

# INNOVATION FOR HANDLING STUNTING BASED ON COMMUNITY LOCAL KNOWLEDGE IN MALANG REGENCY INDONESIA

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## ABSTRACT

This research examines innovative approaches to stunting reduction, focusing on community involvement and guided by Malang Regency Regulation Number (MRRN) 33 of 2018, while also identifying driving forces and obstacles. Employing a qualitative case study methodology, the study collected data through interviews, observations, and document analysis. Data consistency was ensured through triangulation, and analysis followed an interactive model. The study reveals several key findings: a) the crucial role of Nutrition Houses as community empowerment centers; b) the importance of blended government and community funding; c) the value of leveraging existing governmental and organizational networks; and d) the effectiveness of combining government and community financial resources. Ultimately, successful innovative policy implementation hinges on strong governance networks, empowerment-based community involvement, blended government and community funding that respects local culture, and proactive mitigation of hindering factors.

**Keyword:** Innovation, Handling Stunting, Community, Culture, Sociology, Local knowledgedan

## INTRODUCTION

Early life is a critical period for the development of stunting and other nutritional deficiencies in Indonesia, particularly within Malang Regency. These nutritional challenges can manifest as impaired physical growth and increased susceptibility to illness. Such symptoms threaten a child's health and cognitive development, ultimately affecting their future intelligence and productivity. In Malang Regency, the direct causes of childhood nutritional problems, such as stunting, are primarily linked to dietary intake and a child's infection status. The Indonesian Ministry of Health identifies several indirect causes of stunting, particularly evident in Malang Regency. These include household food availability and consumption patterns, child-rearing practices, family provision of nutritious food, adherence to hygiene and healthy environmental sanitation, and access to quality healthcare services for the child.

To effectively combat stunting in Malang Regency, interventions concentrate on the core determinants of malnutrition, specifically inadequate food security through improving families' access to nutritious food. This approach is reinforced by a supportive social environment, which encompasses optimal infant and young child feeding practices (care), access to crucial preventative and curative healthcare services (health), and improvements to environmental health, such as ensuring access to clean water and sanitation for families

(environment). These four interdependent elements have a powerful influence on the nutritional intake and overall health of mothers and children. By targeting these key areas with strategic interventions, Malang Regency aims to achieve sustainable prevention of all forms of malnutrition, including both undernutrition and overnutrition.

Targeted nutrition interventions implemented encompassing promotion of continued breastfeeding up to 23 months alongside complementary feeding (MP-ASI), deworming and zinc supplementation for infants, and iron fortification of food. Concurrently, interventions focused on malaria prevention, complete immunization coverage, and prevention and treatment of infant diarrhea. In alignment with MRRN 33 of 2018 concerning stunting reduction, sensitive nutrition interventions included ensuring community, fortifying staple foods, guaranteeing access to healthcare, offering parenting, facilitating access to early childhood education, delivering community nutrition education, providing adolescent health education on sexual and reproductive, and extending social security to low-income families to enhance nutritional across Malang Regency.

Community Health function as a tool for empowering communities within the health sector. These initiatives are implemented according to the needs of the community and are managed by the community members themselves, with support and guidance from the health sector, relevant cross-sectoral agencies, and other stakeholders. At the same time, commonly referred to as cadres are individuals chosen the local community and trained to encourage their neighbors to take part in health-focused community empowerment activities. This strategy highlights the importance of utilizing local knowledge and resources while integrating with existing programs, activities, and community empowerment institutions to meet the specific needs and agreements of the local population. Additionally, Malang Regency has adopted a community empowerment approach through collaborative efforts across various programs and sectors within the Malang Regency Health Office. Empowering families and communities in health represents the efforts of health Malang Regency to provide educational experiences and promote healthy environments for individuals, families, groups, and communities in diverse settings. This includes facilitating sharing aimed at improving behaviors, ultimately enabling to independently manage their health issues.

A significant challenge exists where many health workers in Malang Regency possess insufficient fundamental communication skills to effectively empower individuals, families, and communities concerning the adoption of Clean and Healthy Life Behaviors (PHBS). Consequently, their current communication predominantly functions as information dissemination, falling short of an active intervention aimed at empowering these groups to implement PHBS. This phenomenon is broadly observed throughout Indonesia, not solely in Malang Regency. An analysis of empirical evidence regarding community empowerment-based stunting management innovation in Malang Regency, conducted within the framework of Malang Regency Regulation No. 33 of 2008 on Stunting Reduction, highlights the following: a) Despite the enactment of Malang Regency Regulation No. 33 of 2008 on Stunting Reduction, the incidence of stunting cases in the regency continues to fluctuate year-on-year. b) Remarkably, one particular village within Malang Regency has demonstrated a consistent annual reduction in stunting cases, directly attributable to the implementation of community empowerment-based initiatives. c) The efficacy of stunting management innovations across Malang Regency is still subject to both enabling and hindering factors.

