

The Social Role of Kader Surabaya Hebat in Addressing Stunting in Surabaya City: A Sociological Review

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Abstract: Stunting remains a serious public health issue in Indonesia and requires collaboration across sectors and community participation. This study examines how the *Kader Surabaya Hebat* (KSH) view stunting and how they implement their social roles in preventing stunting and early signs of growth failure among children in Surabaya.

Purpose: This study analyzes KSH empowerment to strengthen social roles in addressing stunting in Surabaya City.

Design/Methodology/Approach: This study used an explanatory sequential design for the mixed-methods approach. It started with a survey of the cadres, with 50 participating, focusing on their knowledge, attitudes, and practices. It was followed by a Focus Group Discussion, during which eight participants were invited. To provide

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a broader context for the survey results, the study employed an FGD. The survey results show that the cadres have good knowledge of stunting, including nutritional status, monitoring growth, and feeding practices. The qualitative findings also show that KSH play various roles, including educating, accessing, advocating, and rallying the community.

Findings: The study results indicate that the KSH play significant roles within the community, contributing to the cadres' good knowledge. Furthermore, the study suggests that their skills need improvement, better coordination across sectors, and greater support to enable them to contribute more to the Surabaya administration's stunting prevention initiatives.

Originality/value: This study contributes to examining how the Kader Surabaya Hebat use social capital addresses stunting.

Keywords: stunting; kader surabaya hebat; social roles; community empowerment; explanatory sequential

Paper Type: Article-research

Introduction

The problem of stunting in Indonesia is facing various dynamics. The prevalence is dynamic and worrying. According to the Indonesian Nutritional Status Survey (SSGI), the prevalence of stunting in Indonesia was 19.8% in 2024, down from 21.5% in 2023 (Kementerian Kesehatan RI 2025b). The stunting problem has been incorporated into the government's focus within the National Medium-Term Development Plan (RPJMN) policy umbrella, which targets a 14.2% reduction by 2029 (Antara 2025; Kementerian Kesehatan RI 2025b). The dynamics of the stunting problem are inherently linked to the reality of structural-cultural poverty, which reproduces systemic inequalities in access to economic resources, health services, and knowledge (Bustos et al. 2025; Hidayat & Erlyn 2021; Santoso & Pujianto 2024a). Because of this, the handling must be cross-sectoral, involving community representatives to address stunting in Indonesia.

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The community often does not understand stunting comprehensively and holistically, which has negative practical implications (Leroy & Frongillo 2019; Suyanto et al. 2024). Stunting is a problem related to impaired human growth and development caused by limited access to nutrition, infections, and minimal psychosocial stimulation (WHO 2015). Not only that, but stunting is also related to social dimensions, including relative deprivation and an environment that is not inclusive of health aspects (UNICEF 2023). However, stunting is a key indicator of nutritional disparities on a global scale, which presupposes a failure to redistribute food equitably (de Onis & Branca 2016; Desmond & Casale 2017; Perumal et al. 2018a). The higher the prevalence of stunting in a country, the more it reflects the reality of poverty or negative structural dynamics in society (Prendergast & Humphrey 2014).

Stunting, a nutritional problem, is significantly associated with motor development in children (Akbar et al. 2023). When children grow and develop without adequate nutrition, they are at risk of experiencing significant intellectual-cognitive problems. Furthermore, factors contributing to stunting also stem from external factors. These include maternal health, the family's financial situation, a physical environment that incorporates health considerations, the presence of infectious diseases, and irregular eating patterns (Akbar et al. 2023). However, it is still quite common to find that the factors causing stunting are dominated mainly by health aspects alone, without being tied to significant socio-economic indicators (Perumal et al. 2018b). Socio-economic indicators are integral structural factors that significantly affect children's stunting (Santoso & Pujianto 2024b).

A community empowerment approach can serve as the primary basis for addressing stunting. This approach has a variety of methods, such as conducting home visits to collect data and educate about stunting (Aprillia et al. 2023). Home visits are also

conducted regularly to encourage proper parenting and feeding practices for children. Furthermore, the community empowerment approach is also linked to efforts to increase parental knowledge about stunting to improve the quality of life (Danapriatna et al. 2023). This also realizes human-centered development with intensive socio-educational support. Therefore, the decline in stunting prevalence is part of the positive implications of human-centered development (Danapriatna et al. 2023).

