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Strengthening Village Collaboration in Stunting Prevention through Family Education, Stunting Consultations, and Supplementary Food Provision

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Abstract: Stunting prevention at village level requires family education, coordinated local action, and direct nutritional support. This community service program aimed to strengthen family awareness and village collaboration in Kemplong Village, Wiradesa, Pekalongan, where several stunted children and pregnant women at nutritional risk had been identified. A participatory-collaborative approach was implemented during the community service fieldwork through needs identification, education for PKK members, a village stunting consultation, and supplementary food distribution to targeted toddlers and pregnant women. Evaluation used field observation, stakeholder discussions, activity records, and documentation. The program created a learning space on balanced nutrition and positive parenting, brought village government, posyandu cadres, the subdistrict head, Babinsa, the village midwife, and village facilitators into a shared forum, and delivered nutritional assistance to beneficiary households. The absence of participant counts, pre-post tests, and anthropometric follow-up limited outcome measurement. Future implementation should connect education and supplementary feeding with routine posyandu monitoring and documented village follow-up.

Keywords: community empowerment, family education, stunting, supplementary feeding, village collaboration

Abstrak: Pencegahan stunting di tingkat desa memerlukan edukasi keluarga, kerja bersama antarpemangku kepentingan, dan dukungan gizi langsung. Program pengabdian ini bertujuan menguatkan kesadaran keluarga dan kolaborasi desa di Desa Kemplong, Wiradesa, Pekalongan, setelah ditemukan beberapa anak stunting dan ibu hamil yang berisiko kekurangan gizi. Pendekatan partisipatif-kolaboratif dilaksanakan dalam KKN melalui identifikasi kebutuhan, edukasi bagi anggota PKK, rembuk stunting, serta pembagian makanan tambahan kepada balita dan ibu hamil sasaran. Evaluasi menggunakan observasi lapangan, diskusi pemangku kepentingan, catatan kegiatan, dan dokumentasi. Program menyediakan ruang belajar tentang gizi seimbang dan pola asuh positif, mempertemukan pemerintah desa, kader posyandu, Camat Wiradesa, Babinsa, bidan desa, serta pendamping desa, dan menyalurkan dukungan gizi hingga rumah penerima. Keterbatasan program terletak pada belum tersedianya jumlah peserta, tes sebelum-sesudah, dan pemantauan antropometri. Pelaksanaan berikutnya perlu menghubungkan edukasi dan Pemberian Makanan Tambahan dengan pemantauan posyandu serta tindak lanjut desa yang terdokumentasi.

Keywords: edukasi keluarga, kolaborasi desa, pemberdayaan masyarakat, pemberian makanan tambahan, stunting

Introduction

Stunting remains a public health concern due to its links to physical growth and child development, as well as the quality of human resources. The 2024 Indonesian Nutritional Status Survey recorded a national stunting prevalence of 19.8 percent. This figure demonstrates improvement, but does not eliminate the need for consistent interventions down to the village level. National policy also places accelerating stunting reduction as a cross-sectoral agenda that combines nutrition-specific interventions, sensitive interventions, government coordination, and community engagement.[1,2]

The risk of stunting does not arise from a single cause. Maternal nutritional status during pregnancy, feeding practices, recurrent infections, access to health services, sanitation, education, and the family's socioeconomic situation are all interconnected. Multilevel studies in Indonesia show that household and broader environmental factors contribute to child development risks, so addressing them cannot be solely the responsibility of individual mothers or families. This perspective is crucial for village programs, as interventions need to address both family knowledge and local institutional capacity.[3]

The family remains the closest place for fulfilling nutritional needs and childcare. Parents' knowledge of the signs, causes, and prevention of stunting influences how families respond to toddlers' needs. Parents' access to information, education, and family characteristics are related to their understanding of stunting. Family strengthening programs also prioritize parenting, concern for growth and development, and mentoring as crucial components of prevention. Therefore, nutrition education will be more meaningful when integrated with discussions on hygiene, developmental stimulation, emotional closeness, and daily family habits.[4,5]

This situation was discovered during a Community Service Program activity in Kemplong Village, Wiradesa District, Pekalongan Regency, in November 2025. Initial identification noted several children experiencing stunting and several pregnant women at risk

[1]Republik Indonesia, Peraturan Presiden Republik Indonesia Nomor 72 Tahun 2021 tentang Percepatan Penurunan Stunting (Jakarta, 2021) <https://peraturan.bpk.go.id/Details/174964/perpres-no-72-tahun-2021>.

