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Implementation of the Communication, Information, and Education (KIE) Program by Posyandu Cadres in Accelerating Stunting Reduction

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ABSTRACT

This study aims to analyze the implementation of the Communication, Information, and Education (KIE) Program by Family Assistance Team (TPK) cadres in accelerating stunting reduction in Suwaloh Village, Bojonegoro Regency. A qualitative case study approach was employed, involving in-depth interviews, observations, and document reviews with village officials, health workers, TPK cadres, and families at risk of stunting. Data were analyzed using an interactive model consisting of data reduction, presentation, and conclusion drawing. The findings reveal that the implementation of the KIE program is supported by clear policy communication, adequate human resources, structured task division, and consistent bureaucratic procedures. TPK cadres play a central role as educators, facilitators, and motivators in promoting nutrition, parenting practices, maternal health, and child growth monitoring. However, several barriers were identified, including low community participation, limited awareness, and program activities that were not always aligned with the needs of mothers with young children. Overall, the KIE program has contributed positively to strengthening community knowledge and preventive behavior related to stunting, although greater adaptation and innovation are still required. Strengthening cross-sector collaboration, community engagement strategies, and culturally responsive approaches is essential to enhance the sustainability and effectiveness of stunting prevention programs at the village level.

KEYWORDS: Stunting Prevention, KIE Program, Policy Implementation, Community Health, TPK Cadres

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1. INTRODUCTION

Approaching the age of 100, this country is expected to be able to contribute effectively to providing golden opportunities by realizing the existence of superior human resources. We will also form individuals who are physically and mentally healthy, highly intellectual, skilled, and competent. In order to achieve all these goals, the most important thing to do is to prepare a superior nation (Hadiningrat & Silalahi, 2024; Nurhadi et al., 2024). Excellent children are formed from mental preparedness and adequate education for prospective brides and grooms, prospective mothers, mothers, and their toddlers through socialization or information about family health.

The preparation of these excellent seeds is a challenge that must be faced in order to create an advanced and prosperous nation that is free from stunting issues (Elba et al., 2023; Erianti et al., 2023; Ladia PS et al., 2025). Talking about stunting is closely related to community welfare. Stunting itself is a child growth problem that is usually experienced by toddlers under five years of age, where there is an indication of a discrepancy between height and weight that is also not proportional to their age (Astuti et al., 2023; de Onis & Branca, 2016; Soliman et al., 2021).

Stunting is synonymous with stunted growth, characterized by significantly shorter physical stature. This tendency toward short stature indicates a size below the normally determined standard. This condition reflects stunted growth in children caused by minimal and severely poor nutritional intake throughout early childhood, beginning 1,000 days after birth (Dewey & Begum, 2011; Mustakim et al., 2022; Rahmadhita, 2020). This must be understood by everyone, including those who are about to become parents, who must have a good understanding of stunting and child nutrition, including the implementation of good parenting practices.

Based on available data, the prevalence rate of stunting from 2022 to 2023 shows a significant increase, where in 2022 the prevalence rate of stunting was 8.64%, while in 2023 it was 8.72% (DINKES Kabupaten Lima Puluh Kota, 2024). This is certainly a serious issue that requires full attention and handling from all relevant parties, including the government, health agencies, and non-governmental organizations, to contribute and work together effectively in order to reduce the prevalence rate as much as possible.

According to WHO standards on stunting levels, the severity of stunting can be categorized into four levels, as shown in the table below:

Table 1. Categories of Stunting Severity Level

No.	Severity Level	Range
1	Good	<20%
2	Poor	20%-29%
3	Bad	30%-39%
4	Very Bad	≥40%

***Source*: *World Health Organization* (2024)**

In 2024, the Indonesian government aims to reduce the prevalence of stunting to 14 percent. However, the stunting rate in Indonesia in 2023 is still 21.5 percent, which is still far from the target (Kementerian Kesehatan, 2025). Based on these standards, Indonesia is classified as poor, falling within the 20% - 29% range.

The causes of stunting in children are diverse and vary according to the conditions of each child's environment. There are many factors, both direct and indirect. The direct causes are related to problems with minimal nutritional intake, which leads to infections in both the mother and the child. The quality of human resources in each individual actually refers to the proportion of nutritional needs while still in the womb until the child grows into a toddler (de Onis & Branca, 2016; Mulyani et al., 2025).

That is why every parent is encouraged to provide good nutrition for their children, especially during the first 1000 days of their lives. Adequate nutrition during the first 1000 days, which begins when the child is still in the womb (9 months) until the age of 2, is an important period for children, commonly known as the golden age (Astuti et al., 2023; Islam et al., 2020). Therefore, it can be concluded that before becoming pregnant, every mother must pay attention to the nutritional needs of the fetus in her womb.

Meanwhile, indirect factors include limited access to nutritious food, an unfavorable social environment that does not support the provision of nutritious food for children, poor hygiene, low education, an unfavorable workplace, inadequate health services, and an environment that does not guarantee good health, such as a lack of clean water and sanitation facilities (Astuti et al., 2023; Kamilia, 2019; Suyami et al., 2018).