Even though the stunting prevalence in Surabaya, Indonesia, remains low at 4.8%, the reality in Pradah Kalikendal Village is that 11 babies were found to be stunted (Antara 2023). KSH is part of the Surabaya City Government's program, coordinated by the Social Services and Health Services (Surabaya 2022). The purpose of the KSH is to assist the government in addressing social issues in the community, such as health, poverty, and stunting. Given the potential of KSH and the persistent problem of stunting in Surabaya, this study aims to produce a comprehensive analysis. This study focuses on analyzing KSH empowerment to strengthen social roles in addressing stunting in Surabaya City. This study uses social capital and social role theories with a sociological perspective as a theoretical basis for analyzing KSH empowerment practices in addressing the study's problems in Surabaya City.

Literature Review

Stunting and Socio-Structural Dynamics: A Comprehensive Literature Review

Stunting is an integrated problem that encompasses health and socioeconomic aspects. Definitely, stunting is a condition in which an individual experiences growth failure, which can be seen in children with chronic malnutrition (Rahmadhita 2020; Sutarto et al. 2018). However, the socio-economic aspects of poor communities have significant value for understanding the

dynamics of stunting (Scheffler & Hermanussen 2022). Structural dynamics in society complicate the problem of stunting. Social disparities and children's limited access to adequate nutrition exacerbate the complexity of stunting (Martaliah et al. 2024). Therefore, the role of parents and other stakeholders has an exponential impact on reducing stunting problems at the practical level.

In line with the narrative above, parents are the primary variable in ensuring children's growth and development meet standards. Therefore, educating parents about child growth and development and the dangers of stunting represents a substantial activity that the government needs to undertake (Saraswati et al. 2025). This relates to stunting interventions that integrate various strategies, such as supplementation, nutritional support, dietary changes, and educational campaigns. Structurally reproduced socioeconomic disparities add to the burden of reducing stunting, especially if parents also have issues with overnutrition (obesity) and low literacy regarding stunting (Lee et al. 2012). Therefore, health problems experienced by parents can have implications for health problems (stunting) in children.

Study from Wicaksono & Harsanti (2020) revealed a significant relationship between parental educational background and the reality of stunting in children. In this context, parents with low educational backgrounds tend to have a higher risk of stunting. More fundamentally, structural poverty is also a variable that increases the risk of stunting in children (Nugroho et al. 2023). This is related to the family's occupational and social status factors, which foster a paradigm in parents. Therefore, improving the socioeconomic status of low-income families is integral to reducing child stunting.

The problem of stunting is also rooted in environmental factors and access to clean sanitation. Community access to clean water and sanitation is an important factor in creating a healthy

environment (Mulyaningsih et al. 2021). Because of this, the limited access experienced directly by poor communities contributes to the emergence of a new problem, namely stunting. Water sources that are unsuitable for the community and do not meet household standards can significantly increase the odds of stunting (Arief et al. 2025a). On the other hand, geographical and social environments without access to clean water and sanitation also contribute to the list of problems that form the risk structure for stunting (Arief et al. 2025b). Therefore, socioeconomic redistribution and equal access to infrastructure are crucial to reducing stunting rates, which escalate annually.

Social Capital and Social Roles: A Theoretical Framework

Social capital and social roles are two concepts within a sociological framework that are crucial for a more comprehensive explanation of social reality. The coherence of these two concepts can be analytically revealed to show the socio-cultural relationships that influence the social practices of individuals and society. Furthermore, these two concepts help analyze the role structures inherent in society in the context of community empowerment. Therefore, social capital and social roles serve as a theoretical basis for analyzing community empowerment, aggregated by the Kader Surabaya Hebat (KSH) to strengthen social roles in addressing stunting issues in the community.

Social capital is the accumulation of interdependent networks, norms, and beliefs to achieve a particular goal (Häuberer 2011). Social capital is the accumulation of resources in social relations that encourage individuals or groups to be more effective in carrying out social practices through the support of networks, norms, and values (Coleman 1988). The primary substance contained in social capital is always related to networks, norms, and mutually integrated trust (Putnam 1994). In this case, there are three types of social capital inherent in society, namely (1) Bonding Social Capital: Bonds between individuals and

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homogeneous groups, (2) Bridging Social Capital: Networks that connect differentiated groups in terms of ethnicity, religion, profession, and geography, (3) Linking Social Capital: Vertical networks that connect individuals or communities with authoritative structures (Putnam 2000).