The are study to: 1) analysis the community of empowerment based innovations in stunting management within Malang Regency, as defined by Regulation number 33 of 2018 concerning Stunting Reduction; and 2) identify the driving forces and obstacles that affect the implementation of these community empowerment-based innovations in stunting management, as mandated by the same regulation.

## LITERATURE REVIEW

The populace of Malang Regency exhibits a pluralistic social life, shaped by a multitude of differences including race, ethnicity, economic standing, knowledge base, and educational attainment. Interventions in the health sector, especially stunting reduction initiatives, possess the capacity to significantly influence these social dynamics within the community. Such influence may emerge as "driving factors" (e.g., increased community engagement, enhanced human capital) or as "inhibiting factors" stemming from dietary customs, health conditions, and lifestyles often deeply rooted in established local behaviors and cultural practices. Therefore, the application of social theory is deemed crucial for this research. This aligns with

The sociology of health examines the intricate relationship between society and health. A community's health status is significantly shaped by its social environment, which impacts both collective well-being and individual health behaviors.

Figure 1, The UNICEF nutrition conceptual framework clearly depicts the multifaceted nature of malnutrition. It is essential to understand that malnutrition manifests as a result of basic, underlying and immediate causes, as this understanding aids the development of effective interventions. Food security and dietary intake are among the underlying causes of malnutrition due to inadequate access to food. UNICEF recommend exclusive breast feeding for the first six months of life and appropriate complementary foods starting from six months of age along with breastfeeding until two years and beyond.

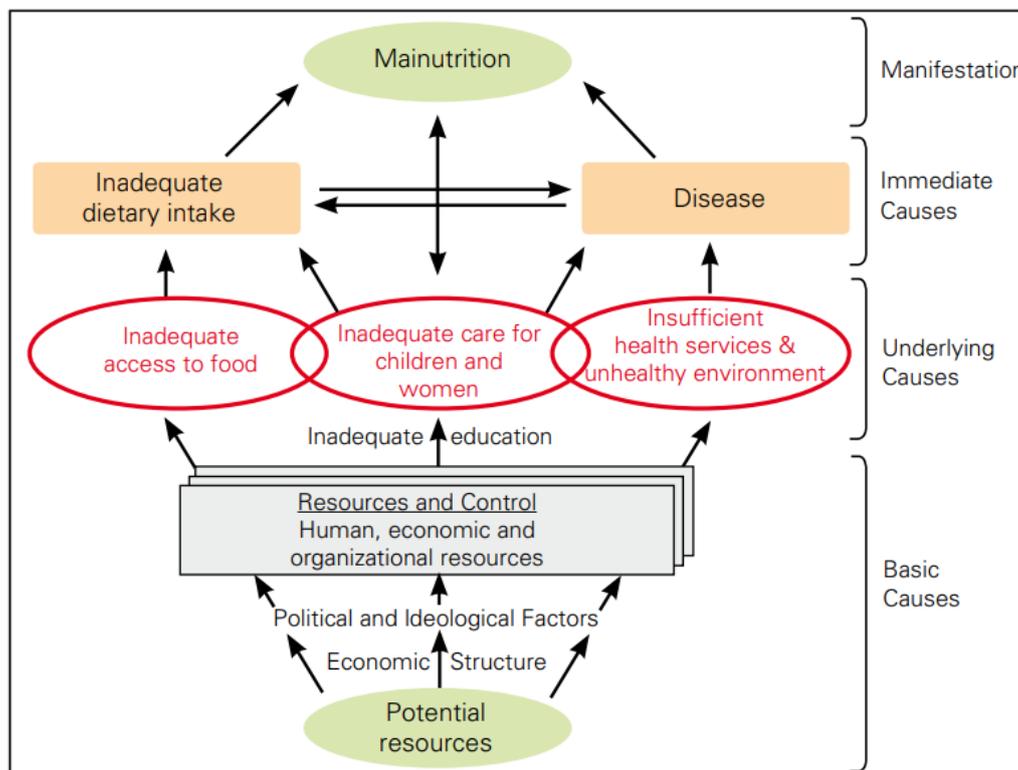


Figure 1. UNICEF Nutrition Conceptual Framework

Capable human resources are crucial for the stunting reduction program in Malang Regency, serving as a key driving force. Their presence is essential for achieving desired outcomes, aligning with Malang Regency Regulation No. 33 of 2018, which emphasizes swift and

accurate action, coupled with skill strengthening for health workers and community health cadres. Given this, the theory of human resources is considered essential for this research. This aligns with Sutrisno's (2013) view derived from individuals that organizations can utilize.

