

Stunting Policy as Civic Education: Reframing Public Policy as a Civic-Embedded Process in Indonesia

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ABSTRACT

Indonesia's stunting reduction policies are predominantly framed as technical interventions. This article offers an alternative perspective, positioning these policies as an arena for community-level citizenship education. Employing a qualitative interpretive policy analysis of national documents and scholarly reports, the study used deductive-inductive coding across three dimensions: civic literacy, social solidarity, and participatory negotiation. The findings reveal that implementation generates both technical outputs and critical civic learning processes, where citizens negotiate rights and engage in local decision-making. These insights culminate in the SPACE Model (Stunting Policy as Civic Education), which conceptualizes stunting reduction as a civic-embedded process. This model integrates dual goals of health and empowerment, emphasizing meaningful participation, frontline mediation, and learning-accountability loops. The article concludes that policy success must be evaluated beyond clinical prevalence, accounting for its contribution to strengthening civic capacity and democratic engagement at the community level. Further research suggest that stunting policy reduction needs to look at religious and cultural approaches.

Keywords: Public Policy, Stunting, Citizenship Education, Civic Participation, SPACE Model.

ABSTRAK

Kebijakan pengurangan stunting di Indonesia sebagian besar dibingkai sebagai intervensi teknis. Artikel ini menawarkan perspektif alternatif yang memposisikan kebijakan ini sebagai arena pendidikan kewarganegaraan di tingkat masyarakat. Artikel ini menggunakan analisis kebijakan interpretatif kualitatif terhadap dokumen nasional dan laporan ilmiah, yang melakukan pengkodean deduktif-induktif di tiga dimensi: literasi kewarganegaraan, solidaritas sosial, dan negosiasi partisipatif. Temuan menunjukkan bahwa implementasi menghasilkan output teknis dan proses pembelajaran kewarganegaraan yang kritis, dimana warga negara menegosiasikan hak dan terlibat dalam pengambilan keputusan lokal. Wawasan ini berpuncak pada Model SPACE (*Stunting Policy as Civic Education*), yang mengkonseptualisasikan pengurangan stunting sebagai proses terintegrasi dalam kewarganegaraan. Model ini mengintegrasikan tujuan ganda kesehatan dan pemberdayaan, penekanan terhadap partisipasi yang bermakna, mediasi di garis depan, dan siklus pembelajaran-akuntabilitas. Artikel ini menyimpulkan bahwa keberhasilan kebijakan harus dievaluasi di luar prevalensi klinis, dengan mempertimbangkan kontribusinya terhadap penguatan kapasitas kewarganegaraan dan keterlibatan demokratis di tingkat masyarakat. Penelitian lebih lanjut disarankan untuk melihat kebijakan pengurangan stunting melalui pendekatan keagamaan dan budaya.

Kata kunci: Kebijakan Publik, Stunting, Pendidikan Kewarganegaraan, Partisipasi Warga Negara, Model SPACE

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INTRODUCTION

Stunting remains one of the most complex challenges in human development due to its long-term and cross-sectoral impacts. Conceptually, stunting is understood as a condition of impaired growth that comes from prolonged chronic malnutrition, measured by a height-for-age index below minus two standard deviations from the World Health Organization (WHO) Child Growth Standards median. However, both WHO and World Bank emphasize that stunting cannot be reduced to a biological issue, but rather reflects structural inequalities related to poverty, sanitation, education, access to health services, and social protection (WHO, 2022; World Bank, 2021). In this sense, stunting represents a failure of social systems and public policy to ensure children's basic rights, while also reflecting the quality of state-citizen relations in public service provision.

At the global level, development literature highlights that successful stunting reduction depends not only on technical interventions but also on the quality of governance and institutional capacity to reach vulnerable populations. Nutrition-specific interventions, such as supplementation, growth monitoring, and improved feeding practices, are essential, but insufficient without supportive social systems that enable families and communities to actively engage in health development processes (WHO, 2022). The perspective of stunting as a public policy issue requires attention, not only program design but also the implementation processes and citizens' lived experiences in accessing services.

In Indonesia, stunting reduction has become a national strategic priority institutionalized through cross-sectoral policies. The government has targets for reducing prevalence and strengthened coordination frameworks through Presidential Regulation No. 72 of 2021 on the Acceleration of Stunting Reduction. This policy framework emphasizes the convergence of nutrition-specific and nutrition-sensitive interventions, central-local synchronization, and the involvement of multiple actors to the village level (TNP2K, 2018; Presidential Regulation No. 72/2021). In planning and evaluation practices, policy is generally measured through quantitative indicators such as prevalence rates, service coverage, and budget efficiency.

