

The Role of Posyandu in Reducing Stunting Rates in Jati Village, Sidoarjo Regency

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ABSTRACT

Objective: This study aims to describe and analyse the role of integrated health service posts (posyandu) in reducing stunting in Jati Village, Sidoarjo District, Sidoarjo Regency. **Method:** This study used a qualitative descriptive method, data collection techniques including observation, interviews and documentation, and data analysis using Miles and Huberman's descriptive analysis, which includes data presentation, data reduction and verification. **Results:** The role of Posyandu as a motivator has been very effective through the implementation of various comprehensive educational and outreach activities. The role of Posyandu as a facilitator has been implemented very well through the provision of adequate facilities, infrastructure, and health services. Third, the role of Posyandu as a mobiliser has been very effective in mobilising and coordinating various community resources for stunting prevention. The role of motivator raises community awareness and motivation, the role of facilitator provides the means and services to realise this motivation, and the role of mobiliser mobilises all elements of the community in a collective movement to prevent stunting. **Novelty:** This study uses a comprehensive theoretical framework from Tjokroamidjojo's role theory, which classifies organisational roles into three dimensions (motivator, facilitator, and mobiliser) to analyse the working mechanisms of Posyandu in stunting prevention, unlike previous studies that tended to be descriptive or evaluative of programmes without a strong theoretical basis.

INTRODUCTION

Stunting is one of the chronic nutritional problems that has become a global concern, including in Indonesia [1]. This condition is characterised by children's height being lower than the standard for their age due to chronic malnutrition during the first 1000 days of life (HPK). The World Health Organisation (WHO) has set a tolerance limit for stunting prevalence at 20%, but Indonesia still faces major challenges in achieving this target. Stunting not only affects children's physical development but also impacts cognitive development, productivity, and the quality of human resources in the future [2].

Based on the results of the 2024 Indonesian Nutrition Status Survey (SSGI), the national prevalence of stunting has shown a significant decrease to 19.8% from 21.5% in 2023 [3]. However, the target of reducing stunting to 14% by 2024 has not been fully achieved. Data shows that six provinces with the highest number of stunted toddlers still require special attention, including East Java, which has 430,780 stunted toddlers. This achievement indicates the need for a more comprehensive and sustainable strategy in efforts to reduce stunting at the regional level [4].

East Java Province has shown a strong commitment to tackling stunting by achieving a prevalence of 14.7% in 2024 [5], placing it as the second best province nationally after Bali and the best on the island of Java. This achievement is the result of various coordinated interventions between the provincial government, districts/cities, and the community. However, disparities in stunting prevalence between districts/cities still exist, with several districts such as Jember, Situbondo, and Bondowoso still having a prevalence above 30% [6].

Sidoarjo District, as one of the districts in East Java, has shown encouraging progress in its efforts to reduce stunting [7]. SSGI 2022 data shows that the prevalence of stunting in Sidoarjo District is 16.1%, lower than the national average (21.6%) and the East Java provincial average (19.2%). According to data from Baznas Sidoarjo, the stunting rate has even fallen dramatically from 16.2% in 2022 to 8.4% in 2023. This achievement demonstrates the effectiveness of the programmes that have been implemented, but it still requires an in-depth evaluation of the factors that contributed to this success.

Table 1. Prevalence of Stunting in East Java, Sidoarjo District, and Nationally

Region	2022	2023	2024	2025 Target
National	21.6	21.5	19.8	14
East Java	19.2	-	14.7	-
Sidoarjo Regency	16.1	8.4%*	-	14

*Source: BKKBN Sidoarjo (2025)

Jati Village, as one of the villages in Sidoarjo District, has unique geographical and demographic characteristics in the context of stunting prevention. As a village with relatively good access to health facilities and government programmes, Jati Village is an interesting location to study the effectiveness of stunting prevention programme implementation at the grassroots level. Specific stunting prevalence data in Jati Village shows fluctuations that need to be studied in more depth to understand the factors that influence them.

