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ARTICLE

THE ROLE OF THE COMMUNITY AND VILLAGE EMPOWERMENT AGENCY (DPMD) IN GUIDING THE PKK HEALTH PROGRAM (A CASE STUDY OF COWEK VILLAGE, PURWODADI DISTRICT, PASURUAN REGENCY)

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Abstract

Village development is not only directed at physical infrastructure but also at strengthening community capacity, and health remains one of the most critical dimensions of family welfare. The Family Welfare Movement (PKK) in the health sector plays a strategic role in supporting community-based health services, yet its implementation depends heavily on the guidance provided by the local Community and Village Empowerment Agency (DPMD). Preliminary observations in Cowek Village, Purwodadi Subdistrict, Pasuruan Regency indicated that the PKK health program has been carried out routinely by the PKK Mobilization Team together with health workers, while DPMD's guidance function has mostly been carried out through coordination and capacity-building rather than direct field assistance. This phenomenon raises the need to examine how DPMD performs its role as the supervisor of the PKK health program. This study aims to describe the role of DPMD Pasuruan Regency as the supervisor of the PKK Health Program in Cowek Village. This research used a qualitative approach with a descriptive case study method. Data were collected through in-depth interviews with DPMD officials, the Village Head, the head of the Village PKK Mobilization Team, PKK cadres, the village midwife, and community members, complemented by field observation and documentation. Data were analyzed through data collection, data reduction, data display, and conclusion drawing, guided by Biddle and Thomas's role theory covering the indicators of norm, expectation, performance, evaluation, and sanction. The results show that DPMD has carried out its supervisory role adequately through cadre training, coordination meetings, information facilitation, and administrative guidance, all grounded in the national PKK policy and adapted to each village's needs. All stakeholders share a common expectation that guidance should be more intensive, while DPMD applies a developmental rather than punitive approach toward underperforming activities. However, direct field mentoring has not been carried out routinely due to the large number of villages under DPMD's supervision, indicating a condition of role strain rather than a lack of normative clarity or commitment. This study recommends strengthening DPMD's institutional capacity through additional supervisory personnel and zone-based mentoring schedules to make guidance more equitable and sustainable.

Keywords: DPMD, Role, PKK Program, Health, Village Empowerment

A. INTRODUCTION

Rural development is directed not only toward infrastructure development but also toward improving the quality of human resources so that communities can develop independently and sustainably. The success of rural development is heavily influenced by the level of community participation, making community empowerment an essential approach to enhancing community capacity, knowledge, skills, and awareness in identifying and developing their potential (Hidayat et al., 2024). Based on Regional Government Law Number 23 of 2014, the local government established the Community and Village Empowerment Office (DPMD) of Pasuruan Regency as the regional apparatus responsible for policy formulation, program execution, and the coordination of rural community empowerment (Addinari et al., 2025).

One of the core programs under the guidance of the DPMD is the Family Welfare Empowerment Program (PKK) in the Health Sector, which aims to improve family health quality through activities such as integrated health posts for toddlers (*Posyandu balita*), elderly health posts (*Posyandu lansia*), maternal and child health services, stunting prevention, family planning socialization, family nutrition improvement, and the implementation of Clean and Healthy Living Behaviors (PHBS). Cowek Village, Purwodadi District, Pasuruan Regency, is one of the villages actively implementing this program. However, preliminary observations indicate that health activities in the field are primarily executed by the PKK Mobilization Team together with health workers, whereas the DPMD, serving as the guiding agency, predominantly operates through cadre training, coordination meetings, and facilitation, without directly engaging in every activity implementation at the village level.

Previous studies regarding the role of the DPMD generally discuss issues related to Village Budget (*APBDes*) assistance (Alif & Choiriyah, 2025), empowerment through Village-Owned Enterprises (*BUMDes*) (Hidayat et al., 2024), village fund reporting administration (Addinari et al., 2025), or village institutional harmonization; however, none have specifically examined the role of the DPMD as a mentor for family-based health PKK programs. The novelty of this study lies in the application of Biddle and Thomas's role theory to analyze the gap between ideal expectations and real execution in DPMD guidance for community-institutional-based programs such as PKK, an area rarely addressed by public administration studies at the village level. The urgency of this study rests on the need to map out appropriate forms of guidance so that the DPMD's function as a facilitator does not stop at a merely coordinative level, but is also capable of addressing real needs in the field.

