

# Implementation of the Stunting Prevention Program in Sepande Village

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## ABSTRACT

**Objective:** This study aims to analyze the implementation of the Stunting Prevention Program in Sepande Village, Candi District, Sidoarjo Regency, focusing on four indicators of George Edward III's implementation theory, namely communication, resources, disposition, and bureaucratic structure. **Method:** This study uses a qualitative descriptive approach with data collection through in-depth interviews with key informants (village officials, health workers, and posyandu cadres), field observations, and document reviews. **Result:** The results of the study show that the implementation of the program has been quite effective in terms of communication and resource availability, with clear information channels from the District Health Office to the village level and adequate support in the form of health equipment and supplementary food, while the disposition of the implementers can be seen from their strong commitment and proactive efforts to approach families with stunted toddlers, and the bureaucratic structure has been well organized through a clear division of tasks based on the Village Head's Decree, although there are still overlapping tasks and a lack of detail in the SOP, especially in home visits and case referrals. **Novelty:** The novelty of this study lies in its focus on the internal coordination mechanisms of the village bureaucracy, which has been understudied in previous research that has emphasized program outcomes, with recommendations including strengthening horizontal coordination across sectors, detailing SOPs, and improving the monitoring system to ensure more sustainable stunting reduction at the village level.

## INTRODUCTION

Stunting is a form of chronic growth disorder in children caused by a combination of long-term malnutrition [1], recurrent infections, as well as a lack of psychosocial stimulation, especially in early childhood. Children are categorized as stunted if their height for age is more than two standard deviations below the median of the WHO Child Growth Standards (World Health Organization) [2]. The most crucial period in preventing stunting is the first 1,000 days of life, from conception to the age of two. At this stage, growth disorders can have long-term effects, including delayed cognitive development, poor educational achievement, reduced work productivity, and the risk of non-communicable diseases in adulthood.

Linear growth in early childhood is an important indicator for assessing a child's health and nutritional status because it is closely related to morbidity and mortality risks, learning ability, and future economic potential [3]. In addition, stunting also affects brain function and sensorimotor system development, which ultimately impacts the quality of a nation's human resources. Therefore, stunting prevention must be a top priority in public health policy, especially in rural areas [4].

The results of the 2024 Indonesian Nutrition Status Survey (SSGI) show a decline in the national prevalence of stunting to 19.8%, down from 21.5% in 2023 [5]. This achievement marks the success of various government interventions in accelerating the reduction of stunting, such as providing supplementary food for toddlers and pregnant women, increasing exclusive breastfeeding coverage, conducting anthropometric

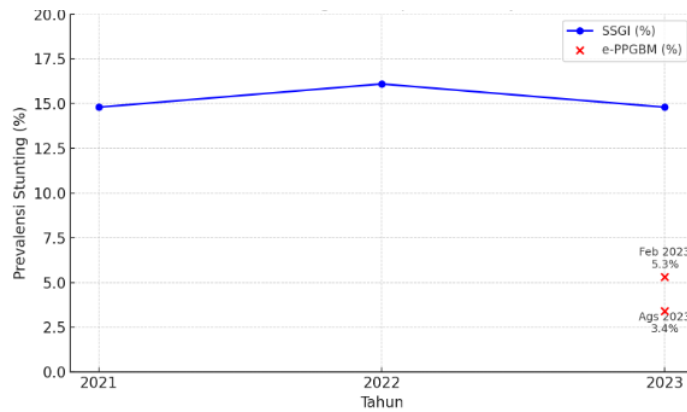
measurements at integrated health service posts, and improving sanitation and access to clean water. This strategy was implemented through integrated cross-sector collaboration from the central to regional levels. This success proves that the implementation of data-based stunting prevention programs and direct interventions on key target groups can significantly reduce stunting rates [6].

Recent research confirms that stunting is a consequence of the interaction between direct, underlying, and contextual factors. At the individual and child level, direct factors include low birth weight (LBW), preterm birth, short birth length, and Small for Gestational Age (SGA) status, which significantly increase the risk of stunting in early childhood [7]. In addition, contributing factors include poor-quality food consumption, inadequate supplementary feeding practices, and recurrent infections such as diarrhea and respiratory tract infections. At the family level, low socioeconomic status, limited access to clean water and sanitation, poor hygiene and health behaviors, and low parental education further exacerbate the risk of stunting. At the community or district level, food insecurity and weak local capacity are important determinants, especially for severe stunting.

In summary, efforts to prevent stunting need to target various levels, ranging from improving the nutrition of pregnant women and monitoring the anthropometric status of newborns to improving the quality of access to living environments such as sanitation, clean water, and food security at the village or regional level.