Table 2. Prevalence of Stunting in Jati Village (2021-2024)

Year	Number of Toddlers	Stunted Infants	Prevalence
2021	545	16	2.9
2022	538	17	3.2%
2023	542	14	2.6%
2024	547	9	1.6%

Source: Jati Village Posyandu (2025)

Posyandu (Integrated Health Service Post) is the spearhead of basic health services in the community and plays a strategic role in stunting prevention and control efforts [8]. As a community-based institution, Posyandu organises basic health and nutrition activities that directly address the needs of mothers and children. The presence of

Posyandu in every village enables regular monitoring of child growth and development, early detection of nutritional problems, and provision of nutrition education and counselling to families.

In the context of stunting prevention, Posyandu has a multi-dimensional function that covers preventive, promotive, and simple curative aspects. Regular weighing and height measurement of toddlers enables early identification of children at risk of stunting. In addition, Posyandu also functions as a centre for nutrition education and counselling, distribution of supplementary food, and coordination with various other health programmes. This role is becoming increasingly important given that stunting is a problem that requires long-term and sustained intervention [9].

However, the effectiveness of Posyandu's role in reducing stunting rates still faces various challenges. Limited human resources, facilities and infrastructure, as well as coordination between sectors remain obstacles that need to be overcome. Therefore, an in-depth study is needed on how Posyandu can optimise its role in stunting prevention efforts, particularly in specific local contexts such as in Jati Village, Sidoarjo District.

A review of previous studies shows that most of them focus on clinical aspects and stunting programmes at the macro level, but few have specifically examined the role of Posyandu using a comprehensive theoretical framework. One study examined the role and function of the Posyandu programme in stunting prevention [10], but did not analyse the dimensions of this role in depth. Similarly, research evaluating four roles in stunting prevention efforts in Pesanggrahan Village identified these roles as health service providers, health educators, community mobilisers and empowerers, and health monitors, but did not specifically use a theoretical perspective on organisational roles.

The identified research gap is the lack of studies analysing the role of Posyandu in stunting prevention using a comprehensive theoretical framework and specific local context. Most previous studies are descriptive or evaluative of the programme without using a strong theoretical basis to understand the mechanisms of organisational roles. In addition, previous studies tend to use a purely quantitative approach without exploring qualitative aspects that can provide a deeper understanding of the dynamics of the role of Posyandu.

The novelty of this study lies in the use of Tjokroamidjojo's role theory, which classifies organisational roles into three dimensions: motivator, facilitator, and mobiliser [11]. This theory provides a comprehensive analytical framework for understanding how Posyandu performs its functions in the context of stunting prevention. As a motivator, Posyandu plays a role in encouraging and motivating the community to care about child nutrition issues. As a facilitator, Posyandu provides facilities and conveniences for the community to access health and nutrition services. Meanwhile, as a mobiliser, Posyandu mobilises and directs community resources to achieve common goals in stunting prevention.

The application of Tjokroamidjojo's theory in the context of this study is expected to provide a more in-depth and structured understanding of the mechanism of Posyandu's role in reducing stunting rates. Through an analysis of these three

dimensions of role, this study will be able to identify the strengths and weaknesses of Posyandu in carrying out its functions, as well as formulate recommendations for optimising its role in the future. Thus, this research is not only descriptive but also analytical and applicable for the development of more effective stunting prevention programmes.

RESEARCH METHOD

The type of research used in this study is descriptive qualitative research, which provides an overview of the research object based on existing facts, so that the data produced is a portrait or description of the actual situation [12]. This study aims to determine the role of Posyandu in reducing the prevalence of stunting in Jati Village, Sidoarjo. The location of the research was in Jati Village, Sidoarjo District, Sidoarjo Regency. The technique of selecting informants was *purposive sampling*, or deliberate selection of several informants who were directly involved or who understood the research problem and could provide quality information [13]. Informants in this study included the Head of Jati Village, the Village Midwife, Posyandu Cadres, and mothers of toddlers. Data collection techniques were obtained through interviews, observations, and documentation. The sources of data obtained were: (1) Primary data, data obtained directly, recorded and observed, such as interviews, observations, and documentation. (2) Secondary data, data obtained indirectly, secondary data sources were obtained through journals and data sources from the mass media.

