



Policy Implementation to Accelerate Stunting Reduction in Cilengkrang Village, Bandung Regency

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Abstract

This research analyzes the implementation of stunting reduction acceleration policy in Cilengkrang Village, Bandung Regency, using Edward III's theory of communication, resources, disposition, bureaucratic structure. A qualitative approach was applied, with data from the Village Head, KPM, Village Midwife, Community Facilitator, parents of stunted children, and pregnant women. The results showed significant progress in stunting prevention efforts in this village. Communication is well implemented through various channels such as Posyandu, stunting meetings, WhatsApp groups, classes for pregnant women and toddlers, and door-to-door visits. In terms of resources, both human (KPM, midwives, health workers) and material (village fund allocation, provincial assistance, equalization funds, and KPM operations), have been optimally utilized. Disposition shows high commitment from the village head and stakeholders. They actively lead and monitor the program, and are proactive in mentoring and data reporting. This commitment has rubbed off on the community, encouraging them to pay more attention to child and infant nutrition. However, the bureaucratic structure needs improvement. KPM tends to report only midwife data; inaccuracies in this data can lead to misidentification of cases. Intensive coordination between KPM and midwives is needed. Overall, Cilengkrang Village has shown strong dedication in tackling stunting. This success is driven by effective communication, optimal resources, and positive disposition. To achieve Zero Stunting, strengthening coordination and data accuracy in the bureaucratic structure is crucial.

Keywords: Policy Implementation, Acceleration of Stunting Reduction, Cilengkrang Village.

1. INTRODUCTION

The generation of a nation is seen as the main milestone for the continuity and progress of the country. The nation's children carry great responsibility in shaping the future and identity of the nation (Yolandha & Dewi, 2021). In their hands lies the potential to pass on cultural values, face global challenges, and advance civilization. Children who will continue the nation's generation must have good health and food intake, because food is very important for children's growth and development (Rahman et al., 2023). Quality and nutritious food is the cornerstone of a child's health and the benefits can last a lifetime. By teaching children about healthy eating habits early on, they will have a positive relationship with food into adulthood (Jatmikowati et al., 2023).

Health education should include an understanding of the importance of nutrition, which is the study of the processing of nutrients obtained through food for growth, producing energy, and maintaining the tissues of living organisms (Mastuti et al., 2023). The importance of paying special attention to nutrition from the beginning of life, even during pregnancy, cannot be overlooked. A concerted effort in understanding and implementing good nutrition practices from the beginning of life will contribute positively to the well-being of children and the future of the nation as a whole (Martony, 2023).



The health of pregnant women plays an important role in child development, and getting adequate nutrition during pregnancy can build a strong foundation for the optimal health and development of the child to be born (Maigoda, 2025). Pregnant women should get a balanced diet, including vitamins, minerals, and other essential nutrients. A good understanding of the importance of a healthy diet and adequate nutrition can help prevent maternal health problems and promote optimal fetal growth (Latifa et al., 2025). To support good milk production after birth, breastfeeding mothers should maintain a healthy diet. To support good breast milk production after birth, breastfeeding mothers must maintain a healthy diet. In the early stages of child development, adequate nutrition creates a strong foundation for optimal physical growth and brain development. Therefore, parents and child governments can play a role in driving change by ensuring that children receive adequate nutrition to grow into a generation of health and potential.

However, malnutrition, especially stunting, is a major problem facing Indonesia. According to data collected by the United Nations International Children's Emergency Fund (UNICEF), one in three children in Indonesia is stunted, and around 40% of children in rural areas are stunted. Stunting, also known as Linear Growth Retardation (RPL), is the state of being short or very short beyond the median length or height. It occurs during the first two to three years of life and is caused by insufficient energy and nutrient intake and infectious diseases. Stunting is also influenced by the environment, sanitation and access to health services. Globally, based on data from UNICEF and WHO, Indonesia has the 27th highest prevalence of stunting out of 154 countries, and is 5th in Asia (Komenko PMK, 2023).