While this technocratic approach plays an important role in ensuring program consistency and accountability, its dominance may reduce policy to a mere instrument for achieving numerical targets. Several studies indicate that community-based interventions can improve proximal outcomes, such as nutritional practices, service utilization, and growth monitoring, but their impact on reducing stunting prevalence in the short term is often limited and inconsistent (Beatty et al., 2023; WHO, 2022). These findings suggest that policy effectiveness is shaped not only by the quality of technical interventions but also by social contexts, local dynamics, and the quality of implementation processes experienced by citizens.

At the implementation stage, stunting policy does not operate merely as a normative text or planning document, but as a set of concrete social practices. Child growth monitoring in Posyandu, nutrition counseling, data of risk families, and village deliberation forums constitute spaces where the state and citizens may

interact. Within these spaces, policy acquires social meaning, shapes citizens' perceptions of public services, and influences trust in the state. In other words, policy implementation serves as a social arena that produces not only program outputs but also experiences, learning processes, and civic attitudes.

This interpretation aligns with developments in contemporary citizenship education literature, which emphasize that civic education extends beyond classrooms and formal curricula. Citizenship is understood as a learning process that occurs through social experience, public participation, and engagement in everyday democratic practices (Biesta, 2011; Westheimer & Kahne, 2004; OECD, 2025). From this perspective, citizens learn to become citizens not only through normative knowledge of rights and obligations, but through interactions with public institutions, participation in forums, and responses to policies affecting their lives.

This perspective is further strengthened by the concept of health citizenship, which views health not merely as a biomedical issue but as a domain of rights, responsibilities, and political engagement (Rose & Novas, 2005; WHO, 2022). In this framework, access to health and nutrition services constitutes a form of citizenship practice, where individuals and communities do not simply receive services but actively interact with, negotiate, and shape their relationship with the state through everyday policy practices.

Within this framework, public policy can be understood as a medium of citizenship education when it creates spaces for participation, fosters deliberation, and builds social solidarity. Governance and participation literature suggests that policies designed and implemented participatorily have the potential to strengthen civic capacity and local democracy (Fung & Wright, 2003; Nabatchi & Leighninger, 2015). In the context of stunting policy, activities such as community outreach, data collection, and village deliberation forums are not merely administrative processes but also learning spaces where citizens develop an understanding of their rights to health services, policy procedures, and state responsiveness.

However, critical citizenship education literature also warns that the educational function of policy is not automatic. Participation that remains procedural which limited to attending, listening, accepting and risks producing compliant but uncritical citizens, while reproducing hierarchical relations between the state and citizens (Biesta, 2011; Westheimer & Kahne, 2004). In stunting policy implementation, it can be seen when citizens are positioned merely as data subjects or passive recipients of information, without meaningful opportunities for deliberation. Similarly, social solidarity may become fragile and normative if not supported by transparency, equitable resource distribution, and accountability mechanisms.

Studies in policy implementation and governance further show that policy success is strongly influenced by frontline actors who interact directly with citizens, as well as by institutional designs that structure participation and accountability (Lipsky, 2010; Oxford Research Encyclopedia, 2020). Posyandu cadres, village officials, and field workers play a crucial role as intermediaries between national policy and local realities. Their approaches to facilitating participation, delivering

information, and responding to citizens' concerns determine whether policy functions merely as an administrative tool or as a meaningful arena for civic learning.

Stunting policy holds significant educational potential that has been relatively overlooked in policy studies. Implementation processes can foster civic literacy which citizens' understands their rights to health services and public service standards. Collective activities in Posyandu and community support at-risk families that can strengthen social solidarity and cohesion. Meanwhile, local forums such as village deliberations provide spaces for participatory negotiation, where citizens learn to articulate aspirations, question policy priorities, and demand accountability at the micro level. These three dimensions demonstrate that stunting policy operates not only as a technical instrument but also as a socio-political process.

Despite the growing body of literature on stunting reduction, which emphasizes nutrition interventions, governance, and program convergence, limited attention has been given to how these policies shape citizens' capacities and engagement at the community level. Most studies continue to position communities as objects of behavioral change rather than as active subjects who interpret, responds and negotiate policy processes in their everyday lives. As a result, the experiential and learning dimensions of policy implementation, including how citizens understand their rights, build relationships with the state, and articulate participation, remain underexplored.

