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# STRENGTHENING MULTI-STAKEHOLDER COLLABORATION FOR COMMUNITY-BASED STUNTING PREVENTION IN ACEH

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## ABSTRACT

**Background:** Stunting remains a pressing health problem both worldwide and within Indonesia. By 2023, Aceh Province recorded a stunting prevalence of 29.3%, well above the national target of 14% and beyond the 20% threshold set by the World Health Organization (WHO). Because stunting cannot be resolved through separate, sector-by-sector efforts, tackling it calls for a convergent, cross-sector strategy.
**Objective:** This research seeks to examine how multiple stakeholders have collaborated in efforts to prevent and manage toddler stunting at the *gampong* (village) level in Aceh.
**Method:** A qualitative, phenomenological design was applied across two villages in Kutaradja District, Banda Aceh City. Ten participants — comprising village officials, community leaders, Posyandu cadres, health workers, and mothers with toddlers — took part in Focus Group Discussions (FGDs) and in-depth interviews, and the resulting data were examined using thematic analysis.
**Results:** The findings show that the community regards stunting as a shared burden (*co-responsibility*). Applying a bottom-up approach helped build a sense of local ownership, a factor that is critical to keeping interventions sustainable. The Village Head (*Geuchik*) takes the lead as the party responsible, motivator, and funder, while Posyandu cadres carry out the technical work on the ground, backed by village organizations such as TP-PKK and Karang Taruna.
**Conclusion:** Effective, lasting stunting prevention at the village level depends on convergent multi-stakeholder collaboration combined with a bottom-up approach. This model reinforces social structures and safeguards the long-term health of Aceh's coming generations

**Keywords:** Stunting Prevention, Multi-stakeholder Collaboration, Community Based, Bottom-up Approach.

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## INTRODUCTION

Adequate nutrition underpins healthy human growth, especially during infancy and the toddler years. As tomorrow's generation, children need to grow up healthy and reach their full developmental potential, which depends on following appropriate feeding patterns that meet their nutritional needs.

When children grow up malnourished, the consequences carry over into their later development (Purbaningsih & Syafiq, 2023). As a marker of poor nutrition at the population level, malnutrition carries serious consequences for human health. It refers to a state in which a person experiences severe nutritional deficiency (Buulolo et al., 2023).

Malnutrition in toddlers continues to be a major global health concern. The Joint Child Malnutrition Estimates (JME) report, produced jointly by WHO, UNICEF, and the World Bank, projects that around 148.1 million toddlers worldwide would be affected by stunting in 2024.

Based on the 2023 Indonesian Health Survey (SKI), the Ministry of Health reported a national toddler stunting rate of 21.5%, compared with 29.3% in Aceh Province.

While this marks a steady decline from 21.6% in 2022 and 24.4% in 2021, it still sits above the 14% national target for 2024 and beyond the 20% ceiling set by the WHO. Aceh's own figure has likewise fallen from the 31.2% recorded in the 2022 Indonesian Nutritional Status Survey (SSGI), yet the province still holds the highest stunting rate in the country (Kemenkes RI, 2024).

Tackling stunting in Aceh deserves top priority since the condition has a major bearing on the quality of generations to come. Optimal nutrition continues to be a basic requirement for toddlers' physical and cognitive growth, given their role as the nation's future generation. Aceh's stunting crisis will not be solved through piecemeal, sector-specific efforts alone; specific and sensitive interventions instead need to run together in an integrated, convergent manner. For that reason, managing stunting effectively calls for strong synergy among government, the private sector, the community, and every other relevant stakeholder (Perpres No. 72 tahun 2021).

Building this synergy in Aceh depends on multi-stakeholder collaboration, since nutritional interventions succeed largely through community empowerment carried out "from, by, and for the community." A bottom-up approach delivers strong sustainability precisely because it builds a deep sense of ownership among local communities (Sachs et al., 2022).

Active involvement from community leaders, village officials, and village organizations such as the Family Welfare Movement (PKK) and the Youth Organization (Karang Taruna) is therefore essential so that every target group gets appropriate support.

When diverse stakeholders collaborate, all parties responsible for preventing and managing stunting can divide roles and pool their contributions. Each one carries out its own duties and responsibilities, so that stunting is addressed effectively through specific and sensitive interventions. Multi-stakeholder collaboration is not simply an option but a necessity for shifting Aceh's approach to stunting management toward one that is integrated and convergent. With clearly integrated roles, firm local policy backing, and participatory oversight, accelerated stunting reduction can grow beyond a government program into a collective movement that builds lasting community health resilience.