Building on this, the concept of empowerment, particularly community empowerment, is also central. Sumodiningrat, as cited notes "empowerment" holds a unique nuance in the Indonesian context compared to its Western counterpart. While accurately translated, the term may not fully capture its essence. Instead of simply "giving power," Indonesian empowerment is more akin to "providing energy" or "energizing" individuals, enabling them to act autonomously.

More broadly, community empowerment represents a planned social change strategy aimed at addressing community problems or fulfilling their needs. This process also serves as a learning experience, fostering greater self-reliance as communities work to improve their quality of life. Crucially, these processes must unfold gradually and continuously, with the full participation of the community itself.

The success of a program's initial rollout relies on individuals' confidence in their ability to implement it effectively and their willingness to embrace the innovation. Therefore, trained nutritionists working to reduce stunting in Malang Regency must deliver nutrition services according to standard procedures and professional ethics, while also adapting to the region's specific cultural context. Hidayat (2015) describes innovation as a form of cultural evolution, distinguishing it by the active role individuals play in driving change, as opposed to the passive role in traditional cultural evolution. This innovative process involves individuals aligning their behavior with societal goals and adhering to socially accepted methods.

## METHODOLOGY

Adopting a qualitative approach, this study prioritizes understanding the nuanced meanings, rationales, and contextual definitions surrounding a specific situation, aligning with research objectives focused on practical applications (Creswell, 2015). Recognizing the practical limitations of time, budget, and resource availability, the selection of research sites is driven by pragmatic considerations. Therefore, to effectively answer the research questions, this study concentrates on: 1). Innovations in stunting management through community empowerment, as defined by MRRN 33 of 2018, and 2). The factors that both facilitate and hinder innovation in community-empowered stunting management, also as outlined in MRRN 33 of 2018.

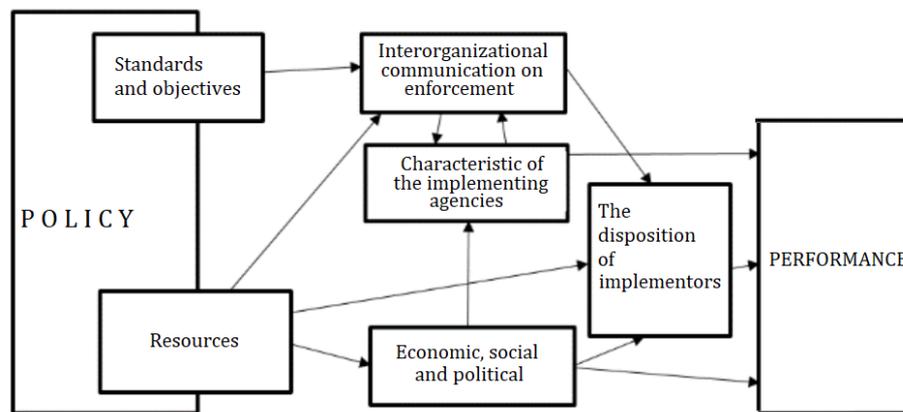
**Table 1.** Dimensions and Categories of Stunting Research focus

Num	Dimension1	Category
1a	Mechanisms and Procedures	1. Socialization Stage
1b	Coordination within the	2. Stunting handling activities
1c	Governance Framework	cross sector
2a	Driving Factor	3. Communities and other care
2b	Obstacle factor	groups

The primary method for data collection in this research was in-depth interviews. Reflecting the study's naturalistic approach, these interviews involved researchers posing a series of

open-ended and conversational questions to participants (Sugiyono, 2017). To ensure data validity, triangulation techniques were utilized. This involved concurrently gathering information from the same sources through multiple methods: participant observation, in-depth interviews, and documentation review (Miles and Huberman, 2014).

Figure 2, Implementation model theory by Van Meter and Van Horn as a basis for thinking about analyzing data. These variables are required to set out clearly to produce a successful achievement of program implementation. Program characteristics previously identified by looking at the level of policy changes and the level of consensus of the policy. The greater the change in policy from the previous program it will be increasingly difficult to be applied and if the higher escalation of the conflict which is owned by a program then it would be difficult to implement (Hill and Hupe, 2009).



