

Community Participation in Nutrition Programs to Reduce Stunting: A Case Study in Kediren Village, Blora

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ABSTRACT:

Background: Stunting is a chronic nutritional problem that has long-term impacts on the quality of human resources. Basic Health Research (Riskesdas) data shows that the prevalence of stunting in Indonesia remains high, including in Blora Regency, Central Java, particularly in Kediren Village, which recorded a figure of 22.1%. This situation requires active community involvement in supporting Community Health Center (Puskesmas) nutrition programs as a mitigation effort.

Aims: This study aims to describe the form of community participation in the Kutukan Community Health Center nutrition program and identify the factors that influence this participation.

Methods: The study employed a descriptive qualitative approach, with data collection techniques including interviews, observation, and documentation. Informants were selected purposively, including health workers, integrated health post (Posyandu) cadres, village officials, pregnant women, and members of the community with stunted toddlers. Data analysis was conducted interactively using the Miles and Huberman model, supported by triangulation of sources, techniques, and time to ensure data validity.

Result: The research results show that community participation manifests itself in the form of ideas, energy, skills, materials, and social aspects. The stages of participation include planning, implementation, utilization of results, and evaluation. Supporting factors for participation include government intervention, free programs, and public awareness, while inhibiting factors include low nutritional knowledge, time constraints due to work, suboptimal communication, and lack of program follow-up.

Conclusion: This study concludes that community participation plays a vital role in the success of the stunting reduction program in Kediren Village. To increase the program's effectiveness and sustainability, strategies are needed to strengthen the capacity of cadres, intensify outreach, and strengthen collaboration between health workers, the village government, and the community.

Keywords: Community participation, Stunting, Nutrition program, Community health center, Kediren Village

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INTRODUCTION

Stunting is a serious problem that has a direct impact on the quality of Indonesia's human resources.(Dekasari et al., 2024; Nuradhiani, 2020; Rahmawati et al., 2020). SEANUTS and Riskesdas results show that 1 in 3 Indonesian children experience stunted growth, meaning their height is below standard. This condition not only impacts physical growth but also cognitive development, productivity, and the nation's future competitiveness. Therefore, combating stunting is an urgent matter that must be addressed comprehensively, particularly through community involvement in maintaining the nutrition of pregnant women and toddlers.(Archda & Tumangger, 2019; Desmita et al., 2025; Sumanti, 2024).

At the national level, Indonesia still faces a high prevalence of stunting. Results from the 2021 Riset Kesehatan Dasar (Riskesdas) show that approximately 1 in 3 Indonesian children under five experience stunted growth, a figure that exceeds the WHO standard (Hasibuan et al., 2024; Rahman & Patilaiya, 2018; Suprpto & Arda, 2021). Although the government has implemented various interventions—such as supplementary feeding (PMT), growth monitoring, and nutrition education—the outcomes remain uneven. Low public awareness, limited access to information, and insufficient community involvement continue to hinder program effectiveness.

This situation actually opens up a significant opportunity to conduct research on community participation in stunting reduction. This participation extends beyond attendance at activities to include active participation in the planning, implementation, and evaluation of nutrition programs run by community health centers (Puskesmas). By examining community involvement in depth, this research can identify effective participation patterns as well as barriers that hinder program success at the village level.

A number of previous studies have highlighted the risk factors for stunting and the implementation of policies to reduce it in various regions.(Huriah & Nurjannah, 2020; Ramli et al., 2009; Vilcins et al., 2018; Wicaksono et al., 2021)However, studies focusing on the dynamics of community participation in community health center nutrition programs at the village level are still limited. This is where this research is novel: it focuses on the active role of the Kediren Village community in tackling stunting and the factors that influence it. Thus, this study provides a new, more contextual contribution and enriches the literature on participatory approaches to stunting management.

Community participation was chosen as a key variable because the success of a health program depends not only on the intervention of medical personnel but also on the extent to which the community is involved in supporting the program's sustainability. Community involvement demonstrates awareness, independence, and shared responsibility, ensuring that the nutrition program is not merely top-down but is truly implemented collaboratively and sustainably.

Based on this background, the present study aims to describe forms of community participation in the Kutukan Community Health Center's nutrition program in Kediren Village and to identify the supporting and inhibiting factors influencing participation. The novelty of this study lies in its focus on the contextual role of community participation in stunting reduction at the village level, offering new insights into bottom-up approaches that complement existing top-down government interventions.