Seeing this fact, the Indonesian government responded seriously by issuing various policies to reduce and prevent stunting. The importance of nutritional awareness and concrete steps to overcome stunting is the main foundation in building a healthy and potential future generation. In this case, the government, non-governmental organizations, and the community must actively participate in achieving the goal of stunting prevention and improving the quality of life of Indonesian children. Stunting prevention and improving the quality of life of Indonesian children. This is indicated by the Law of the Republic of Indonesia Number 36 of 2009 on Health, which states that health is a human right and a component of welfare that must be implemented in accordance with the values of the nation contained in Pancasila and the 1945 Constitution of the Republic of Indonesia (President of the Republic of Indonesia, 2009). In addition, Regulation of the Minister of Health of the Republic of Indonesia No. 10/2018 on Supervision in the Health Sector supports the government's goal of achieving optimal health levels throughout Indonesia. This regulation also completes the legal foundation (Minister of Health, 2018).

As a strategic milestone, the Presidential Regulation of the Republic of Indonesia No. 72 of 2021 on the Acceleration of Stunting Prevention highlights the national strategy to accelerate stunting prevention that includes various concrete steps to achieve the goal of stunting prevention and reduction in Indonesia (Presidential Regulation, 2021). This regulation encourages the implementation of holistic stunting prevention programs, including efforts to increase the availability of nutritious food, improve access to health and nutrition services, and promote nutrition awareness in the community. Regulation No. 61/PMK.07/2019 on Guidelines for the Use of Regional Transfers and Village Funds was issued by the Minister of Finance of the Republic of Indonesia to help implement the program plan. This regulation provides specific guidelines on how to use transfers to regions and village funds and supports the implementation of integrated stunting prevention intervention activities (Minister of Finance, 2019).

The National Population and Family Planning Agency (BKKBN) was appointed as the Chief Coordinator for the Acceleration of Stunting Reduction by Presidential Regulation No. 72 of 2021 (Ministry of State Secretariat, 2021). This appointment confirms BKKBN's strategic role in organizing efforts and policies and leading collaboration among relevant agencies to ensure synergy between programs and activities launched by the government, private sector, and non-governmental institutions.



Local governments are also actively involved. The West Java Provincial Government has formed a group to accelerate stunting reduction and issued West Java Governor Regulation Number 107 of 2021 on Accelerating Stunting Reduction in the Region (West Java Governor, 2020). The Deputy Governor of West Java, Uu Ruzhanul Ulum, encouraged to continue to improve cooperation and collaboration with various organizations to accelerate stunting reduction in the area. In an effort to increase cooperation, the 2022 Jabar Stunting Summit (JSS) meeting is designed to increase understanding of stunting reduction across all cities and districts in West Java (Release Humas Jabar, 2022). The target is to reach 19.2 percent stunting prevalence by 2023, in order to realize a stunting-free West Java (Jabar Zero New Stunting).

The next step at the district level is implemented through Bandung Regent Regulation Number 74 of 2019 concerning the Acceleration of Stunting Prevention and Control made at the district level as part of the effort to implement the Governor's Regulation on stunting prevention and control through Bandung Regent Regulation Number 74 of 2019 concerning the Acceleration of Stunting Prevention and Control. To ensure effectiveness and involvement of all levels of society, the implementation of stunting prevention and control was extended to the sub-district and village levels. Bandung Regent Regulation No. 74/2019 specifically outlines the role of villages and sub- districts in stunting prevention and control. This includes synchronizing planning and budgeting, ensuring priority targets receive a package of specific and sensitive nutrition intervention services, implementing activities in collaboration with human development cadres and health workers, strengthening knowledge and evaluation, socializing policies, collecting data on target groups, establishing and developing healthy village houses, organizing stunting meetings, developing action plans, preparing human development cadres, improving Posyandu services, and building sensitive nutrition intervention infrastructure.