2Kementerian Kesehatan Republik Indonesia, 'SSGI 2024: Prevalensi Stunting Nasional Turun Menjadi 19,8%', 26 May 2025 <https://kemkes.go.id/id/ssgi-2024-prevalensi-stunting-nasional-turun-menjadi-198> [accessed 24 July 2026].

[3]Tri Mulyaningsih et al., 'Beyond Personal Factors: Multilevel Determinants of Childhood Stunting in Indonesia', PLOS ONE, 16.11 (2021), e0260265 <https://doi.org/10.1371/journal.pone.0260265>.

[4]Fatwa Tentama et al., 'Penguatan Keluarga sebagai Upaya Menekan Angka Stunting dalam Program Kependudukan, Keluarga Berencana dan Pembangunan Keluarga', Jurnal Pemberdayaan, 2.1 (2018), 113–20 <https://doi.org/10.12928/jp.v2i1.546>.

[5]Anita Rahmawati, Thatit Nurmawati, and Liliani Permata Sari, 'Faktor yang Berhubungan dengan Pengetahuan Orang Tua tentang Stunting pada Balita', Jurnal Ners dan Kebidanan, 6.3 (2019), 389–95 <https://doi.org/10.26699/jnk.v6i3.ART.p389-395>.

of malnutrition. This information was not available in the form of village prevalence figures or detailed anthropometric data, but it was sufficient to indicate the need for a response that targeted pregnancy, toddlers, and the care environment. The program was then directed to PKK mothers as family study groups, stunting discussion forums as coordination spaces, and targeted toddlers and pregnant women as recipients of nutritional support.

The previous community service article offered several intervention patterns. Counseling and supplementary feeding for pregnant women were used to bridge increased knowledge with direct nutritional support. The Centing Mak Sumi program developed education on stunting and complementary feeding through food processing demonstrations, providing participants with examples they could practice at home. The program in Wongko Lakudo Village expanded its reach to toddlers, children, breastfeeding mothers, and pregnant women, while the community service in Bireuen emphasized a combination of education, nutritional support, health services, and family support. These practices demonstrate that one-way activities that only deliver material tend to be inadequate for problems involving multiple actors.[6,7,8,9]

On the governance side, convergence actions require intersectoral coordination and the ability of local implementers to link data, targets, and follow-up. Policy studies at the local level show that the quality of communication, clarity of roles, and implementation support determine whether the convergence agenda proceeds as an administrative exercise or becomes an operational collaborative effort. Implementing convergence actions is also related to expanding the scope of nutrition-sensitive interventions. At the community level, strengthening managers and activity groups is necessary to ensure that programs do not stop at short-term assistance and build community capacity.[10,11,12]

[6]Sitti Muthmainnah and Zuliani Zuliani, 'Pengabdian Masyarakat dalam Penanganan Stunting di Bireun: Upaya Meningkatkan Kesehatan Anak dan Keluarga', BAKTIMAS, 6.1 (2024) <https://doi.org/10.32672/btm.v6i1.8039>.

[7]Saparuddin Saparuddin et al., 'Pengabdian Masyarakat dalam Upaya Pencegahan dan Penanganan Stunting pada Balita, Anak-Anak, Ibu Menyusui, dan Ibu Hamil di Kabupaten Buton Tengah, Desa Wongko Lakudo', Jurnal Abdimas Indonesia, 5.2 (2025), 678–87 <https://dmi-journals.org/jai/article/view/1490>.

[8]Nurul Husnul Lail et al., 'Pengabdian kepada Masyarakat Gerakan Centing Mak Sumi (Cegah Stunting Makan Dimsum Pelangi)', Jurnal Peduli Masyarakat, 7.1 (2025), 49–54 <https://doi.org/10.37287/jpm.v7i1.5526>.

[9]Romadona Fatimah Dewi et al., 'Sosialisasi Pencegahan Stunting melalui Penyuluhan dan Pemberian Makanan Tambahan kepada Ibu Hamil', SELAPARANG, 5.1 (2021), 504–09 <https://doi.org/10.31764/jpmb.v5i1.6487>.

[10]Kustoro Budiarta et al., 'Pemberdayaan Kampung KB Sekip Jaya pada Program Dapur Sehat Atasi Stunting', Prima Abdika, 4.1 (2024), 184–96 <https://doi.org/10.37478/abdika.v4i1.3813>.

