



IMPLEMENTATION OF COMMUNITY-BASED STUNTING REDUCTION POLICY BY THE GOVERNMENT OF SETELUK ATAS VILLAGE, WEST SUMBAWA REGENCY

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Abstract

Stunting prevention is crucial for improving the quality of human capital in optimizing the Demographic Bonus. However, previous studies have tended to get stuck on a mechanistic-structural approach and ignore the sociological barriers of grassroots communities. This descriptive qualitative research aims to analyze the dynamics of the convergence of stunting mitigation policies, socio-cultural barriers, and tactical strategies of the Seteluk Atas Village Government, West Sumbawa Regency. Data were collected through in-depth interviews with selected informants through purposive sampling, direct observation, and documentation, which were then tested for validity via triangulation and analyzed using an interactive model. The results of the study showed that the implementation of the policy succeeded in significantly reducing the number of stunting cases from nine children to four children within five months. This success is driven by village bureaucratic reform that converts sectoral programs into integrated convergence movements through the optimization of Village Funds. Despite being faced with cultural resistance related to nutrition education and cross-sector coordination constraints, the village government managed to overcome it through a gender-responsive personal approach involving the role of fathers and incidental home inspections with nutritionists to mitigate environmental factors while filtering out genetic factors. An important conclusion of this study proves theoretically that site-level government institutions effectively act as decomposers of local cultural barriers. In practice, this research provides a

blueprint that local food self-sufficiency and proactive participatory supervision are much more decisive for success than just the absorption of administrative budgets. Further studies suggest expanding the research loci comparatively using mixed methods to measure the cost efficiency of the program on a macro level.



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INTRODUCTION

Holistic national development in the modern paradigm no longer relies solely on the accumulation of physical infrastructure, but is oriented towards strengthening human capital as the main driver of sustainable development (Abraham & Mallatt, 2022). In line with the philosophy of Pancasila and the mandate of the 1945 Constitution, improving the quality of human life is an absolute prerequisite for the progress of the nation. However, the acceleration of human development in Indonesia is currently faced with sociological challenges in the form of the threat of lost generation due to stunting. As a multidimensional phenomenon, stunting does not only have an impact on the physical growth and development aspect of children during the golden period of the first 1,000 Days of Life (HPK) (Marthalena Simamora, Janno Sinaga, 2022), but also carries widespread sociodemographic implications, such as decreased cognitive capacity, low economic productivity, and the escalation of intergenerational poverty (Micha Silalahi, Munifah Munifah, 2023).

The urgency of overcoming this growth disruption is very crucial considering that Indonesia is chasing a window of opportunity for the Demographic Bonus. Failure to mitigate stunting will turn the potential blessing of demographics into a massive burden of development. In response to the emergency, the Government issued Presidential Regulation Number 72 of 2021 concerning the Acceleration of Stunting Reduction to lock in the national handling target. Through this regulatory framework, an intervention model is introduced that separates between specific (medical) and sensitive interventions (social environment) that must be integrated in a convergent manner. This requires bureaucratic orchestration starting from the central level to the smallest government unit, namely the village government (Regita & Prathama, 2023).

In the regional realm, West Sumbawa Regency is one of the intervention locus areas that face complex target achievement dynamics. Although electronic reporting-Community-Based Nutrition Recording and Reporting (e-PPGBM) recorded a decrease in prevalence of up to 7.8% in August 2023, triangulation data from the Indonesian Nutrition Status Survey

(SSGI) shows that the sustainability of stunting chain breaking in the field is still very vulnerable. This empirical reality confirms that the success of nutrition policy outputs is highly tied to the consistency of social interventions at the site level. Seteluk Atas Village in Seteluk District represents the characteristics of a semi-rural area with the complex dynamics of intervention. As a frontline institution that has autonomy based on Law No. 6 of 2014 concerning Villages, the Seteluk Atas Village Government plays a crucial role as the main stakeholder (Fitrotuzzaqiyah & Rahayu, 2022). Village institutions are required to be able to allocate Village Funds substantially, mobilize local institutions (Posyandu, PKK, and Human Development Cadres/KPM), and coordinate the accuracy of data synchronization with local health centers in order to pursue the vision of zero stunting.

