

Synergy of Public Policy and Community Participation in Stunting Prevention Efforts in Kelurahan Keputih, Surabaya

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ABSTRACT

Stunting remains a critical public health issue in Indonesia, with national prevalence reaching 21.6% in 2022, including 19.8% in East Java and 20.7% in Surabaya. In Kelurahan Keputih, stunting is strongly associated with household vulnerability, limited health literacy, and inadequate access to integrated health services. This study aims to analyze the synergy between public policy and community participation in stunting prevention, emphasizing the role of collaborative governance in fostering sustainable interventions. A qualitative case study design was employed, combining policy document analysis, in-depth interviews with local officials, health workers, and community leaders, as well as field observations. Thematic analysis revealed that while national and municipal policies provide a robust structural framework, their effectiveness at the local level is determined by grassroots engagement. Community participation—particularly through posyandu activities, maternal nutrition programs, and participatory health education—was found to significantly improve program adaptability and sustainability. The findings further demonstrate that synergy between policy and community efforts not only enhances social trust and health awareness but also ensures more equitable access to resources. Practically, the study highlights that integrating bottom-up community ownership into top-down frameworks can accelerate stunting reduction, offering a replicable model of collaborative governance for other urban areas confronting similar health disparities.

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INTRODUCTION

Stunting is one of the most pressing developmental challenges in Indonesia, reflecting not only a nutritional crisis but also a multidimensional problem rooted in poverty, inequality, and governance gaps. It undermines children's physical growth, cognitive development, and long-term productivity, perpetuating intergenerational cycles of vulnerability (UNICEF, 2021). Although the Indonesian government has launched various national strategies and cross-sectoral programs, the prevalence of stunting among children under five remains above the World Health Organization's acceptable threshold (WHO, 2020; Kementerian Kesehatan RI, 2022). This persistent problem highlights the need to integrate public policy frameworks with local-level action to ensure more effective and sustainable outcomes.

The government's flagship initiative, the National Strategy for Stunting Reduction (Stranas Stunting), provides a strong cross-sectoral framework to accelerate improvements in maternal and child health (Bappenas, 2018; World Bank, 2020). However, its effectiveness depends not only on top-down directives but also on local adaptation and bottom-up engagement (Nugroho, 2018; Head, 2022). Studies suggest that weak community ownership often undermines implementation, making grassroots participation vital for sustainability (Pratomo et al., 2021; Wicaksono & Maharani, 2022).

Kelurahan Keputih, Surabaya, illustrates these challenges. As an urban area with diverse socio-economic conditions, Keputih faces limited household health literacy, inconsistent access to nutritious food, and uneven policy implementation. While national frameworks establish a structural foundation, their success locally depends on whether policies align with community needs and actively involve residents in planning and execution. Without this, even well-designed programs risk limited impact and sustainability (World Bank, 2020; Kementerian Kesehatan RI, 2022).

Recent scholarship underscores collaborative governance as a promising model for addressing complex health problems. Ansell and Gash (2018) emphasize that collaboration among government, civil society, and communities fosters trust and shared responsibility, while Head (2022) highlights the role of participatory mechanisms that leverage local knowledge and cultural capital. Evidence from Indonesia demonstrates how multi-stakeholder convergence in Bekasi accelerated stunting prevention (Mulyani & Sari, 2020), while community empowerment through posyandu in Bandung significantly reduced rates (Putri & Santoso, 2021). Global studies from Sub-Saharan Africa and South Asia similarly show that community-based interventions—particularly maternal education and participatory monitoring—enhance the success of nutrition programs (Bhutta et al., 2013; Gillespie & van den Bold, 2017). These findings collectively underline that effective stunting prevention depends on the synergy between state structures and grassroots participation.

Against this backdrop, this study examines the case of Kelurahan Keputih, Surabaya, as an empirical contribution to the discourse on public policy and community-based health governance. By analyzing the interplay between government strategies and community initiatives, the research aims to show how policy–community synergy can foster a more effective and sustainable model for stunting prevention in urban Indonesia (Suharto, 2014; Wahyuni, 2020). Theoretically, this study extends the discourse on collaborative governance in public health; practically, it offers insights for policymakers and local stakeholders to design more inclusive, context-sensitive stunting reduction programs.

METHOD

Research Design

This study employed a qualitative case study design to explore the synergy between public policy and community participation in the prevention of stunting in Kelurahan Keputih, Surabaya. The case study approach was chosen because it enables an in-depth understanding of contextual dynamics and the interaction between multiple stakeholders within a specific local setting (Yin, 2018).