Based on this background, the purpose of this study is to determine how the Community and Village Empowerment Office of Pasuruan Regency functions as a mentor for the PKK health sector program in Cowek Village. This research is expected to provide an academic contribution to the development of public administration and rural community empowerment studies, as well as a practical contribution to the DPMD, the village government, and the PKK Mobilization Team in strengthening the implementation of mentorship functions (Terry, 2019).

B. LITERATURE REVIEW

Public administration is understood as the process of managing governmental affairs aimed at serving the public interest, while also acting as the executor of policies formulated by legislative bodies. According to Nicholas Henry (1989, as cited in Sukma et al., n.d.), public

administration functions to realize the objectives of programs established by policymakers, whereas Hughes (1994) emphasizes public administration as an activity focused on community service.

Public policy is understood as decisions and actions designed and implemented by the government to address societal problems and achieve shared goals (Dye in Ayuningtyas, 2014, as cited in Marwiyah, 2022; Anderson in Agustino, 2017). The DPMD, as a regional apparatus organization established based on regional regulations, holds a strategic function in the guidance and supervision of village government administration, including institutional mentoring and capacity building for village apparatuses (Rahayu, 2016).

The analytical framework of this study is based on role theory according to Biddle and Thomas, which explains a role as a set of expectations attached to an individual or institution occupying a specific position, reflected through norms, behaviors, and evaluations from the social environment. Biddle and Thomas divide role theory into five interrelated primary elements: expectation, norm, performance, evaluation, and sanction (as cited in Hidayatullah & Yani, 2022). Expectations and norms describe societal demands regarding the behavior that should be exhibited according to one's position, which are then manifested through tangible actions (performance), evaluated by the surrounding environment (evaluation), and may entail consequences (sanction) if they fail to meet expectations.

This role theory is relevant for analyzing how the DPMD carries out its role as a mentor for the PKK Health Sector Program in Cowek Village, as it is capable of explaining the alignment between assigned duties and the execution of guidance in the field, along with the influencing factors.

C. RESEARCH METHODOLOGY

This study employs a qualitative approach with a descriptive method. According to Creswell (2018, as cited in Ratnaningtyas et al., n.d.), a qualitative descriptive approach aims to present a clear, comprehensive, and detailed description of the phenomenon under study based on natural conditions in the field. The research was conducted in Cowek Village, Purwodadi District, Pasuruan Regency, which was selected due to its active implementation of the PKK Health Sector Program.

The focus of the research is the role of the DPMD as a mentor for the PKK Health Sector Program, analyzed using the five indicators of Biddle and Thomas's role theory, namely norm, expectation, sanction, evaluation, and performance. Data sources consist of primary data obtained directly through interviews and observations, as well as secondary data in the form of relevant documents, reports, and archives (Namira, 2020, as cited in Ratnaningtyas et al., n.d.).

Data collection was carried out through three techniques: semi-structured in-depth interviews, direct observation, and documentation. Informants were selected purposively, comprising DPMD officials, the Head of Cowek Village, the Chairperson of the Cowek Village PKK Mobilization Team (TP PKK), Working Group IV (Health) PKK cadres, the village midwife, and beneficiary community members. Data analysis was conducted through four stages: data collection, data reduction, data display, and drawing conclusions (Ratnaningtyas et al., n.d.).

D. RESULT AND DISCUSSION

Overview of the Implementation of the PKK Health Sector Program in Cowek Village

Cowek Village is divided into six hamlets and features hilly topography, with the population's primary livelihoods relying on the agricultural and livestock sectors. The PKK Health Sector Program is carried out by the PKK Mobilization Team alongside the village midwife and the village government, encompassing Toddler Integrated Health Posts (*Posyandu Balita*), Elderly Integrated Health Posts (*Posyandu Lansia*), Maternal and Child Health (MCH), Family Planning (FP), stunting prevention, and Clean and Healthy Living Behaviors (PHBS). PKK cadres play roles in socialization, registration, and administration, whereas the village midwife handles medical services.

Analysis of the DPMD's Role Based on Biddle and Thomas's Role Theory

Under the norm indicator, DPMD's guidance adheres to national PKK Movement provisions, local government policies, and the Regency TP PKK work program. As stated by a DPMD official, *"Our baseline is essentially government policy concerning community empowerment and the PKK Movement, and its execution is then adapted to existing programs and needs within the village"* (DPMD of Pasuruan Regency, interview). These regulations are transmitted through hierarchical levels down to the cadre level, creating a relatively uniform understanding to serve as the foundation for field guidance implementation.