**Figure 2.** Implementation model by Donald Van Meter and Carl Van Horn

Then, data analysis followed the interactive model developed by Huberman and Saldaña (2014). This iterative model comprises four ongoing activities: data collection, data reduction, data presentation, and conclusion drawing. This analytical approach is highly relevant to the program's goals of optimally developing local potential and collaborating with local stakeholders and institutions to create supportive learning environments and facilities for stunting prevention and intervention. Additionally, program monitoring and evaluation must be conducted using an evidence-based approach, entailing regular assessments to proactively address any emerging issues.

## RESULT AND DISCUSSION

Studies in Malang Regency using surveys and detailed research pinpoint the roots of stunting as being: poor diets, inadequate healthcare access, low public understanding of stunting's lasting harm, and insufficient knowledge of prevention strategies. A critical gap exists in expectant mothers' understanding of the importance of nutrition during the first 1000 days for their children. While lack of awareness and poverty contribute, stunting also affects well-off, educated families, with university-educated parents proving more resistant to stunting education efforts. Despite this, economic factors and parental awareness are still the primary drivers of stunting in the regency. The local government continually strives to develop more effective and focused stunting prevention initiatives.

The prevalence of stunting in Malang Regency based on data from the February 2025 weighing month has increased when compared to the data from the February 2024 weighing month. Namely, the prevalence data for stunting in the February 2024 weighing month was 6.15 percent. Meanwhile, the prevalence data for stunting in the February 2025 weighing

month was 6.26 percent. Acting Head of the Malang Regency Health Office Ivan Drie said that the increase in the prevalence of stunting in Malang Regency between the February 2024 weighing month and the February 2025 weighing month was due to the number of toddlers who were weighed. The Regent has a mission to achieve zero percent stunting by 2026. This target is a very tough challenge because there are many things that we need to fix.

Figure 3, Innovation for Handling Stunting Based on Community Local Knowledge. He explained that stunting is not just a health problem. But how the sanitation and environmental conditions also need to be considered. Therefore, several efforts need to be made to reduce the number of stunting so that its prevalence can decrease. To be able to reduce it, the health office cannot work alone. Support is needed from all elements of society to be involved in this effort.

## **1. Stunting handling innovation in MRRN 33 of 2018 about Stunting Reduction**

### **a. Mechanisms and Procedures**

Malang Regency employs a multifaceted approach to disseminate information about stunting. This strategy includes extensive campaigns such as radio spots, billboard and banner installations, electronic and print media advertisements, and counseling sessions that incorporate traditional media like *saga* (narrative), *cae* (poetry), and rhymes. Additionally, leaflets and brochures are created, and information is integrated into religious activities like Friday sermons (*khutbah*) and *taklim* assemblies. Within Malang Regency, these efforts are primarily concentrated on socialization and counseling at the *Rumah Gizi* (RG - Nutrition House) and during meetings of the Toddler Family Development (BKB) group. These platforms are instrumental in providing training to Health Cadres, developing improved nutritional menus for stunted toddlers and pregnant women, and offering direct counseling supported by educational information communication (KIE) media and Kits.

Effective interpersonal communication for stunting reduction in Malang Regency, aimed at fostering behavioral change, is carried out by *posyandu* cadres and other relevant health workers. This involves methods such as home visits to target individuals and counseling sessions conducted at *posyandu* (integrated health posts), *poskesdes* (village health posts), and various health centers. This approach aligns with Fatmah's (2014:82) observation that behavioral change efforts generally fall into three categories: using power, providing information, and encouraging discussion and participation. Similarly, in Malang Regency, individual socialization and counseling at the *Rumah Gizi* (RG) are supplemented by follow-up home visits. These visits directly monitor the growth and development of toddlers and pregnant women, refine their nutritional menus, promote the adoption of Clean and Healthy Living Behaviors (PHBS), and advance initiatives like the community movement (*Germas*) and the days of life movement (*HPK*).