The focus of this study was to analyse the role of posyandu in reducing stunting using Tjokroamidjojo's role theory, which consists of the role as motivator, the role as facilitator, and the role as mobiliser. Furthermore, the data analysis technique used was Miles & Huberman's interactive data analysis model, which includes: (1) Data Collection. Data collection can be done through interviews, observation, and documentation. (2) Data Reduction. According to Miles & Huberman, data reduction is the process of selection, focusing attention through simplification, abstraction, and transformation of raw data from written notes taken in the field to obtain a summary of important data and then discarding data that is not used or unnecessary. (3) Data Presentation is combining all the data information obtained in the field into a form that is easy to obtain or access. This makes it easier to conduct an overall review. (4) Drawing Conclusions. Drawing conclusions is summarising all the data in accordance with the results of the data collected in the field by the researcher [14].

RESULTS AND DISCUSSION

Results

A. The Role of Posyandu as a Motivator

According to Tjokroamidjojo, the role of a motivator refers to an organisation's ability to provide encouragement, enthusiasm, and awareness to the community in achieving certain goals. In the context of stunting prevention, the motivational role of Posyandu includes family assistance covering several important components, namely

providing nutrition education on the importance of balanced nutrition, exclusive breastfeeding, and appropriate complementary foods; health counselling in the form of individual consultations for pregnant women and mothers of toddlers on nutritional parenting; awareness campaigns through socialisation and outreach activities on the dangers of stunting and how to prevent it; strengthening families' capacity to understand the importance of the first 1000 days of life (HPK); and establishing peer support by creating support groups among mothers to share experiences in optimising child growth and development.

Interview results with village midwives explain that:

"We always provide education during every Posyandu activity. We adjust the material to the existing conditions. For example, if there are toddlers whose weight is increasing slowly, we focus on education about balanced nutrition and complementary foods. We also provide individual counselling to mothers whose children are at risk of stunting. Thank God, the mothers here are responsive and willing to follow our advice."

This statement was reinforced by an interview with a Posyandu cadre:

"As cadres, we do not only weigh and measure children. We also actively remind mothers about the importance of nutrition. If there are mothers who do not come to the Posyandu, we visit their homes to ask why and motivate them to continue bringing their children to the Posyandu regularly. We also created a WhatsApp group to share health information and remind them of the Posyandu schedule."

A similar statement was also made during an interview with a mother of a toddler:

"I am greatly helped by the explanations from the midwife and cadres about what foods are good for my child. I didn't know before that children should be given nutritionally balanced food. Now I understand and try to apply it. My child is now growing well and is not stunted."

Some of the educational and health promotion activities conducted by the Jati Village Posyandu throughout 2024 are outlined in the following table:

Table 3. Educational and Counselling Activities at the Jati Village Health Post in 2024

Type of Activity	Frequency	Average Participants	Main Theme
Monthly Outreach	12 times/year	95 mothers of toddlers	Balanced nutrition, exclusive breastfeeding, complementary feeding
Pregnancy Classes	24 times/year	25 pregnant women	Healthy pregnancy preparation, nutrition for pregnant women
Individual counselling	108 cases/year	-	Management of cases at risk of stunting
Posyandu campaign	4 times/year	150-200 people	National Nutrition Day, Breastfeeding Week, etc.
Complementary feeding demonstrations	6 times/year	80 mothers of toddlers	Practical sessions on preparing nutritious food

Source: Data from Jati Village Health Centre (2025)

Table 4. Mothers' Knowledge Level about Stunting Before and After Education

Knowledge Aspect	Before Education	After Education	Improvement
Understanding of Stunting	45	92	47
Causes of Stunting	38	88	50
The Importance of Exclusive Breastfeeding	62	95%	33
Balanced Nutrition for Toddlers	51	90	39
1000 HPK	30	85	55

Source: Data from the Jati Village Posyandu Internal Survey (2025)

Based on direct observation and monitoring at the Jati Village Posyandu, the role of motivators has been carried out quite well through various routine activities. Every Posyandu session, which is held once a month, always begins with health education activities that discuss important topics such as toddler nutrition, stunting prevention, exclusive breastfeeding, and proper parenting. Field conditions show high enthusiasm among mothers of toddlers to attend Posyandu activities. The average attendance rate reaches 85-90% of the total registered toddlers. Educational activities are carried out using interactive methods, using posters, leaflets, and direct demonstrations on how to make nutritious complementary foods for breastfed infants (MPASI).