Sepande Village is one of the villages located in Candi District, Sidoarjo Regency, East Java Province. This village is in a strategic area with semi-urban characteristics that still maintain the social values of rural communities but are also beginning to experience development in terms of infrastructure and access to public services. The majority of Sepande Village residents work in the informal sector, small-scale agriculture, trade, and industrial labor, given its proximity to industrial areas and the city center of Sidoarjo. Despite having human and environmental resources that support development, challenges in public health remain, one of which is the issue of stunting in toddlers related to consumption patterns, family nutrition knowledge, and access to basic health services. Therefore, the implementation of a stunting prevention program in Sepande Village is a strategic step to improve the quality of life and human resources in a sustainable manner.

The significant decline in stunting cases in Sidoarjo Regency is proof of the effectiveness of cross-sector collaboration, particularly through the Regency, Subdistrict, and Village Stunting Reduction Acceleration Teams (TPPS). Based on e-PPGBM data, the prevalence of toddlers indicated as stunted decreased from 5.3% in February 2023 to 3.4% in August 2023, in line with an overall decline in stunting of 2.4 percentage points from 5.3% to 3.4%. Additionally, SSGI data shows that the prevalence of stunting in Sidoarjo in 2021 was 14.8%, temporarily increasing to 16.1% in 2022 before declining again through intensive interventions [8]. The strategies implemented, including providing iron tablets to pregnant women and adolescents, promoting exclusive breastfeeding, and sanitation programs such as healthy toilets to achieve ODF status, were key to this success. This convergent approach provides a strong foundation for the implementation of stunting prevention programs in Sepande Village to adopt a similar model to improve child nutrition status at the local level in a sustainable manner.



Source: Indonesian Nutrition Status Survey 2021-2023

**Figure 1.** Graph of Stunting Prevalence Trends in Sidoarjo District (2021-2023).

East Java Province recorded an overall downward trend in stunting prevalence of 19.2% according to the 2022 SSGI. Several districts remain a serious concern, namely Jember (34.9%), Situbondo (30.9%), and Bondowoso (32%) as of October 2023 [9]. This shows that even though intervention efforts have been implemented at the provincial level, the distribution of results is uneven, with segments of the population still vulnerable due to extreme poverty, limited health facilities, and a lack of cadre capacity in anthropometric measurement. Therefore, the approach to stunting prevention programs in Sepande Village needs to be designed in a contextual and comprehensive manner, not only replicating successes in areas with low stunting rates, but also focusing on strengthening local capacity, improving measuring tools at integrated health service posts, and actively involving the community to close the intervention gap at the village level.

**Table 1.** Number of Toddlers Indicated as Stunted in Sepande Village (2021-2024).

Year	Number of Participants in the Nusa Indah 1 - 11 Posyandu Toddler Program	Number of Toddlers Indicated as Stunted
2021	500	10
2022	500	10
2023	500	7
2024	500	7

Source: Managed by the Author (2025)

Based on Table 1 regarding the Number of Toddlers Indicated as Stunted in Sepande Village during the period 2021 to 2024, it can be seen that there are a total of 500 toddler participants each year who are registered at the Nusa Indah 1-11 Integrated Health Service Post. In 2021 and 2022, the number of toddlers indicated as stunted was recorded at 10 children, or 2% of the total participants. However, from 2023 to 2024, this number decreased to 7 children, or around 1.4%. This decline reflects an improving trend in toddler nutrition and the possible positive impact of the implementation of a sustainable stunting prevention program in Sepande Village. This shows that the interventions that have been carried out are beginning to have a significant impact on improving the nutritional status of children in the area.

Based on the above description, it can be concluded that the problem of stunting in Sepande Village requires an integrated approach involving the village government, health workers, posyandu cadres, and active community participation. The decline in the number of toddlers indicated as stunted from 2% in 2021–2022 to 1.4% in 2023–2024 shows positive results from various nutrition intervention programs, maternal and child health, and sanitation improvements that have been implemented. However, this figure still requires attention to achieve national targets and ensure the sustainability of improvements. Therefore, this research is important to thoroughly examine the implementation of stunting prevention programs in Sepande Village, identify supporting and inhibiting factors, and formulate improvement strategies that can be applied continuously.

Several previous studies can be used as references in understanding the implementation of stunting prevention programs, both in terms of implementation strategies, obstacles, and supporting factors. A study entitled *Implementation of Health Literacy Programs in Handling Stunting in Tambak Kalisogo Village* explains that improving community health literacy through nutrition counseling, healthy eating education, and optimizing the role of posyandu cadres contributes significantly to reducing the prevalence of stunting. The results of this study show the importance of collaboration between the village government, health centers, and the community in creating an environment that supports children's health [10].