Although studies on the implementation of stunting treatment programs have been widely published, a search of the state of the art shows that there are theoretical and localized limitations that trigger the research gap. First, there is a conceptual gap. The majority of the previous literature, dominated by the application of classical implementation models such as Van Meter & Van Horn or George Edward III, tends to look at the mechanistic-structural management of stunting. The studies are biased on assessing the fulfillment of budget inputs, administrative compliance of village bureaucracy, and availability of formal logistics (Septiana, 2026). This linear approach often ignores the sociological variable that the handling of stunting at the grassroots level is a composite product of social behavior, customary resistance, food taboos, and the reconstruction of domestic parenting patterns that cannot be solved by budget absorption alone.

Second, there is a contextual gap. The construction of stunting management research has so far dominantly taken the locus in urban areas (*Urban*) or communities that have adopted a digital village system with the availability of accessibility of established health facilities. There is still a limited in-depth qualitative investigation to capture how village government actors in regions with transitional socio-cultural characteristics conduct cultural negotiations. The Socio-Ecological Framework and Health Belief Model (HBM) framework remind that the perception of semi-rural communities towards vulnerability to nutritional diseases is often hit by communication barriers and limited incentive capacity of local cadres in the field (Muhammad Wahyu Febian, 2025).

This is where the novelty offered by this research lies. This qualitative research is positioned to microinvestigate the dynamics of actor networks and cultural communication tactics developed by the Seteluk Atas Village Government. The focus of the study is directed to unravel how village governments construct cross-sectoral institutional convergence in the midst of the siege of sociological obstacles of local communities, beyond mere formalities of bureaucratic compliance assessments.

Based on the background and research gap, this study aims to analyze the dynamics and convergence process of the implementation of stunting control policies carried out by the Seteluk Atas Village Government, Seteluk District, West Sumbawa Regency. Explicitly, this research is directed to answer three main questions: (1) What is the process of institutional convergence in stunting management at the village level? (2) What are the socio-cultural obstacles and obstacles to coordination between actors faced in the field? and (3) What are the strategies for handling and mitigating cultural practices implemented by the village government to overcome them?

METHOD

Research Approach and Design

This study uses a qualitative approach with an exploratory descriptive design. This approach was chosen to analyze in depth, holistically, and contextually the role, dynamics, and strategies of the Seteluk Atas Village Government in constructing stunting control at the local level (Dani et al., 2025). This research was carried out in Seteluk Atas Village, Seteluk District, West Sumbawa Regency, West Nusa Tenggara Province. This location was chosen purposively based on empirical dynamics considerations: Seteluk Atas Village has an area of 4,408 hectares with Food Self-Sufficiency status and a population of 2,312 people (spread across Mata Ai Hamlet, Benteng Hamlet, and Seteluk Atas Hamlet). Although geographically and economically it has good food security, this village faces transitional sociological challenges in aligning e-PPGBM recording data with objective conditions in the field, thus requiring a local convergence-based governance study

Research Subjects and Informants

The focus of the object in this study includes policy governance, program convergence processes, allocation of Village Funds, and socio-cultural barriers in handling stunting. The research informants were determined using purposive sampling techniques based on inclusion criteria: (1) have regulatory and budgetary authority in the village, (2) are directly involved in public health services, and (3) are direct beneficiaries of the stunting control program (Leah, 2024). The determination of the number of informants is based on the principle of data adequacy until it reaches the saturation point. Details of the research informants are presented at:

Table. 1 Research Informant

Number	Departments	Duties and functions
1	Village Head	Person in charge of village regulations and budgets
2	Village Secretary	Coordinator of village program administration and convergence

3	Village Treasurer	Technical manager of stunting handling budget realization
4	Head of Village Government	Technical implementer of community empowerment operations
5	Midwife / Village Nurse	Medical personnel holding a stunting clinical database (e-PPGBM).
6	Posyandu Cadre / KPM	Implementer of daily recording and target driver in the field
7	Parents / Mothers of Toddlers	Intervention targets and beneficiaries of the program

Source: Primary Data Processed by researchers

Data Collection and Validity Test Instruments

The key instrument in this study is a human instrument researcher equipped with an interview guide, observation sheet, and digital recording device (Muh. Khusnul Himam, Saeful Anam, 2026). Data collection was carried out through two sources consisting of Primary Data obtained through semi-structured in-depth interviews with key informants to explore strategies and obstacles to handling stunting. In addition, passive participatory observation is carried out on the operational activities of the Posyandu, the village stunting forum and the sanitation conditions of the residential environment. Secondary data, obtained through documentation studies, includes Village Regulation documents, APBDes and RKPDes Documents, Budget Realization Reports, Seteluk Atas Village Profiles, and recapitulation of Seteluk Puskesmas e-PPGBM data.

