



Enhancing stunting prevention: Health promotion at Bandarharjo Health Center

Meningkatkan pencegahan stunting: Promosi kesehatan di Puskesmas Bandarharjo

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Abstract

Stunting is a serious public health problem that affects child growth in many countries. Health promotion programs are key strategies for raising awareness and encouraging behavioral changes to address stunting. This study aimed to analyze the implementation of health promotion programs to prevent stunting. The research design was qualitative with a case study method, and information was collected through in-depth interviews with 13 informants at Bandarharjo Community Health Center (PHC) from October to December 2023 and then analyzed through a series of stages: collection, reduction, presentation, and conclusion drawing. Results: In terms of human resources, Integrated Service Post (ISP) cadres have not received equal training in the use of anthropometric tools. Educational media such as posters and flip sheets are not provided to cadres for use. The facilities and infrastructure at the ISP are inadequate for toddlers. After the Covid-19 pandemic, the implementation of health promotion was strengthened and improved. Increased training for program holders and cadres to improve competence. Educational media have not been fully optimized to convey information about stunting to program targets. Some areas do not have ISP buildings. After the pandemic, the focus of the program implementation was more oriented towards health promotion. Increased supervision is required in health promotion programmes to prevent stunting.

Keywords: Health promotion, program implementation, prevention, stunting

Abstrak

Stunting merupakan masalah kesehatan publik yang serius, berdampak pada pertumbuhan anak di banyak negara. Program promosi kesehatan menjadi strategi utama untuk meningkatkan kesadaran dan mendorong perubahan perilaku guna mengatasi stunting. Penelitian bertujuan untuk menganalisis pelaksanaan program promosi kesehatan tentang pencegahan stunting. Desain penelitian yaitu kualitatif dengan metode studi kasus, informasi dikumpulkan melalui wawancara mendalam dengan 13 informan di Pusat Kesehatan Masyarakat Bandarharjo pada Oktober-Desember 2023, kemudian dianalisis melalui serangkaian tahapan: pengumpulan, reduksi, penyajian, dan penarikan kesimpulan. Hasil, dalam hal sumber daya manusia, kader Pos Pelayanan Terpadu belum secara merata menerima pelatihan dalam penggunaan alat antropometri. Media edukasi seperti poster dan lembar balik tidak disediakan kepada kader untuk digunakan. Sarana dan prasarana di posyandu balita masih belum memadai. Setelah pandemi Covid-19, pelaksanaan promosi kesehatan diperkuat dan ditingkatkan. Peningkatan pelatihan bagi pemegang program dan kader untuk meningkatkan kompetensi. Media edukasi belum sepenuhnya dioptimalkan untuk menyampaikan informasi mengenai stunting kepada sasaran program.

Beberapa daerah masih belum memiliki gedung posyandu. Setelah pandemi, fokus pelaksanaan program lebih berorientasi pada promosi kesehatan. Diperlukan peningkatan pengawasan dalam program promosi kesehatan untuk mencegah stunting.

Kata Kunci: Implementasi program, promosi kesehatan, pencegahan stunting

Introduction

Stunting is still a health problem in the world, including Indonesia, and is one of the factors inhibiting human development (United Nations-World Health Organization, 2019). Stunting occurs when a child's physical growth is stunted, which causes the child to become smaller. Factors such as a poor diet, infections, lack of hygiene, and inadequate care can lead to stunting (Kemenkes R1, 2019; Rahmadhita, 2020).

The stunting program is a national priority included in the 2020-2024 RPJMN (National Medium-Term Program Plan) to accelerate stunting reduction (Bappenas, 2020). Efforts to accelerate stunting reduction through prevention include marriage preparation programs, prepregnancy stunting prevention, distance counseling, postpartum family planning programs, and child nutrition education (BKKB, 2021). However, previous research indicates that BBKN partners face obstacles in accessing stunting prevention education and socialization and have not yet implemented stunting education and socialization for adolescents (Valeriani et al., 2022).

Before the COVID-19 pandemic, Presidential Regulation No. 42 of 2013 was issued to accelerate stunting reduction; however, it was replaced by Presidential Regulation 72 of 2021. The new regulation aims to reduce stunting to 14% by 2024, posing challenges for stunting prevention programs (*Buku Saku Hasil Studi Status Gizi Indonesia (SSGI) Tahun 2021 - Badan Kebijakan Pembangunan Kesehatan*, Peraturan Presiden RI, 2021). Although stunting prevention is a priority program in the 2020-2024 RPJMN, its implementation has not been effective nationally. The data show that the prevalence of stunting is still high, at 21,6% in Indonesia and 20,8% in Central Java, which is lower than the world average of 32,6% in 2022 (Gizi et al., 2023; SSGI, 2022).

