



Evaluation of the '*Pertemuan Peningkatan Kemampuan Keluarga*' (Family Capability Improvement Meeting) Health and Nutrition Module Program for Stunting Prevention

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Abstract

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Stunting is a chronic nutritional problem that is still a priority for health development in Indonesia. *Program Keluarga Harapan (PKH)* through the *Pertemuan Peningkatan Kemampuan Keluarga (P2K2)* Health and Nutrition Module is expected to encourage changes in the behavior of *Keluarga Penerima Manfaat (KPM)* in preventing stunting. This research aims to evaluate the implementation and results of the P2K2 Health and Nutrition Module on efforts to prevent stunting among KPM PKH in Tanjung Jaya Village. The research uses a program evaluation approach using the Context-Input-Process-Product (CIPP) model with a mixed-methods sequential explanatory design. Quantitative data were collected through a nutritional knowledge and practice questionnaire for 96 KPM selected using proportionate random sampling, while qualitative data were obtained through in-depth interviews and focus group discussions with social assistants, cadres, and health workers. The evaluation results show that the context and input components are in the good category, while the process is in the adequate category due to limited mastery of the material by some of the assistants. The product component showed an increase in the average knowledge score from 62,4 to 81,7 (difference 19,3 points) as well as improved feeding practices with a mean pre-test score of 55,8 increasing to 74,6 at post-test (difference 18,8 points, Cohen's $d = 1,12$, IK 95% [0,87; 1,37], $p < 0,001$). It was concluded that this intervention was effective in increasing family nutritional capacity, but still required strengthening the capacity of companions and cross-sector integration to optimize the reduction in stunting prevalence.

Keywords: Program evaluation, CIPP, P2K2, stunting prevention, PKH, KPM

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INTRODUCTION

Stunting is a condition of failure to grow in children under five due to chronic malnutrition, especially in the first 1.000 days of life, which is characterized by body length or height for age being below minus two standard deviations from the growth curve. Based on the Indonesian Nutrition Status Survey, the national prevalence of stunting decreased from 24,4% in 2021 to 21,6% in 2022. This figure is still far above the threshold of 20% set by the World Health Organization and has not yet reached the national target of 14% ([Kementerian Kesehatan Republik Indonesia, 2023](#)). Stunting not only has an impact on short stature, but also on cognitive development, susceptibility to disease, and reduced productivity in adulthood, thus becoming a burden on long-term development of ([Jalaludin et al., 2025](#); [Siregar et al., 2024](#)).

Stunting is multifactorial and cannot be explained by a single cause. Determinants of stunting include direct factors such as inadequate nutritional intake and infectious diseases, as well as indirect factors such as parenting style, access to clean water and sanitation, family socio-economic status, and the mother's level of education and knowledge. Various studies in Indonesia show that inappropriate feeding practices, low consumption of animal protein, and limited access to a healthy environment contribute significantly to the incidence of ([Fadillah & Suryadi, 2025](#); [Harjadinta & Susanty, 2025](#); [Prayitno et al., 2025](#)) stunting. The complexity of these determinants demands interventions that are not only supplementary, but also target sustainable changes in family behavior ([Arief et al., 2025](#); [Gunawan et al., 2022](#); [Prayitno et al., 2025](#)).

The period of the first 1.000 days of life is a critical window for the formation of the quality of human resources, so that the nutritional status of pregnant women, breastfeeding practices and the provision of appropriate complementary foods are very determining. Maternal knowledge regarding balanced nutrition is closely related to attitudes and parenting practices that support optimal growth of children ([Anjani et al., 2024](#); [M. Daryati et al., 2026](#); [Wulandari et al., 2025a](#)). Global guidelines emphasize the importance of adequate infant and young child feeding indicators as a foundation for preventing growth faltering in the vulnerable age group ([UNICEF Indonesia, 2022](#); [World Health Organization & UNICEF, 2021](#)). Efforts to increase family nutritional literacy are thus a strategic component in the stunting prevention architecture.

The Indonesian government places accelerating stunting reduction as a national priority through the convergence of specific and sensitive nutrition interventions across ministries and institutions (National Team for the Acceleration of Poverty Reduction, 2021). One of the social

protection instruments that plays a role in sensitive interventions is the Family Hope Program (PKH), a conditional cash assistance scheme that targets poor families with the obligation to fulfill commitments in the fields of health and education. Apart from cash assistance, the still high condition of maternal malnutrition in Indonesia strengthens the urgency of an approach that combines economic transfers with structured nutrition education ([UNICEF Indonesia, 2022](#)).