Another study on the *Implementation of the Stunting Prevention Program in Enu Village, Sindue Subdistrict, Donggala Regency*, found that the success of the program was not only determined by the availability of health facilities, but also by the active involvement of the community, the availability of accurate data, and the sustainability of the assistance program for families at risk of stunting [11]. Meanwhile, research by the Indonesian Ministry of Health through the 2022 Indonesian Nutrition Status Survey (SSGI) Pocket Book confirms that reducing the prevalence of stunting requires a cross-sectoral convergence approach, including specific interventions such as exclusive breastfeeding, nutritional supplementation for pregnant women, and regular monitoring of child growth and development [12].

At the national level, efforts to reduce stunting have become a priority agenda for the government, as manifested in the National Strategy for the Acceleration of Stunting Prevention (Stranas Stunting), which emphasizes a cross-sectoral convergence approach. This policy is then translated into various specific and sensitive intervention programs at the regional and village levels. The success of these programs is highly dependent on the effectiveness of their implementation at the grassroots level, where the village bureaucracy plays a key role as the spearhead of implementation. Therefore, evaluation of program implementation, particularly in terms of institutional and bureaucratic aspects, is very important. This study not only looks at outcomes in terms of stunting reduction figures, but also evaluates the process behind the outcomes, namely how the bureaucratic structure at the village level organizes, coordinates, and implements stunting prevention programs. This understanding is crucial to ensure that the success seen in Sepande Village is not incidental, but rather the result of an implementation system that can be replicated and sustained.

Although previous studies have examined the factors causing stunting and the effectiveness of nutritional interventions, there is still a gap in knowledge regarding how local bureaucratic structures, as policy implementation mechanisms, operate in stunting prevention programs. Previous studies have tended to focus on intervention outcomes or community participation, without examining in depth the internal mechanisms of coordination, the clarity of standard operating procedures (SOPs), and the division of tasks within the village bureaucratic structure itself. This study aims to bridge this gap by analyzing the implementation of programs in Sepande Village through the lens of Edward III's theory, which offers structured indicators for measuring bureaucratic effectiveness. Thus, this research not only contributes to mapping technical and operational supporting and inhibiting factors, but also provides theoretical contributions to understanding the dynamics of village government bureaucracy in responding to strategic health issues such as stunting. The results are expected to serve as an evaluative model for other villages with similar characteristics.

Based on this study, it can be concluded that the implementation of the stunting prevention program in Sepande Village has not fully integrated a health literacy approach, has not optimally utilized the role of posyandu cadres, and does not yet have a strong monitoring and evaluation system. As a result, the program has not had a maximum and sustainable impact on reducing the prevalence of stunting.

## **RESEARCH METHOD**

The type of research used in this article is qualitative descriptive research. The purpose of qualitative research is to describe a phenomenon or event in depth through an in-depth data collection process [13]. In this study, informants play an important role in gathering information from the community. The research focuses on the Stunting Prevention Program in Sepande Village using Edward III's theory, which has four main indicators, namely communication, resources, disposition, and bureaucratic structure [14].

The research was conducted in Sepande Village, Candi Subdistrict, Sidoarjo Regency. Informants were selected using purposive sampling techniques with specific criteria relevant to the research topic. Informants consisted of the Head of Welfare, the Head of the Integrated Health Service Post, the Village Midwife, and community representatives.

The data sources used include primary and secondary data. Primary data was obtained through interviews and direct observation in the field, while secondary data was obtained from library research through books, scientific journals, and news from reliable sources, both online and offline.

The data analysis technique used refers to Miles and Huberman's interactive model, which consists of four stages. First, data collection, conducted through interviews, observation, and documentation. Second, data reduction, which is the process of selecting, simplifying, abstracting, and transforming raw data from field notes to combine important information and eliminate irrelevant information. Third, data presentation, which is the organization of the information that has been collected in a consistent form so that it is easier for researchers to obtain an overview and make a comprehensive assessment. Fourth, drawing conclusions, which is interpreting all

findings based on the results of field research to formulate answers to the research focus [15].

## RESULTS AND DISCUSSION

The results of this study are presented based on Edward III's four indicators, namely communication, resources, disposition, and bureaucratic structure, which were used to analyze the implementation of the Stunting Prevention Program in Sepande Village. The data obtained came from in-depth interviews with key informants, field observations, and a review of relevant documents. The analysis was conducted to describe the extent to which the program was running according to its objectives, the obstacles encountered, and the factors supporting its success. The research findings were then interpreted and linked to theory and previous research results, providing an in-depth picture of the effectiveness of the stunting prevention program in Sepande Village.

### A. Communication

Communication is one of the key factors in the successful implementation of the Stunting Prevention Program in Sepande Village. Based on field observations, the process of disseminating information from the district level to the village community has been carried out through a structured formal channel, starting from the District Health Office, the Community Health Center, then to the village officials and posyandu cadres. Communication between posyandu officers, village officials, and the community is carried out directly through face-to-face activities at the village hall. These activities include the delivery of information related to the nutritional status of toddlers, posyandu schedules, and guidance on the provision of supplementary foods (PMT). The communication process is two-way, in which officers not only provide information but also receive feedback and questions from the community.