Not only that, marriage without sufficient knowledge, mental and physical readiness, and financial stability also has the potential to cause stunting. Pregnant women who marry without sufficient knowledge of reproductive health often do not pay attention to proper nutrition and health care during pregnancy. This can result in low birth weight (LBW) babies, which is one of the factors of stunting (Paul et al., 2019; Wells et al., 2022).

Unhealthy parenting and dietary patterns and a lack of variety in food consumption can be part of an inappropriate family cultural heritage. Incorrect parenting by parents, especially women or mothers, who lack knowledge about good parenting practices, is one of the factors contributing to stunting (Aprianti, 2025; Wulandari et al., 2025). Parents who do not pay enough attention to their children's nutrition are raising children who desperately need their parents' attention and support in order to grow and develop properly. To obtain good nutrition, parents need to have sufficient knowledge to be able to provide a balanced menu. Parental behavior in caring for toddlers is one of the issues that can influence the occurrence of stunting in toddlers, where parents with poor or inadequate parenting patterns have a greater chance of their children becoming stunted compared to parents with good parenting patterns (Kadek et al., 2025; Lubis et al., 2023; Shofiyah & Fatoni, 2022).

This is also the case in Suwaloh Village, where data collected in the field shows that there are three households in Suwaloh Village that are vulnerable to stunting due to an unbalanced diet, poor hygiene, and exposure to cigarette smoke, which are some of the factors contributing to stunting in the village. According to the head of Suwaloh Village, the problem of stunting in the village tends to be related to low immunity. This is generally caused by inappropriate parenting practices and poor environmental hygiene.

According to data obtained by researchers, the stunting rate in Bojonegoro Regency in 2024 has indeed decreased, but it is still far below the expected target. Based on data from the 2024 Indonesian Health Survey (SKI), the prevalence of stunting in Bojonegoro reached 12%, down from 14.1% in 2023. This decrease is still far from the target set by the Bojonegoro Regency government of 10%, so efforts to reduce stunting rates in the region are still needed (Pemkab Bojonegoro, 2025).

In response to this issue, there is one solution that can be implemented to reduce the stunting rate in several areas, especially in Bojonegoro itself. This is also a form of implementing Presidential Regulation No. 72 of 2021 concerning the Acceleration of Stunting Reduction. One of them is through KIE, which stands for Communication, Information, and Education, which can be carried out by TPK cadres who are responsible for providing socialization and education to the surrounding community regarding the handling of stunting itself.

KIE for TPK cadres is an activity of conveying information to TPK cadres and the community, where KIE itself is an acronym for communication, information, and education, with the orientation of increasing the knowledge, attitudes, and behaviors of the community regarding the Bangga Kencana program, population and family planning, and early detection of stunting to create

prosperous and high-quality families. KIE is very important, especially in the prevention of stunting (Astuti et al., 2023; Lette et al., 2023).

As is well known, the issue of stunting must be addressed seriously because stunting can interfere with children's growth and can even be passed on to the next generation if not treated seriously. This is the case in Suwaloh Village, Bojonegoro Regency, where the previous year saw a high number of stunting cases in the area. Suwaloh Village has two hamlets, Suwaloh and Bujel. Both hamlets share the same problem, namely stunting among children in the village. This is supported by the information obtained by researchers from Suwaloh Village, which shows the number of children suffering from stunting in the village from the two hamlets, Suwaloh and Bujel, as shown in the table below.

Table 2. Stunting Data of Suwaloh Village

No.	Hamlet	Number of Children	Age	
1	Suwaloh	6	2-5 years	Low immunity
2	Bujel	4	2-3 years	Decreased body weigh

Source: Data processed by researchers (2025)

According to the data on stunting above, the village government and TPK (Family Assistance Team) cadres are trying to reduce stunting rates through alternative efforts to assist the community with ongoing communication, information, and education programs so that stunting rates in the village can be reduced. The reason is that, based on the researchers' findings in the location, the difficulty in reducing the stunting rate in the area is indicated by the lack of awareness among parents regarding their children's nutritional needs. The following are the targets of the Family Assistance Team (TPK) in Suwaloh Village based on information obtained by the researchers from the head of the Suwaloh Village TPK:

Table 3. Target Groups of the Family Assistance Team in Suwaloh Village

No.	Target Groups at Risk of Stunting	Number
1	Prospective brides and grooms	12
2	Pregnant women	18
3	Infants under 2 years old	15

***Source: Data processed by researchers* (2025)**

The data shows that the issue that needs to be addressed is related to stunting prevention in Suwaloh Village. The action taken is to implement a stunting prevention program through TPK cadre KIE (information, education, and communication) so that they can perform their duties well in serving the community and realizing community welfare. The application or implementation of policies in this study is based on Edward's policy implementation theory, which consists of four important aspects, namely communication, resources, disposition, and bureaucratic structure.

