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Local Welfare Governance and Capability Deprivation in Stunting Policy: A Case Study of the PMT program in Rural Indonesia

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Abstract

Stunting remains a persistent public health challenge in Indonesia despite the long-standing implementation of nutrition-based interventions. This study examines the Program Pemberian Makanan Tambahan (supplementary feeding) (PMT) not merely as a nutritional intervention, but as a form of local welfare delivery that reflects the governance capacity of the state and its interaction with community actors. Drawing on the capability approach and welfare mix perspectives; this study explores how PMT is enacted in practice and why its impact on stunting reduction remains limited in a rural setting. Using a qualitative case study design in Desa Grajagan, Banyuwangi, data were collected through in-depth interviews with posyandu cadres and parents of toddlers, participant observation of posyandu activities, and document analysis, and analyzed using thematic coding within an interactive analytical framework. The findings reveal layered capability deprivations across micro, meso, and macro levels: low awareness, stigma, and inappropriate feeding practices constrain households' conversion of resources into healthy functioning; uneven training, weak growth monitoring, and limited supervision undermine frontline capacity; and poor coordination, inadequate facilities, and minimal evaluation reduce PMT to an administrative routine. The study argues that PMT exemplifies a thin local welfare state, in which the state's presence is largely formal while substantive welfare responsibilities are devolved to communities without adequate capacity building. Theoretically, this research reframes stunting as a manifestation of capability deprivation embedded in local welfare governance rather than solely a nutritional deficit, and calls for policy approaches that strengthen orchestration, agency, and institutional capacities to enable sustainable improvements in child well-being.

Kata Kunci:
Stunting,
Pemberian Makanan Tambahan,
Tata Kelola Kesejahteraan Lokal,
Deprivasi Kapabilitas

Abstrak

Stunting masih menjadi persoalan kesehatan masyarakat yang persisten di Indonesia meskipun berbagai intervensi berbasis gizi telah lama diimplementasikan. Penelitian ini mengkaji Program Pemberian Makanan Tambahan (PMT) tidak semata-mata sebagai intervensi gizi, melainkan sebagai bentuk penyelenggaraan kesejahteraan lokal yang merefleksikan kapasitas tata kelola negara serta interaksinya dengan aktor-aktor komunitas. Berangkat dari pendekatan kapabilitas dan perspektif welfare mix, penelitian ini bertujuan untuk menelaah

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bagaimana PMT dijalankan dalam praktik serta menjelaskan mengapa dampaknya terhadap penurunan stunting masih terbatas di wilayah perdesaan. Penelitian ini menggunakan desain studi kasus kualitatif yang dilaksanakan di Desa Grajagan, Kabupaten Banyuwangi. Data dikumpulkan melalui wawancara mendalam dengan kader posyandu dan orang tua balita, observasi partisipatif terhadap aktivitas posyandu, serta analisis dokumen kebijakan dan pelaksanaan program. Data dianalisis menggunakan teknik pengodean tematik dalam kerangka analisis interaktif. Temuan penelitian menunjukkan adanya lapisan deprivasi kapabilitas pada tingkat mikro, meso, dan makro. Pada tingkat mikro, rendahnya kesadaran, stigma sosial, serta praktik pemberian makan yang tidak tepat membatasi kemampuan rumah tangga dalam mengonversi sumber daya menjadi keberfungsian kesehatan yang optimal. Pada tingkat meso, pelatihan yang tidak merata, lemahnya pemantauan pertumbuhan, dan minimnya supervisi melemahkan kapasitas pelaksana di tingkat garis depan. Sementara itu, pada tingkat makro, lemahnya koordinasi antar lembaga, keterbatasan sarana prasarana, serta evaluasi program yang minim menjadikan PMT cenderung tereduksi sebagai rutinitas administratif semata. Penelitian ini berargumen bahwa PMT merepresentasikan bentuk thin local welfare state, di mana kehadiran negara bersifat formalistik, sementara tanggung jawab kesejahteraan substantif dialihkan kepada komunitas tanpa dukungan penguatan kapasitas yang memadai. Secara teoretis, studi ini merekonseptualisasikan stunting sebagai manifestasi deprivasi kapabilitas yang tertanam dalam tata kelola kesejahteraan lokal, bukan semata-mata sebagai persoalan kekurangan gizi. Oleh karena itu, penelitian ini menekankan perlunya pendekatan kebijakan yang memperkuat fungsi orkestrasi negara, agensi aktor lokal, serta kapasitas institusional guna mendorong perbaikan kesejahteraan anak yang berkelanjutan.