Social roles are a fundamental theoretical framework that bridges individuals' structure and actions to confirm a particular social position (status). The relevance of social role theory to social reality lies in the dimensions of everyday social practices inherent in interaction, negotiation, and conflict. Sociologically, this is embedded in the classical paradigm developed by Mead, Parsons, and Merton (Crothers 2004; Stryker 2008; Williams 2005). Where social roles are manifested in the expectations of individuals or external groups toward individuals with social status. However, these social roles are also substantially elaborated by Goffman with a dramaturgical perspective that emphasizes impression management in social interactions (Jones et al. 2010). From a more contemporary perspective, social roles are also related to the habitus of individuals or groups, which reflects social practices within society.

In practice, social role theory can be used to analyze the roles of individuals or groups in carrying out everyday social practices. Furthermore, utilizing social role theory allows us to examine various social phenomena, from role tensions within organizations, gender-based division of labor patterns, the marginalization of people with disabilities, to the formation of self-identity in situations of poverty. Several recent studies have emphasized the limitations of this approach because it often focuses on social structures rigidly and fails to capture the power dynamics at work within them. In the context of contemporary society shaped by digitalization, job instability, and rapid social change, this critique becomes increasingly relevant. Therefore, recent literature encourages integrating perspectives from identity

theory, structural theory, and critical approaches to better reflect the complexities of modern life.

Methods

This study uses an explanatory sequential mixed-methods approach that seeks to integrate quantitative and qualitative methods. Technically, this study began with a quantitative survey of *Kader Surabaya Hebat* (KSH) to assess their knowledge, attitudes, and practices (KAP) regarding stunting. Next, a focus group discussion (FGD) was conducted to deepen the survey findings and gain a holistic understanding of the social context, empowerment mechanisms, barriers, and integrative perspectives of KSH on stunting. Using this method, the study results will provide a comprehensive description of KSH's knowledge, attitudes, and practices regarding stunting.

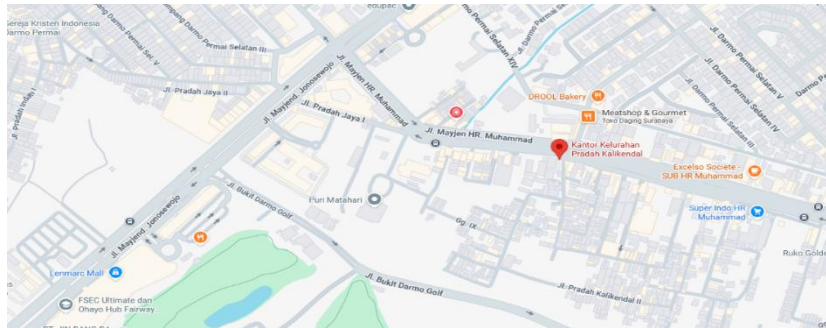


Figure 1. Pradah Kalikendal Sub-District, Dukuh Pakis District, Surabaya City
Source: Google Maps (2025)

Pradah Kalikendal Sub-District, Dukuh Pakis District, Surabaya City, served as the study site. Pradah Kalikendal Village is one of the areas in Surabaya City with a large number of KSH, and this is reflected in a range of substantial programs. Among them is a stunting alleviation program that covers residents from low socio-economic status to disability groups. KSH itself is a representation of the community that helps the government collect data to reduce technical-level problems. This study has 50

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respondents who were determined using purposive sampling with inclusion criteria, namely (1) active as KSH for at least 6 months, (2) willing to fill out questionnaires and participate in FGDs, and (3) representing at least 3 different RT/RW in Pradah Kalikendal District, Surabaya City.

In this case, 8 survey respondents were selected to participate in a focus group discussion (FGD) to refine the data through the perspectives and group dynamics of KSH. The FGD was conducted after the survey results were curated and used as an additional instrument to deepen the findings in the research data.

In the quantitative phase, this study examines the relationship between KSH Knowledge (X) and Stunting Prevention Practices (Y). The independent variable, KSH Knowledge, was operationalized through several indicators, including participants' understanding of stunting, its causes, impacts, and prevention strategies. The dependent variable, Stunting Prevention Practices, was measured using indicators such as nutritional practices, hygiene behaviors, child care practices, and participation in health-related activities.