Research Site and Participants

The research was conducted in Kelurahan Keputih, an urban area in Surabaya designated as one of the priority locations for stunting reduction programs. Participants were selected through purposive sampling to ensure representation from key stakeholder groups. They included:

- Local government officials responsible for health and social policy implementation.
- Health workers and posyandu cadres actively engaged in maternal and child health services.
- Community leaders, religious figures, and women's groups involved in local health promotion.
- Parents of children under five, as direct beneficiaries of stunting prevention programs.

A total of 30 participants were involved, ensuring diversity of perspectives across governance and community levels.

Data Collection

Data collection took place between February and May 2025. Three complementary techniques were employed:

- Document analysis of policy reports, municipal regulations, and program guidelines related to stunting prevention.
- In-depth semi-structured interviews with stakeholders to capture perceptions, experiences, and challenges in policy implementation and adaptation. Interviews lasted between 45 and 75 minutes and were guided by a flexible protocol that covered key themes while allowing participants to elaborate on emergent issues.
- Participant observation during posyandu activities, nutrition education sessions, and community meetings to capture real-time interactions between policy frameworks and community practices.

All interviews were conducted in Bahasa Indonesia, audio-recorded with consent, and later transcribed verbatim.

Data Analysis

Thematic analysis was applied to the data following Braun and Clarke's (2006) six-step approach: (1) familiarization with data, (2) generating initial codes, (3) searching for themes, (4) reviewing themes, (5) defining and naming themes, and (6) producing the report. NVivo 12 software was used to organize and

code qualitative data systematically. Themes were categorized around three core dimensions: (1) public policy frameworks, (2) community participation mechanisms, and (3) areas of synergy and tension. To ensure trustworthiness, triangulation was applied by comparing interview findings with policy documents and observation notes. Member checking was also conducted by sharing preliminary findings with selected participants to validate interpretations.

Researcher Positionality

The researcher is affiliated with Universitas Dr. Soetomo Surabaya and has prior experience working with community-based health programs in East Java. This background facilitated access to participants and built rapport during fieldwork. At the same time, the researcher remained reflexive about potential biases, ensuring that interpretations were grounded in participants' perspectives rather than preconceived assumptions.

Ethical Considerations

This research adhered to ethical standards for social science studies. Informed consent was obtained from all participants, and anonymity was maintained by using pseudonyms in reporting. The study protocol was reviewed and approved by the Ethics Committee of Universitas Dr. Soetomo Surabaya.

RESULT AND DISCUSSION

TABLE 1. Synergy Between Public Policy and Community Participation in Stunting Prevention in Keputih, Surabaya

Dimension	Public Policy Implementation	Community Participation	Findings and Discussion
Program Design	Adoption of <i>Stranas Stunting</i> and integration into municipal health planning.	Local leaders and cadres are involved in identifying target households.	Policies are aligned with national strategies, but contextual adaptation emerges from community engagement, making programs more relevant and acceptable.
Health Services	Free maternal-child health checks, nutrition supplements, and growth monitoring.	Active participation in <i>posyandu</i> and peer-support groups for mothers.	Service utilization increases when communities perceive ownership and trust health workers, confirming collaborative governance theory (Ansell & Gash, 2008).
Education and Awareness	The government provides standardized nutrition modules.	Community groups adapt materials into culturally relevant messages during <i>arisan</i> and religious gatherings.	Local knowledge and cultural capital enhance the effectiveness of education campaigns, reducing resistance and increasing participation.
Resource Mobilization	Municipal funding allocated for stunting reduction programs.	Community contributes through volunteering, CSR partnerships, and in-kind support.	Shared responsibility ensures sustainability; however, resource gaps remain if local contributions are inconsistent.
Monitoring and	Formal reporting system through the municipal	Community volunteers collect household-level	Combining formal monitoring with grassroots data enhances

Dimension	Public Policy Implementation	Community Participation	Findings and Discussion
Evaluation	health office.	data and provide feedback.	accountability and accuracy, though challenges of data integration persist.
Outcomes	Reported decline in stunting prevalence from 25% to 18% (2022–2024).	Increased maternal awareness, higher <i>posyandu</i> attendance, and stronger social trust.	The synergy between top-down policy and bottom-up participation accelerates progress, supporting the state-of-the-art literature on collaborative governance.