As stated by Mr. Wawan Setiawan, Head of the Welfare Section

*"Coordination with community health centers, village midwives, health workers, and posyandu cadres is already running smoothly. We hold regular coordination meetings every month. The stunting discussion program is also a very important step to ensure that the implementation of intervention activities to accelerate stunting reduction can be carried out jointly between the government, related sectors, and the community. Periodically, there are meetings at the district level, and our cadres always attend to obtain materials and training, which they will then pass on to the villages and posyandu. This indicates that communication is running well".* (Interview, July 25, 2025).

Message consistency was also evident. Core messages on the importance of balanced nutrition, exclusive breastfeeding, and child growth monitoring were consistently delivered by health workers, cadres, and village officials. This was reinforced by Mrs. Triyani Nandayani, Head of Posyandu Cadres:

*"As cadres, we serve as the spearhead of the stunting program in the community. We interact directly with mothers and toddlers every month. Our job is not only to weigh and measure, but also to provide education on nutrition and good parenting. Thank God, the mothers respond well by diligently coming to the health center, so we can easily identify malnourished babies and intervene immediately".* (Interview, January 23, 2025).

In addition to direct communication, information is also disseminated through village information media and regular coordination between posyandu cadres, village midwives, and village officials. This is in line with research stating that effective communication in public health programs requires clarity of message and, consistency of information, as well as openness in dialogue between program implementers and recipients [16]. In this case, communication in Sepande Village has helped increase community understanding of the importance of stunting prevention, although broader dissemination of information is still needed.



Source: Researcher Archives (2025)

**Figure 2.** Communication Process between Posyandu Officers, Village Midwives, Village Officials, and the Community.

Based on observations, communication in the implementation of the Stunting Prevention Program in Sepande Village took place through face-to-face meetings at the Sepande Village Hall. As shown in Figure 2, posyandu workers, village midwives, and village officials sat at the service desk to provide information and consultation to the community. The residents who attended, mostly mothers of toddlers, interacted with the officers to obtain explanations regarding their children's nutritional status, posyandu schedules, and guidance on balanced nutrition.

Communication about the stunting program is carried out regularly, mainly through monthly posyandu activities and village-level meetings. Posyandu cadres also use WhatsApp groups to inform mothers with toddlers about the posyandu schedule.

Empirically, this activity reflects two-way communication, in which officers not only convey information but also listen to questions, complaints, and input from the community. A conducive atmosphere and direct community involvement support the clear delivery of program messages. Based on the results of research in Sepande Village, the implementation of the Stunting Prevention Program shows that the communication indicators in Edward III's implementation theory are quite well fulfilled. According to Edward III, effective communication in policy implementation requires three main aspects, namely transmission (message delivery), clarity, and consistency [17].

In Sepande Village, transmission has been optimized through a structured formal channel from the District Health Office to the village community, involving the Community Health Center, village officials, and posyandu cadres as key communicators. The clarity of communication is reflected in the delivery of specific information regarding

the nutritional status of toddlers, posyandu schedules, and guidance on providing balanced nutrition through face-to-face meetings at the village hall, which allow for two-way dialogue. Meanwhile, the consistency of messages about the importance of balanced nutrition, exclusive breastfeeding, and monitoring child growth and development has been maintained through regular monthly coordination between program implementers. This systematic communication not only meets the technical requirements for policy implementation according to Edward III, but also successfully increases community participation, as evidenced by the positive response of mothers who regularly attend posyandu, enabling early identification and targeted intervention in cases of malnutrition. This shows that face-to-face communication is highly effective because it allows for direct feedback, so that the message conveyed can be better understood by the recipient [18].

Furthermore, in previous research by Yusnan Pakaya, Sunarto Kadir, Vivien Novarina A Kasim [19] The study entitled Implementation of Nutrition-Sensitive Interventions in Stunting Management in Gorontalo District shows that information transmission is carried out through stunting management working groups, situation analysis activities, work plan preparation, stunting discussions, and data management systems. Information transmission occurs through formal channels from the District Health Office → Community Health Centers → village officials → posyandu cadres → the community, with face-to-face communication at the village hall and the use of WhatsApp groups. Communication is two-way, with specific information conveyed regarding the nutritional status of toddlers, posyandu schedules, and guidance on providing nutritionally balanced meals through face-to-face meetings. This is in line with findings in Sepande Village, which uses monthly coordination meetings as a means of transmission and confirms the importance of face-to-face communication that allows for direct feedback to ensure proper understanding.