The Semarang City Health Office's stunting prevention program involves specific and sensitive intervention. The Semarang City Government also accelerated stunting reduction

through the Pelangi Nusantara program, which offers health services, pilot projects, supplementary feeding provision, the Si Bening program, and collaboration with educational and professional institutions. Based on the Decree of the Mayor of Semarang in 2022 concerning the determination of the location of the focus of stunting intervention in Semarang, Bandarharjo Village is a stunting locus (Dinas Kesehatan Kota Semarang, 2022).

The stunting prevention program at Bandarharjo Community Health Center targets adolescents, pregnant women, and infants under five years of age through various activities such as adolescent integrated health service posts, premarital classes, iron tablet supplementation sessions, supplementary feeding assistance, and immunization (*Profil Kesehatan Puskesmas Bandarharjo*, 2023). Despite Semarang City's success in reducing its stunting rate to 2,5% in 2019, the COVID-19 pandemic caused bottlenecks in the city's stunting program. Limited access to interventions has reduced the quality of stunting programs and increased the risk of stunting prevalence (Sediaoetama, 2020).

During the Covid-19 Pandemic, the stunting program underwent activity changes, including integrated health service post-closures, altered door-to-door monitoring, reduced supplementary feeding F100 provision, less effective online counseling, decreased maternal participation in nutrition consultations, and inadequate monitoring of vitamin A administration. Monitoring indicates that four of the five stunting activities fall short of their targets (Kholiq Pradana et al., 2021). The lack of staff implementing stunting activities at community health centers is a challenge faced during the pandemic because human resources are allocated for Covid-19 vaccination activities (Arumsari et al., 2022).

Health education activities are a solution to increase mothers' knowledge of stunting prevention and nutritional adequacy to prevent stunting (Fitriani et al., 2022). Health promotion can be carried out by providing counseling on stunting using effective health promotion media to increase target knowledge and influence

positive behavior change towards health (Sewa et al., 2019).

Health promotion implementation in the stunting program is inadequate because of facility and infrastructure shortages, necessitating family support to decrease the prevalence of stunting at the UPT Community Health Center Pelangiran (Sari et al., 2022). Based on these problems, it can be seen that the stunting prevention program is experiencing obstacles during the Covid -19 pandemic (Arumsari et al., 2022). In the face of this problem, health promotion is crucial for preventing stunting. This includes advocacy carried out, partnerships built, use of health promotion media, and communication skills to change behavior.

Therefore, the purpose of this study was to analyze the implementation of health promotion programs on stunting prevention after the co-19 pandemic at the Bandarharjo Health Center, North Semarang District.

Methods

The research method used in this study was observational, and the study design was a case study conducted through a qualitative approach. Data used in this study were obtained through in-depth interviews. This study was conducted from October to December 2023, with the research location and data collection conducted in the Bandarharjo Health Center working area in North Semarang District.

Research participants were selected by identifying certain aspects using the purposive sampling method. In this study, the types of informants used were main informants and triangulation informants. The main informants were selected based on the criteria that they managed the health promotion program for stunting prevention and were involved in its implementation. Meanwhile, triangulation informants are those who know information related to the main informants and are the targets of the program, one of which is mothers who have stunted toddlers in each kelurahan and understand the situation and conditions of the program implementation.

The main informants included the Head of Bandarharjo Health Center, Coordinator of Health Promotion Program Holder, Coordinator of Maternal and Child Health Program Holder,

and Coordinator of Nutrition Program Holder. The triangulation informants were integrated health service post cadres, mothers of stunted toddlers, and the Public Health Division of the Semarang City Health Office. Thirteen participants were involved was 13 people.

The main information in this study regarding the stunting prevention program carried out at Bandarharjo Health Center includes input, process, and output elements. The information was gathered by conducting thorough interviews with individuals knowledgeable about the subject and through observation. The interview guidelines for key informants and triangulation informants were developed by the researcher and tailored to the input, process, and output aspects. The list of questions covered human resources, health promotion programs, health promotion media, facilities, funding, implementation, supervision, and program outcomes.

The interview guide included detailed questions covering various supportive aspects of program implementation, including personnel, funding, methods, materials, execution, media usage, oversight, and results.