Data validity tests are carried out to ensure validity and qualitative reliability through Triangulation and Member Check techniques (Asbui, 2024). Triangulation is applied through three types of approaches: Source triangulation functions to compare and check the degree of trust of information obtained from informants of village officials, health workers, KPM cadres, and mothers under five. The Triangulation Technique functions to test the validity of the data by comparing the results of in-depth interviews, evidence of field observations, and notes of APBDes report documents. Time Triangulation re-verifies data that is still doubtful at different times and social situations until no more information differences are found (saturated data). And Member Check functions to reconfirm the draft summary of the interview transcript to key informants to ensure that the recorded narrative is in accordance with what the informant intended.

Data Analysis Procedure

Data analysis in this study uses an interactive and continuous model (Rofiah, 2024) which consists of four interconnected stages. Four stages of the procedure are carried out, namely;

The Data Collection collects all interview transcripts, field notes, photos of activities, and official documents related to handling stunting in Seteluk Atas Village. Data Reduction & Condensation performs the process of selecting, focusing, simplifying, and coding raw data. The data is categorized into key themes, such as: budget policies, forms of convergence between actors, cultural barriers of communities, and innovative village solutions. Data Display organizes data into a systematic narrative text, complete with an actor relationship matrix table and a policy convergence flowchart for easy understanding. Conclusion Drawing & Verification Formulating initial conclusions that are still temporary, then verified repeatedly by reviewing field records, matching with data triangulation, and conducting peer debriefing discussions to obtain objective and valid conclusions.

RESULTS AND DISCUSSION

Nutritional Status and Governance Transformation of Posyandu in Seteluk Atas Village

Nutritional status in the early phases of life is a manifestation of the balance between nutrient intake and basic metabolic needs of children (Ramadani et al., 2023). In Seteluk Atas Village, the clinical diagnosis of stunting at the field level relies on the precision of anthropometric measurements integrated through four regional Posyandu units (such as Posyandu Mata Ai 1 which serves 49 infants and toddlers). Periodic monitoring in the age range of 0–2 years (First 1,000 Days of Life/HPK) is crucial to mitigate the risk of wasting and underweight before it develops into permanent stunting.

However, field findings show that the accuracy of stunting diagnosis is not only determined by medical instruments, but also by institutional governance transformations at the site level. The success of the Seteluk Atas Village Government in reducing stunting cases from 9 children at the end of 2023 to 4 children in April 2024 was triggered by a shift in the bureaucratic paradigm, from previously sectoral-partial to the Integrated Convergence movement. As stated by the Head of Seteluk Atas Village:

"In the past, nutrition handling was considered purely a matter for the health center. However, since there was a convergence regulation, we in the village locked the special APBDes budget for raw food and directly accompanied the affected families. As a result, the decrease in cases is noticeable from month to month." (Interview, KADES, April 16, 2024).

Convergence of Specific and Sensitive Interventions of Village Governments

Responding to the mandate of Presidential Regulation Number 72 of 2021, the Seteluk Atas Village Government combines specific (medical) and sensitive interventions (social environment) through the allocation of Village Funds that are managed autonomously (Aesy et al., 2023). A summary of the pillars of the integrated convergence program is presented at:

Table 2. Matrix of the Integrated Stunting Intervention Program of the Seteluk Atas Village Government

Number	Program Name	Characteristics of the Intervention	Target Group	Description of Substance & Output of Activities
1	Family Posyandu	Specific Sensitive	Pregnant Women, Toddlers, Teenagers, Elderly	Monthly clinical examinations, exclusive breastfeeding counseling, distribution of KIA/KMS books, and complete vitamin A, B, iron, and PMT supplements.
2	PMT Special for Stunting (Raw Materials)	Spesifik	Toddlers Indicated for Stunting	Distribution of raw foods high in nutrients (rice, meat, eggs, milk, vegetables, vitamins). Output: Reduced the number of cases from 9 children (end of 2023) to 4 children (April 2024).
3	Toddler Classes & Parenting Classes	Sensitive	Parents (Mother and Father) Toddlers 0-5 Years Old	The group education room was guided about MP-ASI balanced nutrition, immunization, and sanitation hygiene using KIA book instruments.
4	DASHAT (Healthy Kitchen to Overcome Stunting)	Sensitive	Catin, Pregnant/Breastfeeding Mothers, Families at Risk	Sociological empowerment through interactive cooking demonstrations based on healthy local food to reduce the consumption of non-nutritive snacks in stalls.
5	Training on Making Local Food-Based PMT	Sensitive	Posyandu Implementation Team & Cadres	Synergistic training of village-puskesmas for 5 posyandu cadres to process PMT based on 2 different sources of animal protein for pregnant women in SEZs.