In Cilengkrang Village, Cilengkrang Sub-district, Bandung Regency, stunting is still a crucial issue. Despite various interventions from the government, the number of stunting cases still shows an alarming level. Problems that arise include limited health workers, weak cross-sector coordination, and a lack of public understanding of the importance of early nutrition. Therefore, it is important to conduct research on how effective the implementation of policies aimed at reducing stunting at the village level has been. Edward III's implementation theory in (Widodo, 2010) is used in this study to look at policy implementation in Cilengkrang Village.

2. METHOD

This research uses a qualitative approach with the aim of gaining a deeper understanding of natural social phenomena. This method prioritizes in-depth understanding through direct observation, participant interaction, and context analysis. This research uses strategic data collection methods to obtain accurate and reliable data. These methods include observation, which has specific characteristics and is not limited to people or other natural objects, interviews, which are used in preliminary studies to find problems and get more information from a small number of respondents (Sugiyono, 2018) . Once the data are collected, they are processed through two main editing techniques (Moleong, 2019) . The first is reviewing the data that has been obtained to ensure its validity and transforming non- standardized interview results into easy-to-understand sentences; the second is interpretation, in which the research results are studied in depth by critically reviewing and relating them to relevant theories and information.

To find themes and formulate working hypotheses, data analysis is carried out by sorting and organizing data into patterns, categories, and basic description units. this process is to select data that is relevant to the research objectives and is carried out carefully to ensure that the results are valid and credible (John W. Creswell, 2019) . This research uses purposive sampling method, which selects informants based on the research objectives to ensure that the informants have relevant information. This method is one of several methods described by Creswell. This research involved



the Village Head, Community Development Cadres (KPM), Village Midwives, Community Facilitators (Posyandu Cadres), Parents of Stunting Children, and Pregnant Women, based on this approach..

3. RESULT AND DISCUSSION

Cilengkrang Village in Bandung Regency, with an area of 436,877 hectares, is a hilly area surrounded by Mount Manglayang, divided into 23 RT and 9 RW. The majority of the population works in the agricultural and day labor sectors, with 55% as farmers, 30% as farm laborers, and 15% as other day laborers. In response to the high stunting rate, the Cilengkrang Village Government implemented a policy to accelerate stunting reduction. This policy focuses on improving nutrition, improving diet, and holistic handling of stunting, which includes prevention and case management. Stakeholders involved in this effort include the Assistant Village Head, Human Development Cadres (KPM), Midwives, Community Facilitators (part of the Posyandu Cadres), as well as pregnant, breastfeeding and mothers of children under five.

This research uses the George C. Edward III model, which uses a top-down approach, to analyze the implementation of this policy. Communication, resources, disposition, and bureaucratic structure are the four main factors that mutually influence policy implementation, according to Edward III in (Widodo, 2010). In order to determine how effective the stunting reduction program in Cilengkrang Village is, it is crucial to thoroughly understand how these four variables operate:

Communication

The results of the interview from the communication aspect, the Assistant Village Head went directly to the field to communicate the stunting reduction policy to the community through activities the village government also participates in stunting meetings to find solutions to stunting problems in the village in the hope of increasing community participation to assist the village government in achieving the common goal of creating a healthy and stunting-free generation in Cilengkrang Village. In addition, the village government involves Human Development Cadres (KPM) to ensure that stunting reduction policy information is conveyed to the community effectively. The communication is carried out by KPM to the community through the whats'up group (WAG) application.