## **B. Resources**

Resources play an important role in the successful implementation of the Stunting Prevention Program in Sepande Village. According to Edward III [17], Resources include the availability of personnel, funds, infrastructure, and sufficient time to achieve the program objectives. Program implementation in Sepande Village is supported by health workers such as village midwives, posyandu cadres, and village officials who actively provide nutrition and health services for children under five. The availability of adequate human resources in terms of quantity can be seen from the total of 56 posyandu cadres divided into 11 groups. This shows that the coverage of services is quite extensive and evenly distributed throughout the village. However, in terms of quality, improvements are still needed through continuous training on early detection of stunting, nutrition counseling, and effective communication techniques.

Logistical support in the form of supplementary feeding (PMT), vitamins, and milk provided regularly for four weeks is a very important factor in improving children's nutritional status. The Supplementary Feeding Program (PMT) has been proven effective in increasing the nutritional intake of malnourished toddlers. In addition to PMT, routine posyandu activities also provide nutritious meals for toddlers, such as green bean porridge, pudding, quail eggs, and other nutritious foods. The availability of these supplementary foods not only provides direct nutritional benefits, but also serves as

practical education for mothers on the variety of healthy foods they can give their children at home.

The resources for equipment to support the stunting program in Sepande Village are adequate, with even distribution across all integrated health service posts. Each of the 20 health posts has been equipped with standard medical equipment to support activities, including digital and conventional baby scales, blood pressure monitors for mothers, adult scales to monitor the weight of pregnant and breastfeeding mothers, and height measuring devices (microtoise). The availability of complete equipment enables early detection of child nutrition and growth problems. However, routine maintenance and calibration of the equipment still need to be improved to ensure measurement accuracy.

The budgetary resources for the operational program to prevent stunting in Sepande Village are sufficient to support various activities. This budget is used to provide supplementary feeding for malnourished toddlers, monthly health center operations, and the procurement of nutritious foods such as green bean porridge, pudding, quail eggs, and other menu items that are provided during health center activities. Funds are also allocated for the transportation of cadres conducting home visits, the procurement and maintenance of medical equipment, and educational and outreach activities. Diversification of funding sources from the Village Fund, the District Budget, and central government assistance provides sufficient financial stability for the program's sustainability.

Thus, the availability of adequate resources from various aspects is an important foundation for the success of the stunting prevention program in Sepande Village. The integration of all these resource components creates synergy that supports the achievement of program objectives, although strengthening is still needed in terms of human resource capacity building and monitoring systems to optimize the utilization of existing resources. This is reinforced by the statement of Posyandu cadre leader, Triyani Nandayani, who emphasized to the researcher:

*"With 56 cadres spread across 11 posts, we can reach the entire village more optimally. Each post is managed by an average of 3-4 cadres, so there is a clear division of tasks. Some focus on weighing, measuring, recording, and education. This system makes the service more effective because each cadre can focus on their respective expertise"* (Interview, January 23, 2025).

Furthermore, Mr. Wawan as Head of the Welfare Section emphasized that:

*"Praise God, the facilities at each post are complete. At each post, we have provided digital and conventional scales for babies, microtoise for measuring height, sphygmomanometers, and adult scales. The most helpful is the digital scale because it is more accurate and easier to read. But sometimes we are still concerned about the calibration, so we always cross-check with conventional scales"* (Interview, July 25, 2025)

**Table 2.** Recap Data on Stunting Development Checks for Toddlers in Sepande Village in the Supplementary Food, Vitamin, and Milk Assistance Program for 4 Weeks in 2024.

No	Name	Address	Week 1		Week 2		Week 3		Week 4		Stunting Status
			W/A	H/A	W/A	H/A	W/A	H/A	W/A	H/A	
1	NA	RT 14 RW 04	11	90,2	11,1	90,4	11,5	90,6	11,5	90,6	Normal
2	N	RT 17 RW 05	11	91,7	12	92,1	11,5	92,2	11,6	92,2	Normal
3	CF	RT 09 RW 03	12	96,5	13	97	13,5	98	13	98	Normal
4	WN	RT 12 RW 04	11	81	11,5	83,5	11	83,5	11,1	83,5	Normal
5	R	RT 15 RW 05	9	84,5	10,5	87,2	11	87,5	9,9	87,5	Normal
6	MG	RT 02 RW 01	8,5	80,7	9	80,1	8	80,1	9,2	80,1	Stunting
7	H	RT 40 RW 10	7,5	76,4	7,5	76,4	8	77	8,3	77	Stunting
8	MM	RT 05 RW 02	8,9	77,8	9	79,3	9	79	9,2	79	Stunting
9	Y	RT 17 RW 05	11	91,3	11	91	11	91,1	11,5	91,1	Normal
10	M	RT 14 RW 04	10,5	88,1	11	87,8	11	87,7	10,5	87,7	Normal
11	MY	RT 15 RW 05	8,4	81,8	9	79,8	8	80	8,8	80	Stunting
12	SH	RT 15 RW 05	13,5	100	14	100,6	14	100,2	13,8	100,2	Normal
13	EL	RT 09 RW 03	9	76	9,5	77,5	9,5	78,8	9,9	78,8	Normal
14	RA	RT 02 RW 01	9	81,4	9,5	81,8	9,7	82,5	9,7	82,5	Normal
15	ME	RT 13 RW 04	6,5	67	6,7	69	6,6	69	6,6	69	Stunting
16	KA	RT 04 RW 02	6,5	71	6,6	71,5	6,5	70,5	6,76	70,5	Stunting
17	NAS	RT 02 RW 01	9,9	82,7	10	83,3	10	83,3	9,9	83,3	Normal
18	HR	RT 02 RW 01	9,9	81,8	10	81,2	10	81,6	9,8	81,6	Normal
19	RNQ	RT 02 RW 01	9,9	81,8	9	75,7	9	76	9	78,4	Normal
20	AF	RT 05 RW 02	9	76,2	9	76,2	8,9	77,7	8,7	77,7	Stunting