## METHODS

This study uses a qualitative phenomenological design to explore how multiple stakeholders have experienced collaborating on toddler stunting prevention at the *gampong* (village) level.

The research took place in two sites — Gampong Jawa and Peulanggahan — within Kutaradja District, Banda Aceh City. These locations were chosen because community empowerment programs were being actively carried out there. Primary data collection werw collected between August and October 2022.

Purposive sampling was used to select participants, ensuring that key informants involved in stunting prevention and management at the *gampong* (village) level. Ten participants made up the sample: the Village Head (*Geuchik*), community leaders (*Tuha Peut*), the Chairperson of the Family Welfare Empowerment Team (TP-PKK), *Posyandu* (integrated health post) cadres, nutrition practitioners from the *Puskesmas* (Community Health Center), and mothers of toddlers.

Three main techniques were used to collect data and ensure validity through triangulation. Focus Group Discussions (FGDs) mapped out the role each stakeholder plays in stunting prevention. The FGD instrument was first piloted on August 5–6, 2022, in Gampong Lamlagang. In-depth interviews followed, digging deeper into participants' experiences and expanding on the themes that surfaced in the FGDs. Data accuracy was checked through careful member-checking with the *Posyandu* cadres and the Village Head.

The qualitative data went through thematic analysis, moving through the stages of collection, reduction, display, and drawing conclusions. The researchers coded the FGD and interview transcripts, sorting the findings into distinct themes and subthemes. Source triangulation and member-checking further strengthened data rigor, confirming
that the analysis truly reflected participants' perceptions. This study received ethical clearance from the Health Research Ethics Committee (KEPK) of Poltekkes Kemenkes Aceh (No. LB.02.03/027/2022) .

## RESULTS AND DISCUSSIONS

This study took place in Gampong Jawa and Peulanggahan, Kutaradja District, Banda Aceh. This community empowerment research opened with piloting the FGD instrument in Gampong Lamlagang on August 5–6, 2022. Once the tool was refined, an FGD with the (*Geuchik*), (*Tuha Peut*), the TP-PKK Chairperson, Posyandu cadres, and the village midwife took place on August 22. Member-checking to validate the data was carried out on August 30 via in-depth interviews, and thematic analysis wrapped up between September 5 and 15, 2022

**Table 1.** Table of Respondents Based on Characteristics

| P | GENDER | AGE | EDUCATION | WORK |
|---|---|---|---|---|
| P1 | Man | 52 | Bachelor | civil servant |
| P2 | Man | 54 | Bachelor | Private |
| P3 | Man | 49 | Diploma III | civil servant |
| P4 | Woman | 30 | Diploma III | civil servant |
| P5 | Woman | 35 | Senior High School | housewife |
| P6 | Woman | 35 | Bachelor | housewife |
| P7 | Woman | 38 | Senior High School | housewife |
| P8 | Woman | 23 | Senior High School | housewife |
| P9 | Woman | 31 | Senior High School | housewife |
| P10 | Woman | 34 | Bachelor | housewife |

As Table 1 shows, most respondents were women, mainly over 30 years old; their education ranged from senior high school to bachelor's degree, and a large share were homemakers.

**Scheme 1**
**Theme, category and subcategory of Community Empowerment in Preventing Nutritional Problems in Toddlers**

| Category | Sub Category | Theme |
|---|---|---|
| Stakeholders involved in stunting prevention and management | • Village head<br>• Public figure<br>• Health Cadres<br>• Midwife in the village<br>• Related agencies<br>• Private | Preventing nutritional problems in villages is a shared responsibility |
| Multi-stakeholder engagement in stunting prevention and management | • Each party has a role<br>• Carry out duties according to authority<br>• There is a person in charge<br>• There is support for the implementation of activities | Each party involved in preventing nutritional problems must carry out their respective roles. |
| Responsible stunting prevention and management | • The village leader is the main person responsible<br>• Activity support<br>• Provision of funds<br>• Participatory<br>• Active<br>• Motivator | The role of the Village Head as the person responsible, motivator and financial support for activities to prevent nutritional problems in children |
| Executor in stunting prevention & management | • Integrated Health Post Cadres<br>• Child health implementers in the village<br>• Posyandu activities for children's health<br>• Handling of child nutrition problems at integrated health posts | Posyandu cadres as implementers in handling nutritional problems in toddlers in the community |
| Doing activities together | • Activity planning<br>• Implementation of activities<br>• Activity monitoring<br>• All parties involved | The need for training for the team implementing activities to handle nutritional problems in children in villages |
| Involvement of Village Community Organization | • Cadre training<br>• Precise, targeted activities<br>• Correct targets and activities<br>• Goals can be achieved | Village Community Institutions participate in activities to address nutritional problems in toddlers |
| Pre-activity training | • Community organizations in the village play an active role<br>• Youth organizations, PKK, Human Development Cadres, Village Assistants and BKB cadres were also involved in the activities. | |