SPSS version 12 was used exclusively for descriptive statistical analysis, including frequencies, percentages, means, medians, and standard deviations of respondents' answers. The analysis was limited to summarizing and organizing quantitative data without applying inferential statistical tests. These descriptive results functioned as a preliminary mapping of KSH Knowledge (X) and Stunting Prevention Practices (Y), providing an empirical basis for selecting FGD participants and guiding the qualitative exploration in the subsequent phase of the explanatory sequential mixed-methods design.

Qualitative data were analyzed using a thematic analysis approach (Braun & Clarke 2006). The analysis was conducted through the following stages: data familiarization, initial coding,

category formation, and identification of key themes related to cadre empowerment, social support mechanisms, structural and cultural barriers, and local strategies for stunting prevention. Triangulation was conducted by comparing survey and FGD findings to strengthen the validity of the interpretation. Quantitative-qualitative integration was conducted at the interpretation stage using a convergence matrix to distinguish data that supported, complemented, or showed inconsistencies. The results of this integration formed the basis for policy recommendations and strategies to empower *Surabaya Hebat* cadres in stunting prevention.

Discussion and Findings

The Perspective of KSH on the Stunting Issue: Univariate Analysis

The KSH is a social representation in Surabaya that provides technical and social assistance to the community. Therefore, the community empowerment process for KSH must be built on a positive, constructive social foundation. To understand KSH's perspective and social paradigm, a methodological survey was conducted. The survey instrument covered the social context within the community related to stunting, which created a dichotomy of perspectives at the technical level.

Table 1. Stunting is a condition in which children fail to grow due to long-term malnutrition

| Answer | Frequency (F) | Percentage (%) |
|--------------------------|----------------------|-----------------------|
| Strongly Disagree | 1 | 2% |
| Disagree | 2 | 4% |
| Neutral | 0 | 0% |
| Agree | 7 | 14% |
| Strongly agree | 40 | 80% |
| Total | 50 | 100% |

Source: Author's Analysis

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Table 1 shows that the majority of respondents had an excellent understanding of the definition of stunting. Eighty percent of respondents strongly agreed, and 14% agreed, that stunting is a condition of growth failure caused by chronic malnutrition. Only six percent disagreed or strongly disagreed. No respondents were neutral. These findings indicate that cadres have strong fundamental knowledge of the concept of stunting.

Table 2. Stunting is caused by the genetic factors of parents

| Answer | Frequency (F) | Percentage (%) |
|--------------------------|---------------|----------------|
| Strongly Disagree | 30 | 60% |
| Disagree | 11 | 22% |
| Neutral | 5 | 10% |
| Agree | 3 | 6% |
| Strongly agree | 1 | 2% |
| Total | 50 | 100% |

Source: Author's Analysis

Table 2 shows that 60% of respondents strongly disagreed and 22% disagreed, resulting in a total of 82% rejecting the notion that genetic factors cause stunting. Only 8% agreed or strongly agreed. This indicates that the majority of cadres have accurate knowledge that stunting is more related to nutritional, health, and environmental factors than to genetics.

Table 3. Children who experience stunting are at risk of experiencing cognitive development disorders

| Answer | Frequency (F) | Percentage (%) |
|--------------------------|---------------|----------------|
| Strongly Disagree | 2 | 4% |
| Disagree | 1 | 2% |
| Neutral | 3 | 6% |
| Agree | 9 | 18% |
| Strongly agree | 35 | 70% |
| Total | 50 | 100% |

Source: Author's Analysis

Table 3 shows that the majority of respondents understand the long-term impact of stunting on cognitive development. Seventy percent strongly agree, and 18% agree, for a total of 88% with a good understanding. Only a small percentage (12%) are neutral or disagree. This demonstrates the cadres' awareness of the serious consequences of stunting.

Table 4. If a baby is born with low birth weight, the risk of stunting cannot be prevented

| Answer | Frequency (F) | Percentage (%) |
|--------------------------|---------------|----------------|
| Strongly Disagree | 28 | 56% |
| Disagree | 8 | 16% |
| Neutral | 6 | 12% |
| Agree | 5 | 10% |
| Strongly agree | 3 | 6% |
| Total | 50 | 100% |

Source: Author's Analysis

Table 4 reflects that the majority of respondents rejected this misconception. 56% strongly disagreed, and 16% disagreed, meaning 72% acknowledged that stunting can still be prevented even if a baby is born with low birth weight. Only 16% agreed or strongly agreed. This finding indicates that cadres have a reasonably accurate understanding of stunting prevention in at-risk groups.