INTRODUCTION

The eradication of stunting-which has thus far focused on establishing regulations and various intervention programs at the micro level-has not effectively contributed to the goal of empowerment, given the limited social and institutional resources at the local level. Normatively, national nutrition policy positions families as the primary agents of change through education, integrated services, and community-based interventions (Kementerian Kesehatan Republik Indonesia, 2011). However, empirically, stunting remains a persistent problem in many regions, including Indonesia, with a national prevalence of 21.6% in 2022 (Setiyawati et al., 2024). In Banyuwangi Regency, the stunting rate even increased from 8.1% in 2019 to 21.9% in 2023 (Banyuwangi Satu Data, 2023). This situation reveals a gap between the normative objectives of the policy and the reality of its implementation in the field. Stunting can no longer be understood solely as an individual nutritional deficit but must be viewed as a problem related to systemic capacity, actor relationships, and families' ability

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to utilize services. This gap presents both an academic and practical challenge in the study of stunting.

Building on these gaps, prior research has advanced our understanding of stunting, particularly regarding individual determinants and the effectiveness of program implementation. Three key trends emerge in this body of work. First, studies emphasize family determinants-such as mothers' nutritional knowledge, parenting practices, and household conditions-as primary explanations for variations in stunting rates, thereby centering analysis on the behaviors and health statuses of mothers and children (Haryanti et al., 2024; Putri et al., 2025; Wulandari et al., 2025). Second, policy implementation research highlights governance capacity, cross-sectoral convergence, and multi-level coordination as critical factors in accelerating stunting reduction (Herawati & Sunjaya, 2022; Sufri et al., 2024; Supranoto et al., 2025). Third, investigations focus on strengthening frontline services through cadre/CHW training and growth monitoring as pivotal to improving intervention outcomes (Chairiyah et al., 2025; Miranda et al., 2024; Sukmawati et al., 2025). Nonetheless, interpretations of programs as local welfare practices that embody state capacity and community interactions remain underexplored.

This study analyzes the implementation of the Pemberian Makanan Tambahan (Supplementary Feeding) (PMT) program in Grajagan Village as a local welfare initiative facing multiple challenges at the family, implementer, and systemic levels. Specifically, it examines how low awareness, stigma, and mothers' educational backgrounds contribute to families' limited ability to access PMT and posyandu services. Furthermore, it explores the limitations of posyandu cadres' capabilities as frontline actors, particularly in terms of training, growth monitoring using KMS, and support from health workers. At the macro level, the study investigates weak inter-agency coordination, inadequate facility support, and ineffective evaluation mechanisms that reduce PMT to a routine administrative service. The objective is to identify the constellation of obstacles limiting PMT's effectiveness in combating stunting in Grajagan Village, Banyuwangi.

This study argues that PMT in Grajagan Village cannot be understood solely as a nutritional intervention but rather as a context for producing local welfare-one that reveals power relations, actor capacities, and the limitations of state governance. From the capability approach, stunting emerges as a manifestation of capability deprivation, where resources fail to translate into valuable functioning due to social and institutional constraints (Nussbaum, 2000; Sen, 1993). Within the welfare mix framework, PMT practices demonstrate state, community, and family involvement lacking adequate coordination, thereby shifting substantive

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welfare responsibilities to local actors ((Evers, 1995). This arrangement highlights the state's formal yet substantively weak role in fostering welfare capacity (Jessop, 2002). Consequently, stunting in Grajagan reflects not only nutritional deficits but also deficiencies in local welfare governance that limit the expansion of family capabilities.

LITERATURE REVIEW

Local Welfare Governance in Stunting Policy

Stunting policy at the local level is understood as a matter of welfare governance capacity rather than merely the technical effectiveness of nutritional interventions. Numerous studies link program success to local governments' ability to coordinate cross-sectoral actors through convergence and service integration mechanisms. For example, analyses of implementation in Indonesia highlight the pivotal role of local leadership and multi-level coordination (Herawati & Sunjaya, 2022; Sufri et al., 2024). A UNICEF (2023) evaluation further confirms that the performance of stunting policies largely depends on subnational governance design and practices. From this perspective, stunting reflects deficiencies in local welfare orchestration, where national programs rely on the capacity of village and district institutions to translate policies into everyday service delivery.