According to Edward (1980), the implementation of public policy is influenced by four important indicators, namely communication, resources, the disposition of implementers, and bureaucratic structure. Implementation can be said to be successful if a policy can be carried out with clear communication, supported by adequate resources, carried out by implementers with high commitment, and supported by a simple and straightforward bureaucratic structure. In this context, Edward III's theory provides a comprehensive framework that failure in implementation does not lie solely in the formulation of policies, but in how these policies are carried out at the implementation level. This is relevant to the implementation of the Communication, Information, and Education (KIE) program, which aims to accelerate the reduction of stunting rates in Suwaloh Village, Balen District, Bojonegoro Regency, where the success of the program is highly dependent on the effectiveness of communication, adequacy of resources, commitment of implementers, and support from an adequate bureaucratic structure. However, facts on the ground show that there are still families who do not fully understand the content of KIE messages and have not implemented stunting prevention behaviors as expected. Research conducted by (Humaerah & Rahayu, 2024) shows that KIE implementation that is not adapted to the local context and without family empowerment tends to fail to trigger behavioral change. In addition, Putro et al. (2025) explain that even though some parents have knowledge, not all of them consistently apply attitudes or behaviors to prevent stunting. Thus, researchers are interested in further investigating the "Implementation of the Communication, Information, and Education (KIE) Program by Posyandu Cadres in Accelerating Stunting Reduction."

2. METHODOLOGY

This study uses a qualitative approach with a case study design to examine in depth the implementation of the Communication, Information, and Education (KIE) Program in accelerating the reduction of stunting in Suwaloh Village, Balen District, Bojonegoro Regency. This approach was chosen because it allows researchers to understand the processes, actors, and dynamics of program

implementation in a contextual manner within a natural setting (Creswell, 2018; Sugiyono, 2022). The research location was set in Suwaloh Village due to the high number of families at risk of stunting and the active intervention of the village government and Family Assistance Team (TPK) cadres.

Research informants were selected using purposive sampling, which is the deliberate selection of informants based on their direct involvement and knowledge of the KIE Program implementation (Sugiyono, 2022). Informants consisted of village officials, health workers, TPK cadres, and families classified as at risk of stunting.

Table 4. List of Informants

No	Informant	Number
1	Head of Suwaloh Village	1
2	Village Midwife of Suwaloh	1
3	Family Assistance Team (TPK) cadres in the fields of PKK and Health	4
4	Prospective brides/grooms at risk of stunting	3
5	Pregnant women at risk of stunting	3
6	Families with infants under 2 years old	4
Total Informants		**16**

Source: Data processed by researchers **(2025)**

The research data consists of primary and secondary data. Primary data was obtained through in-depth interviews and direct observation of the implementation of the KIE Program. Secondary data was collected through documentation studies in the form of activity reports, village archives, and other supporting documentation.

Data analysis was conducted using the interactive analysis model from Miles et al. (2014), which includes the stages of data reduction, data presentation, and conclusion drawing. The analysis process was carried out simultaneously from data collection until findings that answered the research focus were obtained.

3. RESULTS AND DISCUSSION

1) Communication

a. Communication Transmission

Research findings show that in the dimension of communication, particularly in terms of transmission, the implementation of the stunting prevention program in Suwaloh Village began with capacity building for the Family Assistance Team (TPK) cadres. This process included providing education, increasing knowledge, and developing basic skills for cadres so that they could effectively carry out their roles as community educators and assistants. The formation and training of TPK cadres became the main strategy in transmitting messages and stunting prevention programs so that they were on target and acceptable to the community.

This is reflected in the results of an interview with one of the TPK cadres in Suwaloh Village, who explained that the cadre recruitment process was not done instantly, but through a series of intensive training stages. This training included strengthening knowledge related to family health, anthropometric measurement skills, making supplementary foods (PMT), and TPK data management and digitization.

"Yes, it is not easy to be recruited as a TPK cadre because you have to undergo at least one month of training, starting with strengthening your knowledge and insight as well as your skills in performing anthropometric measurements, preparing supplementary food (PMT), and digitizing TPK data. This is certainly very important because we are in direct contact with the community, especially regarding family health, so we must have a good command of this knowledge. To ensure that the services provided are optimal and have a positive impact on the health of the community... but yes, it's not easy to implement because many people are still neglectful of their health and even reluctant to attend health meetings or socialization events."