Malang Regency has implemented a comprehensive stunting reduction program through various social mobilization and communication channels. These efforts include establishing counseling groups at *posyandu*, conducting classes for pregnant women, facilitating participatory planning forums at the sub-district level, organizing quarterly mini-workshops, and launching health campaigns via electronic and print media. To effectively disseminate messages to target groups, the program also utilizes diverse face-to-face interactions. These encompass village-level *musrenbang*, regular *posyandu* sessions, pregnant women classes, *taklim* assemblies (religious study groups), and direct home visits. Malang Regency has diligently carried out all these activities and gone a step further. Beyond the standard *Posyandu* and pregnant women classes, they have established several community-based organizational structures, supported by 17 selected health cadres. These cadres are assigned specific roles and functions in stunting reduction, actively participating in initiatives such as

the development of adolescent families (BKR) and the development of toddler and child families (BKB).

Relevant agencies regularly conduct nutrition education, which encompasses understanding nutrition, identifying nutritional problems, analyzing influencing factors, and implementing effective practices for nutritional improvement. In Malang Regency, periodic nutrition training is provided to community members, nutrition officers, and other health workers, aiming to enhance their knowledge, understanding, and skills in efforts to reduce stunting. To further bolster these capabilities among health center staff, the Malang Regency Health Office, in collaboration with related parties, organizes dedicated training sessions. This comprehensive approach to capacity building aligns with Notoatmodjo's (2009:2) theory, which states that while health and nutrition programs primarily improve physical quality, education and training are crucial for developing non-physical abilities and overall human quality.

**Finding 1:** In addition to the existing Posyandu (integrated health posts) and Maternity Classes, several community based organizational frameworks have been established. These frameworks include selected health cadres who are assigned distinct roles and responsibilities in stunting reduction efforts within the Development of Adolescent Families (BKR) and the Family Development for Toddlers and Children (BKB) programs. Currently, a total of 17 Health Cadres are actively participating in these initiatives.

**Finding 2:** Tackling the root causes of nutritional challenges in Malang Regency requires a focus on food security, particularly ensuring families have access to nutritious food. This effort is supported by infrastructure development that enhances residents' access to nutritious food sources or enables food vendors to directly connect with village communities. Moreover, the Agriculture and Livestock Service Office of Malang Regency supports the community by providing vegetable seeds and chicks, encouraging members to independently fulfill their families' nutritional needs.

**Finding 3:** The activities carried out by the Rumah Gizi (RG - Nutrition House) emphasize local wisdom through the principles of gotong royong (mutual cooperation) and social solidarity. This is reflected in the weekly provision of nutritious meals for toddlers and pregnant women, driven by community efforts to collect ingredients such as rice, coconut, fish, shrimp, vegetables, and other food items for communal cooking.

Initiatives are underway in Malang Regency to address stunting by improving the nutrition of affected toddlers. Crucially, nutrition counseling and health education programs are being implemented to empower families with better parenting skills and feeding practices for infants and pregnant.

**Proposition 1:** While the established stunting management protocols in Malang Regency adhere to Regulation number 33 of 2018 on Stunting Reduction, a novel approach has been adopted: the creation of Rumah Gizi (RG), or 'Nutrition Houses.' These centers place implementation responsibilities within the community, supported by various stakeholders."

#### **b. Coordination within the Governance Framework**

To effectively reduce stunting in Malang Regency, a multi-sectoral approach is essential, relying on collaboration and institutional strengthening rather than isolated efforts. Key stakeholders involved in this collaborative network include the Sub-District Leadership Consultation Forum (Muspika), the Malang Regency Health Office, the Malang Regency Agriculture and Livestock Service, the Malang Regency Public Works and Public Housing Service, the Women's Empowerment and Child Protection Agency of Malang Regency, and Family Welfare Empowerment (PKK) organizations at both the Regency and Provincial

levels. This collaborative approach reflects Sadhana's (2013) observation that the success of government policy implementation is contingent upon social conditions, economic factors, political networks, and the availability of administrative resources.

The stunting reduction initiative in Malang Regency is executed with full transparency, ensuring openness in all related processes. This commitment to transparency is demonstrated through practices like publicly available financial reports and project outcome disclosures. Crucially, community participation is encouraged throughout the entire project lifecycle, encompassing planning, implementation, monitoring, evaluation, and reporting. This approach resonates with Hjern's observation, as cited by Hamdi (2015), highlighting that program success relies heavily on the adaptability of local implementation structures to specific contexts, rather than solely on central activities.

