

# An Analysis Of Health Promotion Strategies For Stunting Reduction In The Operational Area Of Minanga Public Health Center, Manado City

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## Abstract.

*Background:* Stunting remains a significant public health challenge in Indonesia, including in Manado City. Despite various government initiatives, the prevalence of stunting persists due to complex contributing factors such as poor nutrition, inadequate parenting, and limited access to health services. *Objective:* This study aimed to analyze the implementation of health promotion strategies—specifically advocacy, social support, and community empowerment—in reducing stunting prevalence in the working area of Puskesmas Minanga, Manado. *Methods:* A qualitative study with an exploratory design was conducted from June to July 2025. Data were collected through in-depth interviews, direct observations, and document analysis involving 10 purposively selected informants: program managers, community leaders, and mothers of under-five children. Data were analyzed using content analysis guided by the Miles and Huberman model, involving data reduction, display, and conclusion drawing. *Results:* The findings revealed that (1) advocacy was carried out through mini-workshops and coordination with local stakeholders, although policy support and budgeting remained limited; (2) social support involved active participation of religious and community leaders in encouraging healthy practices, yet lacked formal community-based structures; and (3) community empowerment focused on cadre training and health education through monthly Posyandu activities, though constrained by funding and attendance issues. *Conclusion:* Health promotion strategies—when applied in an integrated manner—showed potential to reduce stunting prevalence. However, sustainability depends on stronger policy commitment, consistent funding, and wider community involvement. Strengthening intersectoral collaboration and community ownership is essential to enhance the effectiveness of stunting prevention programs.

**Keywords:** Stunting, Health Promotion; Advocacy; Social Support; Community Empowerment and Puskesmas Minanga.

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## I. INTRODUCTION

Stunting remains one of the major public health challenges in Indonesia, particularly in urban areas such as Manado City. Stunting is a condition of impaired growth and development in children resulting from chronic malnutrition, repeated infections, and suboptimal parenting, especially during the first 1,000 days of life. According to the Indonesian Ministry of Health, although there has been a decline in stunting prevalence in recent years, the rate remains high. In response, the Indonesian government has adopted multiple strategies to tackle stunting, one of which involves health promotion at the primary healthcare level, notably through community health centers (puskesmas). Puskesmas Minanga plays a critical role in health education related to nutrition, childcare, and child growth monitoring in Manado City. However, several challenges hinder the effectiveness of these health promotion initiatives. These include limited community awareness and understanding, resource constraints at the puskesmas, socio-cultural barriers such as early marriage and poor feeding practices, limited access to health information and services, and weak intersectoral coordination among stakeholders. Recent data from the North Sulawesi BKKBN (2023) indicate that the prevalence of stunting in Manado increased from 18.4% in 2022 to 21.8% in 2023.

Specifically, in the Puskesmas Minanga working area, five out of 1,197 children under five were identified as stunted in 2024, compared to only one in 2023. Risk factors identified include early marriage, poor sanitation, low access to clean water, and low maternal education, especially among young

mothers. Stunting poses a serious threat to a child's physical and cognitive development and can lead to long-term adverse outcomes such as impaired brain function, increased susceptibility to chronic diseases, and reduced productivity in adulthood. Therefore, enhanced health promotion programs are essential to increase community knowledge and awareness regarding proper parenting, sanitation, and nutrition practices, ultimately reducing stunting prevalence. Based on this context, the researcher is interested in analyzing the health promotion strategies employed in stunting prevention within the working area of Puskesmas Minanga, Manado City. The study focuses on three key strategies: advocacy, social support, and community empowerment, and aims to explore how these are implemented and their influence on reducing stunting cases.

## II. METHODS

### *Study Design*

This research utilized a **qualitative method** with an **exploratory approach** to obtain descriptive data in the form of words, not numbers. The findings are presented narratively to describe the real phenomena and contextual factors related to health promotion strategies in stunting prevention.

### *Study Setting and Period*

The study was conducted in the working area of **Puskesmas Minanga**, North Manado, from **June 2025** to **July 2025**.

### *Focus of the Study*

The primary focus of the study was to analyze the health promotion strategies implemented by Puskesmas Minanga to reduce the incidence of stunting. The research specifically examined the effectiveness, challenges, and impact of the strategies on community knowledge and behavior regarding stunting prevention.

### *Participants and Sampling*

A total of **10 informants** were purposively selected based on their relevance and knowledge about the topic, including:

- Health promotion program manager
- Nutrition program manager
- Two village heads (Lurah)
- Six mothers of children under five

The sampling technique used was **purposive sampling**, where informants were selected according to predefined criteria, such as direct involvement in stunting-related programs or being a caregiver of a child with stunting.