METHOD

Research Design

This research uses a qualitative design with a descriptive approach. (Doyle et al., 2020; Fadli, 2021; Khadavi et al., 2024) A qualitative approach was chosen because the research focused on an in-depth description of the phenomenon of community participation in a natural context without variable manipulation. The researcher served as a key instrument in data collection, with the goal of gaining meaning from the community's experiences, perceptions, and involvement in the Kutukan Community Health Center nutrition program.

Participant

The study participants included those directly involved in the implementation of the nutrition program in Kediren Village, Randublatung District, Blora Regency. They included health workers at the Kutukan Community Health Center, village officials, integrated health post (Posyandu) cadres, pregnant women, and community members with stunted toddlers. Informants were selected purposively, considering the relevance of their experiences to the research focus.

Population and the methods of sampling Instrumentation

The population in this study was the entire Kediren Village community involved in stunting reduction. The sampling technique used was purposive sampling, selecting informants deemed capable of providing in-depth information regarding community participation. The research instruments consisted of interview guidelines, observation sheets, and documents related to the nutrition program. Data validity was achieved through triangulation of sources, techniques, and time, while reliability was maintained through consistent data collection procedures and cross-confirmation between interview results, observations, and documentation.

Instrument

The primary instrument for this research was the researcher herself, who played a role in planning, collecting, analyzing, and interpreting data. To support the researcher's role, supporting instruments included semi-structured interview guides, field notes, audio recordings, a camera for documentation, and official documents from the community health center and village government.

Procedures and Time Frame

The research procedure was carried out in several stages. First, researchers conducted initial observations in Kediren Village to understand the community's social situation and the context of the nutrition program. Second, in-depth interviews were conducted with health workers, integrated health post (Posyandu) cadres, village officials, pregnant women, and community members with toddlers. Third, researchers collected supporting documents and data related to the nutrition program, such as activity reports, stunting prevalence data, and Posyandu records. This field research was conducted intensively over a specific period of time, aligned with the activity schedule of the Kutukan Community Health Center.

Analysis plan

Data analysis was carried out interactively following the Miles and Huberman model. (Asipi et al., 2022; Ernawati et al., 2022; Onwuegbuzie & Weinbaum, 2016), which includes: (1) data collection, (2) data reduction by sorting relevant information, (3) data presentation in the form of descriptive narratives, and (4) drawing conclusions. The analysis was carried out continuously from the time the data was collected until complete findings were obtained. In addition, researchers also used a SWOT analysis to identify supporting factors, obstacles, opportunities, and challenges to community participation in the Community Health Center nutrition program, so that relevant strategies could be formulated to increase participation.

RESULTS AND DISCUSSION

Result

1. Forms of Community Participation in Stunting Prevention

The results of the study indicate that the Kediren Village community has participated in various forms of activities carried out by the Kutukan Community Health Center. These forms of participation include: (a) participation in the form of ideas in the form of suggestions and opinions in integrated health post activities, (b) participation in the form of personnel participation in measuring the height and weight of toddlers, (c) participation in the form of skills participation in the form of cadres' ability to provide simple nutrition counseling, (d) participation in the form of material contributions or local food ingredients, and (e) social participation in the form of community attendance in pregnant women's and toddler class activities. This participation shows community involvement, although the intensity and quality still vary between groups.

2. Stages of Community Participation

In the implementation of the nutrition program, community participation is evident at several stages. In the planning stage, the community is involved through village meetings that identify the nutritional and health needs of toddlers. In the implementation stage, the community actively attends integrated health service posts (Posyandu), attends prenatal classes, and supports support for high-risk pregnant women (bumil resti). In the utilization stage, the community benefits from increased nutritional knowledge and closer access to health services. Meanwhile, in the evaluation stage, some community members are involved in providing feedback through discussions with cadres and health workers.

3. Level of Participation

Community participation ranges from consultation to collaborative action. This means that the community not only receives information but also provides input, participates in activities, and some even plays a role in assisting pregnant women and stunted toddlers. However, participation remains limited to certain groups, particularly integrated health post (Posyandu) cadres and mothers of toddlers, while the rest of the community remains passive.