The Family Capacity Building Meeting (P2K2) or Family Development Session (FDS) activity is a structured learning process that must be conveyed by social assistants to KPM to accelerate behavior change as one of the commitments of PKH social assistance recipients. The Health and Nutrition Module in P2K2 contains material on nutrition for pregnant women, early initiation of breastfeeding, giving exclusive breast milk, complementary foods for breast milk, and monitoring the growth of toddlers. Several studies report that the implementation of P2K2/FDS can increase KPM's knowledge and awareness of family health and nutrition practices (Ihsan et al., 2026)([Kementerian Sosial Republik Indonesia, 2021](#); [Umasugi, 2023](#); [Umasugi & Hi Adam, 2024](#)).

The module, which is provided every month, places the family as the unit of change, in line with the understanding that stunting prevention must start from the household level. However, evidence regarding the effectiveness of conditional cash transfers on child nutritional outcomes is still mixed. A number of studies show that conditional transfers contribute to improving linear growth and reducing stunting, especially when combined with education and health service components, although the magnitude of the effect varies between contexts ([Manley et al., 2022](#); [Nurkhalim et al., 2022](#); [Safira & Mostafa, 2023](#)). These findings indicate that PKH's success in reducing stunting is very dependent on the quality of the mentoring and education components, not just on the distribution of funds.

Nutrition education and behavior change communication interventions have been proven to be effective in increasing maternal knowledge, attitudes and parenting practices. Systematic reviews and intervention studies report increased knowledge and improved feeding practices after providing planned nutrition education ([M. E. Daryati et al., 2026](#); [Maidelwita et al., 2024](#); [Prasetyo et al., 2023](#)). Culturally relevant and sustainable health communication strategies strengthen acceptance of nutrition messages at the community level ([Eka Daryati & Sadiana, 2025](#); [Putri et al., 2025](#); [Ridho et al., 2023](#)). This mechanism theoretically underlies the relevance of the P2K2 Health and Nutrition Module as a means of preventing family-based stunting. Based on these gaps, this research aims to comprehensively evaluate the implementation of the P2K2 Health and Nutrition Module at the sub-

district level. Specifically, this evaluation uses the CIPP framework to analyze the program's context, input, process and product components.

The findings from this research will provide empirical evidence regarding the strengths and weaknesses of program implementation, which will form the basis for formulating measurable and actionable policy recommendations. These recommendations are intended for program managers and relevant stakeholders to optimize the effectiveness and sustainability of interventions. Academically, this study also contributes to program evaluation literature in Indonesia by presenting examples of the application of the CIPP model to national scale social interventions.

Tanjung Jaya sub-district was chosen as the research locus because it has a significant number of KPM PKH with ongoing P2K2 implementation, while still facing the challenge of cases of stunting under five. This research aims to evaluate the implementation and results of the P2K2 Health and Nutrition Module on efforts to prevent stunting in KPM PKH using the CIPP model. The novelty of this research lies in the integration of the CIPP framework with a mixed methods design to evaluate the convergence of stunting interventions specifically at the sub-district level, a contextual approach that differentiates it from previous evaluation studies.

METHODOLOGY

Types of Research

This research is an evaluative research using the Context-Input-Process-Product (CIPP) model approach which was developed to assess the program as a whole from planning to achieving results (Dizon, 2023; Noorliyana et al., 2025). The design used is a mixed-methods sequential explanatory type, namely collecting and analyzing quantitative data in the first stage, which is then deepened with qualitative data in the second stage.

Time and Place of Research

The research was carried out in Tanjung Jaya Village for four months from January to April 2025, covering the stages of instrument preparation, data collection and analysis.

Research Targets (Population and Sample)

The research population was all PKH KPM who took the P2K2 Health and Nutrition Module and had pregnant mothers and/or toddlers. The quantitative sample size of 96 respondents was determined through statistical power analysis with confidence level parameters of 95%, test power ($1 - \beta$) of 0,80, and medium effect size ($d = 0,50$) using a two-sided test, which resulted in a minimum

requirement of 90 respondents, then rounded to 96 to accommodate the potential for incomplete data and ensure proportional representation based on mentoring groups. Qualitative informants were selected purposively, including four PKH social assistants, three sub-district coordinators, four posyandu cadres, two community health center nutrition workers, and three KPM representatives (a total of 16 informants), with data saturation evaluated by recording new codes on each transcript sequentially and data collection was stopped after the last three interviews did not produce new themes or codes.