### *Data Sources*

- **Primary data** were obtained through **in-depth interviews** and **direct observation** with selected informants.
- **Secondary data** included literature reviews from journals, previous research, and other relevant documents.

### *Data Collection Techniques*

- **Interviews:** Semi-structured interviews were conducted to explore the informants' perspectives and experiences.
- **Observation:** Field observations were carried out at Puskesmas and during community health activities (e.g., Posyandu).
- **Documentation:** Supporting evidence such as photographs, reports, and other relevant records were collected to strengthen data validity.

### *Research Instruments*

Two instruments were used:

- **The researcher** served as the main instrument, in accordance with qualitative research norms.

- **Interview guide** with semi-structured questions was prepared to ensure flexibility while maintaining research focus.

#### Data Analysis

The data were analyzed using **content analysis** with the framework of **Miles and Huberman**, which consists of three steps:

1. **Data Reduction:** Selecting, focusing, and simplifying data that are relevant to the research questions.
2. **Data Display:** Presenting data in narrative form and thematic matrices to aid interpretation.
3. **Conclusion Drawing and Verification:** Drawing meaning from the data and verifying conclusions through triangulation.

#### Data Validity

To ensure data credibility, **triangulation** was applied by comparing findings from multiple sources and methods. The types of triangulation used include:

- **Source triangulation:** Comparing information from different informants (e.g., health workers, village leaders, mothers).
- **Method triangulation:** Using interviews, observations, and documentation simultaneously.

### III. RESULT AND DISCUSSION

#### *Overview of the Study*

The study was conducted from **June 20 to July 4, 2025**, at **Puskesmas Minanga**, Manado. Data collection involved direct observations, interviews with ten informants including health program officers, village leaders, and mothers of stunted children and documentation of relevant records. Informants were selected using **purposive sampling** to ensure relevant perspectives on health promotion strategies.

#### *Informant Characteristics*

Informants included two village heads (aged 45–55), two health officers (aged 35–44), and six mothers of children under five (aged 17–25), with educational backgrounds ranging from elementary to university level. The variety of informants provided comprehensive insight into the implementation and perception of stunting prevention strategies.

#### *Advocacy*

The advocacy strategy implemented by Puskesmas Minanga involved structured efforts to engage decision-makers and stakeholders at various levels, including sub-district heads (Camat), village leaders (Lurah), and health cadres. These efforts took place through both formal and informal meetings, often organized as quarterly mini-workshops (**minilokakarya**) that allowed for cross-sectoral dialogue. During these sessions, health officials presented current data on stunting cases and contributing factors, emphasizing the need for multisectoral cooperation.

Key advocacy outcomes included limited yet notable improvements in collaboration across government units, the facilitation of PMT (Pemberian Makanan Tambahan or supplementary feeding) for malnourished children and pregnant women, and advocacy for providing BPJS health insurance for low-income families. However, several critical challenges were identified. First, there was limited follow-up and enforcement of agreed-upon policies. Despite commitments, many village-level regulations had not yet been formalized or implemented. Additionally, budgetary constraints significantly hindered the ability to train and mobilize cadres regularly. This aligns with findings from **Wirawan et al. (2025)** and **Syafiga (2023)**, which suggest that while advocacy can successfully raise awareness among policymakers, the lack of concrete policy frameworks and budget allocations remains a barrier to sustainable stunting prevention programs.

#### *Social Support*

Social support played a pivotal role in shaping community attitudes toward stunting prevention. Puskesmas Minanga effectively engaged influential figures such as religious leaders, village heads, and community elders to disseminate health information and motivate families. These leaders used both

traditional and modern communication methods—such as public announcements via loudspeakers and WhatsApp group messages—to inform mothers about Posyandu schedules and encourage attendance. Moreover, these leaders made home visits to stunted children's families to provide emotional support, guidance on childcare, and occasionally distributed food aid independently of government programs. These actions created a culturally grounded support system that helped bridge the trust gap between healthcare workers and the community.

Nevertheless, this approach was not without its limitations. The absence of formal, structured community support groups limited the sustainability and scalability of these efforts. Much of the success depended on individual leaders' personal initiatives and availability. Additionally, digital communication channels such as WhatsApp were not universally accessible, especially among families with limited technological literacy. These findings are consistent with **Tiyas et al. (2023)**, who highlight the role of religious and community support in improving the effectiveness of nutritional interventions. However, the study suggests expanding community engagement to include more organized support networks and integrating social media outreach to ensure wider coverage.