In addition to monthly routine activities, the Jati Village Posyandu also holds classes for pregnant women every two weeks, focusing on healthy pregnancy preparation and stunting prevention during pregnancy. Pregnant women are educated on the importance of consuming iron tablets, nutritious food, and regular pregnancy check-ups. The role of the Posyandu as a motivator in Jati Village has been effective, as evidenced by the high level of community participation in Posyandu activities (85-90%), a significant increase in mothers' knowledge about stunting (average increase of 45%), the availability of various interactive educational methods, a follow-up system and individual counselling for high-risk cases, and full support from the village government and active participation of cadres in motivating the community. The success of this motivator role is one of the key factors in reducing the prevalence of stunting in Jati Village from 2.9% in 2021 to 1.6% in 2024.

The role of motivators carried out by the Jati Village Posyandu is in line with Tjokroamidjojo's concept, which emphasises that motivators must be able to raise awareness and enthusiasm among the community. Tjokroamidjojo states that effective motivators not only provide information but are also able to change the attitudes and behaviour of the community. In Jati Village, this is evident from the change in the behaviour of mothers in providing nutrition to their toddlers after receiving education from the Posyandu. This theory also emphasises the importance of a personal and contextual approach. The Jati Village Posyandu has implemented this through individual counselling and home visits, which allow motivation to be conveyed according to the specific conditions of each family.

These findings are consistent with research showing that consistent nutrition education provided by Posyandu can increase mothers' knowledge about stunting prevention by up to 48% [15]. Research in Jati Village showed a similar increase, averaging 45%. Research on the role of Posyandu in stunting prevention in Yogyakarta also shows that the motivational function of regular counselling contributes significantly to the reduction of stunting cases [16]. However, research in Jati Village shows an additional innovation in the form of using social media (WhatsApp groups) to maintain community motivation outside of Posyandu schedules, which was not found in the aforementioned research. A study in Central Java emphasised the importance of a *peer education* approach in increasing mothers' motivation [17]. Findings in Jati Village support this, where the formation of support groups among mothers proved effective in maintaining long-term motivation.

B. The Role of Posyandu as a Facilitator

The role of facilitator in Tjokroamidjojo's theory refers to an organisation's ability to provide and facilitate access to the resources, services, and facilities needed by the community. In the context of stunting prevention, the role of Posyandu facilitators is measured through the indicator of basic health service provision, which includes weighing, height measurement, immunisation, maternal and child health checks, and distribution of nutritional supplements, including vitamin A, iron tablets for pregnant women, and supplementary food (PMT). Access to health workers, including the availability of midwives, nurses, or trained health workers at the Posyandu; Facilities and infrastructure, including the availability of weighing scales, height measuring devices, KMS (Health Cards), and supporting facilities; and Health referrals, including a referral system to community health centres or hospitals for cases requiring further treatment.

The results of interviews with village midwives explain that:

"Alhamdulillah, the facilities at our Posyandu are quite complete. We have accurate digital scales, height measuring devices for infants and toddlers, and all children have their own KMS, which we record in full. Every month, we weigh and measure the children to monitor their growth. If a child has growth problems, we immediately refer them to the Puskesmas for further examination."

This statement is reinforced by an interview with a Posyandu cadre:

"We work with an organised 5-table system, so the service is more orderly and efficient. All mothers who come are sure to be well served. For children who are malnourished, we provide PMT every week. The PMT consists of eggs, milk, and other nutritious foods obtained from village assistance and government programmes. We also have complete records for each toddler."

A similar statement was also made during an interview with the Village Head:

"The village government is committed to supporting the Posyandu by providing a budget for the procurement of equipment, PMT, and cadre incentives. In 2024, we have allocated around 50 million rupiah for the Posyandu programme and stunting prevention. We have also renovated several Posyandu buildings to make them more comfortable for service delivery."