This limitation is significant because the sustainability of stunting reduction policies depends not only on technical effectiveness but also on the extent to which communities internalize, critically respond to, and co-produce policy outcomes. Ignoring this dimension risks producing procedurally compliant but civically passive citizens, thereby limiting the transformative potential of policy interventions. By positioning stunting policy as an arena of citizenship education, this article offers an analytical perspective that bridges public policy studies and citizenship education, while expanding the understanding of how social policies function as sites of civic learning beyond formal institutions.

This article will analyze stunting policy as an arena of citizenship education through three dimensions: civic literacy, social solidarity, and participatory negotiation. These dimensions form a dynamic learning process in which literacy develops awareness of rights and procedures, solidarity strengthens community support, and participatory negotiation enables citizens to engage in decision-making processes. Through these pathways, stunting policy implementation generates dual outcomes: policy outputs and civic outcomes.

Unlike previous studies that emphasize intervention effectiveness, governance convergence, and program design – as reflected in Indonesia's National Strategy for Accelerating Stunting Reduction and Presidential Regulation No. 72/2021 – this article shifts the analytical focus to the educational dimension of policy implementation (TNP2K, 2018; Presidential Regulation No. 72/2021). This shift does not negate the importance of nutritional targets but expands the framework for evaluating policy success. Stunting policy success should be assessed not only by reductions in prevalence but also by its capacity to strengthen civic

literacy, solidarity, and participation. This article seeks to address questions: *First*, what are the prevailing discourses in public policy and citizenship education concerning stunting reduction strategies? *Second*, how is social solidarity constructed and negotiated throughout the implementation of these policies? *Third*, what manifestations of micro-democracy at the local level can effectively enhance stunting reduction efforts? *Finally*, what conceptual model can be proposed based on this integrated, hybrid approach?"

RESEARCH METHODS

This study employs a qualitative approach using a desk-based interpretive policy analysis design (Bowron, 2019). The primary data are constructed from a corpus of relevant and verifiable documents, that consist of two main groups; *first*, policy and institutional documents (*policy corpus*), including national and regional regulations related to stunting reduction, strategic documents, technical implementation guidelines, as well as monitoring and evaluation reports published by official institutions. *Second*, indexed scholarly articles (*research corpus*) addressing stunting policy, community-based interventions, public participation, and contemporary citizenship education. Articles were identified through academic databases (e.g., Scopus, Google Scholar, and publisher repositories) using combined keywords such as: stunting policy, community-based intervention, policy implementation, participation, civic education, and informal civic learning, including their Indonesian equivalents. Inclusion criteria comprised: (a) publications between 2011 and 2025 (with emphasis on recent literature from 2020–2025 for stunting-related contexts), (b) peer-reviewed sources or official institutional reports, and (c) relevance to policy implementation and/or civic learning in social practice. Non-academic opinion pieces and unverifiable sources were excluded.

Overall, the research corpus consists of approximately 25–35 documents, including national and regional regulations, program evaluation reports from official institutions (e.g., Bappenas and UNICEF), and indexed scholarly articles relevant to stunting policy implementation, public participation, and citizenship education. The number of documents was determined based on the principle of data saturation in qualitative analysis, where key themes recur and no significant new categories emerge.

The research procedure consisted of four stages. *First*, corpus construction, involving the identification of policy documents and the selection of scholarly articles based on inclusion criteria. *Second*, preliminary reading and issue mapping, aimed at identifying recurring themes, key actors, and implementation arenas (such as Posyandu services, village deliberation forums, and primary healthcare services). *Third*, coding and categorization, conducted through a combination of deductive and inductive approaches. Deductively, the analysis employed three main analytical categories derived from the theoretical framework: civic literacy, social solidarity, and participatory negotiation, along with an integrative category of policy shift. Inductively, sub-codes were developed from the data to capture emerging empirical patterns, such as procedural versus meaningful participation, accountability dynamics, and the role of the actors. *Fourth*, synthesis and

interpretation, where coded findings were organized into an analytical narrative to explain how stunting policy generates both policy outputs and civic outcomes, leading to the formulation of the SPACE Model as a conceptual framework.

Data analysis combines qualitative content analysis used to structure themes, patterns, and interpretive analysis to examine meanings, policy logic, and the civic implications of implementation practices. The coding process is iterative, allowing initial categories to be refined as new insights emerge from the corpus.

To enhance analytical reliability, the study applies source triangulation by comparing multiple types of documents (regulations, technical guidelines, evaluation reports, and scholarly articles). An audit trail was maintained to document coding decisions and analytical processes, ensuring transparency and traceability of findings. A summary of the analysed document corpus is presented in Table 1.