#### *Community Empowerment*

Community empowerment activities at Puskesmas Minanga centered around capacity-building for health cadres and promoting community participation in health services. This was achieved through orientation sessions, which were typically held once per year, and more frequent health education sessions conducted monthly during Posyandu. Health promotion materials such as posters and leaflets were also distributed to enhance knowledge transfer. Cadres, along with the PKK (Family Welfare Movement), played a vital role in facilitating these programs, helping monitor children's growth, and promoting better hygiene and nutrition practices among mothers. The program also encouraged collaboration between neighborhood heads (RT/RW), community volunteers, and local government units to ensure that Posyandu services reached the targeted families. Despite these efforts, several challenges were observed.

Limited funding hindered the frequency and quality of orientation sessions, while logistical constraints, such as lack of transportation or child care, affected attendance. Furthermore, not all community members perceived ownership of these programs, which impacted engagement levels. Still, the empowerment approach led to several positive outcomes: increased knowledge among cadres and mothers, improved participation in monthly growth monitoring, and strengthened roles of PKK groups in local health promotion. These findings are aligned with studies by **Ismainar (2022)** and **Yuliani (2021)**, which emphasize that community-led education initiatives—especially during pregnancy and early childhood—can significantly reduce the risk of stunting. To enhance effectiveness, future interventions should consider forming dedicated **anti-stunting community groups** to foster peer-led initiatives, facilitate early detection, and sustain behavioral change across generations.

#### *Synthesis of Findings*

The study demonstrates that advocacy, social support, and community empowerment are interconnected and mutually reinforcing strategies in reducing stunting prevalence. While each component contributed valuable outcomes policy engagement, emotional support, and behavior change—their overall effectiveness was constrained by limited resources, weak intersectoral coordination, and lack of policy integration. Strategic refinement and stronger institutional backing are needed to scale these approaches and ensure long-term impact in stunting reduction efforts at the community level.

## **IV. CONCLUSION**

This study explored the implementation of health promotion strategies in reducing stunting within the working area of **Puskesmas Minanga**, Manado. The findings highlight the critical role of three key strategies—**advocacy**, **social support**, and **community empowerment**—in addressing stunting as a complex public health issue influenced by behavioral, environmental, and socio-economic factors.

1. **Advocacy** efforts have succeeded in initiating dialogue with key stakeholders through formal and informal mechanisms. These included mini-workshops and meetings with local government leaders to present data and seek policy and financial support. Although awareness and limited cooperation

were achieved, the absence of formal policy mandates and consistent funding remains a significant limitation. The advocacy strategy requires institutionalization through local regulations and sustainable financial planning.

2. **Social support** from community figures—particularly religious leaders, village officials, and health cadres—proved highly influential in changing parental behavior. These individuals served as trusted messengers who motivated mothers to engage with Posyandu services, maintain hygiene, and ensure proper nutrition. However, the lack of structured community support systems and over-reliance on informal initiatives pose a risk to long-term continuity and scale.
3. **Community empowerment**, especially through the involvement of health cadres and family welfare groups (PKK), enabled the dissemination of health information and promoted regular child growth monitoring. Monthly Posyandu sessions served as an effective platform for delivering health education. Nevertheless, constraints such as limited budget for training and inconsistent participation highlight the need for more robust community mobilization mechanisms.