The literature on stunting governance often attributes problems to deficits in procedural coordination, overlooking welfare relations as arenas where power and responsibility are distributed. Several studies reveal that decentralization frequently leads to actor fragmentation and entrenched administrative routines, even within established coordination structures, as demonstrated in analyses of local policy implementation dynamics (Supranoto et al., 2025). This pattern frames local welfare governance primarily as a managerial issue, while the state's substantive role—or lack thereof—in strengthening community actors' capacities remains underexplored. Consequently, the relational aspects of welfare practice have yet to become central to analyses of stunting intervention failures.

Frontline Welfare Delivery and the Role of Cadres in Program Implementation

The effectiveness of stunting interventions largely depends on frontline actors' ability to translate policies into practical services for families. Numerous studies have shown that training cadres or community health workers improves growth monitoring and nutrition counseling, as demonstrated in interventions across various developing contexts (Miranda et al., 2024; Sudfeld et al., 2021). Experimental research further confirms that the quality of growth monitoring and the intensity of mentoring influence changes in parenting behaviors (Fink et al., 2017). Within this framework, cadres serve as the primary link between the health system and households,

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making program success highly dependent on their knowledge, skills, and support.

Much of the literature frames cadres as operational solutions, without sufficiently examining the structural constraints that limit their effectiveness. Several studies report inconsistent impacts on stunting indicators, even after enhancing cadre capacity, particularly in contexts of weak supervision and systemic support (Shonchoy et al., 2023; Sudfeld et al., 2021). Community-based evaluations in Indonesia similarly confirm that cadre performance depends on cross-actor collaboration and local governance (Beatty et al., 2024). From a research perspective, this pattern highlights how the responsibility for program success is placed on frontline actors, while the state's role in fostering a supportive welfare ecosystem receives limited analytical attention.

Capability Deprivation in Stunting and Child Health Policy

Stunting is increasingly understood as a failure to expand families' real freedoms to achieve healthy child growth, rather than merely a lack of nutritional intake. The capability approach literature posits that resources are meaningful only when they can be converted into valuable life practices, with this conversion process constrained by social and institutional factors, as articulated in capability-based health studies (Mitchell et al., 2017). In the context of stunting, stigma, nutritional literacy, and relationships with service providers determine whether nutritional assistance translates into the anticipated child functioning.

However, most capability studies locate deprivation at the individual and caregiver levels without systematically linking it to local welfare governance. Efforts to develop caregiving capability models emphasize maternal agency in stunting prevention (Haisma et al., 2018), while operationalization studies incorporate this concept into evaluations of child policy (Chakraborty et al., 2024). However, this trajectory reveals a significant gap: capabilities are primarily framed as personal attributes, while the influence of institutions and state-community relations on family choices remains underexamined. This gap presents an opportunity to link capability deprivation with local welfare governance practices in stunting policy.

METHODS

This study's unit of analysis is the implementation of the Pemberian Makanan Tambahan (Supplementary Feeding) (PMT) program as a local welfare practice in Grajagan Village, Purwoharjo District, Banyuwangi Regency. The village was selected due to its high prevalence of stunting despite the PMT being implemented since 2012, making it a critical case for examining the gap between policy objectives and implementation realities. The PMT serves not only as a nutritional intervention but also as a platform for interactions among beneficiary families, posyandu cadres as frontline actors, village

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government institutions, and health services. This case thus enables an in-depth analysis of the micro-, meso-, and macro-level dynamics shaping the program's limitations. A single-case focus was adopted to capture the complexity of the social and institutional context, which comparative approaches or large-scale surveys often overlook.

This study employs a qualitative approach using an exploratory case study design. This method facilitates an in-depth understanding of the actors' experiences, practices, and meanings associated with PMT within its natural social context. Informants were purposively selected based on their direct involvement in the program: eight individuals, including three posyandu cadres (Informants 1-3), three parents of toddlers (Informants 4-6), and two PMT recipients/participants (Informants 7-8) (see Table 1).