Table 1. Analysed Document Corpus

No	Document Type	Source	Year	Focus
1	Presidential Regulation No. 72/2021	Government of Indonesia	2021	National stunting policy
2	National Stunting Strategy	TNP2K/Bappenas	2018	Program convergence
3	Evaluation Report	UNICEF	2024	Policy implementation
4	Scholarly Article	Beatty et al.	2024	Community-based intervention
5	Scholarly Article	Sukmawati et al.	2025	Role of health cadres

RESULT AND DISCUSSION

Civic Literacy: Learning Rights through Stunting Policy Practices

Analysis of national policy documents, program evaluation reports, and various empirical studies indicates that the stunting reduction policy in Indonesia is predominantly designed as a package of evidence-based technical interventions. This framework aligns with global approaches that emphasize multisectoral interventions, the strengthening of basic services, and the fulfillment of children's nutritional rights, as reflected in UNICEF strategies and national policy frameworks. Evaluations of the National Strategy for Accelerating Stunting Reduction (Stranas) also highlight a strong focus on prevalence reduction targets, cross-government coordination, and financing efficiency (UNICEF, 2024). However, a critical gap remains, as limited attention has been given to how citizens understand their rights and roles within these policy processes.

At the same time, empirical studies demonstrate that the implementation of stunting policy at the community level relies on direct interactions between citizens and program actors. Various studies show that community-based interventions, such as strengthening the capacity of health cadres, household-based growth monitoring, home visits, and community forums, contribute to improvements in

health practices and service utilization (Beatty et al., 2024; Miranda et al., 2024; Akbar & Huriah, 2022). In addition, local contextual factors, including access to food, service quality, and the involvement of local actors, also influence program effectiveness (Yusriadi, 2024; Amelia et al., 2025). Community participation has been shown have relations with changes in stunting prevention behavior, although its sustainability depends largely on the quality of information and support provided (Sinaga et al., 2023).

These findings are generally interpreted within the framework of behavioral change and intervention effectiveness. However, through an interpretive reading of the document corpus, this study identifies a relatively overlooked dimension: the formation of civic literacy through citizens' interaction with policy procedures. A qualitative study by Sukmawati et al. (2025) shows that health cadres do not merely function as transmitters of technical information, but also act as institutional intermediaries who explain referral mechanisms, rights to services, and administrative consequences associated with program compliance. Through these interactions, citizens do not simply receive information, but learn how to access services, understand their position within the system, and assess the presence of the state in their everyday lives.

From a citizenship education perspective, this process can be understood as a form of learning through policy interaction, in which engagement with policy becomes a medium for civic learning. This aligns with the view that citizenship is not formed solely through formal education, but also through social practices and institutional experiences. In this context, the cadres acting as volunteers serve as agents of state-to-citizen mediation, functioning primarily as conduits for the government to socialize stunting reduction policies. However, the findings of this study indicate that the civic literacy developed through these agents remains largely procedural. While cadres effectively communicate service schedules, administrative requirements, and referral mechanisms, they primarily facilitate compliance rather than empowerment. Consequently, citizens are not yet fully positioned as active political subjects capable of making claims, questioning service quality, or critically negotiating their rights within the deliberative space of public health.

The main contribution of this study lies in reframing how stunting policy implementation is interpreted. While mainstream studies tend to view socialization as an instrument for changing nutritional behavior, this study shows that these processes also function as arenas for learning about rights and policy procedures. Nevertheless, this educational function remains implicit and has not been systematically integrated into policy objectives, thereby limiting its transformative civic potential. This finding suggests that stunting policy operates not only as a technical instrument, but also as a mechanism for shaping state-citizen relations. The civic literacy formed through policy interaction does not stand alone as an individual experience. It is intertwined with collective dynamics at the community level, through cooperation, social support, and interpersonal relations that emerge in program implementation.

Social Solidarity: Between Social Capital and Distributive Justice

Analysis of the document corpus shows that social solidarity constitutes an important dimension in the implementation of stunting policy at the community level. Various empirical studies report that stunting programs in rural areas often mobilize practices of *gotong royong* (mutual cooperation) in different forms, such as food contributions, collective labor in preparing supplementary feeding, and informal support for at-risk families. Prabasari et al. (2021) show that village funds allocated for stunting are managed through mechanisms dominated by health cadres and village officials, while community participation is largely expressed through contributions of labor and resources. Similar patterns are found in other local contexts, where citizen participation tends to take the form of collective work and logistical support for program implementation (Ismail et al., 2023).