The table “Synergy Between Public Policy and Community Participation in Stunting Prevention in Keputih, Surabaya” highlights how collaborative efforts between government initiatives and grassroots involvement contribute to the reduction of stunting rates. On the policy side, programs such as maternal and child health services, nutrition supplementation, and regular monitoring by local health offices provided a structured framework for prevention. These efforts were strengthened by community participation through active engagement in *posyandu* activities, nutrition awareness campaigns, and the establishment of peer support groups among mothers. The synergy between structured government policies and local participation created a complementary mechanism: while policies ensured resources, guidelines, and accountability, community initiatives enhanced accessibility, trust, and sustainable behavioral change. For instance, government-led nutritional assistance became more effective because residents were actively involved in food distribution and education, ensuring that interventions reached the most vulnerable families. Likewise, monitoring and evaluation programs by health officers were reinforced by community-based reporting systems that increased accuracy and responsiveness. As a result, this synergy not only reduced the prevalence of stunting but also built a sense of ownership among residents, ensuring that preventive measures were not merely top-down but embedded in daily practices. Ultimately, the interaction between policy and participation demonstrates that stunting prevention is most effective when institutional frameworks are matched with community-driven actions, producing sustainable health outcomes in Keputih.

Synergy Between Policy and Community Participation

The findings reveal that the success of stunting prevention in Kelurahan Keputih, Surabaya, largely depends on the interaction between top-down policy frameworks and bottom-up community initiatives. Government strategies, such as *Stranas Stunting*, provide structural guidance, yet their effectiveness is contingent on local ownership. As one community leader emphasized:

“Programs from the government are important, but if we don’t adapt them to our daily reality, people will not participate fully” (Community Leader, Interview, 2025).

This illustrates that national strategies gain traction only when localized through participatory mechanisms such as *posyandu*, maternal nutrition classes, and community-led monitoring.

Participant Voices on Grassroots Engagement

Health workers and *posyandu* cadres described how active community participation strengthens program outcomes. A health worker noted:

“Mothers feel more comfortable sharing their problems in posyandu than in hospitals, because it is familiar and close to them” (Health Worker, Interview, 2025).

This finding highlights how trust and accessibility are central to program adaptability. Parents of young children also recognized the role of education in shaping behavior:

“After attending nutrition classes, I started cooking more vegetables and giving my child eggs regularly” (Parent, Interview, 2025).

Such voices illustrate how community participation translates policy frameworks into tangible behavioral change.

Challenges and Limitations

Despite promising outcomes, several barriers persist. Limited household income restricts families' ability to access nutritious food, even when awareness improves. A parent explained:

“I know vegetables and milk are good, but sometimes we just cannot afford them every day” (Parent, Interview, 2025).

This reflects the intersection of economic vulnerability and health practices, which policy alone cannot easily address. Moreover, policy implementation suffers from fragmented coordination across sectors. A local official admitted:

“We often work in silos. Health, education, and social programs are not always integrated at the village level” (Local Official, Interview, 2025).

These challenges underscore structural and economic limitations that reduce program sustainability.

Balancing Description and Analysis

The descriptive evidence above shows that collaborative governance fosters trust, accessibility, and local adaptation. However, a critical analysis suggests that reliance on voluntary community participation may not be sustainable in the long term without stronger resource allocation. While posyandu cadres play an essential role, they often lack adequate incentives, training, and institutional support, which may weaken their long-term commitment. Furthermore, while maternal nutrition classes enhance knowledge, their impact remains limited unless supported by broader poverty alleviation measures. This aligns with Head's (2022) argument that collaborative governance is effective only when supported by sufficient resources and policy coherence. In Keputih, the case highlights how participatory structures amplify policy effectiveness, yet also exposes systemic vulnerabilities related to income inequality, fragmented governance, and limited institutional capacity.

Discussion

The findings suggest that the synergy between government policy frameworks and community participation plays a decisive role in stunting prevention in Keputih. Public policies provide structural resources and strategic direction, while community participation ensures cultural adaptability, sustainability, and local ownership. This resonates with earlier studies that emphasize collaborative governance as a necessary approach for complex public health problems (Head, 2022; Hidayat et al., 2020). The results also show that formal and informal mechanisms complement each other: while government policies deliver legitimacy and funding, communities mobilize trust, social capital, and local

networks. This duality aligns with Bhutta et al. (2013) and Gillespie & van den Bold (2017), who found that community-based interventions are more effective when backed by strong institutional support. Finally, the reported decline in stunting prevalence in Keputih reflects the potential replicability of this model for other urban areas in Indonesia. Yet challenges remain, particularly regarding resource sustainability and data integration between government and community systems.