Under the expectation indicator, all informants—including the DPMD, village government, PKK cadres, village midwife, and community members—share aligned expectations that PKK cadres remain the primary drivers of health activities and that DPMD guidance be delivered more intensively and sustainably. This shared expectation demonstrates a strong normative consensus, even though the DPMD itself acknowledges personnel limitations and the vast number of guided villages as constraints to fully realizing these expectations.

Under the sanction indicator, the DPMD consistently applies a positive reinforcement approach in the form of appreciation during evaluation forums and PKK competitions, rather than imposing strict administrative sanctions. If an activity fails to meet target standards, the steps taken involve re-coordination and re-guidance rather than penalization. This approach effectively maintains harmonious working relationships, although it may lack strong push-factor leverage for parties whose performance remains suboptimal.

Under the evaluation indicator, evaluation is conducted through coordination meetings, village activity reports, and TP PKK guidance outcomes. Success indicators include cadre active participation, material application capabilities, activity execution, administrative completeness, and inter-party coordination. This relatively comprehensive evaluation aligns with the positive perceptions of the village midwife and community, who assess that Posyandu operations and health counseling sessions run fairly well and prove beneficial.

Under the performance (manifestation of behavior) indicator, the DPMD has realized its guiding role through cadre training, coordination meetings, needs-based mentoring, information facilitation, coordination with relevant Regional Apparatus Organizations (OPD), and administrative guidance. Nevertheless, obstacles such as the large number of guided villages, conflicting activity schedules across villages, and varying needs within each village indicate a condition of role strain—namely, difficulty in optimally fulfilling all role demands

due to resource limitations, rather than a conflict in norms or expectations. A summary of findings across the five indicators is presented in Table 2.

Table 1. Summary of DPMD role analysis based on Biddle and Thomas's role theory indicators

No	Role Indicators	Key Findings
1	Norm	Guidance and development efforts are guided by the national PKK movement, local government policies, and the Regency-level PKK Team's work program; these are cascaded down to the village and cadre levels, with implementation tailored to the specific needs of each village.
2	Expectation	There is a shared expectation among the Community and Village Empowerment Agency (DPMD), village governments, PKK cadres, village midwives, and the community that this guidance be conducted more intensively and sustainably, despite the resource constraints faced by the DPMD.
3	Sanction	The approach employed focuses on positive reinforcement (appreciation and motivation) and refresher guidance rather than strict administrative sanctions.
4	Evaluation	Evaluations are conducted through coordination meetings, village activity reports, and the results of guidance provided by the PKK Team, using indicators such as cadre engagement, material application, activity implementation, administration, and inter-party coordination.
5	Performance	Guidance is delivered through cadre training, coordination meetings, information facilitation, coordination with relevant regional government agencies, and administrative support; however, direct on-site assistance to villages is not yet routine due to the extensive scope of the villages under supervision.

Source: Compiled from research interviews and observations.

Supporting and Inhibiting Factors

Factors supporting the execution of the DPMD's role include the existence of a clear normative basis, aligned expectations between the DPMD and the parties being guided, the establishment of a role set involving village governments, PKK cadres, and village midwives, and a reasonably comprehensive assessment mechanism. Meanwhile, inhibiting factors include the limited number of DPMD personnel relative to the number of villages under their guidance, variations in cadre activity schedules across villages, differences in capabilities and needs among villages, and time constraints faced by community members and cadres due to work commitments.

E. CONCLUSION

The Pasuruan Regency Community and Village Empowerment Agency (DPMD) has effectively fulfilled its role in guiding the Health-focused PKK Program in Cowek Village, operating within its mandated authority. Regarding norms, this guidance adheres to PKK Movement regulations and local government policies, which are cascaded down and tailored to specific village needs. In terms of expectations, the DPMD and the program participants share a mutual understanding regarding the importance of sustained guidance. Regarding sanctions, the DPMD prioritizes a persuasive approach offering appreciation and refresher

guidance—over imposing administrative penalties. Evaluations are comprehensive, covering activity levels, competence, outputs, administration, and inter-institutional coordination. In terms of behavioral implementation, guidance is delivered through cadre training and coordination meetings; however, direct on-site village support has not been evenly distributed due to resource constraints and the vastness of the service area a situation understood within role theory as "role strain."

This study is limited by its focus on a single village using a descriptive qualitative approach; therefore, findings should be generalized with caution. Future efforts to strengthen the DPMD's role should focus on enhancing institutional capacity such as by increasing the number of guidance personnel and scheduling support based on regional zoning—to ensure that the Health-focused PKK Program guidance is delivered more equitably and sustainably across all villages under its purview.

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