In public health literature, such practices of mutual cooperation are generally understood as forms of social capital that strengthen the effectiveness and sustainability of community-based health programs. Several studies suggest that interventions leveraging local social networks, such as mothers' groups, peer support systems, and community structures, are more adaptive and sustainable (Amelia et al., 2025; Akbar & Huriah, 2022). International organizations such as WHO and UNICEF also emphasize community mobilization as a key factor in improving nutritional practices and health service utilization.

However, a more critical reading of documents and field-based studies indicates that social solidarity in stunting policy is not always democratic. In many cases, practices of *gotong royong* operate within unequal social relations. Prabasari et al. (2021) demonstrate that the management of village funds for stunting is often controlled by local elites, while community participation remains at the level of "placation" in Arnstein's ladder of participation where citizens are involved but largely accept decisions made by key actors. Similar findings are observed in other regions, where decision-making processes continue to be dominated by village officials and technical actors, while vulnerable groups such as poor women and marginalized families do not always have equal access to influence program priorities.

Solidarity in stunting policy is ambivalent; on the one hand, it strengthens social cohesion and provides tangible support for at-risk families, on the other hand, it may reproduce social inequalities through unequal distributions of roles and access to resources. From a citizenship education perspective, this form of solidarity aligns more closely with the category of the personally responsible citizen, rather than the justice-oriented citizen, who actively questions structural inequalities (Westheimer & Kahne, 2004).

Furthermore, this analysis shows that practices of mutual cooperation in stunting policy function not only as mechanisms of social support, but also as arenas for civic learning about the limits of solidarity and distributive justice. Citizens do not simply learn to "help," but also implicitly learn who has the authority to decide, whose voices are heard, and how resources are distributed. In this sense, social solidarity in stunting policy should not be understood merely as a supporting

variable for program success, but as a socio-political process that shapes civic awareness.

The implication is that stunting policy holds the potential to foster reflective solidarity as a form of solidarity grounded not only in social obligation, but also in critical awareness of inequality and justice. However, this potential depends heavily on institutional design and participatory mechanisms that create space for the voices of vulnerable groups, rather than merely mobilizing their contributions. This reinforces the argument that stunting policy shapes not only health behavior, but also social relations and power distribution at the community level.

Nevertheless, the social solidarity that emerges in policy implementation does not always unfold harmoniously or without contestation. In many cases, differences in interests, access to resources, and social positions generate negotiation dynamics within policy forums. Therefore, the civic dimension of stunting policy must also be understood through participatory negotiation practices that take place within local interaction spaces.

Participatory Negotiation and Micro-Democracy in Stunting Policy

The third dimension emerging from the analysis of the document corpus is participatory negotiation, which takes place in various local forums related to stunting policy, such as village deliberation meetings (*musyawarah desa*), stunting consultations (*rembug stunting*), cross-sectoral coordination meetings, and Posyandu forums. Several studies indicate that these forums are formally designed as spaces for citizen participation in planning and implementing programs. However, in practice, such participation often remains at a symbolic level.

For instance, Prabasari et al. (2021) show that community involvement in the use of village funds for stunting in Gianyar, Bali largely falls within the *placation* level of Arnstein's ladder of participation. Citizens are invited to attend and provide input, yet decision-making remains dominated by technical actors such as health cadres, healthcare workers, and village facilitators. Similar patterns are observed in other contexts, where participation tends to be representational: community representatives or formal actors speak on behalf of citizens, while ordinary participants have limited influence on decision-making processes (Ismail et al., 2023).

This condition aligns with the broader literature on public participation, which distinguishes between "thin participation" and "thick participation". Many participatory designs in social policy function primarily as one-way consultative mechanisms rather than deliberative arenas that grant citizens real authority to influence decisions (Nabatchi & Leighninger, 2015). In this sense, stunting-related forums often resemble procedural participation rather than empowered participation. As emphasized by Fung and Wright (2001), meaningful participation requires a direct linkage between citizen deliberation and resource allocation as well as decision-making authority.

Analysis of policy documents further reveals that national guidelines do encourage the establishment of participatory forums such as stunting consultations and village deliberations. However, their primary focus lies in ensuring program

convergence and budget synchronization rather than enhancing deliberative quality and equitable voice distribution. Participation is frequently framed as stakeholder involvement without explicit indicators regarding the representation of vulnerable groups, the quality of deliberation, or mechanisms for translating discussion into policy decisions (UNICEF, 2024). Stunting policy forums then can be understood as forms of micro-democracy that are formally present but not yet fully empowered.