Table 1. Research Informants

No.	Informant Code	Role	Date (s) of interview
1.	Informant 1	Posyandu Cadre	13 Feb 2025; 9 Apr 2025
2.	Informant 2	Posyandu Cadre	6 Mar 2025
3.	Informant 3	Posyandu Cadre	27 Mar 2025
4.	Informant 4	Parent of Toddler	27 Mar 2025
5.	Informant 5	Parent of Toddler	2 Feb 2025
6.	Informant 6	Parent of Toddler	27 Mar 2025
7.	Informant 7	Posyandu Recipient (PMT)	8 Apr 2025; 27 Mar 2025
8.	Informant 8	Posyandu Participant (PMT)	8 Apr 2025

Data collection took place between February and April 2025 through participatory observation of posyandu activities, semi-structured interviews with all informants, and a review of program materials and posyandu records. This triangulation of sources enabled a comprehensive understanding of both implementers' and beneficiaries' perspectives, while distinguishing between formal and informal practices in PMT implementation.

Data analysis followed the interactive model of Miles and Huberman (1984), encompassing data reduction, data display, and conclusion drawing/verification. Data reduction involved thematic coding of interview transcripts and observation notes to identify patterns of barriers at the family, cadre, and system levels. The data were then presented using matrices and analytical narratives, facilitating comparisons across categories and analytical levels. Conclusions were drawn iteratively through continuous verification against the raw data and the guiding theoretical framework. Validity was ensured through source triangulation (cadres, parents, documents) and methodological triangulation (interviews, observations, documentation), resulting in credible representations of field conditions and scientifically robust findings.

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RESULTS

Deprivation of Capabilities among Mothers and Families in the Implementation of the PMT Program: Between Low Awareness and Stigma

Low awareness among parents about stunting as a nutritional issue, combined with the shame associated with the label, poses a significant barrier to family participation in posyandu and PMT activities. In Grajagan Village, many parents consider thin children to be normal if they appear healthy and active, eliminating the perceived need for further examination. Informant 6 (2025) noted that some mothers reject the stunting label due to embarrassment and fear of community judgment. Consequently, affected parents often withdraw from posyandu activities rather than address the issue (Informant 5, 2025). This dynamic leaves at-risk children beyond the reach of available nutritional services, highlighting how low awareness and stigma are central aspects of the stunting problem in Grajagan Village.

Such limited awareness fosters feeding practices that are misaligned with children's age-specific nutritional needs. Data indicate that several mothers introduce rice or coarse porridge to infants under six months, believing it promotes satiety and longer sleep. Informant 4 (2025) affirmed that this is a generational norm within the community. Moreover, many parents consider the type of food irrelevant in the absence of illness. Informant 5 (2025) highlighted the widespread lack of knowledge among mothers regarding age-appropriate foods, resulting in diets that are ill-suited to toddlers' nutritional requirements. These habits reveal a direct link between erroneous feeding practices and parents limited educational backgrounds.

Low educational attainment among mothers further hinders their understanding of nutritional guidance and engagement with child health services. Field observations indicate that most mothers of stunted toddlers have only completed junior high school, resulting in limited knowledge of nutrition, complementary feeding, and growth monitoring. Informant 1 (2025) noted that many mothers adhere rigidly to traditional parenting methods, often disregarding advice from health workers. Informant 7 (2025) added that irregular prenatal check-ups among pregnant women leave maternal and fetal nutritional status unmonitored. This pattern is reflected in infrequent visits to posyandu (integrated health service posts) and reluctance to ask questions of healthcare providers. Ultimately, this lack of capability at the family level represents a significant barrier to eradicating stunting through the Supplementary Feeding Program (PMT) in Grajagan Village.

Limitations of Cadre Capabilities: Meso-Level Challenges in the Implementation of the Supplementary Feeding Program (PMT)

The success of the Supplementary Feeding Program (PMT) for children depends largely on

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the capabilities of frontline implementers, particularly posyandu cadres. Field findings reveal gaps in cadres' knowledge of PMT procedures. Informant 2 (2025) noted that training is provided to only select cadres, leaving others to rely on prior experience. New recruits often skip basic training, depending instead on brief guidance from senior cadres. Monthly meetings focus on routine tasks without incorporating capacity-building content, which undermines cadres' confidence in delivering nutritional education to mothers. As a result, the guidance provided remains superficial, limiting families' understanding of the nutritional needs of their children.