In addition to KPM, the role of midwives also helps reduce stunting in Cilengkrang Village by holding classes for pregnant women and children under five with a subtle and individual approach. This allows the community to accept the information conveyed, especially for pregnant women and mothers of children under five who experience stunting, so that they do not feel inferior. Stunting policy communication in Cilengkrang Village involves the role of Community Facilitators who are part of the Posyandu Cadres through a personal approach by socializing and educating door to door to pregnant women, nursing mothers and mothers of children under five. In addition, Community Facilitators are actively involved in posyandu activities as an effort to build awareness and active participation of the community, especially pregnant women and mothers of children under five, in realizing stunting reduction in Cilengkrang Village. To achieve the goal of realizing zero stunting in Cilengkrang Village, pregnant women and mothers of children under five greatly appreciate the efforts made by the village government, Human Development Cadres (KPM), village midwives, and Community Facilitators to communicate about policies to accelerate stunting reduction in Cilengkrang Village. They also feel motivated to get information about socialization and education about the problem of stunting.

However, the obstacles from the communication aspect encountered in the field are the lack of public understanding of the information conveyed due to the low level of education and the language conveyed is less simple and less contextual, besides that there are people who are ignorant of the problem of stunting, this is influenced by economic factors, cultural factors and psychological factors. The efforts made by the village government are to change the language of delivering



information on handling and preventing stunting with simpler language so that it is easier to understand and pay more attention to people who are still ignorant of the dangers of stunting in children.

Based on these findings, it can be concluded that the communication aspect has been well implemented, this can be seen from the vertical communication between the village government, KPM, village midwives, and community facilitators with the community, then horizontal communication in the form of although there are obstacles regarding the language used and the behavior of ignorant people, these have been handled by the village government.

Resources

The interview results from the aspects of human resources and material resources (funding). Human resources can be seen from the election of 2 competent people as Human Development Cadres (KPM) by the Village Head, village midwives, health workers from the puskesmas and community facilitators to assist the village government in implementing stunting reduction. The material resources (funds) to support stunting reduction consist of village funds of Rp. 20,000,000 (twenty million rupiah), and funds from the Governor of West Java of Rp. 360,000 (three hundred sixty thousand rupiah) per RW. In addition, there is an equalization fund of Rp. 10,000,000 (ten million rupiah) and a fund for KPM operations of Rp. 6,000,000 (six million rupiah). These funds are allocated with the aim of maximizing goal implementation.

Human Development Cadres (KPM) explained that these funds were given to the community, especially pregnant, breastfeeding and mothers of children under five, in the form of direct financial assistance and nutritious food such as chicken, eggs, milk, flour and canned sardines. In addition, stakeholders such as village midwives, puskesmas personnel and community facilitators take a collaborative approach by establishing mini nutrition posts in each RW, because of limited human resources, they can visit 2 to 3 RW in one day. In obtaining other sources of funds, stakeholders collaborated with the local tourism management for additional Supplementary Feeding (PMT) for pregnant women and toddlers.

The efforts made by the parties received a very positive response from pregnant, breastfeeding mothers and mothers with children under five, they felt that they were given easy access to information, PMT assistance and supplements for pregnant women, thus fostering motivation to participate in the health programs offered. However, what hinders the resource aspect is the limited budget in the implementation of the stunting reduction acceleration policy which causes not all programs and activities to be implemented, to overcome this, the village government coordinates with the local and central government in providing material resources (funding). Based on these findings, it can be concluded that from the aspect of resources including human and material resources, it has been carried out well, despite the limited manpower and funds, the efforts that have been made have resulted in a positive response. The efforts that have been made have resulted in a positive response, so that all parties collaborate to reduce the stunting rate in Cilengkrang Village.

Disposition

Disposition is the character and characteristics possessed by the implementer, such as commitment, honesty, democratic nature. Therefore, the Cilengkrang Village Head is committed to implementing the stunting reduction acceleration policy by leading the program, monitoring, and actively participating in the field, is one example of a stakeholder who is very committed to achieving this goal. On the other hand, KPM members are also committed to implementing the policy of accelerating stunting reduction in Cilengkrang Village by going to the field to assist and visit the community and tracking down community facilitators. Village midwives regularly measure children's height and weight and report it through the Integrated Nutrition EPPGBM application to help reduce and prevent stunting. This data is then processed and sent to the village government in



Excel format. The same is done by the Community Facilitator, who spends her time socializing and educating the community to ensure that they understand and participate in reducing stunting in Cilengkrang Village.