Aligned with the Indonesian Minister of Health Regulation number 81 of 2019, the community empowerment strategy focuses on building community knowledge and skills to recognize and resolve their own health issues. This approach aims to raise community awareness through mobilization initiatives, including community development, organization, and robust advocacy for pertinent stakeholders. Furthermore, it involves cultivating collaborations and engagement from diverse sectors, community organizations, and both public and private entities. This is achieved by utilizing local traditions and resources, integrating with established programs and community structures, and aligning with the specific needs and agreements of the local population. Malang Regency has adopted this community empowerment strategy through collaborative initiatives that span various programs and sectors within the Malang Regency Health Office. As outlined in the Regulation of the Minister of Health of the Republic of Indonesia Number 18/2019 regarding Community Empowerment in the Health Sector, community empowerment is defined as a process aimed at enhancing the knowledge, awareness, and capabilities of individuals, families, and communities. The goal is to enable them to actively participate in health initiatives by facilitating problem-solving through education and participatory methods, all while taking into account local potential, social needs, and cultural context.

In Malang Regency, a similar strategy emphasizes community and health cadre engagement in all facets of village-level stunting reduction. Socialization and training initiatives aim to enhance community knowledge and skills in identifying and addressing health concerns, thereby increasing overall awareness. Furthermore, community mobilization efforts, including development and organization, coupled with strengthened advocacy for stakeholders, have led to the creation of various organizational structures responsible for health matters, specifically the stunting reduction program. These endeavors also focus on expanding partnerships and participation from diverse sectors, community organizations, and both public and private entities, all while utilizing local knowledge and resources and integrating with existing programs and community empowerment frameworks within Malang Regency

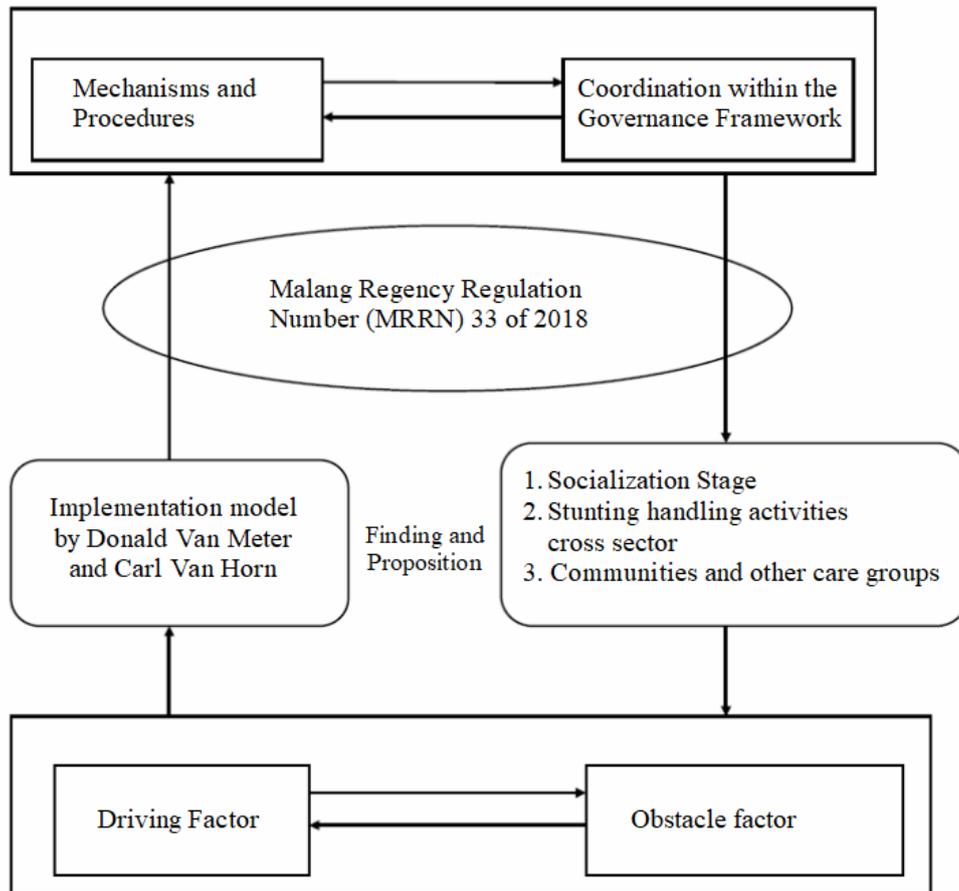
In Malang Regency, community empowerment initiatives have been implemented through socialization, counseling, and personalized guidance, fostering self-reliance in addressing health concerns.

**Finding 1:** A key observation is that while ministries at the national level are responsible for stunting reduction, not all affiliated agencies actively participate in implementing these efforts within Malang Regency.

