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# THE ROLE OF HUMAN DEVELOPMENT CADRES (KPM) IN STUNTING PREVENTION: A NONFORMAL EDUCATION PERSPECTIVE IN NORTH BENGKULU REGENCY

**Agus Eko SY[1], Puji Yanti Fauziah[2], Yudan Hermawan[3], Zakky Muhammad Noor[4]**
[1] Non Formal Education, Universitas Negeri Yogyakarta
Email: aguseko.2024@student.uny.ac.id
[2,3] Non Formal Education, Universitas Negeri Yogyakarta
Master of Commerce, The University of New South Wales, Australia

**Artikel info**

**Abstract.** Stunting masih menjadi tantangan utama dalam pembangunan manusia di Indonesia, terutama di komunitas pedesaan yang memiliki akses terbatas terhadap layanan kesehatan dan pendidikan gizi. Penelitian ini bertujuan untuk menganalisis peran Kader Pembangunan Manusia (KPM) dalam pencegahan stunting dari perspektif pendidikan nonformal di Kabupaten Bengkulu Utara. Pendekatan studi kasus kualitatif digunakan di Desa Karang Anyar dan Desa Talang Pasak. Data dikumpulkan melalui wawancara mendalam, observasi, dan dokumentasi yang melibatkan KPM, tenaga kesehatan, pejabat desa, dan keluarga penerima manfaat. Temuan menunjukkan bahwa KPM memainkan peran strategis tidak hanya sebagai pelaksana program kesehatan, tetapi juga sebagai fasilitator pembelajaran masyarakat, mediator sosial, dan agen perubahan perilaku. Melalui kegiatan pendidikan partisipatif, kunjungan rumah, dan bantuan gizi yang kontekstual, KPM berkontribusi dalam meningkatkan kesadaran masyarakat mengenai gizi anak dan praktik pengasuhan. Efektivitas peran mereka dipengaruhi oleh kondisi sosio-budaya, dukungan kelembagaan, dan partisipasi masyarakat. Studi ini menyoroti pentingnya memperkuat kompetensi komunikasi dan fasilitasi untuk mendukung pencegahan stunting berbasis masyarakat yang berkelanjutan.

**Abstract.** *Stunting remains a major challenge in human development in Indonesia, particularly in rural communities with limited access to health services and nutritional education. This study aims to analyse the role of Human Development Cadres (Kader Pembangunan Manusia/KPMs) in stunting prevention from a nonformal education perspective in North Bengkulu Regency. A qualitative case study approach was employed in Karang Anyar Village and Talang Pasak Village. Data were collected through in-depth interviews, observations, and documentation involving KPMs, health workers, village*

*officials, and beneficiary families. The findings reveal that KPMs perform strategic roles not only as health programme implementers but also as facilitators of community learning, social mediators, and agents of behavioural change. Through participatory educational activities, home visits, and contextual nutritional assistance, KPMs contribute to improving community awareness regarding child nutrition and parenting practices. The effectiveness of their role is influenced by socio-cultural conditions, institutional support, and community participation. The study highlights the importance of strengthening communication and facilitation competencies to support sustainable community-based stunting prevention.*

**Keywords:**
*Human Development Cadres; Community Empowerment; Rural Comunities;*

**Coresponden author:**
Email: xxxx@gmail.com



## INTRODUCTION

Human resource development constitutes a fundamental pillar in achieving sustainable national development (Todaro & Smith, 2021; United Nations Development Programme [UNDP], 2023). In the Indonesian context, strengthening the quality of human resources has become a strategic national agenda, particularly in preparation for the vision of Indonesia Emas 2045. The quality of human resources is not solely determined by educational access and economic growth but is also strongly influenced by health and nutritional conditions from the earliest stages of life. One of the persistent challenges in Indonesia's human development sector is stunting. Stunting refers to a condition of impaired growth among children caused by chronic malnutrition over a prolonged period (World Health Organization [WHO], 2023), especially during the first 1,000 days of life, beginning from pregnancy until a child reaches two years of age.