Table 5. Nutritional fulfillment of pregnant women affects the risk of stunting

| Answer | Frequency (F) | Percentage (%) |
|--------------------------|---------------|----------------|
| Strongly Disagree | 1 | 2% |
| Disagree | 2 | 4% |
| Neutral | 1 | 1% |
| Agree | 8 | 16% |
| Strongly agree | 38 | 76% |
| Total | 50 | 100% |

Source: Author's Analysis

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Table 5 shows that the majority of respondents understand the importance of maternal nutrition in preventing stunting. Seventy-six percent strongly agree, 16% agree, and only 6% disagree. This finding demonstrates cadres' high awareness of prenatal factors in stunting prevention.

Table 6. Washing hands with soap plays a role in preventing stunting

| Answer | Frequency (F) | Percentage (%) |
|--------------------------|---------------|----------------|
| Strongly Disagree | 3 | 6% |
| Disagree | 4 | 8% |
| Neutral | 4 | 8% |
| Agree | 12 | 24% |
| Strongly agree | 27 | 54% |
| Total | 50 | 100% |

Source: Author's Analysis

Table 6 highlights significant recognition of the importance of hygienic practices. 54% strongly agreed, and 24% agreed, for a total of 78% who understood that sanitation and hygiene play a role in stunting prevention. The remaining 22% were neutral or disagreed, indicating the continued need for strengthened education regarding the role of recurrent infections in triggering stunting.

Table 7. Stunting only occurs in poor families

| Answer | Frequency (F) | Percentage (%) |
|--------------------------|---------------|----------------|
| Strongly Disagree | 32 | 64% |
| Disagree | 6 | 12% |
| Neutral | 4 | 8% |
| Agree | 5 | 10% |
| Strongly agree | 3 | 6% |
| Total | 50 | 100% |

Source: Author's Analysis

Table 7 shows that most respondents rejected this statement. 64% strongly disagreed, and 12% disagreed, resulting in a total of

76% understanding that stunting can occur in various social groups. Only 16% disagreed. This indicates a good understanding of the multidimensional factors of stunting.

Table 8. Exclusive breastfeeding for six months reduces the risk of stunting

| Answer | Frequency (F) | Percentage (%) |
|-------------------|---------------|----------------|
| Strongly Disagree | 2 | 4% |
| Disagree | 1 | 2% |
| Neutral | 3 | 6% |
| Agree | 9 | 18% |
| Strongly agree | 35 | 70% |
| Total | 50 | 100% |

Source: Author's Analysis

Table 8 shows that 70% of respondents strongly agreed and 18% agreed, for a total of 88%. This figure reflects a high level of awareness of the benefits of exclusive breastfeeding. Only 12% were neutral or disagreed. This knowledge is crucial for cadre education strategies in the field.

Table 9. Stunting can impact productivity as an adult

| Answer | Frequency (F) | Percentage (%) |
|-------------------|---------------|----------------|
| Strongly Disagree | 4 | 8% |
| Disagree | 6 | 12% |
| Neutral | 5 | 10% |
| Agree | 10 | 20% |
| Strongly agree | 25 | 50% |
| Total | 50 | 100% |

Source: Author's Analysis

Table 9 shows that half of the respondents (50%) strongly agreed and 20% agreed, indicating that 70% recognized that stunting affects long-term productivity. The other 30% had less understanding. This indicates the need to strengthen information regarding the long-term economic impact of stunting.

Table 10. Stunting can be corrected entirely after the age of three years

| Answer | Frequency (F) | Percentage (%) |
|-------------------|---------------|----------------|
| Strongly Disagree | 25 | 50% |
| Disagree | 10 | 20% |
| Neutral | 6 | 12% |
| Agree | 5 | 10% |
| Strongly agree | 4 | 8% |
| Total | 50 | 100% |

Source: Author's Analysis

Table 10 shows that the majority of respondents rejected this assumption. 50% strongly disagreed, and 20% disagreed, meaning 70% understood that stunting interventions have a critical time limit (the golden period). However, 18% still agreed or strongly agreed. Further education is needed regarding the importance of early intervention before the age of two.