The data collection process began with the licensing process at the Semarang City Health Office and then proceeded to send a research permit to the Bandarharjo Health Center. The purpose of the study was explained to the informants, who then agreed to provide information by filling out a consent form before the interview. Interviews were conducted in person by setting a schedule with the informants for health workers, interviews were conducted at the integrated health service post or community health center, while for cadres and mothers of stunted toddlers, interviews were conducted at their respective homes, recorded in audio format (tape), and documented. The interviews were then transcribed and analyzed using descriptive qualitative methods, specifically the Miles and Huberman analysis model.

Qualitative validation was conducted using a case-study design. The assessment was conducted through interviews to assess the understanding of program holders, cadres, and mothers of stunted toddlers of the questions and the language used. Interviews were conducted by reading questions from the interview guidelines. The researcher then asked whether the questions were easy to understand.

Questions that are difficult to understand are revised based on informant feedback. The analysis process included data reduction, data sharpening, and conclusion drawing with the help of the ATLAS.ti9 software. After collecting the data, the researcher conducted data reduction by summarizing and focusing on important things and transforming rough data that emerged from field notes by reducing and eliminating unnecessary ones.

This study was approved by the Health Research Ethics Commission of the Faculty of Public Health, Diponegoro University (Number 497/EA/KEPK-FKM/2023).

Result and Discussion

Overview of Human Resources in the Implementation of the Health Promotion Program on Stunting Prevention

The human resources that were the focus of the research were program holders or program implementation coordinators, including health promotion program holders, maternal and child health (MCH) program holders, and nutrition program holders. According to the research findings, all key informants stated that nutrition officers played a role in the stunting prevention program at the community health center. Apart from nutrition officers, various staff members are also involved in this effort, including health promotion, midwives, doctors, nurses, sanitarians, and cadres.

Regulation Number 72 of 2021 regulates the formation of a stunting prevention program implementation team. The regulation states that stunting reduction at the district/city level is accelerated by establishing a stunting reduction acceleration team by the regent/mayor (Peraturan Presiden RI, 2021).

"...clearly the nutritionists, nutritionists, health promotion, midwives, nurses, we involve all of them including the team from sanitarian, environmental health because everything is related." (Head of community health center)

"The involvement of others, yes nutrition for sure. Then from nurses there are also midwives too, yes that's what it was so we are also for stunting not only health promotion from others, especially nutrition, it also helps." (Health Promotion Program Coordinator)

These results are in line with those of Muthia et al., Afifa and Sari who stated that human resources in the stunting prevention

program include nutrition officers, health cadres, and other medical personnel (Afifa & Irma, 2019; Muthia et al., 2020; D. Sari et al., 2023).

All informants affirmed that the implementation of the stunting prevention program involved all program holders at Bandarharjo Health Center, with health promotion serving as the primary agent in behavior change (I. Sari & Sulistyowati, 2017). Based on these results, it can be concluded that the implementation team in the implementation of health promotion programs on stunting prevention is not only carried out by health promotion but also by many program holders at Bandarharjo Health Center so that program objectives can be achieved.

The Bandarharjo Health Center has two health promotion officers with S1 Public Health qualifications specializing in Health Promotion, which aligns with the guidelines stating that health centers should have at least one personnel specializing in health promotion with a minimum qualification of D3 (Kementerian Kesehatan RI, 2013). The current number of officers at Bandarharjo Health Center is insufficient to optimally implement the program, evident in the limited number, diversity of programs, and coverage area

"Most health promotion, especially Semarang, are like that, yes, the average is 2, there is also 1 even every community health center. It can also be said to be lacking, just that much nutrition is not enough" (Health Promotion Program Coordinator).

The informant also stated the following.

"...for human resources, it is still lacking because maybe, on the one hand, the number is yes. If there is only one health promotion while there are many programs, not only stunting, it is overwhelming, especially if the area is quite large." (Head of Public Health Division of Semarang)

The findings suggest a shortage of human resources for implementing health promotion programs aimed at preventing stunting, consistent with research in the Pasaman Regency, indicating a deficiency in nutrition officers for the stunting prevention program (Anggreni et al., 2022).