Stunting should not merely be understood as a health issue. It is a multidimensional social problem closely related to economic conditions, educational attainment, parenting patterns, environmental sanitation, cultural values, and the capacity of local institutions. Children experiencing stunting are at risk of cognitive delays, low academic achievement, metabolic disorders, and reduced productivity in adulthood. In the long term, high rates of stunting will significantly affect the quality of national human resources and reduce the competitiveness of the country. Consequently, stunting prevention requires comprehensive and cross-sectoral approaches (UNICEF, 2023; WHO, 2023). The Indonesian government has positioned stunting reduction as one of the major national development priorities. This commitment is reflected in various strategic policies (Ministry of National Development Planning/Bappenas, 2022), including Presidential Regulation Number 72 of 2021 concerning the Acceleration of Stunting Reduction. The policy emphasises a convergence approach involving multiple sectors, including health, education, sanitation, social welfare, and community empowerment. Such convergence highlights that stunting prevention cannot be addressed partially but requires integrated

programmes and collaborative actions involving stakeholders from the national level to village communities.

At the village level, the effectiveness of stunting prevention programmes is highly dependent upon local actors who interact directly with the community. One of the most strategic actors is the Human Development Cadre (Kader Pembangunan Manusia/KPM). KPMs are village-based cadres established to support the convergence of stunting prevention programmes through data collection, facilitation, assistance, social education, and coordination among local stakeholders. Their role extends beyond administrative tasks, positioning them as intermediaries between government policies and the everyday realities of rural communities. Within the framework of community-based development, the role of KPMs becomes increasingly important because of their close social relationships with local families. This social proximity enables cadres to understand the socio-cultural conditions of the community more comprehensively than formal bureaucratic actors. KPMs do not merely disseminate health information but also facilitate social learning, behavioural transformation, and collective awareness regarding child nutrition and parenting practices. In this regard, KPMs function not only as programme implementers but also as agents of social change.

However, field realities indicate that the implementation of KPM roles in stunting prevention still faces numerous challenges. Several studies reveal that the effectiveness of cadres is influenced by cadre capacity, village government support, socio-cultural conditions, resource availability, and intersectoral coordination. In many regions, KPMs encounter limited training opportunities, overlapping responsibilities with health cadres, weak institutional support, and low community participation in stunting prevention initiatives. These conditions are also evident in North Bengkulu Regency, where stunting prevalence remains relatively high in several villages. This situation indicates that the issue is not solely related to individual health conditions but is also associated with structural social problems and village development capacity. Several villages still experience limited access to health services, low family nutritional literacy, traditional parenting practices that are not fully supportive of child development, and vulnerable economic conditions.

Furthermore, geographical and socio-cultural conditions in rural North Bengkulu significantly affect the implementation of stunting prevention programmes. Some community members continue to perceive child growth and development issues as natural phenomena that do not require specific intervention. In such contexts, educational and behavioural transformation processes become particularly challenging. KPMs often encounter inherited cultural practices, low awareness regarding child nutrition, and insufficient social support from the surrounding environment. These circumstances demonstrate that the success of stunting prevention programmes cannot rely solely on medical or administrative interventions. Stunting prevention also requires social educational approaches capable of building public awareness, encouraging participation, and facilitating sustainable behavioural change. In this context, the perspective of nonformal education becomes highly relevant for understanding the role of KPMs.

Nonformal education refers to learning processes conducted outside formal educational institutions (Coombs & Ahmed, 1974; Rogers, 2004) and designed to address contextual community learning needs. Nonformal education emphasises empowerment, participatory learning, and sustainable behavioural transformation. In practice, nonformal education is not merely oriented towards knowledge transfer but also towards the development of critical awareness and community problem-solving capacities. The nonformal education approach is particularly relevant in the context of stunting prevention because stunting is closely associated with parenting behaviour, feeding practices, environmental hygiene, and household decision-making. Behavioural change cannot be

achieved solely through one-way socialisation but requires participatory, dialogical, and experience-based learning processes. Within this framework, KPMs function as facilitators of community learning. As agents of nonformal education, KPMs do not simply disseminate information regarding nutrition and health but also create community learning spaces through activities such as integrated health service posts (posyandu), home visits, mothers' discussion groups, demonstrations of nutritious food preparation, and assistance for families at risk of stunting. Through these activities, KPMs help communities understand stunting within the context of everyday life. Such approaches enable educational processes to become more contextual and accessible.