This finding indicates that TPK cadres play a key role in transmitting government policies related to stunting prevention to the community level. This role includes identifying children at risk of stunting, providing education about stunting and prevention efforts, facilitating the provision of nutritionally balanced PMT, and monitoring children's growth and development on a regular basis. In addition, cadres also serve as drivers of community participation in accessing TPK services and available health facilities. However, this study also reveals obstacles in the communication transmission process, particularly those stemming from low awareness among some communities about the importance of health and participation in socialization activities. This condition shows that even though the communication system has been structurally designed through trained TPK cadres, the effectiveness of stunting prevention program transmission is still greatly influenced by the level of acceptance and involvement of the community as the main target.

b. Clarity of Communication

The implementation of the stunting prevention program policy through KIE assistance by Family Assistance Team (TPK) cadres in Suwaloh Village, Balen District, Bojonegoro Regency, shows clarity of communication objectives. According to the Head of Suwaloh Village, this program is explicitly aimed at reducing stunting rates at the village level, given that there are still several children with poor nutrition. The clarity of these objectives forms the basis for program implementation, so that all parties involved, from the village government, TPK cadres, village midwives, to health center staff, have the same understanding of the direction and objectives of the policies being implemented.

This clarity of communication is also reflected in the program's target focus, namely families at risk of stunting, pregnant women, and infants and toddlers, which allows the delivery of IEC messages to be more specific and relevant to the needs of the community. With clear objectives and targets, TPK cadres can package health information in a simple and easy-to-understand manner, especially regarding nutritional fulfillment and child growth and development monitoring. However, the research findings show that the clarity of program objectives still needs to be balanced with increased community awareness and participation so that stunting prevention efforts can be more effective and sustainable.

c. Consistency of Policy Orders

The results of the study show that even though the implementation of the stunting prevention program in Suwaloh Village faces various obstacles, the village government continues to strive to implement it sustainably as a form of consistency with policy directives. According to the Head of Suwaloh Village, the obstacles that arise—both in terms of community participation and unhealthy living habits—are not a reason to stop the program. The village government and TPK cadres continuously remind the community of the importance of adopting a healthy lifestyle, such as avoiding smoking near children and toddlers, and ensuring the provision of healthy and nutritious food for children. These efforts reflect the village government's commitment to maintaining the sustainability of stunting prevention policies at the local level.

Furthermore, the research findings show that the implementation of the stunting prevention program through KIE assistance by TPK cadres in Suwaloh Village is part of the central government's policy that has been passed down to the regional and village levels. The policy communication transmission process takes place in stages, starting from the central government, continuing to the regional government, and then implemented at the village level. This communication pattern aims to ensure that stunting prevention programs can be applied evenly and comprehensively throughout the region, including villages with stunting problems such as Suwaloh Village. Thus, the three dimensions of communication—namely, communication transmission, communication clarity, and policy consistency—are interrelated and form an important foundation for the implementation of stunting prevention programs, as reflected in the views of the research respondents.

The following is a summary of all informants' answers regarding the implementation of communication in the stunting prevention program in Suwaloh Village:

Table 5. Interview Data for the Communication Indicator

Informant (Pseudonym)	Status	Age	Children	Response
Ayu	Bride-to-be	22	–	The communication carried out by the village government is quite good and very helpful in giving the community insight, especially about good parenting to prevent stunting.
Dania	Bride-to-be	23	–	The communication established is quite helpful, and the delivery of the socialization is also supported by experts, such as health teams and TPK.
Ria	Bride-to-be	20	–	I'm not very interested in attending the socialization sessions. Maybe they should be made more engaging, not monotonous like regular meetings.
Astuti	Pregnant woman	27	2	Yes, I feel very helped. The communication is delivered clearly through meetings, and there are many experts—especially health workers—which really helps my understanding.
Dirhana	Pregnant woman	30	2	Honestly, it's less satisfying in terms of communication. Many residents don't attend because they are not very interested. The socialization should be adjusted to people's interests. For example, I get sleepy when the meetings are too long.
Ulya	Pregnant woman	23	–	As someone who is going to have a child for the first time, activities like this are very important. The communication is already good, but it could be made more interesting to encourage more participation.
Amalia	Mother of a two-year-old	31	3	Yes, activities like this are necessary. The village head and the team have made efforts through socialization to provide useful knowledge to residents.

Latif	Mother of a two-year-old	27	1	Maybe the activity concept could be changed to be more interesting, because for mothers bringing small children it's not very effective.
Nuril	Mother of a two-year-old	25	1	It's really not effective for mothers who bring small children. There should be additional facilities so participants can feel comfortable joining the sessions.
Maliha	Mother of a two-year-old	27	1	It shouldn't only be about socialization — what matters is how the socialization can actually be effective for mothers who come with their children.

Source: Data processed by researchers (2025)

Based on the results of research on communication indicators, it can be concluded that the stunting prevention program through KIE assistance in Suwaloh Village has fulfilled the elements of transmission, clarity, and consistency of policy. The main strength lies in the readiness of the TPK cadres and the consistency of the village government, while the main weakness lies in communication methods that are not yet fully adaptive to the needs and conditions of the target community.

2) Resources

Human Resources (Staff)

The results of the study show that the success of government programs in addressing stunting at the village level is largely determined by the consistency of implementation and the availability of supporting resources, particularly human resources and health facilities. In Suwaloh Village, the implementation of stunting prevention and treatment programs not only depends on the role of the Family Assistance Team (TPK) cadres, but is also strengthened by the active involvement of health workers from the Balen Community Health Center.