Table 11. Sanitation quality affects the risk of stunting

| Answer | Frequency (F) | Percentage (%) |
|-------------------|---------------|----------------|
| Strongly Disagree | 3 | 6% |
| Disagree | 5 | 10% |
| Neutral | 4 | 8% |
| Agree | 15 | 30% |
| Strongly agree | 23 | 46% |
| Total | 50 | 100% |

Source: Author's Analysis

Table 11 shows that the majority of respondents (46% strongly agree and 30% agree, totaling 76%) understand that poor sanitation increases the risk of stunting. Only 24% were neutral or disagreed. This demonstrates a strong awareness of the environment's role in children's health.

Table 12. Stunting only occurs in rural areas

| Answer | Frequency (F) | Percentage (%) |
|-------------------|---------------|----------------|
| Strongly Disagree | 22 | 44% |

| | | |
|-----------------------|----|------|
| Disagree | 8 | 16% |
| Neutral | 6 | 12% |
| Agree | 8 | 16% |
| Strongly agree | 6 | 12% |
| Total | 50 | 100% |

Source: Author's Analysis

Table 12 shows that more than half of the respondents rejected this statement (44% strongly disagreed and 16% disagreed). However, another 40% responded with neutral to agreement. This finding suggests a persistent misconception that stunting is confined to rural areas. Therefore, cadres need to be provided with a more comprehensive understanding that stunting is transnational, including in urban areas like Surabaya.

Table 13. Monitoring of growth and development at the integrated health post has no effect

| Answer | Frequency (F) | Percentage (%) |
|--------------------------|----------------------|-----------------------|
| Strongly Disagree | 18 | 36% |
| Disagree | 10 | 20% |
| Neutral | 6 | 12% |
| Agree | 10 | 20% |
| Strongly agree | 6 | 12% |
| Total | 50 | 100% |

Source: Author's Analysis

Table 13 shows that the majority of respondents rejected this statement (36% strongly disagreed and 20% disagreed). A total of 56% understood the importance of monitoring at integrated health posts (Posyandu). However, 32% agreed or strongly agreed that Posyandu had no impact, indicating a knowledge gap that needs to be addressed in cadre training.

This univariate table demonstrates that the KSH's understanding of stunting is relatively reasonable and positive. KSH analyzed the various societal implications of stunting. Furthermore, KSH was able to describe the characteristics and

background of stunting in children. However, several misconceptions or inaccuracies regarding the reality of stunting in the community were still identified. This led to the emergence of a differentiated perspective as an instrument for further exploration in the FGD.

Cultural Dynamics in KSH in Responding to Stunting

The KSH is the government's spearhead in providing support and monitoring to the community. However, this will lead to inequitable action if the KSH lacks comprehensive knowledge of stunting issues. Stunting is a multidimensional problem, so the literacy and knowledge of both KSH (specifically) and the community (in general) must continue to evolve to reflect the times. This is the social context that needs to be explored in the FGD sessions.

The KSH's comprehensive argumentation reflects the perspective on stunting. KSH can explain that stunting is a problem in child development and growth due to malnutrition. This can be seen from shorter height than average children to lower cognitive abilities. However, some KSHs do not fully understand KSH. This is evident in the FGD excerpt below:

“Yes, I think stunting is a disease that's difficult to cure. So, it is like people with dwarfism or short stature, sir. Uh, that is what it is like, right? That is what it seems like, if I am not mistaken. But, as far as I know, children who have difficulty growing are definitely stunted,” (Ms. Siti, KSH, FGD, 2025).

The above findings illustrate that stunting can be interpreted incompletely by KSH, who lack adequate literacy. They view stunting solely as a single indicator: short stature. However, stunting is also associated with other factors, including low body weight, delayed development, and increased susceptibility to disease. This low literacy and socialization of stunting impacts KSH's lack of holistic knowledge about stunting.

The paradigmatic perspective of KSH is also reflected in the misconception that genetic factors are a determinant of stunting in children. However, according to survey results, 82% of KSH already know that there is no correlation between genetics and stunting. However, the public often has fundamental misunderstandings regarding this issue. This was conveyed in the FGD below:

"Parents often say that my child is short because of heredity. But we also explain that stunting is distinct from genetic issues. Honestly, even though our community lives in the city, their understanding is indeed lacking. So, we try to clarify any misunderstandings in the field," (Ms. Reni, KSH, FGD, 2025).

