusion among technical implementers.

In addition, Arifah et al. (2023) notes that lack of regulatory clarity and weak monitoring at the village level causes GERMAS activities to be sporadic and non-systematic. Without clear implementation instruments, GERMAS programs are often carried out in an uncoordinated manner, limiting the achievement of policy objectives. In Pangkalan Koto Baru, this issue is further exacerbated by the lack of technical implementation guidelines across sectors, which should integrate various parties such as the Health Center, nagari government, schools, and other community elements into a unified, coordinated system. This illustrates the vertical inconsistency in the policy structure, where regulations are strong at the top but weak at the bottom.

On the other hand, literature on policy implementation, such as the works of Hill and Hupe (2002) and Knoepfel et al. (2007), emphasizes that policy success is not solely determined by formal structures, but also by horizontal social relationships among local actors. They argue that administrative implementation alone is not enough to bring about cultural behavioral change. Instead, deliberative social interventions and community-based approaches are necessary to build understanding, ownership, and community involvement in the policy. This approach focuses more on how policies can be accepted and carried out by the community, rather than simply being communicated through administrative instructions.

As a comparison, the study by Ayinun et al. (2023) in Enrekang Regency shows that involving community leaders and tailoring health messages to local wisdom significantly improved the effectiveness of the GERMAS program. This highlights that contextualizing messages and collaboration with the local community are key to success, especially in areas with strong social structures and influential cultural values. Health messages will be more effective when communicated through channels that align with local values and involve the community directly in every phase of implementation.

Further, the study by Handayani and Subekti (2023) emphasizes the importance of language appropriateness, communication channels, and direct involvement of target groups in the success of health campaigns. They argue that campaigns that are merely normative educational sessions and focused solely on administrative targets will not effectively induce the behavioral changes desired. On the other hand, when policy communication is two-way and based on local contexts, policies can develop into social movements that actively involve the community.

Additionally, this study shows that health policy implementation cannot solely rely on the availability of documents or administrative instructions. As highlighted by Arifah et al. (2023) in their research in Gorontalo, the lack of communication and coordination integration during the pandemic prevented GERMAS from becoming a grounded social movement. This situation indicates that structural approaches, which solely rely on formal policy, are insufficient to achieve the desired results. Instead, strengthening local institutional structures that are participatory and socially grounded is crucial, so that policies are not only formally accepted but also implemented as shared values in the community.

The implementation of Regent Regulation No. 48 of 2019 on the Healthy Living Community Movement (GERMAS) in Pangkalan Koto Baru Subdistrict illustrates the complexity of the relationship between policy design,

implementing actors, and the social context of the community. Based on analysis using the Mazmanian and Sabatier model, this study concludes that the implementation of GERMAS operates in an asymmetric situation, where field-level initiatives are not supported by adequate policy structure and social support.

In terms of policy clarity and consistency, although the regulation at the regency level is available, the lack of operational policies at the nagari and subdistrict levels becomes a significant barrier to the program's implementation. This indicates the weakness of the command structure at the micro level, which directly impacts the low coordination among implementing actors and reduces policy legitimacy at the field level. Although central policies have been well formulated, their implementation is hindered by the absence of clear operational guidelines at the local level.

In terms of capacity and commitment of implementers, while the enthusiasm and participation of the Puskesmas and health cadres are commendable, major challenges remain. The lack of a dedicated budget and absence of specific funding for GERMAS reveals a discrepancy between the expectations for policy implementation and the actual available resources. The strong commitment from field-level implementers is not enough to produce effective implementation without adequate institutional and fiscal support. Without dedicated funding for GERMAS, the program has to rely on funding from other programs, which hinders its full-scale execution. In terms of social support and environmental conditions, the low health literacy among the community, deep-rooted unhealthy habits, and the absence of a support network involving actors outside the bureaucracy are key barriers. GERMAS has not been able to create sustainable behavioral change due to the lack of active community involvement in the policy. As a result, GERMAS is seen more as a bureaucratic project than a social movement that engages all levels of society.

CONCLUSION

Based on these findings, there are several recommendations that should be considered to improve the implementation of GERMAS. First, the Regency Government needs to immediately create derivative regulations in the form of Decrees from the Subdistrict Head and Nagari Head to provide clear operational foundations for GERMAS at the local level. Second, Nagari Governments should allocate specific budgets for GERMAS through the Nagari APB, so that promotive and preventive activities can be implemented regularly without relying on funds from other programs. Third, The Health Office and Puskesmas should strengthen cross-sector partnerships with community

leaders, educational institutions, and social-religious organizations to build wider social support for GERMAS. Finally, the health communication strategy should be reformulated with an approach based on local values and dialogical communication, so that the GERMAS messages can be received and practiced by the community in line with their local socio-cultural context.

By integrating structural and cultural approaches in the implementation of GERMAS, this policy has the potential to become more than just a health slogan. GERMAS could serve as the foundation for social transformation, not only improving the health of the community but also empowering them to become more mindful of healthy living. For this to happen, it is crucial for all involved parties to strengthen collaboration and community-based communication, ensuring that this policy is not just formally accepted but also implemented as shared values that are felt by the community every day.

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