**Finding 2:** Sensitivity to local culture is crucial for stunting reduction activities in Malang Regency, requiring consideration of socio-cultural nutritional aspects and existing food consumption patterns. Specifically, coastal communities often primarily consume fish as a side dish, with limited intake of vegetables and fruits. This deeply ingrained dietary habit,

alongside traditional prohibitions on certain foods for toddlers and pregnant women, and the cultural practice of concealing pregnancy a deep-seated taboo are significant contributors to stunting in these areas.

**Proposition 2:** is advanced: MRRN 33 of 2018 establishes coordination for innovation in stunting management. This coordination encompasses collaboration between cross-sectoral entities and community stakeholders, who contribute based on their respective roles and resources to stunting reduction efforts at the Rumah Gizi. However, the engagement of all responsible parties in these activities is not uniformly achieved.



**Figure 3.** Innovation for Handling Stunting Based on Community Local Knowledge

#### 4.2. Driving factors and inhibiting factors in stunting handling innovation in MRRN 33 of 2018 about Reduction in Stunting

##### a. Driving Factor

Community participation is crucial for the success of Malang Regency's stunting reduction program. This participation is further fueled by a growing communal concern, stemming from local stunting cases, which fosters a shared sense of responsibility for all program activities. Malang Regency's stunting reduction efforts align with Regent Regulation No. 33 of 2018. This regulation mandates both specific and sensitive nutrition interventions, primarily targeting adolescents and prospective mothers, with active support from their husbands and families.

Adolescents marrying and becoming pregnant before age 20 face an elevated risk of delivering stunted children. Similarly, anemia and malnutrition in adolescents and women of

childbearing age also increase the risk of stunted births. Therefore, husbands, prospective fathers, and other family members are strongly encouraged to actively participate in family health maintenance. This includes utilizing health services and improving dietary habits, parenting approaches, and personal and environmental hygiene. To support these efforts, Malang Regency has established Community-Based Health Effort (UKBM) organizations, designed to cover every stage of the community's life cycle. These organizations, comprising units like Youth Family Development (BKR) and Toddler Family Development (BKB), are tasked with monitoring and supporting community members from adolescence through the under-five age group. Their activities primarily focus on promoting the utilization of health services, improving diet, enhancing parenting skills, and fostering better personal and environmental hygiene practices.

Community empowerment in the health sector is categorized and implemented at the individual, family, group, and community levels. This aligns with Malang Regency Regulation No. 33 of 2018, which emphasizes community participation in stunting reduction through family independence, a healthy living community movement, and a focus on the first 1,000 days of life. Thus, community involvement is essential for the success of stunting reduction programs in Malang Regency. Law No. 6 of 2014 on Villages defines community empowerment as efforts to improve community independence and well-being by enhancing their knowledge, attitudes, skills, behavior, abilities, and awareness. Consequently, Malang Regency strategically empowers individuals, families, groups, and communities at the village level to combat stunting, prioritizing family independence, healthy living practices, and the crucial first 1,000 days of life.

Raising community awareness and knowledge about stunting is paramount. To achieve this, both the quality and quantity of health workers and cadres must be improved. These individuals are crucial for delivering effective education on dietary patterns and health status through nutrition education programs, including training and counseling, as mandated by Malang Regency Regulation No. 33 of 2018. The engagement of community members as health cadres supports health workers in providing community-based services, particularly in posyandu activities, where cadres are the primary point of contact for health services. This approach reflects Maryunani's (2013:12) definition of empowerment as a continuous process of informing and assisting individuals, families, or groups in alignment with their developmental stage

Malang Regency's stunting reduction programs benefited significantly from the dedication of 7 Health Cadres who volunteered their time at the village level.

**Finding 1:** Community participation in stunting reduction activities at the Rumah Gizi (RG - Nutrition House) is driven by the desire to overcome the social stigma associated with stunting in their village.

**Finding 2:** Various stakeholders provide financial backing for stunting reduction initiatives within Malang Regency.

**Proposition 3:** In Malang Regency, the presence of stunting cases motivates community involvement in reduction activities, particularly at the Rumah Gizi, and these efforts are further enabled by available financial support from various stakeholders.

## **b. Obstacle factor**

The implementation of stunting reduction policies in Malang Regency faces challenges. These stem from internal dimensions, including inadequate knowledge about stunting, limited human resources, insufficient village government involvement, inaccurate community perceptions, and a lack of understanding regarding the significance of Clean and Healthy

Living Behaviors (PHBS). External factors such as poor environmental health further compound these issues. This situation reflects Dimock & Dimock's perspective (as cited in Sadhana, 2013) that policy implementers must oversee a broad range of activities, from defining organizational goals to operational implementation and assessment.