According to the Head of Suwaloh Village, health workers from the Balen Community Health Center have the authority to contribute to the implementation of the program, either through technical assistance, health services, or the provision of health facilities for the community. This involvement is an important form of institutional support, given that health workers have professional competence in medical and nutritional aspects that are not fully possessed by cadres at the village level. Thus, the collaboration between TPK cadres and health workers serves to complement each other's roles, where cadres focus on education and social assistance, while health workers handle technical and clinical aspects.

In addition, the support from the Balen Community Health Center also enables the continuity of health services for groups at risk of stunting, such as pregnant women, infants, and toddlers. Access to health facilities, routine check-ups, and medical referrals are part of comprehensive efforts to prevent and tackle stunting in a sustainable manner. This condition shows that the stunting prevention program in Suwaloh Village is not implemented sectorally, but through a collaborative approach across government levels and health services.

These findings indicate that consistent implementation of government programs, supported by the availability of adequate human resources and health facilities, plays an important role in increasing the effectiveness of stunting reduction interventions at the local level. With the synergy between the village government, TPK cadres, and health workers at the health center, the stunting prevention program has a greater chance of achieving optimal and sustainable results in the community.

a. Information

The results of the study show that the dissemination of information related to stunting prevention in Suwaloh Village was carried out through KIE (Communication, Information, and Education) based socialization activities by Family Assistance Team (TPK) cadres with the support of local village midwives. This activity aims to increase community understanding of the importance of early stunting prevention, especially in at-risk groups.

This was reinforced by the statement of a key informant, namely a TPK cadre responsible for health and supplementary feeding (PMT). In an interview, the informant explained that KIE is understood as part of public services that require cross-sectoral cooperation and active participation from all parties, ranging from the health office and village government to cadres at the field level. The communication and coordination process is carried out in stages, where information from the health office is conveyed to the village government, then forwarded to TPK cadres and village midwives to be disseminated to the community.

"Yes, because this communication, information, and education system is a public service system, so how can we ensure that this government program is implemented properly? Therefore, we all need cooperation, a kind of mutual assistance. Yes, helping each other. The health office provides information to the village head, then the village disseminates it to TPK cadres and local village midwives. We really control and implement all programs properly. The TPK cadre team also participates in training and frequently holds coordination meetings at the Balen health center to report and monitor each weekly activity. This program is then disseminated to the community. That's right, so it is indeed well prepared."

These findings show that before going directly to the community, TPK cadres have been provided with adequate training and education, both in terms of stunting prevention materials and program implementation mechanisms. In addition, routine coordination activities through meetings at the health center level serve as a means of evaluation, reporting, and periodic control of program implementation.

However, this study also identified external obstacles in the implementation of KIE, namely the low participation of some members of the community. Informants mentioned that there are still people who do not fully understand the importance of participating in stunting prevention socialization activities, so the number of participants in some activities is relatively limited. This condition shows that even though the coordination mechanism and cadre readiness are running well, the effectiveness of the KIE program is still greatly influenced by the level of awareness and involvement of the community as the main target of the program.

Figure 1. Stunting Prevention Socialization Activities in Suwaloh Village
Source: Official documentation (2025)

b. Authority

The results of the study show that efforts to reduce stunting in Suwaloh Village are carried out through a clear division of authority among various actors, including health workers, Family Assistance Team (TPK) cadres, and the village government. At the district level, these authorities are regulated in the Regent's Regulation on the Stunting Reduction Acceleration Team, which serves as a forum for cross-sectoral coordination. This team involves various relevant agencies, such as the Health Office, the Office of Women's Empowerment, Child Protection, and Family Planning, as well as other supporting agencies, thereby enabling the integrated implementation of stunting reduction programs.

This finding is reinforced by the statement of the Suwaloh Village Head, who emphasized that all parties, including FCT members, village midwives, health workers at the sub-district level, and village officials, have joint authority and responsibility in supporting the implementation of stunting prevention programs. This multi-stakeholder involvement demonstrates a collaborative approach that is an important foundation for policy implementation at the village level.

In terms of human resource capacity, this study found that TPK cadres received training related to anthropometric measurements, which included measuring height, weight, head circumference, and other physical indicators. This training aims to improve cadres' ability to assess nutritional status, monitor child growth, and conduct early detection of malnutrition, stunting, and obesity. In addition, cadres are also equipped with knowledge on the preparation and provision of supplementary foods (PMT), particularly related to the composition of healthy foods with balanced nutritional content.