In addition, KPMs function as social mediators connecting families with health services and government programmes. In many cases, families vulnerable to stunting require not only nutritional knowledge but also support in accessing healthcare services, social assistance, and supportive social environments. Therefore, KPMs play a significant role in strengthening social networks and enhancing community participation in health development programmes. From the perspective of nonformal education, the assistance provided by KPMs can be understood as a form of community-based social learning. Learning occurs through social interaction, lived experiences, and collective reflection upon community problems. KPMs become facilitators who assist communities in identifying collective solutions rather than merely acting as recipients of governmental instructions.

Despite their strategic role, academic discussions concerning KPMs remain largely focused on technical and administrative dimensions of stunting programmes. Most studies position KPMs merely as implementers of health policies, while their roles as nonformal educators and community change agents receive limited scholarly attention. In practice, however, the effectiveness of KPMs is highly dependent upon their communication skills, capacity to facilitate community learning, and ability to adapt to local socio-cultural contexts. Additionally, stunting research has predominantly been dominated by epidemiological and health-oriented approaches. Studies exploring socio-cultural dynamics and community learning processes in stunting prevention remain relatively limited. Consequently, many prevention programmes prioritise technical interventions while overlooking community empowerment and behavioural transformation.

This research gap highlights the importance of examining the role of KPMs from a nonformal education perspective. Such an approach is necessary to understand how KPMs interpret their roles as community learning agents, how they confront socio-cultural barriers during assistance processes, and how they develop adaptive strategies to encourage behavioural change within rural communities. This study is also theoretically significant because it contributes to the development of community-based nonformal education studies. Stunting prevention requires not only health interventions but also sustainable social educational processes. Therefore, nonformal education offers an appropriate theoretical framework for understanding community empowerment dynamics within the context of health and human development. Practically, this study is expected to provide recommendations for local governments, village administrations, and related stakeholders regarding the strengthening of KPM capacity, improvement of community assistance systems, and development of more participatory and sustainable educational strategies. Based on the above considerations, this study aims to analyse comprehensively the role of Human Development Cadres (KPMs) in stunting prevention in North Bengkulu Regency from a nonformal education perspective. The research specifically focuses on how KPMs carry out educational and community assistance functions, how socio-cultural and institutional factors influence their effectiveness, and how adaptive strategies are developed by KPMs in confronting various village-level challenges.

## Data and Methodology

This study employed a qualitative approach using a case study design. A qualitative approach was selected because the research sought to explore deeply the social dynamics, subjective experiences, and everyday practices of Human Development Cadres (KPMs) in implementing stunting prevention programmes within village communities. This approach enabled the researcher to understand meanings, social interactions, and cultural contexts influencing educational and community assistance processes. The case study design was considered appropriate because the research focused on a specific social setting characterised by village-based stunting prevention practices in North Bengkulu Regency. The study was conducted in North Bengkulu Regency, Bengkulu Province, particularly in Karang Anyar Village and Talang Pasak Village. These locations were selected purposively based on several considerations, including relatively high stunting prevalence, the implementation of stunting convergence programmes, and the active involvement of KPMs in community assistance activities.

The research participants consisted of Human Development Cadres, village government officials, health workers, village facilitators, integrated health service cadres, and families involved in stunting prevention programmes. Informants were selected using purposive sampling based on their direct involvement in programme implementation and their relevance to the research focus.

Data were collected through in-depth interviews, field observations, and documentation studies. Semi-structured interviews were conducted to explore the experiences, perceptions, and adaptive strategies of KPMs in assisting communities. Observations were carried out during posyandu activities, home visits, mothers' discussion groups, and village-level nutritional education programmes. Documentation studies included village reports, stunting prevalence data, programme planning documents, and government regulations related to KPMs.