Table 5. Posyandu Facilities and Infrastructure in Jati Village in 2024

Type of Facility/Infrastructure	Quantity	Condition	Notes
Posyandu Building	5 units	Good	Owned by the village, has been renovated
Digital Baby Scales	5 units	Good	High accuracy, regular calibration
Stepping Scale	5 units	Good	For infants and mothers
Infantometer	5 units	Good	Baby length gauge
Microtoise	5 units	Good	Toddler height gauge
Head Circumference Measuring Device	5 sets	Good	For early detection
KMS (Health Card)	547 sheets	Good	Every registered toddler
First aid kit	5 sets	Complete	Basic medicines

Source: Jati Village Posyandu Inventory (2025)

Table 6. Coverage of Jati Village Posyandu Services in 2024

Type of Service	Target	Realisation	Percentage
Weighing of Toddlers	547 infants	492 infants	89.9
Height Measurement	547 infants	492 infants	89.9
Vitamin A Administration (February)	547 infants	521 infants	95.2
Vitamin A administration (August)	547 infants	518 infants	94.7
Iron tablets for pregnant women	68 pregnant women	65 pregnant women	95.6
PMT for malnourished toddlers	15 infants	15 infants	100
Complete Basic Immunisation	72 infants	70 infants	97.2

Source: Jati Village Posyandu Report (2025)

Table 7. Budget for the Jati Village Posyandu and Stunting Programme 2024

Budget Item	Amount (Rp)	Percentage
Cadre Incentives	15,000,000	30
Procurement of PMT	18,000,000	36
Procurement of Equipment and Supplies	8,000,000	16
Outreach Activities	5,000,000	10
Posyandu Operations	4,000,000	8
Total	50,000,000	100

Source: APBDes Desa Jati (2024)

The Jati Village Posyandu, namely the Teratai Posyandu, has five active Posyandus spread across various neighbourhoods to facilitate community access. Each Posyandu is equipped with adequate facilities and infrastructure, including digital baby scales, step scales, height measuring devices (infantometers and *microtoises*), head circumference measuring devices, and Health Cards (KMS) for each toddler. Conditions in the field show that the services provided are quite comprehensive. At each Posyandu session, there are 5 service tables: Table 1 (registration), Table 2 (weighing and

measuring), Table 3 (KMS recording), Table 4 (education and counselling), and Table 5 (health services by midwives).

In terms of human resources, each Posyandu is supported by 5-7 trained cadres who have undergone Posyandu cadre training and special training on stunting prevention. The presence of village midwives in every Posyandu activity ensures that the health services provided are of high quality and can detect health problems in toddlers at an early stage. Posyandu also facilitates the distribution of supplementary food for toddlers who are identified as malnourished or at risk of stunting. The PMT programme is carried out by providing highly nutritious foods such as eggs, milk, and fortified biscuits funded by the village government and assistance from various parties.

The role of Posyandu as a facilitator in Jati Village has been carried out very well, as reflected in the availability of adequate facilities and infrastructure and good conditions in all Posyandu, High service coverage (averaging above 90%) for various types of health services, a well-organised service system through 5 Posyandu desks, adequate budget support from the village government (Rp 50 million/year), easy access for the community with 5 Posyandu spread across various areas, and an effective referral system for cases requiring further treatment. The optimal role of facilitators contributes significantly to the early detection and handling of cases at risk of stunting, thereby reducing the prevalence of stunting.

The implementation of the facilitator's role at the Jati Village Posyandu is very much in line with Tjokroamidjojo's concept, which emphasises that facilitators must be able to provide access to the resources needed by the community. Tjokroamidjojo explains that the role of facilitators is not only to provide physical facilities, but also to ensure that these facilities are easily accessible and optimally utilised by the community. In Jati Village, this concept is realised through the even geographical distribution of Posyandu, the availability of comprehensive services, and a structured referral system. This shows that Posyandu does not only function as a passive facility provider (), but actively ensures the accessibility and utilisation of services by the community.