Data Collection Techniques and Instrument Development

Evaluation variables are described into four CIPP components. The context component assesses the suitability of program objectives with needs and regulations; input assessing the availability of modules, accompanying capacity, facilities and funding; process of assessing session implementation, delivery methods, attendance, and verification of commitment; and the product assesses changes in KPM nutrition knowledge and practices as well as indicators of stunting prevention.

The quantitative instrument is in the form of a calibrated questionnaire of knowledge (15 items) and nutritional practices (12 items), with validity proven through the range of calculated r values which need to be reported explicitly here along with the r table thresholds used, as well as reliability proven through the Cronbach alpha coefficient which also needs to include the actual value for each subscale, supported by a document review sheet. The qualitative instrument used a semi-structured interview guide and focused group discussions with key questions regarding implementation barriers and participants' perceptions of program effectiveness.

Data analysis

Data collection was carried out through measuring knowledge and practice before and after a series of P2K2 sessions, implementation observations, document reviews (modules, attendance lists, accompanying reports), in-depth interviews, and focus group discussions. Quantitative data was analyzed descriptively and inferentially, where the data distribution for each variable was evaluated first using the Shapiro-Wilk normality test so that variables with a Shapiro-Wilk p value above 0,05 were analyzed using the paired t test, while variables with a non-normal distribution were analyzed using the Wilcoxon test, with a significance limit of $p < 0,05$. The scores for each CIPP component are converted into poor, sufficient and good categories.

Qualitative data is analyzed using thematic analysis through the stages of data reduction, presentation, and drawing conclusions, then integrated with quantitative findings at the interpretation stage through a narrative weaving strategy, namely each qualitative theme is systematically compared with related statistical results to confirm, explain, or expand the meaning of the quantitative findings. The validity of qualitative data is maintained through triangulation of sources and methods, member checking, and referential adequacy. The study obtained ethical approval from the health research ethics commission, and all participants signed informed consent with a guarantee of confidentiality and the right to withdraw without consequences.

RESULTS AND DISCUSSION

RESULTS

Respondent Characteristics

The number of respondents to this research was 96 people, all of whom were Beneficiary Families (KPM) of the Family Hope Program (PKH). Most of the respondents were in the productive age range, but had lower middle school education and worked in the informal sector. The demographic and socio-economic profiles of respondents are presented in detail to describe the main characteristics of the target groups of social assistance programs who participated in this research. Complete details regarding the characteristics of respondents, including age distribution, education level and type of work, are presented in Table 1.

Table 1. Characteristics of KPM PKH Respondents (n=96)

Characteristics	Category	<i>f</i>	%
Age	20–30 years	34	35,4
	31–40 years	45	46,9
	>40 years	17	17,7
Education	Elementary school/equivalent	29	30,2
	Middle school/equivalent	37	38,5
	High school/equivalent	30	31,3
Work	Housewife	58	60,4
	Workers/traders	38	39,6

Evaluation of CIPP Components

The evaluation results show that the context and input components are in the good category, the process is in the adequate category, and the product is in the good category. The average score

for each component is calculated from the total item score obtained by respondents divided by the maximum score, then multiplied by 100 percent, then categorized based on thresholds that need to be stated explicitly, as presented in Table 2.

Table 2. CIPP P2K2 Component Evaluation Score for Health and Nutrition Module

Component	Main Aspects	(%)	Category
Context	Suitability of goals & needs	85,2	Good
Inputs	Modules, accompanying capacity, facilities	78,6	Good
Process	Implementation & session methods	68,3	Enough
Products	Changes in knowledge & practice	82,4	Good

Changes in Nutrition Knowledge and Practice

Changes in the average increase in nutritional knowledge score from 62,4 to 81,7 and feeding practice score from 58,9 to 79,5 after participating in P2K2. This difference was tested using a paired-samples t-test and showed statistically significant results ($p < 0,05$), with an effect size (Cohen's d) and a confidence interval of 95% for the mean difference which is presented in full in Table 3.