KSH also tends to have an excellent understanding of the implications for the future productivity of stunted children, to the extent that stunting can be prevented, even in low birth weight (LBW) infants. This is significant, as some KSH still lack a thorough understanding of LBW infants, an issue that can be optimized through regular, consistently monitored nutrition. This is conveyed in the following narrative:

"Yes, that is right. I also have several mothers here who are still unfamiliar with the term LBW babies. I think that is normal, sir, because we use the term for thin and small babies. However, LBW babies are indeed susceptible to stunting. However, this can be prevented by maintaining nutritional support. We always accompany the parents and provide what is needed, such as socialization and motivation, sir. The point is, they must be monitored frequently," (Ms. Dwi, KSH, FGD, 2025).

From several points raised in the FGD, it appears that the KSH (Children's Empowerment and Child Protection) community's understanding of stunting is quite good. This relates to the definition, causes, risks, impacts, and strategies that must be

implemented. However, cultural dynamics remain related to: (1) low nutritional literacy among mothers, (2) environmental sanitation challenges, (3) myths surrounding dietary patterns, and (4) irregular community attendance at integrated health posts (*Posyandu*). Therefore, KSH has a strategy to optimize its role through its social capital to effectively reduce stunting in the community.

The Role of KSH and Social Capital in Addressing Stunting

The KSH has become the backbone of the government, helping the community become more empowered, self-reliant, and independent. In this context, KSH utilizes social capital as an integral basis for addressing stunting. From a sociological perspective, social capital is the accumulation of interdependent networks, norms, and trust to achieve a specific goal (Häuberer 2011). Social capital is the accumulation of resources in social relations that encourage individuals or groups to be more effective in carrying out social practices through the support of networks, norms, and values (Coleman 1988). This study found that social reality is constructed by social capital articulated through KSH's role in addressing stunting.

First, KSH plays an educational role, positively impacting the community. According to data, KSH consistently provides education and information on infant nutrition, exclusive breastfeeding, and clean-living practices. Furthermore, KSH also acts as a social instrument that bridges information and government programs to the community. These two programs are manifestations of social capital that amplify networks into positive social practices, helping break the chain of stunting in the community. *Second*, KSH demonstrates a role as a community health monitor. This is reflected in KSH, which measures infants' height and records data. Furthermore, KSH also plays a role in identifying children at risk of stunting.

Third, KSH plays a social role in providing support to communities. In this case, KSH routinely assists families with malnourished babies through intensive mentoring. This mentoring can be manifested in intensive monitoring and dialogue regarding stunting issues. On the other hand, KSH also plays a role in mobilizing the community to participate in health programs, such as integrated health posts (Posyandu), mothers' classes, and other positive activities. This builds substantial social capital to address stunting issues. *Fourth*, KSH advocates for community aspirations and concerns regarding health issues. In fact, KSH serves as a connector among the community, health centers, and the government, which are integrated symmetrically to mitigate stunting. In addition to addressing health issues, KSH also identifies structural barriers in the community, such as socioeconomic factors and access to government programs.

Fifth, KSH plays an empowering role, which is implicitly fundamental to community empowerment. In this case, KSH aims to develop communities that are independent and understand their potential to grow significantly. Empowerment means changing the community's negative attitudes and behaviors into positive ones. This is what KSH does through integrative training and discussions to emancipate the community as empowered social subjects. With this, there are five roles of KSH in stunting alleviation, namely (1) educational role, (2) health monitoring role, (3) social role and community support, (4) advocacy role, and (5) empowerment role.

Table 14. The Role of KSH in Alleviating Stunting in Surabaya City

| Role | Program |
|-------------------------|---|
| Educational Role | <ul style="list-style-type: none">• Basic nutrition education and parenting patterns• Education-information bridge from the government |

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| | |
|---|--|
| The Role of Health Monitoring | <ul style="list-style-type: none"> • Recording and reporting on child development • Detecting the risk of stunting in children |
| Social Roles and Community Support | <ul style="list-style-type: none"> • Assistance for at-risk and vulnerable families • Mobilization of community participation |
| The Role of Advocacy | <ul style="list-style-type: none"> • Liaison between the community, health center, and government • Identifying structural barriers in society |
| The Role of Empowerment | <ul style="list-style-type: none"> • Facilitating family independence • Measurable empowerment in the community |

Source: Author's Analysis

Table 14 shows the social capital of the Community Empowerment Fund (KSH) contextualized into various roles within the KSH in addressing the stunting problem in Surabaya. Social capital, as an integrative basis represented by the amplification of networks, values, and norms, serves as a positive instrument for the KSH. The role of the KSH demonstrates the significance of the KSH's values and highly functional structure. Furthermore, the KSH also reflects a development paradigm oriented toward community collectivity, aligned with the principles of inclusive development. Therefore, the KSH, as a government social tool, has successfully assisted the community across sectors, including health, social services, the environment, and disaster coordination.