The role of frontline actors becomes crucial in bridging these limitations. Literature on “street-level bureaucracy” highlights that policy implementation is shaped by the discretion of actors who interact directly with citizens (Lipsky, 1980). In this sense, health cadres, village midwives, and local officials not only perform administrative functions but also mediate interactions between citizens and the state. Sukmawati et al. (2025) show that cadres often engage in local adaptations modifying communication approaches, adjusting practices to social contexts, and combining technical messages with social norms, which indirectly shape citizens’ participatory experiences.

Nevertheless, this study also identifies important variations in practice. In some cases, stunting forums function merely as spaces for program dissemination and reporting. More substantive forms of negotiation emerge, where citizens begin to question service quality, propose adjustments to assistance schemes, or even reject interventions that do not align with local needs. Studies on village participation suggest that such meaningful negotiation is more likely to occur in contexts where there is a strong tradition of deliberation, accessible data for citizens, and facilitators who actively promote equality of participation (Sani et al., 2024; Puspaningrum, 2025).

These findings indicate that stunting policy forums function not only as coordination mechanisms, but also as arenas of socio-political negotiation at the local level. From a citizenship education perspective, these practices represent a more advanced form of civic learning compared to procedural literacy or basic social solidarity. Citizens not only learn to understand their rights or contribute to collective activities, but also begin to develop capacities to argue, negotiate, and influence public decisions in micro-level contexts.

In this sense, stunting policy can be understood as a laboratory of local democracy, where the state and citizens engage in everyday processes of policy negotiation. However, as with the previous dimensions, the quality of participatory negotiation depends heavily on institutional design, power distribution, and the capacity of local actors. Without mechanisms that consciously promote inclusive and deliberative participation, these forums risk remaining confined within patterns of symbolic participation. Stunting policy when is not only shapes health behavior, but also contributes to the formation of citizens’ political capacities at the micro level.

The three dimensions of civic literacy, social solidarity, and participatory negotiation, demonstrates that stunting policy operates through processes that are not only technical, but also social and political. To synthesize these dynamics conceptually, this study proposes the SPACE Model (Stunting Policy as Civic

Education) as an analytical framework for understanding how stunting policy functions as an arena of citizenship education.

Reframing Stunting Policy as a Civic-Embedded Process

For more than a decade, stunting reduction policy in Indonesia has been predominantly framed within a technocratic approach that emphasizes nutrition-specific and nutrition-sensitive interventions, the strengthening of basic services, and cross-sectoral convergence. This approach has made important contributions in coordinating actors, clarifying resource allocation, and providing measurable indicators of success, such as stunting prevalence and service coverage. However, the dominance of this technical logic also produces a reductionist effect: state-citizen relations are narrowed into a provider-recipient relationship, while citizens' experiences in interacting with policy are largely framed as targets of behavioral change.

This study reframes stunting policy not merely as a technical instrument, but as a civic-embedded process that shapes both policy outcomes and civic learning. The analysis shows that the "everyday service interactions" in Posyandu and village forums often prioritize administrative milestones, such as weighing, measuring, and reporting, over deliberative exchange. When citizenship education is embedded in such a procedural environment, the learning outcome for the citizen is "how to be a compliant client" rather than "how to be a claim-making subject." The interaction teaches them that their role is to fulfill the data requirements of the state, which frames their rights as something granted upon compliance, rather than something inherent to be negotiated.

Citizens are not only recipients of interventions, but also engage in social and political learning processes that shape how they understand their rights, build social relations, and participate in decision-making. In this sense, stunting policy should operate as an arena of citizenship education that simultaneously produces technical outputs and civic outcomes.

Building on these findings, this study proposes the SPACE Model (Stunting Policy as Civic Education) as a conceptual framework for understanding how stunting policy functions as a civic-embedded policy. The model does not merely describe policy components, but explains the mechanisms through which policy generates two types of outcomes simultaneously: policy outputs (stunting reduction and service improvement) and civic outcomes (the strengthening of civic literacy, reflective solidarity, and participatory capacity).

The SPACE Model: Four Key Components

Integration of Dual Goals

The first component emphasizes that stunting policy is not only directed toward achieving nutritional targets, but also toward strengthening citizens' civic capacity. This integration shifts the measurement of policy success from a single set of indicators to a dual framework that includes both technical and civic dimensions. In this perspective, policy is evaluated not only by reductions in prevalence, but

also by the extent to which it enhances citizens' ability to understand their rights, participate in public processes, and critically engage with the state.