Table 3. Differences in Nutrition Knowledge and Practice Scores Before and After P2K2 (n=96)

Variable	Mean Pre	Average Post	Difference	P-value
Nutrition knowledge	62,4	81,7	19,3	0,000
Feeding practices	58,9	79,5	20,6	0,000
Growth monitoring practices	61,2	83,1	21,9	0,000

Distribution of Knowledge Categories

The proportion of KPM with good knowledge category increased from 27,1% to 70,8%, while the poor category decreased sharply, and the significance of the shift in the distribution of these categories was confirmed through the McNemar test for paired categorical data ($p < 0,05$). An overview of the distribution on which Figure 1 is based (bar graph) is presented in Table 4.

Table 4. Distribution of Nutrition Knowledge Categories Before and After P2K2

Category	Pre (%)	Posts (%)
Good	27,1	70,8
Enough	41,7	24,0
Not enough	31,2	5,2

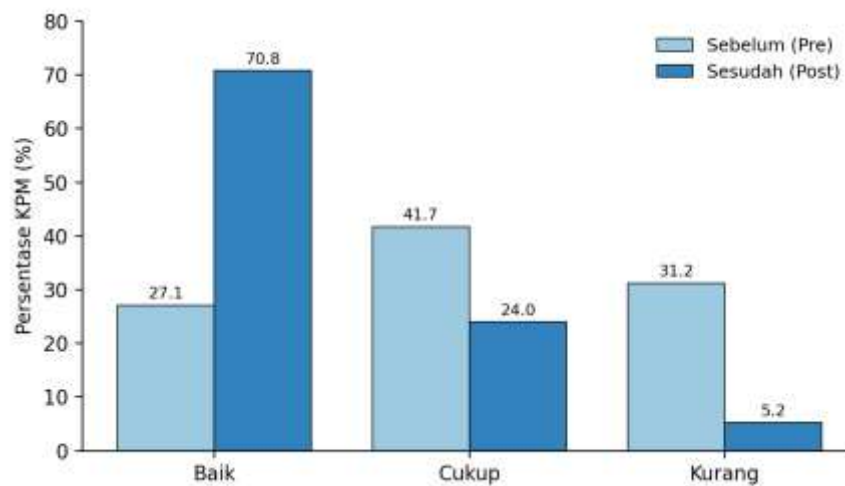


Figure 1. Bar graph comparing distribution of KPM nutrition knowledge categories before and after participating in P2K2 (Data representation Table 4)

Qualitative Findings

Thematic analysis of interviews and focus group discussions produced several themes that explain quantitative achievements, as summarized in Table 5.

Table 5. Summary of Qualitative Themes Based on CIPP Components

Component	Theme	Summary of Findings
Context	Relevance of needs	The module material is assessed according to local family nutrition problems.
Inputs	Companion capacity	Some assistants have not mastered the technical nutrition material in depth.
Process	Delivery method	Sessions tend to be one-way; involvement of health workers is still limited.
Products	Behavior change	Beneficiary families reported improvements in feeding practices and posyandu visiting routines, as evidenced by participant representative expressions regarding their new commitment to serving nutritious menus and regularly monitoring children's growth and development.

DISCUSSION

The evaluation results show that the P2K2 Health and Nutrition Module context component is in the good category, which means the program objectives are in line with family needs and policies to accelerate stunting reduction. These findings strengthen the argument that stunting prevention must be placed within a convergence framework of sensitive and specific interventions that target the root of the problem at the household level ([Tim Nasional Percepatan Penanggulangan Kemiskinan, 2021](#); [UNICEF Indonesia, 2022](#)). High contextual relevance is an important asset, because programs that do not meet needs tend to fail to produce behavior change even though resources are available.

Input components that are in the good category indicate that the modules, facilities and funding are relatively adequate. Qualitative findings actually highlight the limited mastery of technical nutrition material by some social assistants. This is in line with previous studies which found that the quality of delivery of FDS/P2K2 material is very dependent on the capacity of the facilitator, and the involvement of health workers can increase the authority and accuracy of the message ([Umasugi & Hi Adam, 2024](#)). Strengthening the capacity of companions is an important leverage point, because incorrect or superficial nutrition messages risk reducing the effectiveness of education.