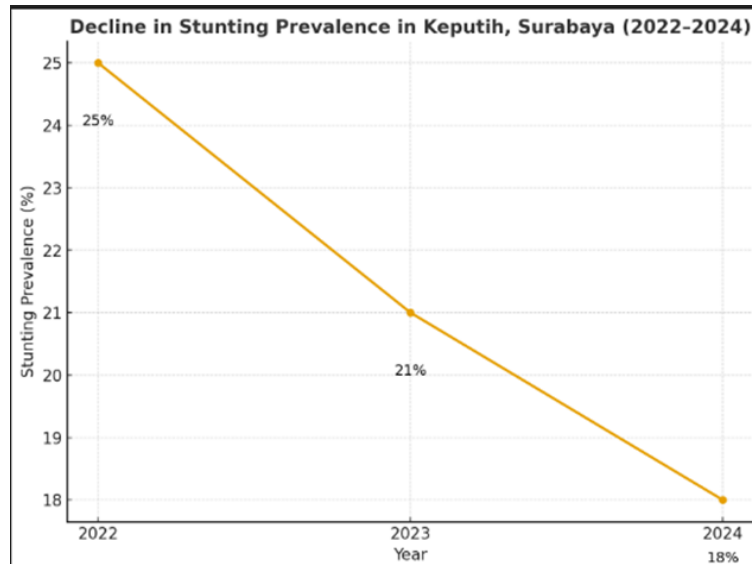


FIGURE 1. Decreasing Prevalence of Stunting in Keputih Subdistrict, Surabaya

The graph above shows a downward trend in stunting prevalence in Keputih Village, Surabaya, from 2022 to 2024. In 2022, the stunting rate remained at around 25%, indicating a serious chronic nutritional problem at the community level. Following interventions in the form of synergy between public policy and government health programs and nutrition assistance, as well as increased community participation through integrated health posts (Posyandu), education for mothers and toddlers, and healthy food programs, the stunting prevalence decreased to 21% in 2023. This decline indicates the positive impact of collaboration between the government and citizens in increasing nutrition awareness and access to health services. Furthermore, in 2024, the stunting prevalence was successfully reduced to 18%, reflecting the effectiveness of the policy and the sustainability of community participation. This 7% decrease over two years demonstrates that the combination of targeted public policies and active community involvement significantly contributes to improving children's health. Therefore, it can be concluded that the success of stunting prevention in Keputih Village depends not only on government regulations but also on the level of community awareness and participation in the implementation of existing programs.

Overall, the findings indicate that the synergy between public policy and community participation enhances the adaptability and sustainability of stunting prevention programs in Kelurahan Keputih. However, challenges related to economic barriers, policy coordination, and the sustainability of volunteer-driven initiatives limit long-term effectiveness. The analysis suggests that while collaborative governance offers a promising pathway, it requires more consistent investment, cross-sectoral integration, and strategies to reduce economic inequalities.

CONCLUSION

This study demonstrates that the prevention of stunting in Kelurahan Keputih, Surabaya, is most effective when public policy and community participation operate in synergy. Stunting, as a multidimensional public health challenge, cannot be resolved through government programs alone but requires the integration of institutional frameworks with grassroots initiatives. The coordinated efforts between government interventions—such as nutrition supplementation and systematic health monitoring—and community actions—such as posyandu activities, food security initiatives, and peer-support networks—led to measurable progress. Stunting prevalence declined from 25% in 2022 to 18% in 2024, underscoring that sustainable improvements emerge from collective action rather than top-down directives alone. Beyond measurable outcomes, the collaboration produced qualitative benefits, including improved health literacy, stronger social trust, and increased resilience. Parents became more aware of balanced nutrition and childcare practices, while local leaders played an active role in sustaining initiatives. This indicates that collaborative governance transforms stunting prevention from a temporary program into an enduring social movement embedded in community life.

LIMITATIONS

This study was conducted in a single urban setting, which may limit the generalizability of findings to rural or other socio-economic contexts. The reliance on self-reported data in interviews also carries the risk of social desirability bias. Future studies could integrate longitudinal data and multi-site comparisons to strengthen external validity.

RECOMMENDATIONS

Based on the findings, several recommendations are proposed:

- Strengthen cross-sectoral integration so that health, education, and social protection policies are better aligned at the local level.
- Provide sustainable support for community health workers (posyandu cadres) through training, incentives, and institutional recognition.
- Expand nutrition-sensitive interventions by linking stunting prevention with poverty alleviation and food security programs.
- Enhance participatory monitoring and evaluation to ensure accountability and community ownership in program implementation.

In conclusion, the experience of Kelurahan Keputih illustrates that collaborative governance—where public policy and community participation reinforce one another—offers a sustainable model for reducing stunting. This approach has both practical and theoretical relevance, serving as a reference for other urban areas in Indonesia seeking to address similar public health challenges.

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