PMT implementation is carried out routinely in conjunction with anthropometric measurements conducted once a month, and more intensively for pregnant women who attend pregnancy classes, namely once a week at the Suwaloh Village Hall. This implementation pattern shows that stunting prevention does not only focus on monitoring child growth, but also on nutritional intervention and continuous education for the target group.

c. Facilities

The results of the study show that supplementary feeding (PMT) is one of the concrete interventions in the stunting prevention program in Suwaloh Village. PMT is provided in the form of nutritious food with a balanced composition of carbohydrates, fiber, and protein derived from vegetables, animal meat, and fresh seafood. All food is processed directly by TPK cadres so that hygiene and nutritional quality are more assured, and is supplemented with fruit to meet the nutritional needs of children and pregnant women. PMT funding comes entirely from village funds that have been specifically allocated to support the family health program in Suwaloh Village. The provision of these facilities is also integrated with pregnant women's classes, as shown in the activity documentation (Figure 2).

Figure 2. Pregnant Women's Class
Source: Official documentation (2025)

According to the Suwaloh Village Midwife, Mrs. Suhartatik, the role of TPK cadres is not limited to providing PMT, but also includes comprehensive assistance to groups at risk of stunting, namely prospective brides and grooms, pregnant women, postpartum mothers, and families with babies under two years of age. Assistance to prospective brides focus on providing knowledge about readiness for parenthood, appropriate parenting, balanced nutrition, and stunting prevention. In addition, prospective brides are also equipped with practical skills in making complementary foods that are economically affordable but still meet nutritional standards. This was conveyed by Ayu, a resident of Suwaloh Village who is a prospective bride, who stated that this socialization is very important as preparation for building a household and preparing for the role of parenthood.

Assistance is also provided to pregnant women through early detection of health conditions, facilitation of pregnancy check-ups in accordance with the Antenatal Care (ANC) standard of at least six times, as well as information, education, and communication (IEC) related to nutrition, reproductive health, exclusive breastfeeding, postpartum family planning, especially long-term contraception methods (MKJP), and the first 1,000 days of life (HPK). TPK cadres play a role in ensuring readiness for childbirth, conducting early detection of risk factors, facilitating health referrals if necessary, and assisting families who meet the criteria in accessing social assistance. Mrs. Astuti, one of the pregnant women interviewed, said that the assistance was very helpful in preparing for childbirth and meeting her health needs and those of her unborn baby.

In the postpartum stage, TPK cadres ensure that postpartum mothers and babies receive at least four postpartum and neonatal services, as well as providing information, education, and communication (KIE) related to exclusive breastfeeding, 1,000 HPK, and postpartum family planning. This assistance was greatly appreciated by Rahayu, a postpartum mother, who stated that the services and information provided by TPK cadres made it easier for her to go through the postpartum period and provide exclusive breastfeeding to her child. In addition, TPK cadres also play an active role in assisting families with babies under two years of age, ranging from monitoring the growth and development of toddlers, facilitating exclusive breastfeeding for six months, providing nutritious complementary foods, immunizations, supplementation in accordance with the Mother and Child Health (KIA) book, to coordination with Bina Keluarga Balita (BKB) and PAUD cadres. Amalia, a mother with a baby under two years old, said that although some people were still reluctant to participate in the outreach program, she felt greatly helped by the assistance of the TPK cadres, especially in understanding good parenting practices.

Based on the results of research on resource indicators, it can be concluded that the implementation of the stunting prevention program through KIE assistance in Suwaloh Village is supported by the availability of human resources, information, authority, and facilities that are relatively adequate. The main strength lies in cross-sector collaboration and cadre competence, while the main challenges relate to the need to adjust facilities and methods of delivering information to better suit the needs of the target community.

3) Disposition

Appointment of Bureaucrats

Each Family Assistance Team (TPK) cadre recruited in Suwaloh Village is first provided with training as a form of capacity building so that they are able to carry out their assistance duties optimally. The Head of Suwaloh Village emphasized that the appointment of TPK cadres is carried out through structured selection and training stages with the aim of improving the quality of TPK services and ensuring a real contribution to improving community health. This mechanism shows that the village government does not only focus on the fulfillment of the number of cadres, but also on the quality of human resources as implementers of stunting prevention policies.

This is reinforced by the statement of a TPK cadre in the field of Family Planning Counseling (PKB) who stated that each cadre is appointed through a bureaucratic system and receives training as the main provision for carrying out their duties in the field. The training provided includes improving knowledge and technical skills, particularly related to family assistance, reproductive health, and stunting prevention. With adequate training, TPK cadres are better prepared to provide education, conduct assistance, and interact with the community effectively. This condition enables TPK to play an optimal role as the spearhead of health policy implementation at the village level, while contributing to efforts to improve the community's health level in a sustainable manner.

a. Incentives

The Suwaloh Village Government provides tangible support for the implementation of stunting prevention programs through the provision of a special budget, including incentives for Family Assistance Team (TPK) cadres who are directly involved in the field. These incentives come from village fund allocations and the Regional Revenue and Expenditure Budget (APBD), which are specifically directed at supporting priority public health programs. According to TPK cadres in the PKK field, the existence of this special budget is a form of appreciation and motivation for cadres in carrying out their family assistance duties. The Head of Suwaloh Village also emphasized that the provision of incentives is part of the village government's commitment to maintaining the sustainability of the stunting prevention program so that it can run consistently and optimally.