4. Factors Influencing Participation

Factors supporting community participation include government intervention through free nutrition programs, community awareness of the importance of toddler nutrition, and relatively easy access to health services. Meanwhile, inhibiting factors include: low nutritional knowledge, limited time due to work, lack of communication between community health centers and the community, and suboptimal program follow-up. These factors directly impact the level of community involvement in each activity.

5. Participation Enhancement Strategy

Based on these findings, several strategies were developed to increase community participation in stunting prevention. These strategies include: (a) optimizing activities

through nutrition cadre training, (b) increasing socialization and promotion of the stunting program more intensively, (c) adjusting activity schedules to community needs, (d) strengthening communication between health workers, village officials, and the community, and (e) improving program planning and organization to ensure more targeted outcomes.

Discussion

Research findings indicate that community participation in the Kutukan Community Health Center nutrition program encompasses planning, implementation, utilization of results, and evaluation. This aligns with community participation in development, which encompasses involvement throughout the entire activity cycle, not just as beneficiaries. Active community involvement in integrated health posts (Posyandu), prenatal classes, and toddler support demonstrates a form of collective action that supports the program's sustainability. However, the varying levels of community participation also support Arnstein's argument in his Ladder of Citizen Participation, which states that communities often remain at the consultation and partnership level, not yet at the level of full control. (Arbayah & Suparti, 2022; Riristuningsia et al., 2017; Rusnaini, 2016) The implication of these findings is the need for strategies to strengthen community capacity so that they can move towards higher levels of participation.

This limited participation can be explained by several interrelated factors. Cadres and mothers of toddlers are directly connected to the nutrition program's core activities, making them the primary stakeholders. In contrast, other groups in the community—such as fathers, youth, and local leaders—tend to perceive stunting as a health issue confined to mothers and children, not as a collective responsibility. Time constraints due to livelihood activities, limited nutritional knowledge, and lack of communication channels further restrict broader participation. Consequently, the level of community involvement often remains at the consultation or partnership rung of Arnstein's Ladder of Participation, rather than reaching full citizen control.

To move towards more equitable participation, concrete strategies are needed. First, involving community leaders and religious figures can enhance legitimacy and encourage wider community support, as these actors often hold strong influence at the village level. Second, mobilizing youth organizations can provide additional energy and innovative approaches, particularly in disseminating information through peer education. Third, leveraging digital media—such as WhatsApp groups, social media campaigns, or mobile health applications—can overcome communication barriers and ensure that nutrition messages reach broader segments of the community. These strategies can elevate participation beyond the traditional role of cadres and mothers, ensuring that the fight against stunting becomes a shared responsibility.

The implications of these findings extend beyond Kediren Village. At the local policy level, strengthening collaboration between the village government, health workers, and community groups is crucial to institutionalize community participation in stunting programs. This may involve formalizing community participation mechanisms in village regulations and allocating village funds for nutrition-related initiatives. At the national level, the findings support Indonesia's *Stranas Stunting* program, emphasizing that community-driven approaches are key to achieving the government's target of reducing stunting prevalence. By integrating local participation into broader policy frameworks, stunting reduction efforts can become more sustainable and contextually appropriate.

Nevertheless, this study acknowledges certain limitations. The scope is restricted to one village in Blora Regency, limiting generalizability to other settings with different socio-cultural characteristics. The qualitative approach also emphasizes depth of understanding over breadth of data, and the time frame of observation may not fully capture long-term participation dynamics.

CONCLUSION

This study demonstrates that community participation plays a crucial role in stunting reduction in Kediren Village through the Kutukan Community Health Center nutrition program. The forms of participation that emerged included contributions of ideas, energy, skills, materials, and social participation, although the level of involvement varied across community groups. Stages of community participation were evident in the planning, implementation, utilization, and evaluation processes, demonstrating active involvement, although not evenly distributed across all levels.

Supporting factors for participation include government intervention, free nutrition programs, and community awareness of the importance of toddler nutrition. Meanwhile, inhibiting factors include limited nutritional knowledge, working conditions, lack of communication, and suboptimal program follow-up. These findings reinforce Cohen and Uphoff's theory that successful development, particularly in public health, depends heavily on community involvement at every stage of the program.

AUTHOR CONTRIBUTION STATEMENT

AYI designed the study, collected the data, and drafted the initial manuscript. AR provided guidance on the content of the manuscript, guided the data analysis, and revised the manuscript. K. provided methodological guidance, data validation, and formatting. All authors read and approved the final manuscript.

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