Source: Stunting Data for Sepande Village (2025)

Based on Table 2, it can be seen that during the four weeks of the nutritional assistance program in Sepande Village in 2024, there were positive changes in the weight and height indicators of most of the toddlers who received the intervention. For example, an infant named Nisa Almaira experienced an increase in BW from 11 kg to 11.5 kg and an increase in BH from 90.2 cm to 90.6 cm. Similar positive changes were also seen in other participants, although there were some cases of weight fluctuations, possibly due to daily health factors or consumption patterns. This data indicates that interventions involving the provision of supplementary food, vitamins, and milk can have a direct impact on improving nutritional status, especially when supported by weekly monitoring.

The results of the researcher's interview with Mrs. Nurotin, a parent of a stunted child, revealed that:

*"My child received PMT for four weeks because he was underweight. The PMT was good; it included high-protein biscuits, milk, and other supplementary foods. What I liked was that the cadres also taught us how to make nutritious food at home. So we weren't just given food, but also educated. After the PMT program, my child's weight increased significantly and is now normal."* (Interview, July 25, 2025)

Empirically, the implementation of the Stunting Prevention Program in Sepande Village shows good alignment with the resource indicators in Edward III's implementation theory. According to Edward III, the success of policy implementation is highly dependent on the availability of resources, including personnel, funds, infrastructure, and adequate time. In Sepande Village, human resources have been adequately fulfilled through the availability of 56 posyandu cadres spread across 11 posts, enabling equitable service coverage throughout the village with a clear division of tasks among cadres. Infrastructure resources are also adequate with the availability of standard health equipment at each post, including digital and conventional scales, microtoise, tensimeters, and adult scales. The financial resources aspect shows good stability through diversified funding from the Village Fund, the District Budget, and central government assistance, which enabled the implementation of PMT for 4 weeks with positive results in the form of increased weight and height of the intervened toddlers. The availability of sufficient resources also creates synergy in program implementation, in line with Edward III's view that the integration of all resource components is a fundamental prerequisite for achieving policy objectives, although strengthening is still needed in terms of human resource capacity building and monitoring systems to optimize the utilization of existing resources.

Thus, the availability of adequate resources, in terms of personnel, facilities, and nutritious food, is an important foundation for the success of the stunting prevention program in Sepande Village. For the program to be sustainable, it is necessary to strengthen the capacity of cadres, increase the number of health workers in the village, and allocate consistent funding to maintain the continuity of interventions.

In previous research by F. Firdaus, S. Ahmad, A. Akhyar [20] The study entitled Effectiveness of Community-Based Health Programs to Reduce the Prevalence of Stunting in Bima Regency emphasizes that the availability of trained and adequate human resources, as well as appropriate facility support, are key to the success of public health interventions. The study also concludes that without resources, policies remain

mere documents on paper. Resources are positioned as inputs in an organization as a system that has economic and technological implications. Economically, resources are related to the direct costs or sacrifices incurred by the organization, which reflect the potential value or usefulness in their transformation into outputs. Technologically, resources are related to the organization's ability to transform [21].

### C. Disposition

The disposition or attitude of program implementers is an important factor that influences the success of the Stunting Prevention Program in Sepande Village. According to Edward III, disposition includes the commitment, honesty, and motivation of implementers in carrying out their duties. Based on the results of interviews, program implementers in Sepande Village, including village midwives, posyandu cadres, and village officials, demonstrated a proactive attitude and a high level of concern for reducing stunting rates. They not only carried out their duties according to procedure, but also took the initiative to use a persuasive approach with families whose children were indicated as stunted to ensure that the intervention was optimal. This is reflected in the allocation of adequate budgets and the formation of a special village-level stunting response team. This commitment is also demonstrated through the village head's regular attendance at stunting-related activities and the provision of rewards to outstanding posyandu cadres.