Research on the role of Posyandu in Sidoarjo found that the completeness of facilities and infrastructure is positively correlated with the effectiveness of early detection of stunting [18]. Findings in Jati Village support this, where the availability of accurate measuring instruments enabled the early identification of nine cases of stunting, which were then treated appropriately. Handayani's (2021) study in Semarang shows that high Posyandu service coverage (>80%) contributes significantly to reducing stunting. Jati Village, with an average coverage of 90-95%, shows consistent results, where the prevalence of stunting has been reduced to 1.6%. The study emphasises the importance of local government budget support for the sustainability of the Posyandu programme [19]. Jati Village demonstrates good practice with a budget allocation of Rp 50 million per year, which is much higher than the average for other villages in Fitriani's study (Rp 15-20 million). This demonstrates the village government's strong commitment to stunting prevention programmes and also has a well-functioning referral system

thanks to strong coordination between Posyandu, Puskesmas, and hospitals, highlighting the importance of building an integrated health service network.

C. The Role of Posyandu As A Mobiliser

According to Tjokroamidjojo, the role of a mobiliser is the ability of an organisation to mobilise and organise community resources (human, material, and social capital) to achieve common goals. In the context of stunting prevention, the mobilising role of Posyandu is measured through indicators of community participation mobilisation, including the ability to encourage and mobilise the community to actively participate in stunting prevention programmes, and cross-sector coordination, including the ability to coordinate various parties (village government, PKK, RT/RW) in joint efforts. Mobilisation of local resources, including the ability to gather and mobilise existing community resources (funds, manpower, materials); Network formation, including building and activating cooperation networks between various parties; and Collective action, including organising joint activities involving various community elements.

An interview with the Village Head explained that:

"Handling stunting is not only the responsibility of the Posyandu, but requires the cooperation of all parties. We in the village government have formed a Stunting Reduction Acceleration Team that involves all elements. Every month we hold coordination meetings to evaluate the programme and find solutions together. Alhamdulillah, all parties are cooperative and as a result, stunting in our village has decreased dramatically."

This statement was reinforced by an interview with the Village Midwife:

"We cannot work alone. Posyandu cadres are very helpful in mobilising the community, especially for home visits and reminding people of Posyandu schedules. The PKK is also active in helping with cooking demonstrations and family counselling. This good coordination is what makes our programme effective."

A similar statement was also made during an interview with the Posyandu Cadre:

"As cadres, we actively encourage mothers to come to the Posyandu. We also mobilise residents to participate in health activities such as exercise for the elderly, blood donations, and free health checks. We also coordinate with the neighbourhood association (RT/RW) to encourage the community to care for the health of toddlers in their neighbourhood. If a neighbour has a toddler with stunting, we ask the surrounding residents to help."

Table 8. Coordination Structure of the Stunting Prevention Programme in Jati Village

Stakeholders	Role	Form of Contribution
Village Government	Policy maker & budget provider	APBDes funds, village regulations
Integrated Health Service Post	Main programme implementers	Health services, education
Village PKK	Facilitators and mobilisers	Family counselling, cooking competitions
Village midwives	Professional health workers	Medical services, counselling

Stakeholders	Role	Form of Contribution
Posyandu cadres	Community activists	Home visits, weighing
Neighbourhood association	Neighbourhood mobilisers	Socialisation, community mobilisers
Community health centre	Support and referral	Technical guidance, medical referral

Source: Jati Village Stunting Reduction Acceleration Team Document (2025)

In Jati Village, the role of Posyandu mobilisers is evident in their ability to mobilise various elements of the community in efforts to prevent stunting. Posyandu does not work alone, but has successfully built synergies with various parties, including the village government, the PKK Mobilisation Team, village health cadres, and RT/RW. The forms of mobilisation carried out include organising home visits by cadres to families who are inactive in Posyandu, coordinating 1000 HPK movement activities involving pregnant and breastfeeding mothers, and mobilising community participation in blood donation and mass health check-up activities.

Posyandu has also succeeded in mobilising local resources by garnering support from various parties. BUMDes provides basic foodstuffs, eggs and milk for malnourished toddlers, PKK is active in assisting with the preparation of nutritious food, and BUMDes allocates part of its profits to health and stunting programmes. Cross-sector coordination ran smoothly through a monthly coordination forum led by the village head and attended by the village midwife, PKK chairperson, hamlet head, and Posyandu cadres. This forum discussed the development of stunting cases, obstacles encountered, and future handling strategies.