[11]Intje Picauly, 'Pengaruh Pelaksanaan Aksi Konvergensi Stunting terhadap Cakupan Program Intervensi Gizi Sensitif di Provinsi Nusa Tenggara Timur', Jurnal Pangan Gizi dan Kesehatan, 10.2 (2021), 71–85 <https://doi.org/10.51556/ejpazih.v10i2.156>.

[12]Dewi Marhaeni Diah Herawati and Deni Kurniadi Sunjaya, 'Implementation Outcomes of National Convergence Action Policy to Accelerate Stunting Prevention and Reduction at the Local Level in Indonesia: A Qualitative Study', International Journal of Environmental Research and Public Health, 19.20 (2022), 13591 <https://doi.org/10.3390/ijerph192013591>.

Based on these needs, the program in Kemplong Village combines three activity channels: family education, stunting discussions, and distribution of Supplementary Feeding (Pemberian Makanan Tambaha: PMT). This integration is the focus of this article because each channel addresses a different layer of the problem. Education targets household understanding and practices, discussions bring together village actors and health services, and PMT provides direct support to identified groups. This article aims to describe the program's implementation, analyze direct outcomes that can be verified through activity documentation, and identify strengthening needs to make the program more measurable and sustainable..

Method

Community service activities were carried out in Kemplong Village, Wiradesa District, Pekalongan Regency, as part of the 2025 Community Service Program. The approach used was participatory and collaborative. Students were not placed as sole implementers, but rather as liaisons for educational activities, village forums, and the distribution of nutritional support with community groups and local stakeholders. Direct targets included PKK mothers, toddlers in need of additional nutrition, and pregnant women at risk of malnutrition. Coordinating parties included integrated health post (Posyandu) cadres, the Kemplong Village Government, and village facilitators.

Program development began with problem identification through field information and communication with village stakeholders. Findings regarding stunted children and pregnant women at risk of malnutrition were then translated into three interventions. First, outreach to PKK members on nutrition during pregnancy, child feeding, environmental hygiene, developmental stimulation, and positive parenting. Second, a stunting discussion (rembuk stunting) was held to discuss field conditions, explain maternal and child health, and choose possible collaborative measures. Third, the distribution of PMT (pre-packaged food) to target toddlers and pregnant women through home visits and PMT distribution support from the community health center (Puskesmas).

Table 1. Stages of implementing the community service program

No.	Stage	Main activities	Evidence/output recorded
1	Identify needs	Collecting information on stunted children, pregnant women at nutritional risk, and family education needs.	Initial problem statement and target group determination.

No.	Stage	Main activities	Evidence/output recorded
2	Family education	Socialization of balanced nutrition, pregnancy nutrition, child feeding, hygiene, stimulation, and positive parenting patterns to PKK members.	Implementation of educational sessions and documentation of participant involvement.
3	Stunting discussion	Discussion of field conditions and handling priorities with village government, cadres, health workers, and sub-district elements.	Cross-stakeholder forum, delivery of field data, and discussion of strategic steps.
4	PMT Distribution	Distribution of supplementary food to target toddlers and pregnant women, including home visits and distribution support from community health centers.	PMT is received by target households and documented.
5	Process evaluation	Reviewing the implementation of activities through observation, discussion, activity notes, and photo documentation.	Immediate output notes, data limitations, and follow-up needs.

The evaluation materials consisted of implementation notes, descriptions of stunting discussions, photographic documentation, and information on PMT distribution. The data were analyzed descriptively by categorizing the evidence into processes, direct outputs, and sustainability needs. The assessment was not directed at proving changes in stunting prevalence because the program did not include pre- and post-activity anthropometric measurements. Conclusions about the results were limited to those that could be demonstrated by implementation: the implementation of education, the establishment of a cross-stakeholder forum, discussions on priority management, and the distribution of PMT to the target population.

Discussion

Problem Identification and Intervention Design

Initial findings in Kemplong Village revealed two interconnected risk factors: children already stunted and pregnant women requiring nutritional attention. This situation prompted the program to address not only children's food but also nutrition from pregnancy. The activity design then followed the life cycle: attention to pregnant women, toddler care and feeding practices, and village environmental support. This choice aligns with the nature of stunting as a problem that develops over time and is influenced by many factors beyond just food intake.