## REFERENCES

- [1] Ahmad, K. (2014). *Promosi Kesehatan*. Jakarta: Raja Grafindo Persada.
- [2] Alba, A. D., Suntara, D. A., & Siska, D. (2021). The relationship between BBLR history and stunting incidents in toddlers in the work area of the Sekupang Health Center, Batam City in 2019. *Journal of Research Innovation*, 1(12), 329–334.
- [3] Armstrong, G., & Kotler, P. (2015). *Dasar-dasar Pemasaran* (A. Sindoro & B. Molan, Trans.). Jakarta: Prenhalindo.
- [4] Assauri, S. (2017). *Manajemen Pemasaran*. Jakarta: PT Raja Grafindo Persada.
- [5] Budio, D. (2019). *Strategi Promosi Kesehatan dalam Pencegahan Penyakit*. Jakarta: CV. Mitra Cendekia Press.
- [6] Hamdani, M. (2013). *Promosi Kesehatan untuk Kebidanan dan Keperawatan*. Jakarta: Salemba Medika.
- [7] Ismainar, H. (2022). The effect of health education using leaflet media on the knowledge of pregnant women about stunting prevention. *Jurnal Kebidanan*, 11(2), 87–94.
- [8] Kementerian Kesehatan Republik Indonesia. (2016). *Peraturan Menteri Kesehatan Nomor 97 Tahun 2014 tentang Pelayanan Kesehatan Masa Sebelum Hamil, Masa Hamil, Persalinan, dan Masa Sesudah Melahirkan, Pelayanan Kontrasepsi serta Pelayanan Kesehatan Reproduksi*. Jakarta.
- [9] Kementerian Kesehatan Republik Indonesia. (2017). *Pedoman Umum Program Indonesia Sehat dengan Pendekatan Keluarga*. Jakarta: Kemenkes RI.
- [10] Kementerian Kesehatan Republik Indonesia. (2018). *Laporan Nasional Riskesdas 2018*. Jakarta: Badan Penelitian dan Pengembangan Kesehatan.
- [11] Kementerian Kesehatan Republik Indonesia. (2023). *Data Stunting Nasional Tahun 2023*. Jakarta: Direktorat Gizi dan Kesehatan Ibu dan Anak.
- [12] Marrus, D. (2017). *Komunikasi Kesehatan Masyarakat: Pendekatan Interdisipliner*. Yogyakarta: Graha Ilmu.
- [13] Miles, M. B., & Huberman, A. M. (2020). *Qualitative Data Analysis: An Expanded Sourcebook* (3rd ed.). Thousand Oaks, CA: Sage.
- [14] Ngaisyah, N. (2015). Factors influencing stunting in toddlers: An epidemiological review. *Jurnal Gizi dan Dietetik Indonesia*, 3(2), 104–110.
- [15] Novianti, R., et al. (2020). Determinants of stunting in children under five years in Indonesia. *Malaysian Journal of Public Health Medicine*, 20(3), 223–229.
- [16] Olsa, Y., Sulastri, D., & Anas, E. (2017). Association between maternal knowledge and stunting among school-entry children in Padang. *Jurnal Kesehatan Andalas*, 6(2), 153–160.
- [17] Rahayu, T., Anindyajati, G., & Puspitasari, D. (2018). Mother's education and stunting incidence: A cross-sectional study. *Jurnal Gizi dan Pangan*, 13(1), 21–28.
- [18] Ramiza, R., et al. (2021). Faktor-faktor penyebab stunting pada balita: Studi kasus di Provinsi Aceh. *Jurnal Kesehatan Masyarakat Aceh*, 6(2), 80–88.
- [19] Solang, M., et al. (2016). *Strategi Promosi Kesehatan Berbasis Pemberdayaan Masyarakat*. Makassar: Pustaka Nusantara.
- [20] Subaris, M. (2016). *Pemberdayaan Masyarakat dalam Promosi Kesehatan*. Surabaya: Airlangga University Press.

- [21] Sugiyono. (2016). *Metode Penelitian Kuantitatif, Kualitatif, dan R&D*. Bandung: Alfabeta.
- [22] Sugiyono. (2022). *Statistika untuk Penelitian*. Bandung: Alfabeta.
- [23] Syafiga, N. (2023). Peran Musrenbang dalam peningkatan pembangunan desa. *Jurnal Ilmu Pemerintahan*, 9(1), 33–44.
- [24] Tiyas, R., Putri, R. D., & Wulandari, S. A. (2023). The role of social support and religious leaders in maternal behavior change toward stunting prevention. *Jurnal Promosi Kesehatan Indonesia*, 18(2), 110–117.
- [25] WHO. (2014). *Global Nutrition Targets 2025: Stunting Policy Brief*. Geneva: World Health Organization.
- [26] WHO. (2020). *Levels and Trends in Child Malnutrition: UNICEF/WHO/World Bank Group Joint Child Malnutrition Estimates*. Geneva: WHO.
- [27] Wirawan, Y., et al. (2025). Advokasi dalam promosi kesehatan berbasis data: Studi implementasi di wilayah timur Indonesia. *Jurnal Administrasi Kesehatan Indonesia*, 13(1), 55–67.
- [28] Yadika, A. N. D., Berawi, K. N., & Nasution, S. H. (2019). Dampak jangka panjang stunting terhadap perkembangan otak anak. *Jurnal Ilmu Gizi Indonesia*, 4(3), 117–123.
- [29] Yuliani, M. (2021). Peran posyandu dalam pencegahan stunting di Indonesia. *Jurnal Kesehatan Komunitas*, 7(1), 45–52.