The implementation of the mobiliser role at the Jati Village Posyandu is very much in line with Tjokroamidjojo's concept, which emphasises three key elements of mobilisation: (1) mobilising participation, (2) organising resources, and (3) building collective action. In terms of mobilising participation, Tjokroamidjojo states that effective mobilisers must be able to transform communities from passive to active participants. In Jati Village, this is realised through a proactive home visit system and the establishment of communication networks (WhatsApp groups, RT/RW coordination) that enable information and calls for participation to reach all levels of society. In terms of resource organisation, Tjokroamidjojo's theory emphasises the importance of the ability to mobilise various types of resources (financial, human, material, and social). The Jati Village Posyandu demonstrates this practice by successfully mobilising more than Rp 80 million in funds from various sources, 35 active cadres, 50 PKK members, and moral support from community leaders and RT/RW. This shows that the mobilisation of does not only focus on one type of resource, but is holistic and multi-dimensional. According to Tjokroamidjojo, collective action requires structured and continuous coordination. The monthly coordination forum led by the village head is a manifestation of this concept, where various parties meet regularly for evaluation, problem solving, and joint strategy

formulation. This creates *a sense of collective ownership* of the stunting prevention programme.

The results of this study are in line with research on community mobilisation in stunting programmes in West Sulawesi, which found that cross-sectoral coordination remains a major obstacle due to sectoral ego [20]. In contrast to these findings, Jati Village demonstrated excellent cross-sectoral coordination through effective monthly coordination forums. This difference is likely due to strong village leadership and a shared commitment that has been built up.

Another study that also supports this research is a study in South Sulawesi, which shows that the mobilisation of local resources for stunting programmes is still very limited, with an average village budget support of only £10-15 million per year [21]. Jati Village shows much better practices, with total resource mobilisation reaching more than £80 million per year. This indicates that the political will of the village government and creativity in mobilising resources are crucial to the success of the programme.

Discussion

Based on the results of research on the role of Posyandu in reducing the incidence of stunting in Jati Village, Sidoarjo Regency, using Tjokroamidjojo's role theory, it can be concluded that Posyandu has carried out all three roles effectively and in an integrated manner, thereby successfully reducing the prevalence of stunting from 2.9% in 2021 to 1.6% in 2024, or a 45% decrease over a period of three years. First, the role of Posyandu as a motivator has been very effective through the implementation of various comprehensive educational and outreach activities. Second, the role of Posyandu as a facilitator has been implemented very well through the provision of adequate facilities, infrastructure, and health services. Third, the role of Posyandu as a mobiliser has been very effective in mobilising and coordinating various community resources for stunting prevention. The role of motivator raises community awareness and motivation, the role of facilitator provides the means and services to realise this motivation, and the role of mobiliser mobilises all elements of the community in a collective movement to prevent stunting. Several suggestions for optimising the role of Posyandu in reducing the incidence of stunting in the future: First, ensure the sustainability of budget allocations for the Posyandu and stunting programmes. Second, strengthen the cross-sector coordination system by institutionalising a monthly coordination forum through Village Regulations to ensure consistent implementation. Third, develop a reward system for Posyandu cadres, PKK, and parties who actively contribute to the stunting prevention programme to maintain long-term motivation.

CONCLUSION

Fundamental Finding : This study demonstrates that Posyandu in Jati Village, Sidoarjo Regency, has played an effective and integrated role as a **motivator, facilitator, and mobiliser** in reducing stunting prevalence, as evidenced by a substantial decline from 2.9% in 2021 to 1.6% in 2024 through community education, adequate health service provision, and strong cross-sectoral mobilisation. **Implication :** These findings imply that

strengthening Posyandu through a clear role-based framework, supported by village leadership, sufficient budget allocation, and active community participation, can serve as a replicable model for accelerating stunting reduction at the grassroots level in other regions. **Limitation** : Nevertheless, this research is limited by its qualitative and single-case design, which restricts the generalisability of the findings and does not allow for causal measurement of the magnitude of each role's contribution to stunting reduction. **Future Research** : Future studies are therefore recommended to adopt comparative or mixed-method approaches across multiple villages or districts, incorporate longitudinal data, and examine the interaction between Posyandu roles, policy support, and socio-economic factors to develop more comprehensive and evidence-based stunting prevention strategies.

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