Health workers' knowledge of the implementation of stunting prevention programs is crucial. Most of the main informants stated that they already possessed good knowledge in this area. They must understand

stunting as a growth failure in children due to malnutrition, especially in the first 1,000 days of life, as well as factors influencing it, such as malnutrition, inadequate parenting, and economic conditions. Additionally, they should be familiar with prevention methods such as balanced diets, breastfeeding, and hygiene practices (Dicha, 2023; Al Rahmad et al., 2023). Officers should have good communication skills to explain information clearly and convince parents to adopt healthy nutritional practices (Kementerian Kesehatan RI, 2013).

Most informants stated that health promotion officers also have good skills in creating media, providing education, and the ability to process data. Health promotion officers can make media as part of the implementation of health promotion, Baedowi's research suggests that health promotion officers can utilize posters and leaflets to promote health in hospitals (Baedowi et al., 2022; Dearden et al., 2023)

The results of the researcher's interviews with the informants revealed the following points

"for their knowledge, it's good already."
(Nutrition Program Coordinator)

"...for us, we can still make media, God willing." (Health Promotion Program Coordinator)

"The competency, in my opinion, is about behavior change communication to be able to talk to the community and cadres, and then this competency but more to creativity, more to invite the community about stunting with an event or competition." (Health Promotion Program Coordinator)

Therefore, it is still necessary to increase competence of friends in health promotion, especially how to provoke people and promote a program. Maybe one health promotion officer has different abilities." (Head of Public Health Division, Semarang)

"... and we have not had any training, so we are the ones who know; we are the ones who tell them. If we optimize the tools, we have used them all, the problem is the human resources who cannot use them" (MCH Program Coordinator).

These findings suggest that health workers possess good knowledge and skills, but there is a need to enhance competence among health promotion officers. Additionally, cadres assisting in stunting prevention programs should improve their anthropometric tool use skills to minimize measurement errors.

Health promotion plays a crucial role in stunting prevention programs, involving counseling both inside and outside facilities with integrated health service post cadres' assistance, and aiding counseling implementation at integrated health service posts alongside nutrition officers. Health promotion activities conducted outside the community health center aim to enhance clean and healthy living behaviors (PHBS) by engaging the community (Kementerian Kesehatan RI, 2013). A health promoter's responsibilities include counseling through community empowerment, atmosphere building, advocacy, and partnerships (Septiani, 2021; Marni et al., 2021).

The Health Promotion Officer at Bandarharjo Health Center conducts monthly cadre meetings, educates on stunting, facilitates behavior change communication, and delivers stunting prevention education to adolescents in schools, as per Febriawan and Rodiah's research, and is responsible for conducting cadre training, including empowering health workers at the Community Health Center (Febriawan, 2019; Rodiah et al., 2016). However, high workload, such as excessive work demands, can affect the performance of health workers at the Community health center (Al Rahmad et al., 2024; Noorhidayah & Octaviana, 2023; Nadhirani et al., 2023).

The following are the results of the researcher's interviews with the informant:

"Actually, if the responsibility of health promotion is only 2 education to prevent stunting targeting adolescents in schools, that is the responsibility of health promotion which is combined with nutrition as well, there are cadre meetings every month we also provide related to stunting. If the other responsibilities are not ours, only health promotion is always involved." (Health Promotion Program Coordinator)

The triangulation informant added the following:

"One of the main tasks of health promotion is to change behavior, for example, in mothers of toddlers or pregnant women. This is how to change behavior, for example, if the mother wants to go to the class for pregnant women, if the mother wants to take blood tablets, it takes health promotion friends for the program." (Head of Public Health Division of Semarang City Health Office).

Based on the results of the study, most key informants stated that training was conducted to improve the capacity of integrated health service post-cadres and the competence of health

promotion officers. Training enhances health workers' skills for more effective task performance (Timur et al., 2023)(Yati Simatupang et al., 2023)

All Public Health Center (PHC) health workers should possess the necessary knowledge and skills for providing information or counseling; if deficiencies are identified, training programs and courses should be arranged (Kementerian Kesehatan RI, 2013).

Informants mentioned that cadre training was conducted at the Bandarharjo Health Center. This is important in the stunting prevention program to expand their role as community representatives and improve their understanding of stunting prevention measures with the aim of increasing cadres' knowledge, skills, and confidence (Sari & Haryanti, 2023).

The following are the results of the researcher's interviews with the informant:

"Conducting cadre training every month is also related to stunting" (Health Promotion Program Coordinator).

Health promotion officers participated in media, filmmaking, and Canva training, consistent with research in the Banyumas Regency, which demonstrated that improving health promotion officers' skills through media training could include health promotion media development training (A'yunin, 2018).