Cadres' insufficient knowledge of the program extends to tracking toddler development. Inaccurate use of the health Card (KMS) indicates technical deficiencies in growth monitoring. Observations recorded toddlers with stagnant weights over three to four months without any follow-up. Growth trajectories falling below the red lines went unnoticed, resulting in missed stunting identification. Informant 1 (2025) reported that cadres relied on visual assessments and assumptions-such as considering children from affluent families exempt from scrutiny-thereby undermining data-driven decision-making. This oversight delays the early detection of stunting.

Reliance on subjective observations, which statistically undermine growth tracking, results from insufficient supervisory support. Midwives and other health workers offer minimal guidance, limiting the technical and educational effectiveness of the cadres. Cadres reported infrequent involvement of midwives in mentoring or evaluation, hindering the transfer of medical knowledge. Informant 5 (2025) illustrated this issue: despite a child's stagnant weight, no explanations or examinations were conducted. Without robust oversight, posyandu routines deteriorate into habitual practices disconnected from data-driven assessments of child progress.

Limitations of the Supplementary Feeding Program (PMT) System: Weaknesses in Macro-Level Coordination Among Stakeholders

Inter-agency governance shortcomings highlight a reduced capacity for coordination in local welfare services. Cadres receive vague directives-such as weighing, vitamin administration, and food distribution-without detailed protocols. Informant 1 (2025) attributed this to weak linkages between village governments and health offices, forcing cadres to improvise. Informant 4 (2025) similarly noted that, in the absence of socialization mandates, community outreach efforts vary inconsistently. Consequently, PMT implementation depends on individual cadre interpretation, resulting in administrative burden rather than educational effectiveness.

This routinized service pattern diminishes PMT's potential as a venue for familial nutrition education. Informant 8 (2025) described post-weighing dispersals without supplementary

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insights. Moreover, stunted toddlers from affluent households are often excluded from recipient lists due to perceived economic ineligibility, revealing discrepancies between posyandu and puskesmas data. Consequently, PMT devolves into a monthly ritual rather than a tailored intervention, highlighting the need for more robust facilities and evaluations.

Resource scarcity and evaluative gaps reveal systemic weaknesses in village-level PMT delivery. Weighing scales often malfunction despite repeated replacement requests (Informant 3, 2025). The monotonous menu-consisting mainly of mung bean porridge and packaged milk-leads to child disinterest. Parents expressed concern over the lack of dialogic spaces to address child-specific issues. Informant 7 (2025) confirmed that both stunted and non-stunted toddlers receive uniform provisions, without differentiation. These limitations highlight PMT's systemic inability to support child-centered, coordinated services.

DISCUSSION

The implementation of PMT in Grajagan Village unfolded amid multiple constraints affecting families, implementers, and the program system. At the family level, low awareness of stunting-compounded by stigma and age-inappropriate feeding practices-limited engagement with nutritional services and utilization of posyandu. This pattern reflects mothers' limited education and reliance on traditional knowledge. At the implementer level, cadre capacities were hindered by inconsistent training, inadequate follow-up on growth monitoring, and insufficient oversight by health workers, thereby weakening educational outreach and early detection efforts. At the system level, weak inter-agency coordination, inadequate facilities, and the absence of evaluation mechanisms have reduced PMT to a routine administrative task. Collectively, these micro, meso, and macro level dynamics constrain the reach and effectiveness of village-level nutrition interventions.

The multifaceted challenges in implementing the Supplementary Feeding Program (PMT) in Grajagan Village-designed to combat stunting-reflect capability deprivation that arises not only from nutritional deficiencies but also from failures in welfare governance. As Amartya Sen (1993) and Martha Nussbaum (2000) argue, merely providing resources does not guarantee expanded functioning when social and institutional barriers prevent individuals from converting those resources into valued life practices. Prioritizing aid distribution over the development of agency in social interventions thus diverges from the essence of development as the expansion of substantive freedoms. Within this context, local welfare practices become arenas of power dynamics, where responsibilities are shifted to communities without adequate investment in their capabilities, reducing the state to a mere administrative overseer (Alkire & Deneulin,

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2009). This results in a "thin" welfare state: a formal state presence that fails to transform assistance into lasting freedoms for citizens.