**Table 1. Data Collection Techniques**

| Data Collection Technique | Focus of Data Collection | Data Sources |
|---|---|---|
| In-depth Interviews | Experiences, perceptions, adaptive strategies, and KPM roles | KPMs, village officials, health workers, families |
| Field Observation | Social interactions, educational processes, and assistance practices | Community activities and village programmes |
| Documentation Study | Stunting data, programme reports, village regulations | Government and village documents |

The researcher functioned as the primary research instrument. Supporting instruments included interview guidelines, observation notes, audio recording devices, and visual documentation. Data validity was ensured through source triangulation and methodological triangulation. Source triangulation was conducted by comparing information obtained from KPMs, village officials, health workers, and beneficiary families. Methodological triangulation involved comparing findings from interviews, observations, and documentation. Data analysis followed the interactive model developed by Miles, Huberman, and Saldaña, involving data reduction, data display, and conclusion drawing. Data were categorised into themes such as educational roles of KPMs, adaptive assistance strategies, socio-cultural barriers, and institutional dynamics.

**Table 2. Research Informants**

| No | Informants | Research Role |
|---|---|---|
| 1 | Human Development Cadres | Main informants regarding assistance and educational practices |
| 2 | Village Government Officials | Information regarding village policy and institutional support |
| 3 | Health Workers | Information regarding health programmes and coordination |
| 4 | Village Facilitators | Information concerning stunting convergence implementation |
| 5 | Posyandu Cadres | Information regarding community health services |
| 6 | Beneficiary Families | Experiences of receiving educational assistance |

## Results and Discussion

**The Dynamics of the Role of Human Development Cadres in Stunting Prevention**

The findings indicate that Human Development Cadres (KPMs) occupy a highly strategic position in implementing village-level stunting prevention programmes. KPMs perform not only administrative functions such as data collection and growth monitoring but also act as social intermediaries connecting governmental policies with community realities. In this context, KPMs function as facilitators of community learning, social mediators, and agents of behavioural change.

The findings further demonstrate that most KPM activities occur within community social spaces such as posyandu services, home visits, mothers' gatherings, and informal village interactions. Such social proximity creates interpersonal relationships that facilitate more effective educational processes than formal instructional approaches. Communities tend to trust and accept information delivered by cadres because they are perceived as members of the same social environment. From the perspective of nonformal education, these findings indicate that community learning processes occur through participatory and dialogical interactions (Rogers, 2004; Smith, 2001). Rogers argues that nonformal education is characterised by flexibility, contextual learning, and behavioural transformation. These characteristics are reflected clearly in the educational practices conducted by KPMs.

**KPMs as Agents of Nonformal Education**

The study reveals that KPMs perform nonformal educational roles through nutritional education, parenting assistance, demonstrations of supplementary food preparation, and home visits to vulnerable families. These activities aim not only to improve community knowledge but also to encourage sustainable behavioural change. From Freire's perspective, effective education must emerge from community realities and encourage critical consciousness (Freire, 1970). The educational practices implemented by KPMs are not based on authoritarian instruction but rather on dialogue and collective reflection. When mothers encounter economic difficulties in providing nutritious food, KPMs assist them in identifying affordable local food alternatives rather than merely delivering technical advice.

These findings demonstrate that KPMs act as cultural brokers translating health knowledge into locally acceptable practices. In many villages, traditional parenting patterns continue to influence child-feeding practices. Therefore, KPMs must develop persuasive communication strategies to ensure that health messages are accepted without creating social resistance.

**Visualisation of the Strategic Role of KPMs in Stunting Prevention**


The figure above illustrates that KPMs occupy a central position in the convergence of stunting prevention programmes. They connect government policy with practical community assistance activities at the household level.

**Socio-Cultural Factors Influencing the Effectiveness of KPM Assistance**

The research findings indicate that socio-cultural factors significantly influence the effectiveness of KPM assistance. Traditional parenting practices remain strongly embedded within rural communities. In several cases, parenting decisions are influenced not only by mothers but also by grandparents and extended family members. This finding aligns with Bronfenbrenner's ecological systems theory (Bronfenbrenner, 1979), which emphasises that individual behaviour is shaped by surrounding social systems. Behavioural change therefore requires broader social involvement rather than focusing solely on mothers as primary caregivers.

Economic limitations also influence family nutritional practices. Some families prioritise filling foods rather than nutritionally balanced meals due to financial constraints. Consequently, KPMs often develop adaptive and persuasive approaches through emotional closeness and interpersonal communication.