The motivation and enthusiasm of program implementers, ranging from village officials and village midwives to posyandu cadres, is very high in carrying out their duties. The village government shows good dedication in providing health services and education to the community. However, the motivation of posyandu cadres still varies. This is influenced by factors such as age, education level, and family support for each cadre. As stated by Mr. Wawan Setiawan, Head of the Welfare Section:

*"We, the village government, fully support efforts to address stunting. We believe that stunting prevention is necessary so that in the future, Sepande Village will be free of stunting. This commitment is also supported by various parties, such as the health office, the district government, the sub-district government, and the community health center through village midwives and integrated health service post cadres as the spearhead of stunting prevention in the community".* (Interview, July 25, 2025)

This commitment is reinforced by Mr. M. Rudy Dwi, the village midwife, who affirmed:

*"Yes, commitment. The commitment is always to support the instructions from the Health Office, the stunting prevention program that has become the policy of the superiors. From the Ministry of Health, it goes down to the village, back to the Community Health Center, through health funds".* (Interview, July 25, 2025)

Public perception of stunting programs has begun to improve, although some still view these programs as mere formalities. The majority of the public, especially mothers, are beginning to understand the importance of monitoring child growth and development and balanced nutrition. However, there is still resistance from some members of the community who hold fast to old traditions and beliefs about child rearing, such as the notion that fat children are healthy children.

Public trust in the program and its implementers is quite high, especially among nurses and midwives who have been working for a long time. Long-standing

relationships and personal closeness make it easier for the community to accept advice and recommendations from health workers. In addition, coordination among implementers is also well established, as evidenced by a clear division of tasks and a willingness to help each other in posyandu activities and nutrition counseling.

This is in line with the findings of Arrasyidin Diva Afrizal and Isnaini Rodiyah [10] entitled Implementation of Health Literacy Programs in Handling Stunting in Tambak Kalisogo Village, which states that a positive disposition on the part of implementers can strengthen the effectiveness of health program implementation, especially when supported by open communication and a high sense of responsibility. With a strong disposition, the stunting prevention program in Sepande Village has a greater chance of achieving its target of a sustainable reduction in prevalence.

Empirically, the implementation of the Stunting Prevention Program in Sepande Village shows good alignment with the disposition indicators in Edward III's implementation theory. According to Edward III, the disposition of implementers, which includes commitment, honesty, and motivation, is an important factor that determines the success of policy implementation. In Sepande Village, positive disposition is evident in the proactive attitude and high level of concern shown by all program implementers, from the village government and village midwives to posyandu cadres, who not only carry out their duties according to procedure but also take the initiative to persuade families whose children are indicated as stunted.

Strong commitment is manifested in the full support of the village government through adequate budget allocation, the formation of a special team to handle stunting, and the regular attendance of the village head in activities related to stunting. Although the motivation of posyandu cadres still varies, influenced by factors such as age, education level, and family support, overall, the positive disposition of the implementers is reinforced by good coordination among implementers with a clear division of tasks and high community trust in health workers. This strong disposition is in line with Edward III's view that a positive attitude among implementers can strengthen the effectiveness of health program implementation and provide greater opportunities for the Stunting Prevention Program in Sepande Village to achieve its target of a sustainable reduction in prevalence.

Similar to previous research by Permanasari, Yurista et al., [22] Entitled Challenges of Convergence Implementation in Stunting Prevention Programs in Priority Districts, the paper argues that strong commitment will make it easier to foster innovation and creativity, whereby those concerned will contribute to the organization with greater effort. Disposition is not only about individual attitudes, but also about how positive attitudes can be cultivated and maintained through consistent leadership support, appropriate reward systems, trust building through personal relationships, and coordination that minimizes sectoral egos.

#### **D. Bureaucratic Structure**

The bureaucratic structure for implementing the Stunting Prevention Program in Sepande Village was formed through a clear division of tasks between village officials, health workers, and posyandu cadres. This structure is led by the Village Head as the main person in charge, with the Head of Public Welfare (Kesra) as the field coordinator. Below him is an implementation team consisting of nurses, village midwives, posyandu

cadres, and representatives from various community organizations. This structure is adequate but still needs strengthening at the level of inter-agency coordination.

As explained by Mr. Wawan Setiawan, Head of the Welfare Section:

*"Our organizational structure is quite clear, starting with the village head as the person in charge, myself as the coordinator, then the village midwife and posyandu cadres. Every month we hold coordination meetings to discuss progress and obstacles encountered".* (Interview, July 25, 2025)

Based on interviews and observations, the program implementation process begins with planning at the village level together with village midwives and posyandu leaders, followed by coordination with the community health center as the regional supervisor, as well as technical support and monitoring from the district health office. Each party has a well-defined role, from data collection and monitoring of toddler growth to reporting on activity results. The division of tasks and functions within the bureaucratic structure has been clearly defined through a Village Head Decree. Each party has specific tasks, ranging from planning, implementation, monitoring, to program evaluation. However, in practice, there is still an overlap of tasks and responsibilities, especially between health workers and posyandu cadres.