The qualitative findings on community empowerment yielded several themes: everyone's involvement, how roles were distributed among those involved, the village head as the person in charge, Posyandu cadres as implementers, participation from village community institutions, joint planning, implementation, and monitoring of activities, and the need for training before activities begin. These are illustrated further in the FGD excerpts below:

1. Preventing nutritional problems in villages is a shared responsibility.

P1: Talking about children's nutrition is everyone's responsibility, not just the village head or the government, but everyone, especially health workers.

P5: Regarding the problem of children's nutrition, it must be the responsibility of the village head as the leader in the village, also the integrated health post (posyandu) cadres, health center staff, midwives and also agencies such as the health and fisheries departments so that children can get good nutrition.

P6: Talking about the problem of nutrition in children, the most well-known problem is stunting. This cannot be solved alone. Everyone responsible must sit down and work together so that the problem can be resolved quickly.

P8: Nutritional problems in children must be resolved together, village heads, PKK mothers, Posyandu cadres, midwives, health workers, community health centers, health services, sub-district officials and others.

2. Each party involved in preventing nutritional problems must carry out their respective roles.

P2: Now let's first see who needs to be involved in preventing nutritional problems in children in the village, then later we will divide the roles, so that everyone can work well. P3: As the person in charge in the village, I am ready to do anything as long as there is support and assistance from everyone so that we work together for the health of our children.

P7: It's true, if we all want activities to prevent child malnutrition to work, then we all have to work together according to our respective positions.

P10: If we carry out our roles as we wish, then all problems can be resolved well. The important thing is that we all have to be aware of our duties and have to get our assignments.

3. The role of the Village Head as the person responsible, motivator and financial support for activities to prevent nutritional problems in children

P4: The main person responsible for handling nutritional problems in children in the village is the village head because as the leader, the village head must prepare funds from the village budget to prevent children from experiencing nutritional problems. In addition, the village head is the person who encourages and motivates the activities to be successful.

P5: The most suitable person to be responsible is the village leader, in this case the village head, because he knows the most about his residents and funds can be budgeted from village funds. The village head must encourage everyone involved.

P7: Indeed, the right person to be in charge is Mr. Geuchik because the leadership and funding for activities can be assisted by Mr. Geuchik from village funds.

P9: Mr. Geuchik is the person most responsible for the health of the children in the village because he is the leader.

P10: Yes, the village head is the right person to be responsible for this activity because it concerns his residents, namely children who have nutritional problems.

4. Posyandu cadres as implementers in handling nutritional problems in toddlers in the community.
P1: In the village, there are Posyandu cadres who have been monitoring the health of children at the Posyandu every month, so they are also the implementers for the prevention and handling of nutritional problems.

P3: So far, the cadres who are concerned with health are Posyandu cadres, so it is appropriate that those who will carry out activities to prevent nutritional problems are Posyandu cadres.
P4: Posyandu cadres are ready to participate in activities related to the health of children and toddlers in the village and this is also a task at the Posyandu.
P6: Preventing children from having nutritional problems should be carried out by Posyandu cadres because they have been taking care of children's health at Posyandu.
P10: Posyandu cadres can carry out nutritional problem prevention activities at the same time as Posyandu because the targets are the same, namely children.

5. Village Community Institutions participate in activities to address nutritional issues in toddlers. P1: In the village, there are youth groups, PKK mothers, human development cadres, and village facilitators. They must also monitor the implementation of these activities.
P5: PKK mothers must be active in observing and monitoring the implementation of activities to prevent nutritional problems in children, because children's health is the mother's business.
P6: All community organizations in the village, as well as cadres other than Posyandu cadres, are required to participate in this activity, either as implementers, providing support, or monitoring its progress. Each party has a role to play.
P7: Yes, that's right. Posyandu cadres can be the implementers of nutritional problems in toddlers, but others, such as youth organizations and BKB cadres, can also participate because it is still related to children's health.