**Village Institutions and the Convergence of Stunting Programmes**

The effectiveness of KPM roles is also influenced by institutional support from village governments. Villages providing stronger financial support, facilities, and coordination tend to demonstrate more effective stunting prevention programmes. KPMs function within institutional networks involving village administrations, health workers, and posyandu cadres. However, coordination among these actors is not always optimal. Several cadres reported overlapping responsibilities with other health cadres, creating role ambiguity in programme implementation.

These findings suggest that policy implementation at the village level is highly dependent upon local institutional capacity and coordination patterns. Support from village leaders significantly affects the social legitimacy of KPMs within the community.

**Adaptive Strategies and KPM Agency**

One of the major findings of this study is the emergence of adaptive strategies developed by KPMs in response to limited resources and socio-cultural barriers. These strategies reflect the agency capacity of KPMs as community-based educational actors. Several cadres initiated family nutrition gardens, mothers' learning groups, and informal home visits outside official schedules. Such initiatives indicate that KPMs are not passive policy implementers but active agents capable of developing creative

community-based solutions.

**Nonformal Education as the Foundation of Behavioural Change**

The findings reveal that nonformal education approaches contribute significantly to behavioural transformation in stunting prevention. Behavioural change does not occur instantly through one-way counselling but through repetitive social learning processes embedded in everyday community life. Community learning occurs through simple social interactions such as mothers' discussions during posyandu activities, collective cooking practices, and home visits conducted by KPMs. These activities create community learning spaces that encourage mutual learning and shared awareness regarding child health and nutrition. Overall, the findings demonstrate that community-based stunting prevention requires approaches that emphasise social education and community empowerment in addition to health interventions (Chambers, 1997; Rogers, 2004). KPMs hold a strategic role as nonformal educational agents bridging health policies with the social realities of rural communities. The findings also suggest that strengthening KPM capacity should not focus solely on technical health training but should also include communication skills, facilitation competencies, and community empowerment strategies. Such improvements are essential for developing participatory, contextual, and sustainable stunting prevention programmes (Freire, 1970; UNICEF, 2023).

## Conclusion

Written This study demonstrates that Human Development Cadres (Kader Pembangunan Manusia/KPMs) play a strategic and multidimensional role in community-based stunting prevention programmes in North Bengkulu Regency. The role of KPMs extends beyond administrative and technical health functions, encompassing broader responsibilities as facilitators of nonformal education, social mediators, and agents of behavioural transformation within rural communities. Their close social proximity to families enables them to establish interpersonal trust, facilitate participatory learning processes, and encourage community awareness regarding child nutrition and parenting practices. The findings reveal that the effectiveness of KPM assistance is strongly influenced by socio-cultural conditions, institutional support, and the adaptive capacities of cadres themselves. Traditional parenting patterns, economic limitations, and low nutritional literacy remain major barriers to behavioural change in rural communities. Nevertheless, KPMs have developed various adaptive strategies, including contextual educational approaches, home visits, family dialogue, and community-based learning activities, which contribute significantly to strengthening community participation in stunting prevention.

From the perspective of nonformal education, the study confirms that sustainable behavioural transformation cannot be achieved solely through formal health campaigns or one-way socialisation. Instead, effective stunting prevention requires participatory, dialogical, and experience-based learning processes embedded within everyday social interactions. In this regard, KPMs function as community learning facilitators who translate health policies into locally relevant educational practices. Theoretically, this study contributes to the development of nonformal education studies by demonstrating the relevance of community-based educational approaches in addressing public health challenges. The findings also reinforce the importance of integrating empowerment perspectives into stunting prevention programmes, particularly within rural and socio-culturally diverse contexts.

Practically, the study suggests that efforts to strengthen stunting prevention programmes should not focus exclusively on technical health interventions. Policymakers and village governments should also

prioritise the enhancement of KPM competencies in communication, facilitation, community empowerment, and socio-cultural adaptation. Furthermore, stronger institutional collaboration among village governments, health workers, and community organisations is essential for ensuring sustainable and participatory stunting prevention initiatives.

Overall, this study emphasises that stunting prevention is not merely a biomedical issue but also a social and educational process requiring collective community engagement. Therefore, strengthening the role of Human Development Cadres as agents of nonformal education represents an important strategy for building sustainable community resilience and improving child development outcomes in rural Indonesia.

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