Discussion

The KSH represents a social group in Surabaya, embracing values and principles that support the government in advancing and consolidating the community toward a better future. This study demonstrates that KSH has a comprehensive, positive understanding of stunting across its broad dimensions. This also aligns with the community-initiated stunting eradication model, which aims to mobilize the community as an integral foundation for breaking the chain of stunting (Prayitno et al. 2025). A study by Prayitno et al. (2025) shows that community deliberation grounded in innovation fosters health-conscious behavior. Open (inclusive) innovation led by the community (peer groups, health workers, and local institutions) can accelerate positive behavioral change (Prayitno et al., 2025).

KSH demonstrates a social role strengthened by social capital, encompassing various social roles. Among these, KSH plays an educational and mentoring role in the community. This study demonstrates that KSH serves as a government instrument for socializing and internalizing values and understanding the factors driving stunting in the community. This aligns with the study Yusriadi et al. (2024) where the community itself is the driving force in realizing the principle of inclusive health for all, particularly regarding stunting. However, collaboration and synergy between village governments and communities are also key to unraveling the negative implications of stunting. Furthermore, targeted interventions, increased public education campaigns, logistical distribution, and cultural integration are fundamental to reducing stunting (Yusriadi et al. 2024). However, this study did not explicitly demonstrate the significance of social organizations, which represents a research gap compared with recent studies.

On the other hand, KSH also plays an advocacy role, bridging community aspirations and concerns, particularly those

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related to the socio-health dimension. In this regard, KSH provides a space for communities experiencing problems to engage in dialogue with KSH. Afterward, the community's aspirations are conveyed to the community for follow-up. This is in line with studies by Pelletier et al. (2013), which advocate that advocating for health issues is a democratic bridge to realizing the good of society. The study provides a contextual narrative that the governments of Uganda, Vietnam, and Bangladesh also implement health-stunting advocacy. If health-stunting advocacy is prepared proportionally, stunting reduction through the SUN (Scaling Up Nutrition) movement can be effectively implemented (Pelletier et al. 2013). Therefore, accelerating the reduction of stunting is a national effort involving multisectoral policies, programs, and communities. This is what the Surabaya City Government is attempting to formulate through the KSH program.

In principle, KSH provides a community service role aimed at raising public awareness about health and stunting. KSH also implements integrative training and discussions to empower communities as empowered social subjects. This aligns with studies from Kemal & Iip Permana (2025) that community empowerment is a gradual process that builds awareness and facilitates community independence. However, the study also highlights various obstacles, including low participation, limited facilities, and socio-cultural constructs within the community (Kemal & Iip Permana 2025). The study used a Systematic Literature Review (SLR) method, so the approach based on primary data was insignificant. This study further confirms that community empowerment is the primary principle guiding KSH's actions and the formulation of stunting reduction programs in Surabaya.

Conclusion

This study found that the KSH have a good knowledge of health and stunting information. This knowledge, coupled with balanced diet knowledge, growth and development monitoring, and an understanding of stunting risk factors, enables KSH to provide targeted interventions for at-risk families. KSH's social capital supports five key roles in stunting management efforts: education, health monitoring, social and community support, advocacy, and empowerment. Through this social capital, KSH can enhance cross-sectoral collaboration and serve as a bridge between community aspirations and government programs. This study demonstrates that KSH's high level of knowledge, together with their multifaceted social roles, is important for managing stunting. However, to reach their full potential, efforts are needed to strengthen cadre capacity, provide institutional support, and ensure that policies account for existing structural constraints.

Despite these contributions, this study has several limitations. First, the relatively small number of respondents limits the generalizability of the findings. Second, the study is situated within a specific local context, which may not fully represent conditions in other regions with different socio-cultural and institutional characteristics. Therefore, the findings should be interpreted as context-specific rather than universally generalizable. Future research is recommended to involve larger and more diverse samples, as well as comparative studies across different regions, to strengthen the external validity of the findings and further examine the relationship between KSH Knowledge (X) and Stunting Prevention Practices (Y).

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