In Malang Regency, as elsewhere in Indonesia according to the Ministry of Health, childhood nutritional problems like stunting are directly linked to dietary intake and infection status. Indirect causes, impacting the lives of people in Malang Regency, encompass household food availability and consumption patterns, child-rearing practices, provision of nutritious food by families, adherence to hygiene and healthy environmental sanitation, and access to quality healthcare services for children.

Stunting in Malang Regency is influenced by a confluence of factors, including children's diets and infection status. Dietary habits, such as nutritional imbalances, poor eating patterns, and adherence to restrictive food taboos, negatively affect the nutritional well-being of both toddlers and pregnant women. The high incidence of infectious diseases further exacerbates stunting rates in the region. Indirect factors, including limited household food security and poor consumption habits, inadequate childcare practices, insufficient family provision of nutritious food, compromised environmental hygiene and sanitation, and restricted access to quality pediatric healthcare, also play a significant role. This observation supports Sulistyawati's (2014) theory that while genetic factors often underlie growth disorders in developed nations, developing countries face a more complex interplay of genetic and environmental influences, notably including inadequate nutrition, infectious diseases, and detrimental social factors.

Original Problem: Poor health conditions in Malang Regency were exacerbated by widespread practices like open defecation, littering, and improper waste disposal, which were once considered normal. However, after targeted socialization and counseling initiatives, community attitudes shifted, and residents became active participants in mitigating these problems.

**Finding 1:** Internal obstacles hindering the stunting reduction program in Malang Regency include inadequate knowledge about stunting, limited human resources, insufficient engagement from village governments, misinformed community beliefs, and a lack of comprehension regarding the importance of PHBS.

**Finding 2:** The stunting reduction program in Malang Regency is also hampered by external barriers, specifically, poor environmental health.

**Proposition 4:** Based on Findings 1 and 2, it is proposed that the stunting reduction program in Malang Regency is inhibited by a combination of internal factors (insufficient knowledge about stunting, limited human resources, lack of village government participation, incorrect community beliefs, and inadequate understanding of PHBS) and an external factor: poor environmental health conditions.

## Conclusion

Based on the data analysis of a policy implementation study on innovation in stunting management (focused on community empowerment) in Malang Regency, guided by Malang Regency Regulation No. 33 of 2018 on Stunting Reduction, the following conclusions are pertinent:

### 1. Policy Mechanisms and Coordination:

The operational mechanisms and procedures for stunting management in Malang Regency exhibit consistency with Regulation No. 33 of 2018. An notable innovation is the creation

of Rumah Gizi (RG Nutrition House), which empowers the community as primary actors in its implementation, supported by various stakeholders.

Effective coordination is a hallmark of the governance framework for these innovations, characterized by cross-sectoral collaboration and active community contributions to stunting reduction activities at the Rumah Gizi. However, consistent participation from all responsible entities is not fully realized.

## **2. Determinants of Success:**

Driving factors for the program's success include the pressing need presented by existing stunting cases, which stimulates community engagement in village-level initiatives, complemented by available financial support.

Inhibiting factors hindering the program's impact are: inadequate public knowledge about stunting, human resource limitations, insufficient involvement from village governments, ingrained incorrect community beliefs, and a lack of awareness regarding Clean and Healthy Living Behaviors (PHBS), further aggravated by poor environmental health.

## **SUGGESTION**

Based on these conclusions, we recommend that the community and relevant stakeholders in Malang Regency continuously implement and strengthen the Rumah Gizi (RG) innovation. This requires robust coordination among cross-sectoral entities and community roles, utilizing their respective expertise and resources, to ensure successful village-level stunting reduction activities. Furthermore, recognizing the identified driving factors in stunting management, efforts should focus on enhancing the motivation of the community and related parties for active participation. This will effectively mitigate existing program challenges and lead to appropriate solutions.

For the community and relevant stakeholders in Malang Regency, the following recommendations are formulated based on our conclusions: Firstly, consistently implement and expand the Rumah Gizi (RG) innovation. This requires strengthening governance and fostering better coordination between all cross-sectoral entities and community members, utilizing their specific expertise and resources, to ensure successful stunting reduction efforts at the village level. Secondly, building on the driving factors identified in stunting management innovations, it is crucial to enhance the motivation of the community and all involved parties. Their active participation will be key to effectively addressing program inhibitors and developing appropriate solutions.

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