The results of the interviews with informants stated the following:

"... the health office has given training yesterday, there is also media training, filmmaking" (Health Promotion Holder Coordinator)

"Actually, the Ministry of Health has made KPP under the Director General of Promotion. So yes, there is a need for training or workshops so that we can invite the target" (Head of Public Health Division, Semarang PHC).

Overview of Facilities and Infrastructure in the Implementation of the Health Promotion Program in Stunting Prevention

Most of the main informants indicated that the integrated health service post used for weighing toddlers lacked proper facilities and utilized residents' house terraces. Integrated health service posts play a crucial role in stunting prevention by screening stunted toddlers, providing education on its causes and prevention, and offering information to help communities address stunting issues (Hasanah et al., 2023).

Must-have tools for health promotion counseling on stunting prevention include presentation slides, posters, pictures, and illustrations that can be used to provide information and understanding of stunting, its causes, and prevention methods (Kiftyah et al., 2023).

The following are the results of the interviews with informants:

"As for the integrated health service post, yes, the place is actually still adequate, some are not because some are still in people's homes, some are in people's terraces, so not all integrated health service post in us have their own place." (MCH Program Coordinator)

"Yes, the place is inadequate, because we only borrow a place. At home, next to the road. As for the scales, they already exist and were new yesterday" (Cadre)

"Yes, for the PSAs, we need a computer camera for editing, cellphone, and clip on. Then, a mic for counseling, a projector, and a screen are also included; and yes, you can also use a wall. If there is no special health promotion hard drive, it's simple but important."(Health Promotion Program Coordinator)

Overview of Funding in the Implementation of the Health Promotion Program on Stunting Prevention

All key informants mentioned that funding for the stunting prevention program came from the Health Operational Assistance (BOK) allocated by the Health Office budget, the Regional Budget (APBD) of the City Government, and Corporate Social Responsibility (CSR) from companies addressing stunting issues. The local government provides BOK funds to support health programs, including stunting prevention (Dapamudang et al., 2021). Village officials in the Rokan Hulu Regency use village funds to optimize the use of funds and innovations in stunting prevention and handling programs (Muhamad, 2019).

The informant's research findings state that funding for stunting is quite large, reaching 100 billion, and comes not only from the Health Office but also from related OPDs. The 3,3 billion funds from the Health Office are used for supplementary feeding, youth programs, and pregnant women with a target of 1000 HPK. Thirty% had been fulfilled in terms of health for the stunting prevention program. Considerable funds are also needed when handling stunting reduction because the way to prevent stunting is

to start from the welfare of the community (Nadya Larasati, 2016). However, based on the research findings, triangulation informants of integrated health service post cadres stated that there were limited funds in implementing the adolescent integrated health service post programme.

The following are the results of the researcher's interviews with the informant:

"As for funding, it is quite large. I do not memorize approximately \$ 100 billion. Because it is not only the health department, there are related OPD OPDs. According to information from Bappeda, it is more than 100 billion, but I do not know for sure. Yes, it is similar to our specific intervention. We have about 3,3 billion" (Head of Public Health Division of Semarang PHC)

"I told the community health center to give the adolescents funds and they will be able to run, without funds it is difficult." (Cadre)

From the results of interviews with the main informants and triangulation informants, it can be concluded that funding for the implementation of health promotion programs is used for planned programs, and that there are limited funds for adolescent integrated health service posts.

Overview of Health Promotion Program Planning on Stunting Prevention

The results showed that all key informants suggested focusing on preventing stunting within the available budget. Innovative planning is required in health promotion programs to prevent stunting.

"We are aiming for prevention, not just providing supplementary feeding. We also focused on prevention efforts because it is more important because if you are already stunted, it is difficult. We must strengthen the risk groups in the future so that new targets do not arise. So we must strengthen prevention efforts in the future." (Head of Community health center)

"What is clear is that we already have the guidelines from DKK, we just have to do it, but because there we are required to innovate, we have to propose what innovations" (MCH Program Coordinator).

This is in accordance with the research conducted in Subang, West Java, the results of which show that the application of strategic social innovation can help accelerate the reduction of stunting, which requires the involvement and cooperation of various parties (Wijayanti et al. 2023). Program planning is

carried out by nutrition officers for other officers, such as health promotion, to assist in making media. This is in accordance with research conducted in Demak that the planning of stunting prevention programs is carried out by the person in charge of nutrition in each health center (Arumsari et al.).