Source: Primary Data Processed from Interview Results of Village Midwives, Village Heads, and Posyandu Cadres (April 2024)

Raw material-based PMT interventions have proven to be more effective than packaged food because they provide a space for direct involvement and education for families under five. This policy reinforces the findings (Agma, 2025) which states that the active

involvement of village leaders is directly proportional to the improvement of nutrition of toddlers.

However, the sociological novelty in Seteluk Atas Village lies in the ability of the village government to overcome the contextual gap in semi-rural agrarian areas. If in previous researches (such as in the Karo area) the main obstacles are the validity of poverty data and low sanitation awareness (Sukaaro, 2025). The Seteluk Atas Village Government mitigates local cultural barriers—such as the habit of giving away instant stall snacks—through a participatory approach to the DASHAT program and the Parenting Class.

Behavioral Reconstruction Through *the Socio-Ecological Framework* and *Health Belief Model*

Theoretically, the success of stunting control in Seteluk Atas Village can be dissected using *Socio-Ecological Framework* (Reupert, 2017). The intervention does not only touch the individual level (PMT intake and formula milk), but also reaches the interpersonal level (father's involvement in parenting classes), the community level (DASHAT activities at 4 Posyandu points), to the macro policy level (allocation of Village Funds based on Law No. 6 of 2014).

Viewed from the point of view of the Health Belief Model (HBM), the DASHAT program and the Toddler Class function as *cues to action* (stimulus of action) that reduces perceived barriers (perception of cultural barriers). Nutrition education, which was initially responded to passively by semi-rural communities, experienced a reconstruction of awareness after local cadres held a cooking demonstration based on food ingredients that were familiar to their daily lives. This confirms the sociology of health theory that the adoption of new health behaviors in local communities will be effective when using intuitive local cultural instruments and materials (Fatimah et al., 2025).

Proactive Surveillance (Sidak) and Handling the Genetic Paradox

The supervision innovation developed by Seteluk Atas Village is the Incidental Family Companion House Visit (Sidak). This integrated activity involving Village Midwives, Health Center Nutritionists, and Human Development Cadres (KPM) targets biological aspects (sanitation and clean water) and psychological aspects (parenting coaching). As explained by the Village Secretary:

"This house inspection is the key to seeing the real reality. Many parents are dishonest when they are at the Posyandu, but once they come to the house, we know if their sanitation is bad or the wrong way to cook. From there, the solution is immediately provided."(Interview, SEKDES, 2024).

This approach also solves the paradox of findings in the field, where it was found that toddlers with good nutritional status (adequate nutritional intake) but anthropometrically were still categorized as stunted. Through an in-depth clinical evaluation during a home visit, the officer managed to filter that the child's short stature was caused by short stature genetic factors, not due to chronic malnutrition. These findings confirm the analysis (Wasesha, 2026) that the monitoring of the WHO Z-score standard must always be accompanied by verification of field medical records so that there are no errors in intervention between nutritional problems and hereditary factors.

CONCLUSION

The implementation of the stunting control policy in Seteluk Atas Village has succeeded in reducing the number of cases from nine children at the end of 2023 to four children remaining in April 2024. This success is driven by village bureaucratic governance reform that converts sectoral programs into an integrated convergence movement through optimizing the allocation of Village Funds. Socio-cultural barriers in the form of resistance to nutrition education and non-nutritious food consumption habits have been successfully overcome through participatory education strategies (DASHAT and Parenting Classes) and proactive supervision in the form of integrated Home Visits (Sidak). This proactive supervision not only reduces barriers to social communication, but is also effective in distinguishing cases of stunting due to malnutrition from short stature due to genetic factors (short stature).

Theoretically, this research enriches the Socio-Ecological Framework and Health Belief Model by proving that village government institutions are able to play a role as a decomposer of cultural barriers at the grassroots level. Practically, this study provides a convergence model for agrarian regions that the utilization of local food potential combined with intensive family assistance is much more decisive than simply fulfilling the administrative burden of the budget.

This study has limitations on a single focus in semi-rural agrarian areas and has not measured the impact of long-term budget efficiency. Therefore, researchers are then advised to conduct comparative studies in coastal or urban areas with different socio-cultural dynamics, as well as apply a mixed-methods approach to measure the cost-effectiveness of stunting convergence on the Human Development Index (HDI) on a macro basis.

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