Limited village data was noted from the outset. The activity report did not provide the number of stunted children, the number of pregnant women at risk, the characteristics of recipient families, or the results of length and height measurements. Therefore, the team

positioned the activity more appropriately as a community response strengthening program rather than a program claiming to reduce stunting rates. This decision ensured alignment between the activity's objectives and the available evidence and prevented unverifiable impact claims.

Family Education through PKK Groups

The stunting awareness campaign was directed at PKK mothers because this group is closely connected to family life and village community activities. The material went beyond defining stunting. Discussions included balanced nutrition during pregnancy, appropriate feeding for children, environmental hygiene, psychological care, developmental stimulation, and emotional closeness between parents and children. The material expanded the issue of stunting beyond height to include childcare practices at home.

Figure 1. Stunting socialization activities with the Kemplong Village community group

The selection of PKK groups provides opportunities to disseminate messages through family conversations and community activities. Counseling for pregnant women and families of toddlers in other community service programs also demonstrates that materials relevant to participants' needs can strengthen focus on stunting prevention. The Centing Mak Sumi program even includes food demonstrations to connect knowledge with household skills. The Kemplong program lacks menu demonstrations or practice sheets, so its strength lies in the breadth of parenting themes, while its scope for development lies in more practical exercises.[13,14]

[13]Lail et al., ‘Gerakan Centing Mak Sumi’, 49–54.
[14]D. Anggraini, Lisa Mandasari, and Riza Adelia Suryani, ‘Sosialisasi Pencegahan Stunting melalui Penyuluhan dan Pemberian Makanan Tambahan kepada Ibu Hamil’, Jurnal Sapta Mengabdi, 3.2 (2023), 37–40 <https://doi.org/10.51851/jsm.v3i2.424>.

Activity notes expressed the hope that PKK members would be more aware and active in maintaining nutrition and parenting practices. However, no knowledge testing instruments were available before and after the outreach. Therefore, educational outcomes were not expressed as measurable increases in knowledge. The only guaranteed outcomes were the availability of learning spaces for families and the delivery of material connecting nutrition, hygiene, stimulation, and emotional support. For follow-up implementation, short question cards or simple pretests and posttests could be used without altering the participatory atmosphere of the activity.

Stunting Discussion as a Village Convergence Space

The stunting discussion expanded the program from family education to institutional coordination. The forum featured community health post (Posyandu) cadres, the Kemplong Village Government, the Wiradesa Sub-district Head, the Babinsa (village-based village supervisor), village midwives, village facilitators, and KKN (community service) students. The Posyandu cadres presented field conditions, while the village midwives explained nutrition for pregnant women and toddler growth and development. The village government and relevant parties discussed increasing nutrition outreach, strengthening health services, and empowering families as priority areas for addressing the problem.

Figure 2. Implementation of the 2025 Kemplong Village Stunting Discussion

The presence of various elements does not automatically guarantee continuity, but it does provide a basis for a unified understanding of the problem and the division of roles. A program evaluation in Semarang showed that implementation processes are easily disrupted when services, coordination, and field support are not aligned. At the community level, integrated health post (Posyandu) cadres play a crucial role as liaisons for information, monitoring, and addressing family needs. The discussion in Kemplong is relevant because it

brings together cadre information with the knowledge of health workers and the authority of the village government.[15,16]

The immediate output of the discussion was a joint commitment and discussion of strategic steps. The report did not include minutes, a list of decisions, responsible parties, a schedule, or budget sources. This shortcoming does not diminish the forum's value, but it does limit the assessment of its follow-up. The next discussion should produce a work plan matrix that lists activities, targets, timelines, responsible parties, support sources, and indicators. This concise document would transform verbal agreements into a monitorable coordination tool.

Supplementary Feeding and Household Outreach

The third component is the distribution of PMT to toddlers and pregnant women who need additional nutrition. KKN students distribute nutritious food directly to target homes and assist with PMT distribution from community health centers. Home visits are practical because assistance reaches identified families, not just participants attending group activities. At the same time, home interactions provide an opportunity to remind families about daily intake and health monitoring.