Meaningful Participation

The second component highlights that the achievement of dual goals depends on the quality of citizen participation. Participation is no longer understood as procedural presence in forums, but as meaningful engagement that enables citizens, including vulnerable groups, to influence agendas, priorities, and resource distribution. This requires deliberative forum design, accessible information, and facilitation that promotes equality of voice.

The second component posits that the successful achievement of dual policy goals; technical efficacy and civic empowerment, is fundamentally contingent upon the substantive quality of citizen participation. Empirical analysis suggests that participation must transcend 'procedural presence' or 'symbolic inclusion,' which often serves merely to legitimize pre-determined state agendas. Instead, it must manifest as meaningful engagement—a condition where citizens, particularly marginalized and vulnerable cohorts, possess the agency to critically influence policy agendas, budgetary priorities, and resource distribution. The literature on deliberative governance indicates that such quality is not organic; rather, it necessitates a deliberate institutional design. This includes the provision of transparent and accessible information to bridge the epistemic gap between experts and laypeople, and the implementation of expert facilitation designed to mitigate power asymmetries, thereby ensuring a genuine parity of participation and equality of voice.

Frontline Actor Capacity

The third component positions frontline actors as key mediators in the transformation of policy are: posyandu cadres, village midwives, and local officials. They are not only function as technical implementers, but also as facilitators of citizenship who translate policy into social practice. The basis for this positioning lies in the fact that these actors operate at the 'street-level' bureaucracy, where policy is not merely delivered but 're-interpreted' through daily interactions with the community. If these actors function solely as technical implementers, the policy remains a rigid, top-down instruction that often fails to resonate with local values. Therefore, to bridge the gap between state objectives and civic agency, capacity-building must be fundamentally reoriented. It must extend beyond technical-medical proficiency to encompass communicative competence and deliberative facilitation. Without these skills, frontline actors cannot effectively manage the complex social dynamics or the power asymmetries present at the community level. Strengthening their capacity to facilitate dialogue—rather than just ensuring compliance—is the essential catalyst for transforming a technocratic health program into a meaningful process of collective civic learning.

Learning–Accountability Loop

The fourth component emphasizes the importance of feedback loops between citizens and the state. Citizens' experiences, aspirations, and critiques need to be translated into policy and service improvements, and communicated back to the community. This loop positions policy as a process of collective learning, where citizens are not merely objects of evaluation, but active contributors to policy development.

The logical impetus for this loop is the recognition that policy effectiveness is not static; it requires a continuous flow of empirical 'ground-truth' from the recipients of the policy. When citizens' lived experiences, aspirations, and critiques are systematically integrated into policy adjustments, it creates a self-correcting governance system. This process transforms policy from a unidirectional command into a process of collective learning, where the state and the community co-evolve. By communicating these improvements back to the public, the state fulfills its communicative obligation, thereby positioning citizens not as passive 'objects of evaluation' or mere data points, but as active contributors and stakeholders in policy development. This loop serves as the bridge that converts individual dissatisfaction into constructive systemic reform, ensuring that the policy remains both socially relevant and democratically legitimate.

Integration and Model Dynamics

The four components of the SPACE Model are mutually reinforcing. The integration of dual goals provides normative direction, meaningful participation that creates interaction mechanisms, frontline actor capacity enables implementation in practice, and learning–accountability loops ensure continuity and responsiveness. When these components are optimally configured, stunting policy functions as an active arena of civic learning. Conversely, when one or more components weaken, policy tends to revert to a technocratic logic as a purely administrative instrument.

In this sense, stunting policy is best understood not as a static shift from technical intervention to civic practice, but as an ongoing process shaped by institutional configurations and social dynamics at the local level. The SPACE Model, therefore, not only explains what changes, but also how and under what conditions policy can function as a civic-embedded process. The model is describe bellow:

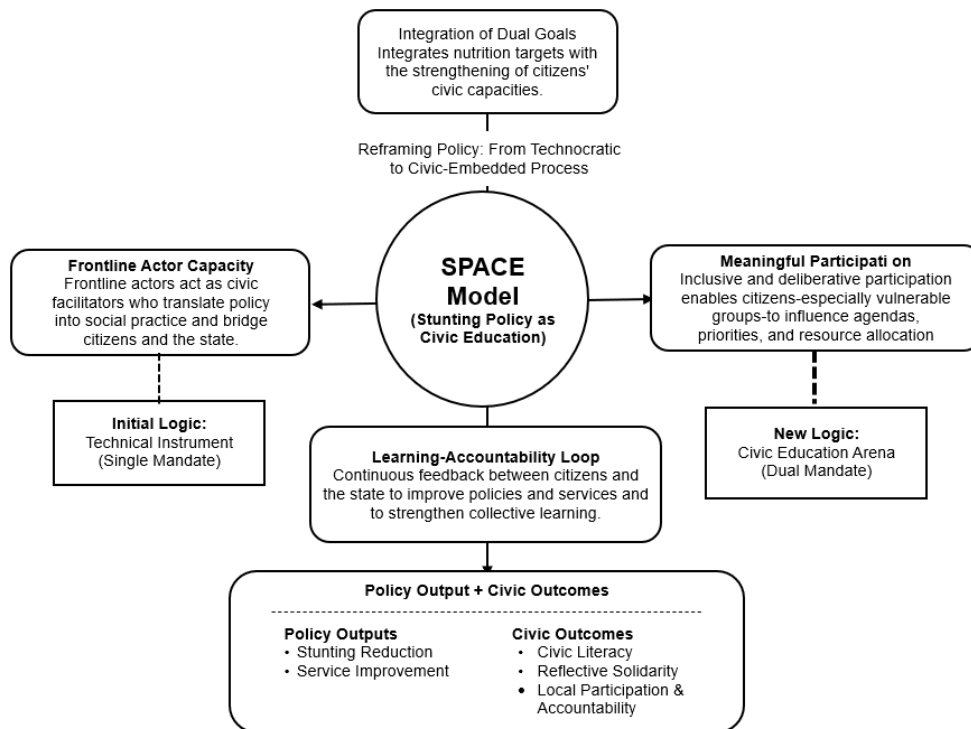


Figure 1. The SPACE Model (Stunting Policy as Civic Education): Reframing Stunting Policy as a Civic-Embedded Process

Overall, the reframing of stunting reduction policy from a technical instrument into an arena of citizenship education as represented in the SPACE Model (*Stunting Policy as Civic Education*) demonstrates that stunting policy in Indonesia operates through processes that are not only technical, but also pedagogical in nature. The policy generates not only policy outputs, such as reductions in stunting prevalence and improvements in service delivery, but also civic outcomes in the form of civic literacy, reflective solidarity, and participatory negotiation capacity at the community level.

The four components of the SPACE Model integration of dual goals, meaningful participation, frontline actor capacity, and learning-accountability loops—highlight that the educational function of policy is not an automatic consequence, but depends on institutional configurations and implementation practices at the local level. In this sense, stunting policy can be understood as a civic-embedded policy, whose success should be assessed not only in terms of technical achievements, but also in terms of its capacity to shape citizens’ civic capacities through everyday social practices. These findings underscore the need to expand the evaluative framework of social policy beyond quantitative outcomes toward a broader consideration of civic capacity transformation at the community level. Stunting reduction in local level also can included religious and cultural approach as it have been practice in Lombok and Wonosobo.

CONCLUSION

This article argues that stunting reduction policy in Indonesia is insufficient if understood solely as a technical instrument for lowering prevalence; rather, it should be positioned as an arena of citizenship education at the community level. Through a document-based interpretive policy analysis, this study demonstrates that the implementation of stunting policy—through Posyandu services, the identification of at-risk families, referral systems, and village forums—generates three key dimensions of civic learning: civic literacy, social solidarity, and participatory negotiation. Within these processes, citizens do not merely change health-related behaviors, but also learn to understand their rights, build social relations, and articulate their interests in public spaces.

These findings are synthesized in the SPACE Model (Stunting Policy as Civic Education), which conceptualizes stunting policy as a civic-embedded policy with four core components: integration of dual goals, meaningful participation, frontline actor capacity, and learning–accountability loops. This article contributes by expanding the understanding of social policy beyond an administrative instrument toward a socio-political process that shapes civic capacity. This perspective opens new possibilities for evaluating public policy more comprehensively by incorporating its educational function and its role in fostering civic transformation. Participatory forums, such as stunting consultations (rembug stunting) and village deliberations (musyawarah desa), should be strengthened as inclusive and deliberative spaces. At the same time, capacity-building for frontline actors should extend beyond technical competencies to include facilitation skills and social mediation. Future research involving multi-site fieldwork and more systematic measurement of civic outcomes is necessary to test and refine the SPACE Model. In addition, there is a significant need for future studies to investigate the efficacy of incorporating religious and cultural frameworks into national stunting reduction programs.

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