The devolution of welfare responsibilities to the community level-without corresponding capacity building-results in a fragile local welfare system. In this context, the state assumes a primarily formal regulatory role, delegating substantive welfare tasks to under-resourced local actors who lack sufficient authority. This arrangement not only highlights the necessity of multi-actor involvement but also demonstrates how deficiencies in coordination undermine the transformative potential of interventions (Evers, 1995). These dynamics are far from merely technical; they reveal power asymmetries that position communities as the primary bearers of risk, thereby preserving the state's administrative legitimacy. Consequently, social interventions often function more as symbolic gestures than as catalysts for welfare transformation. This explains why the proliferation of programs rarely correlates with improved living conditions: welfare operates within structurally unequal frameworks (Jessop, 2002). Ultimately, this perspective affirms that the limitations of PMT stem from the relational architecture of local welfare, rather than from program design alone.

Unlike the prevailing literature on stunting-which frames the issue primarily in terms of nutritional behaviors or implementation efficacy-this study examines the relational architecture of local welfare. Research focusing on family determinants, such as maternal nutritional knowledge and parenting practices, positions households as the primary locus of change (Haryanti et al., 2024; Wulandari et al., 2025). However, these findings reveal that family capacities are shaped and constrained by interactions with proximate actors and structures. Similarly, policy implementation studies emphasizing cross-sectoral coordination and convergence (Herawati & Sunjaya, 2022; Sufri et al., 2024; Supranoto et al., 2025) tend to attribute challenges to technical governance shortcomings. In contrast, the present results demonstrate how gaps in orchestration perpetuate unequal power distributions within the welfare mix (Evers, 1995). Even cadre-strengthening initiatives (Chairiyah et al., 2025; Miranda et al., 2024; Sukmawati et al., 2025) gain nuance through evidence that, in the absence of robust state capacities, such efforts devolve into symbolic gestures rather than catalysts for substantive welfare transformation.

This study advocates shifting the analytical focus from program efficacy to interpreting PMT as a site of local welfare production. Theoretically, these findings enhance the capability approach by demonstrating that capability deprivation arises not only from individual or household constraints but also from the uncoordinated relational dynamics within the welfare mix. PMT exemplifies a "thin" welfare state at the local level: formally

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present yet failing to develop actors' substantive capacities to sustain everyday welfare. This contribution calls for stunting policy analyses to move beyond intervention design and isolated actor empowerment, instead examining how power relations, responsibility distributions, and orchestration mechanisms shape families' capability space. By framing nutritional interventions as local welfare governance practices, this research builds a theoretical bridge between stunting scholarship and broader discussions on welfare state transformations in the Global South.

CONCLUSION

Contrary to prevailing views that consider program implementation primarily in terms of nutritional intervention efficacy and strict adherence to health guidelines, this study uncovers a more complex reality. The limitations of the PMT program in Grajagan Village arise from a fragile local welfare framework, where capability deprivation occurs at multiple levels: within families, among implementers, and throughout the system. Low awareness and stigma within families, the limited capacities of cadres as frontline actors, and inadequate inter-agency coordination and systemic support result in an intervention that is administratively routine but substantively weak. In this context, PMT functions not merely as a tool for nutritional fulfillment but as a platform for local welfare production-revealing power dynamics, responsibility allocation, and coordination failures among stakeholders. These findings confirm that stunting extends beyond simple nutritional deficiencies, instead reflecting capability deprivation and a "thin" welfare state at the local level.

This analysis employed an interpretive qualitative approach that integrates multi-level scrutiny (micro-meso-macro) with capability and welfare mix frameworks, thereby illuminating relational and institutional aspects often overshadowed by technical metrics. This perspective reframes PMT not merely as a health initiative but as a form of local welfare governance that shapes the capability spaces of families and other actors. However, the study's focus on a single village limits the inclusion of quantitative nutritional metrics and long-term outcome assessments. Future research should validate these findings through cross-regional comparisons, mixed-methods designs, and longitudinal studies to clarify how local welfare configurations sustain nutritional improvements and capability expansions within Indonesia's stunting policy framework.

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