6. All parties are involved in planning, implementing and monitoring the implementation of activities to prevent nutritional problems in children.
P2: Because addressing child nutrition issues is a shared responsibility, we all need to think about the fate of our children. We design the activities together and implement them together.
P4: Anyone involved in the problem of child nutrition must care together, plan and carry out activities together and monitor them together and support each other.
P10: I totally agree that this is a shared responsibility, so everything is done together, starting from what activities will be carried out, when and who will do them and what the results will be, all together.

7. The need for training for the team implementing activities to handle nutritional problems in children in villages
P3: So that the activity can be carried out well, it is best to have training first or be taught how to do it first.
P5: Training in implementing activities is very necessary so that they are carried out correctly and the results are as per P8: Yes, cadres certainly need to be trained otherwise they will be groping in carrying out activities.
P9: Training is absolutely necessary, even though you may already know it, you need to be reminded again, especially if it is a new activity.

P10: Training is necessary to be able to carry out activities appropriately, on target and correctly.

## DISCUSSION

This study's findings show that village-level stunting prevention in Aceh cannot rely on isolated, sector-by-sector efforts — it requires an integrated, convergent, multi-stakeholder collaborative approach instead. Communities in Gampong Jawa and Peulanggahan see stunting as a shared responsibility (co-responsibility) that involves the Village Head (Geuchik), community leaders, health cadres, Puskesmas health workers, and village organizations such as PKK and Karang Taruna.

This study's use of a bottom-up approach fits with Sachs et al. (2022), who argue that such an approach sustains itself well because it builds ownership at the local level. The Village Head takes on a central role — as the person responsible, the motivator, and the one who provides funding, facilities, and infrastructure needed for stunting prevention. This pattern of collaboration shows that preventing and managing stunting is a shared community endeavor to tackle a shared problem (Sachs et al., 2022).

This collaboration also shows that when village officials — geuchik in particular — actively get involved, community participation shifts from being an object of a program to being its subject or actor in preventing and managing stunting. A sense of ownership within the community means that the sustainability of nutrition interventions rests on the villages' own internal commitment to solving the stunting problem they face.

As policy makers and implementers at the village level, village heads can facilitate whatever is needed, while community leaders and organizations such as PKK and Karang Taruna widen the reach of stunting monitoring down to the most at-risk households. By making sure each community member understands their part in a jointly designed activity plan, obstacles to implementation can be kept to a minimum. Success in stunting prevention and management therefore should not be measured only by a drop in prevalence rates, but also by whether a stable social support system has been established to safeguard toddlers' long-term health amid ongoing concerns over malnutrition and child growth and development (WHO, 2024).

These findings echo Buulolo et al. (2023), whose work found that managing malnutrition well calls for a qualitative understanding of how things work at the primary care level community health centers and village cadres included. In a similar vein, Purbaningsih & Syafiq (2023) found that successful PMT (supplementary food) provision hinges on strong coordination among cadres, PKK, and the village in tracking toddlers' food intake.

## CONCLUSIONS

Village-level stunting prevention in Aceh can succeed through integrated, convergent, multi-stakeholder collaboration. A bottom-up approach that engages every part of society is also key to keeping the program going. Stunting management at the village level works best when the community treats stunting as a shared responsibility. Collaboration in which Posyandu cadres serve as technical implementers, supported by organizations such as TP-PKK and Karang Taruna, can build a sense of community ownership and thereby keep stunting prevention and management programs running over the long term.

The multi-stakeholder collaboration model stands as a best practice for building public health resilience one that goes beyond simply lowering stunting numbers to also strengthening the social structures that protect the long-term health of Aceh's future generations.

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## CONFLICT OF INTEREST AND FUNDING DISCLOSURE

The authors declare no financial or personal ties, commercial interests, or competing financial obligations that could unduly influence, bias, or compromise the integrity of this research and its findings.

## AUTHOR CONTRIBUTIONS

NRNN: conceptor, data curation, conceptualization, investigation, methodology, formal analysis, validation, visualization, writing original draft, writing review and editing.

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