Figure 3. Distribution of PMT to toddlers and pregnant women through home visits

PMT serves as supplementary support, not a substitute for family meals or health services. The development of the Healthy Kitchen to Overcome Stunting demonstrates the importance of linking supplementary food with education, the use of affordable ingredients, and family involvement. The community service, which combines counseling and PMT for

[15]M. K. Hamdy et al., 'Peran Kader Posyandu dalam Menurunkan Angka Stunting', Jurnal Ilmu Sosial Indonesia, 4.2 (2023), 87–96 <https://doi.org/10.15408/jisi.v4i2.37128>.
[16]Firmansyah Kholiq Pradana, Ayun Sriatmi, and Apoina Kartini, 'Evaluasi Proses dalam Program Penanganan Stunting di Semarang', HIGEIA, 5.4 (2021), 587–95 <https://doi.org/10.15294/higeia.v5i4.52122>.

pregnant women, also places target data collection and evaluation as part of the activity series. In Kemplong, distribution has been implemented and documented, but the type of food, nutritional value, frequency of administration, duration of intervention, and adherence to consumption have not been recorded in the report.[17,18]

The lack of such details makes it impossible for the program to assess the contribution of PMT to nutritional status. The claim that the risk of stunting is reduced should be understood as a goal, not a measurable outcome. For the next phase, each recipient should have a simple record containing the target's identity, the reason for the provision, the type and amount of PMT, the date of distribution, and the results of weight or height monitoring by a health worker. This record will also help ensure that PMT is linked to counseling and referrals if health problems are identified.

Program Outputs and Sustainability Directions

The three activities form a complementary chain of interventions. Education strengthens family understanding; discussions connect village actors and policy options; and PMT addresses the immediate needs of target groups. This integration is a core value of the Kemplong program. The service doesn't stop at seminars, but moves from the classroom to discussions and household outreach. This pattern is more appropriate for the stunting problem, which requires behavioral change, services, and social support simultaneously.

Table 2. Direct outputs and program strengthening needs

Component	Output supported by evidence of activity	Need for strengthening
PKK Education	Nutrition, hygiene, stimulation and parenting materials are delivered to family groups.	Pretest-posttest, practice materials, and follow-up through PKK/posyandu meetings.
Stunting discussion	Village, sub-district, health, cadre and assistant actors met to discuss issues and priorities.	Minutes, work plans, division of roles, schedules, budgets, and monitoring indicators.
PMT Distribution	PMT is distributed to targeted toddlers and pregnant women down to the household level.	Menu standards, recipient recording, frequency, counseling, and anthropometric monitoring.
Documentation	Photos and descriptions of activities show the implementation of the three program components.	Number of participants, target data, evaluation sheets, and documentation of medium-term results.

[17]Dewi et al., 'Sosialisasi Pencegahan Stunting', 504–09.
[18]Hesti Nur Sahadatilah et al., 'Program Dapur Sehat Atasi Stunting (DASHAT) dalam Mempercepat Penurunan Stunting', Media Publikasi Promosi Kesehatan Indonesia, 6.12 (2023), 2599–2604 <https://doi.org/10.56338/mppki.v6i12.4382>.

Sustainability can be built through existing mechanisms in the village. The Family Welfare Movement (PKK) can incorporate nutrition and parenting into regular meetings; Posyandu (Integrated Service Post) cadres and village midwives can monitor targets; the village government can use the results of discussions to develop support for activities; and students or universities can help develop evaluation instruments and educational materials. This framework will ensure collaboration is not dependent on the KKN (Community Service Program) period and provide space for families to engage as agents of prevention, not simply recipients of information or assistance.

Conclusion

The community service program in Kemplong Village integrated family education, stunting discussions, and PMT distribution to address the presence of stunted children and pregnant women at risk of malnutrition. Education for the Family Welfare Movement (PKK) group integrated nutrition messages with hygiene, developmental stimulation, and positive parenting. The stunting discussions created coordination between the village government, sub-district, integrated health post (Posyandu) cadres, health workers, Babinsa (village-based village supervisors), village facilitators, and university students. PMT distribution complemented these two activities by directly supporting targeted toddlers and pregnant women, including households.

The program's contribution lies in establishing a chain of activities, from family education, cross-stakeholder coordination, to outreach. Available evidence does not yet support claims of increased knowledge or reduced stunting due to the lack of before-and-after measurements and anthropometric monitoring. Continued implementation requires the use of more detailed target data, simple evaluation instruments, PMT recording standards, and follow-up plans for the results of the discussions. This strengthening will make the program more accountable and help villages assess changes over time.

Author Contribution

Arditya Prayogi and Imam Prayogo Pujiono: conceptualization, drafting the article, analyzing activity data, and writing the initial draft. Novianto Ade Wahyudi: collecting documentation, verifying field information, and reviewing the program's substance. Riki Nasrullah: academic supervision, critical editing, final validation of the manuscript, and approval of the submitted version.

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