Process components that are only categorized as sufficient are the most critical findings. Based on field observation data which shows the dominance of one-way delivery of material without questions and answers, as well as informants' accounts which describe the lack of interactive dialogue and involvement of health workers during the sessions, it was found that these limitations limit the depth of learning, as illustrated by interview quotes and contextual notes presented in the qualitative findings section. The literature confirms that nutrition education interventions that are interactive, use appropriate media, and are sustainable produce increased knowledge and practice that are more consistent compared to passive lecture methods ([Hardiyanti et al., 2024](#); [Maidelwita et al., 2024](#)). Improvements in process aspects through participatory methods, demonstrations and behavior change communication have great potential to increase the impact of the program.

Even though the process was not optimal, the product components showed encouraging results, namely a significant increase in nutritional knowledge and practices. The increase in knowledge score from 62,4 to 81,7 and improvement in feeding practices reflect that P2K2 can be an effective means of knowledge transfer. These findings are consistent with evidence that nutritional education and culturally relevant health communication can improve family nutritional literacy ([M.](#)

E. Daryati et al., 2026; Putri et al., 2025; Ridho et al., 2023). Increased maternal knowledge has strategic significance because it correlates with better parenting and feeding practices in the first 1.000 days of life (Anjani et al., 2024; Mustika, 2025; Wulandari et al., 2025)

The relationship between increasing knowledge and reducing stunting is not direct, so it needs to be interpreted carefully. Evidence regarding the effectiveness of interventions such as conditional cash transfers on anthropometric outcomes shows heterogeneous results; the impact on linear growth is likely to be small, only observed in the long term, and depends on the combination with a strong nutritional component and health services (Manley et al., 2022; Safira & Mostafa, 2023). Increasing knowledge is an important intermediate indicator, but does not automatically reduce the prevalence of stunting without the support of adequate nutritional intake, improved sanitation and growth monitoring.

The multifactorial determinants of stunting emphasize the need for a holistic approach. Factors such as low consumption of animal protein, limited access to clean water and sanitation, and socio-economic conditions also determine the success of preventing (Arief et al., 2025; Cahyani, 2025; Gunawan et al., 2022). The P2K2 Health and Nutrition Module should not stand alone, but should be integrated with posyandu services, supplementary feeding and environmental interventions so that behavioral changes can be translated into improvements in children's nutritional status (Chandratika, 2025). Guidelines for feeding infants and children are an important reference in standardizing material and achievement indicators for (World Health Organization & UNICEF, 2021).

The use of the CIPP model in this research provides a more complete picture than an evaluation that only focuses on outcomes. By tracing context, input, process, and product sequentially, the source of weaknesses can be identified at the process and input capacity stages, not at the relevance of the goal. This approach is in line with the application of CIPP to the evaluation of other health policies and programs that emphasize improvement orientation and decision making (Dizon, 2023; Widiati & Ainy, 2022). The implication is that policy recommendations can be directed precisely at strengthening the capacity of companions and improving delivery methods.

This research has limitations, namely an evaluative design without a control group which limits drawing causal conclusions, outcome measurements that still focus on intermediate indicators such as knowledge and practice rather than long-term changes in anthropometric status, and the potential for social desirability bias in independent measurements. Future research is recommended to use a quasi-experimental design with a comparison group and an adequate follow-up period to directly assess the impact on stunting prevalence.

CONCLUSION

Evaluation of the P2K2 Health and Nutrition Module Program for KPM PKH in Tanjung Jaya Village using the CIPP model shows that the context, input and product components are in the good category, while the process components are in the sufficient category. It should be noted that the absence of a control group and the potential for bias in the measurements limit the generalizability of the findings. The success of this program is reflected in the increase in family nutrition knowledge and practices, as evidenced by a statistically significant increase in knowledge scores and feeding practices, as well as an increase in the proportion of KPM in the good knowledge category.

These findings indicate that the P2K2 Health and Nutrition Module acts as a family-based educational tool that can increase knowledge and parenting practices as an intermediate indicator in supporting stunting prevention efforts. Weaknesses remain identified in process components. The method of delivering material by mentors which tends to be one-way and limited mastery of the substance are limiting factors that need to be immediately addressed, including through periodic simulation-based training for mentors at least twice per semester as well as the implementation of monthly field supervision by district coordinators to ensure mastery of the material and two-way interaction during educational sessions.

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