Table 6. Interview Data for Disposition Indicators

Informant (Pseudonyms)	Status	Age	Child	Answer
Ayu	Bride-to-be	22	-	The staff are friendly and very responsive.
Dania	Bride-to-be	23	-	The TPK team is always enthusiastic and patient
Ria	Bride-to-be	20	-	The cadres are very responsive and patient, even though the residents often skip attending the outreach activities.
Astuti	Pregnant woman	27	2	Very diligent and patient in providing guidance.
Dirhana	Pregnant woman	30	2	Extremely patient and attentive.
Ulya	Pregnant woman	23	-	Work for the community with kindness and patience.
Amalia	Mother of a two-year-old baby	31	3	Caring and very attentive.
Latif	Mother of a two-year-old baby	27	1	Puts her residents first.
Nuril	Mother of a two-year-old baby	25	1	Dedicated and caring towards the community.
Maliha	Mother of a two-year-old baby	27	1	Her dedication is extraordinary and deserves appreciation.

Source: Data processed by researchers (2025)

The incentive support has a positive implication on the disposition or attitude of policy implementers, particularly TPK cadres, as reflected in the community assessment presented in Table 6. Based on the opinions of respondents from various target groups—ranging from prospective brides, pregnant women, to mothers with young children—TPK cadres are considered to have a friendly, patient, diligent, and responsive attitude, as well as showing high dedication in serving the community. These findings show that incentives not only serve as financial compensation but also play a role in strengthening the commitment, work ethic, and sense of responsibility of cadres towards their family assistance duties. With this positive disposition, TPK cadres are able to carry out their roles consistently despite facing various challenges in the field, such as low participation from some members of the community. This confirms that incentives and disposition are important factors in supporting the effective implementation of stunting prevention policies at the village level.

Overall, the disposition indicators show that the attitude, commitment, and readiness of TPK cadres in Suwaloh Village greatly support the successful implementation of the stunting prevention program. The structured appointment of cadres, incentive support, and the patient and dedicated attitude of the implementers are the main strengths in the implementation of the policy, although increased community participation is still needed to optimize the program's results.

4) Bureaucrat Structure

a. Standard Operating Procedure (SOP)

The implementation of the stunting prevention program in Suwaloh Village is guided by established Standard Operating Procedures

(SOPs), so that each stage of the program is carried out in a systematic and focused manner. The SOPs clearly regulate the different forms of service for the four main target groups, namely prospective brides and grooms, pregnant women, postpartum mothers, and infants under two years of age. These differences in services are tailored to the needs, conditions, and life cycle stages of each target group, so that the interventions provided are more effective and relevant. This shows that the program implementation is not carried out uniformly without consideration, but is based on a needs-based approach in stunting prevention efforts.

Although the services provided differ according to the target group, socialization activities through KIE assistance are carried out simultaneously and on a scheduled basis, namely once a month, involving all target groups in a single activity forum. According to the Head of Suwaloh Village, this implementation model was chosen to improve efficiency, strengthen coordination among stakeholders, and foster collective awareness among the community regarding the importance of stunting prevention from pre-pregnancy to the first two years of life. Furthermore, data on the implementation of the stunting prevention program for the period January–June 2025, obtained from PKB TPK cadres, shows that family assistance activities are carried out routinely and continuously. These findings confirm that the SOP not only serves as an administrative guideline but also as an important instrument in maintaining consistency, regularity, and accountability in the implementation of the stunting prevention program in Suwaloh Village.

Table 7. Schedule for the Implementation of the Stunting Prevention Program in Suwaloh Village in 2025

Implementation Date	KIE Activities	Main Material	Target Participants	Number of Participants	Method
January 15	Initial socialization on stunting prevention	The importance of the first 1000 days of life, child- rearing practices, and balanced nutrition	Engaged couples, pregnant women, and new mothers	10	Lectures and discussions
January 20	Education on complementary feeding and child weight measurement	Complementary feeding and knowledge about ideal child weight	Two-year-old baby	12	Hands-on practice
February 15	Second socialization on stunting prevention	The importance of the first 1000 days of life, child- rearing practices, and balanced nutrition	Engaged couples, pregnant women, and new mothers	8	Lecture and discussion
February 20	Child weight measurement and provision of complementary foods and vitamins	Child weight measurement, complementary feeding, and vitamin administration	Two-year-old baby	12	Hands-on practice
March 15	Third socialization on stunting prevention	The importance of the first 1000 days of life, child- rearing practices, and balanced nutrition	Engaged couples, pregnant women, and new mothers	13	Lecture and discussion
March 20	Child weight measurement and complementary feeding	Conducting child weight measurement and complementary feeding	Two-year-old baby	12	Hands-on practice
April 15	Fourth socialization of stunting prevention	The importance of the first 1000 days of life, child- rearing practices, and balanced nutrition	Engaged couples, pregnant women, and new mothers	14	Lectures and discussions
April 22	Child weight measurement, complementary feeding, and immunization	Conducting child weight measurements, complementary	Two-year-old baby	12	Hands-on practice