The research findings show that the stunting prevention program at Bandarharjo Community Health Center includes various programs such as empowerment and distribution of supplementary feeding, milk distribution, the Melon Mas program, and other programs aimed at various groups such as pregnant women, bride and groom, mothers of toddlers, adolescent girls, and others.

"For example, in stunting management, we have day care, provide supplementary feeding, and consult with the pediatrician. But if the prevention of LBW is how to manage pregnant women for those with anemic SEZ, we provide supplementary feeding ." (MCH Program Coordinator)

The supplementary feeding distribution program for stunting prevention includes counseling and providing supplementary food like bananas and fish to pregnant women and toddlers (Kurniasari et al., 2022)

Overview of the Implementation of the Health Promotion Program on Stunting Prevention

Premarital education, prenatal education, and education for mothers of toddlers are conducted in collaboration with MCH, with the program led by MCH, while health promotion provides assistance. A nutritious action program was also conducted in conjunction with the nutrition program.

The following are the results of the interviews with informants:

"If the implementation depends on the program, for example, premarital education and classes for pregnant women and mothers of toddlers from MCH, it means that MCH holds and coordinates us and nutrition helps, then for nutritious actions, we are the ones who hold health promotion in collaboration with nutrition too, because the activities are almost similar" (Health Promotion Program Coordinator).

The health promotion and community empowerment program aims to modify maternal behavior regarding nutritional knowledge during pregnancy, childbirth, and

childcare for children under 2 years old, with the aim of stunting prevention (Dewi et al., 2023)

Health promotion media are an effective means of delivering information and important messages about health to the community. In this study, the media used were still in the form of power points and flipped sheets.

No media innovations have been implemented; however, posters can effectively convey vital information on balanced nutrition, breastfeeding, and stunting prevention, aligning with findings from research in Mataram suggesting that posters enhance health promotion officers' skills in designing informative materials (Rahman, 2023).

Education in the Bandarharjo Health Center area has been conducted; however, the community's understanding of the harmful effects of stunting remains limited, indicating the need for enhanced education, as there is still much unknown about preventing stunting during pregnancy.

"Don't know yet mbaa. I have never participated in pregnant women's classes either; this is my first pregnancy. Yes, I have never participated either" (Mother of a Stunting Toddler).

According to the main informants, differences in implementation occurred during and after the Covid-19 pandemic, leading to increased stunting cases because of insufficient focus on addressing stunting issues. This aligns with Maulana's research, which highlights obstacles in implementing nutrition interventions during the pandemic, including limitations in public health services and adaptations to pandemic restrictions (Maulana et al., 2023).

New programs addressing stunting have been introduced, including supplementary feeding for stunted toddlers, nutritious action programs, and pelita houses implemented after the Covid-19 pandemic.

"In principle, the handling is still like that, but now the activities are more open. During a pandemic, the cases increase because of the limited conditions that limit our space." (Head of Community health center).

"The clear dasyat program appeared, all of them immediately came, mba. tanjung mas, the numbers are never cool, mba, never stop for the stunting and pregnant women." (Cadre).

Overview of Program Implementation Supervision

All informants mentioned that supervision was conducted by PJ UKM, the Head of Community Health Center, and DKK, resulting in a decrease in stunting cases and a reduction in at-risk pregnant women.

"Usually at the beginning of the month in the second week we do DES, yes, we go to all the health centers." (Health Promotion Program Coordinator)

Different cadres may have different understandings of technology, which can affect the effectiveness of reporting. Most informants cited obstacles in recording and reporting, including issues with online data entry, disconnected data, and discrepancies in data and applications. Technical constraints arise from system malfunctions or insufficient information systems, affecting tasks such as patient data collection and report submission to the Health Office (Nuryati et al., 2016).

Conclusion

Increased training is needed for program holders and cadres to improve their competence in running health promotion programmes. Educational media have not been fully optimized to convey information about stunting to program targets. Some areas do not have posyandu buildings. After the pandemic, the focus of the program implementation was more oriented towards health promotion. Increased supervision is required in health promotion programs to prevent stunting.

Suggestions for the Bandarharjo Health Center need to expand the training of posyandu cadres with a regular and alternating schedule, especially in the use of anthropometer tools. Health promotion officers should develop innovative programs for adolescent education and provide educational media to health cadres during their home visits. Future research can explore the implementation of health promotion programs related to stunting prevention with a focus on empowerment and early education about stunting in adolescent girls with anemia.

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