The coordination mechanism between agencies within the stunting bureaucratic structure is already in place through monthly coordination meetings and a tiered reporting system. Vertical coordination with community health centers and district health offices is already functioning well, but horizontal coordination between sectors at the village level still needs to be improved. The education, agriculture, and economic sectors have not been optimally involved in stunting programs, even though a multisectoral approach is very important in tackling stunting.

Standard Operating Procedures (SOPs) for stunting program activities already exist but are not yet fully detailed. Existing SOPs focus more on posyandu activities and anthropometric measurements, while SOPs for other activities such as counseling, home visits, and case referrals are still unclear. This causes the implementation of activities to sometimes be inconsistent and dependent on the initiative of each implementer.

The monitoring and evaluation system within the bureaucratic structure of the stunting program is still simple and not yet optimal. Monitoring is carried out through monthly reports from integrated health service posts and supervisory visits from community health centers, but there is no tracking system to monitor the development of each child. Program evaluation is also still limited to output aspects (number of activities) and does not yet touch on outcome and impact aspects. There is a need to develop a better information system to support more effective monitoring and evaluation of stunting programs. As stated by Mr. M. Rudy Dwi, the village midwife:

*"The existing SOPs are still not detailed enough for all activities. They are clear for integrated health service posts, but for activities such as home visits and case referrals, they still depend on the initiative of each officer. Sometimes there is an overlap of duties between us and the cadres, so more intensive coordination is needed".* (Interview, July 25, 2025)

Empirically, the implementation of the Stunting Prevention Program in Sepande Village shows a bureaucratic structure that is in line with the organizational structure indicators in Edward III's implementation theory. According to Edward III, an effective bureaucratic structure requires a clear division of tasks, standard operating procedures

(SOPs), and optimal coordination mechanisms to prevent fragmentation in policy implementation. In Sepande Village, the organizational structure has been formed hierarchically with the Village Head as the main person in charge, the Head of Social Welfare as the field coordinator, and an implementation team consisting of nurses, village midwives, and posyandu cadres who have specific job descriptions through a decree from the Village Head. This structured bureaucracy facilitates the flow of information and distribution of resources, so that the program can run according to schedule and targets. However, several obstacles remain, such as the limited number of health workers in the village and the dependence on cadres for most field activities.

This condition is consistent with previous research by Audhy Sindhy Kusumawardani and Prasetyo Isbandono [23] entitled Implementation of Public Health Policy (Role of DP 3 AKB) in the Stunting Prevention Program in TanjungHarjo Village states that the effectiveness of health policy implementation at the village level is highly dependent on cross-sector coordination and clarity of operational procedures. With the strengthening of an adaptive and responsive bureaucratic structure to field conditions, it is hoped that the implementation of the stunting prevention program in Sepande Village can be more optimal and sustainable. The implementation of the stunting program in Sepande Village is partially in line with Edward III's bureaucratic structure indicators. The division of tasks is clear, but SOPs and horizontal coordination still need to be strengthened. Thus, this study reinforces empirical evidence that the implementation of stunting policies at the village level requires refinement of SOPs and cross-sectoral integration to meet Edward III's standards for an effective bureaucratic structure.

## CONCLUSION

**Fundamental Finding :** Based on the results of research on the implementation of the Stunting Prevention Program in Sepande Village, Candi District, Sidoarjo Regency, it can be concluded that the program has been implemented quite effectively with the support of communication, resources, disposition, and bureaucratic structures that complement each other, where communication between implementers and the community is two-way enabling the clear delivery of information and direct feedback, the available human resources, facilities, and logistical support have been able to support activities although there are still limitations in the number of health workers, the disposition of the implementers shows a proactive attitude and high concern for the success of the program, and the organized bureaucratic structure facilitates cross-sector coordination. **Implication :** However, there are still obstacles such as limited outreach coverage and the need for strengthened continuous monitoring, indicating that strengthening the capacity of posyandu cadres and expanding access to health information are crucial steps to sustain effectiveness. **Limitation :** The existing challenges highlight gaps in outreach coverage and limited health personnel at the village level, which reduce the program's ability to reach broader segments of the community. **Future Research :** Therefore, to improve the effectiveness of the program, efforts are needed to strengthen the capacity of posyandu cadres, expand access to health information for the community, and increase the number of health workers at the village level so that by optimizing the four Edward III indicators, the prevalence of stunting in Sepande Village

can continue to decline and the prevention program can be sustainable in supporting the achievement of the national target for stunting reduction.

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