Source: Official TPK document (2025)

Based on the data on the implementation of the stunting prevention program presented in the table above, the midwife of Suwaloh Village said that the program has four main targets, each of which receives different forms of service according to the characteristics and needs of each target. The four targets include prospective brides, pregnant women, postpartum mothers, and infants under two years of age. Each target group receives specifically designed assistance activities oriented toward providing health education and

beneficial interventions in support of nutrition, parenting, and maternal and child health as part of ongoing stunting prevention efforts.

b. Fragmentation

The results of the study show that the bureaucratic structure in the implementation of the stunting prevention program in Suwaloh Village is fragmented, characterized by the involvement of various cross-sectoral actors, including the village government, Family Assistance Team cadres, village midwives, health workers, and other related parties. This fragmentation is a consequence of the multidimensional nature of stunting prevention policies, which require inter-agency cooperation.

Despite involving many parties, fragmentation in this program does not cause significant overlap in authority. Each actor carries out their respective roles with clear responsibilities, as stated by the Suwaloh Village midwife that all elements of the government and health workers have an obligation to provide services to the community, including in the consistent implementation of stunting prevention programs.

Table 8. Interview Data for the Bureaucratic Structure Indicator

Informant (Pseudonyms)	Status	Age	Children	Question	Response
Ayu	Bride-to-be	22	–	How is the bureaucracy/organizational structure of the TPK cadres?	It's good — hopefully it can become more innovative in the future.
Dania	Bride-to-be	23	–	How is the bureaucracy/organizational structure of the TPK cadres?	It is quite good; perhaps it can be improved further.
Ria	Bride-to-be	20	–	How is the bureaucracy/organizational structure of the TPK cadres?	It's good, and the services could probably still be improved.
Astuti	Pregnant woman	27	2	How is the bureaucracy/organizational structure of the TPK cadres?	Satisfying and good.
Dirhana	Pregnant woman	30	2	How is the disposition or task implementation of the TPK cadres?	Very patient and attentive.
Ulya	Pregnant woman	23	–	How is the bureaucracy/organizational structure of the TPK cadres?	So far, it is quite good.
Amalia	Mother of a two-year-old	31	3	How is the bureaucracy/organizational structure of the TPK cadres?	Good and transparent.
Latif	Mother of a two-year-old	27	1	How is the bureaucracy/organizational structure of the TPK cadres?	The bureaucracy is good.
Nuril	Mother of a two-year-old	25	1	How is the bureaucracy/organizational structure of the TPK cadres?	Good, and hopefully it can continue to be improved.
Maliha	Mother of a two-year-old	27	1	How is the bureaucracy/organizational structure of the TPK cadres?	Good and caring toward the community.

Source: Data processed by researchers (2025)

Based on Table 8, the community's response to the bureaucratic structure aspect also shows a positive assessment, where the TPK cadre bureaucratic structure is considered good, transparent, supportive, and satisfactory. Residents hope that in the future, service quality can continue to be improved, especially in terms of innovation and service quality. This positive assessment indicates that the fragmentation that occurs actually strengthens policy implementation because it is supported by relatively clear coordination and division of roles.

Overall, the bureaucratic structure indicator shows that the implementation of the stunting prevention program in Suwaloh Village has been supported by clear SOPs and a relatively coordinated bureaucratic structure, even though it involves many implementing actors. SOPs serve as work guidelines that ensure every activity is carried out in accordance with program procedures and objectives, while bureaucratic fragmentation allows for a more specific and responsive division of tasks to meet community needs. The main strengths of this indicator lie in the regularity of program implementation, the clarity of the division of roles among implementers, and the community's positive perception of the performance of TPK cadres and the village government. However, challenges that still need to be addressed include the need to increase service innovation and strengthen cross-sectoral coordination so that the existing bureaucratic structure is not only administrative in nature but also increasingly adaptive to the dynamics and needs of the target community.

4. CONCLUSION

This study concludes that the implementation of the KIE Program in Suwaloh Village is generally effective and well-structured, with clear communication channels, relatively adequate resources, strong commitment from cadres, and bureaucratic procedures that consistently guide implementation. TPK cadres play strategic roles as educators and companions for high-risk families, helping improve awareness of nutrition, parenting practices, and maternal–child health. Nonetheless, program success is still constrained by limited community participation, activities that are sometimes less engaging, and low awareness among certain families, indicating the need for more contextual, participatory, and innovative approaches. The study also recognizes several methodological limitations, including its qualitative design and single case setting, which limit broader generalization, as well as reliance on self-reported data and the absence of quantitative measures of behavioral or nutritional outcomes. Building on these insights, future research should employ mixed-method or longitudinal designs to capture long-term impacts on child growth, conduct comparative analyses across different regions to identify best practices, and explore digital-based KIE models, increased father involvement, and culturally responsive strategies to further strengthen stunting prevention efforts.

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