The efforts made have received a positive response from the community, so that pregnant, breastfeeding mothers and mothers with toddlers in Cilengkrang Village are committed to implementing the policy to accelerate stunting reduction by paying attention to the nutrition of children and prospective babies in their wombs. However, the obstacle in the disposition aspect is the need for increased coordination among stakeholders so that the information conveyed is accurate and well understood.

The village government has made a good effort to coordinate better; however, this effort needs to be strengthened and applied more widely. Every stakeholder from the Village Head, KPM members, Village Midwives, Community Facilitators, to the community itself can work more synergistically with more accurate and integrated information flow. This will ensure that every action taken is in line with the overall goal, reduce the amount of unnecessary work, and maximize the positive effects of each action. Ultimately, while the dispositional element is well established, long-term success depends largely on the ability to adapt and improve coordination effectiveness. This relates to individual commitment and how it translates into organized and informed collective action.

Bureaucratic Structure

In the interview on the aspect of bureaucratic structure in accelerating stunting reduction in Cilengkrang Village, the village government formed an effective bureaucratic structure to coordinate and implement several programs, the Village Head acts as a leader who provides direction and support to stakeholders and conducts monitoring during these programs. The Human Development Cadre (KPM) plays a role and is responsible for providing data obtained from the village midwife and community facilitators to be reported to the Cilengkrang sub-district, which is done regularly every month.

The village midwife has a role and responsibility by periodically measuring the height and weight of children and reporting it to the village. In addition, the village midwife collaborates with the village facilitator in understanding various factors that become obstacles in the field and looking for alternative solutions that can be done. If the findings require further action, they coordinate with the nutrition midwife and the person in charge of the Community Health Unit (PJUKM). In addition, the Head of Puskesmas is involved with the Head of PKK and cross-sectors to ensure an integrated and comprehensive response. With good coordination between parties in an effort to provide holistic and sustainable solutions. Community Facilitators have the role and responsibility to collect data on pregnant women and children with stunting categories in the field using the format provided and report it to the midwife. In addition, community facilitators provide socialization and education about stunting and its prevention to the community.

However, the reality in the field is that KPM only reports the data provided by midwives, if the data provided by midwives is not accurate and complete, it causes errors in identifying and handling stunting cases. The efforts made are to hold regular meetings to discuss the progress of implementing stunting reduction policies and other matters related to coordination between KPM and midwives. Based on these findings from the aspect of bureaucratic structure, it is still not optimal because there are indications that the lack of coordination between stakeholders will result in misidentification of stunting cases in children in Cilengkrang Village.



CONCLUSION

The implementation of the stunting reduction policy in Cilengkrang Village, based on the Edward III model, showed positive results with strong commitment from all parties, despite facing several challenges. Communication between the village government and the community is well established through various channels, although there are barriers to understanding due to low education levels and language that is less contextualized. In terms of resources, the availability of human resources (KPM, midwives, health workers) and funding (village, provincial, operational funds) have been optimally utilized, including collaboration with external parties for PMT. Disposition (commitment) of the implementers, from the village head to the community, is very high and has been the driving force behind the program's success. However, coordination between stakeholders needs to be improved to synchronize information and actions. Finally, the Bureaucratic Structure has been established with clear roles and responsibilities. However, internal coordination between KPM and village midwives needs to be strengthened to ensure data accuracy and more appropriate handling of stunting cases. Overall, Cilengkrang Village has shown good progress in handling stunting thanks to collaboration and commitment. Improved coordination and adaptation to obstacles will further accelerate the achievement of zero stunting in Cilengkrang Village.

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