# The Role of Social Capital, Mothers and Social Networks on the Effectiveness of Stunting Prevention Services at Community Health Centers in Kendari City

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***Abstract:***

*This study analyzes the role of social capital, maternal involvement, social networks, and health professionals including doctors, community health center heads, and nutrition program officers in the effectiveness of stunting prevention services in Kendari City. The research background stems from the persistently high prevalence of stunting in Southeast Sulawesi, including Kendari, despite a national downward trend. A qualitative case study approach was applied in five Community Health Center through in depth interviews, observations, and secondary data analysis. The findings reveal that service effectiveness is influenced by the interplay of medical, social, and institutional factors. Maternal roles were crucial in child nutrition practices from preconception to postnatal stages, while social capital and community networks strengthened participation and program sustainability. Doctors and Community Health Center heads provided policy direction and ensured quality medical services, while nutrition officers served as key agents in education and counseling. The synergy among these actors fostered a community-based collaboration model that improved service effectiveness. This study introduces the Adaptive Collective Participation Theory, which explains how maternal roles, social capital, social networks, and health professionals can be integrated to enhance stunting prevention services. The findings suggest the need for comprehensive policy strategies that emphasize community empowerment, maternal involvement, and cross-sector collaboration to accelerate stunting reduction in Kendari City.*

***Keywords:*** *Social Capital, Maternal Role, Doctors, Community Health Center Heads, Nutrition Officers, Social Networks, Stunting.*

## Introduction

Stunting remains one of the most serious public health problems worldwide, including in Indonesia. Stunting is a condition of growth failure due to chronic malnutrition, especially in the first 1,000 days of life, characterized by a height-for-age (H/A) Z-score of less than -2 standard deviations. Children who experience stunting generally have shorter stature, low weight for their age, and stunted bone growth (Koomson, Afoakwah & Twumasi, 2024). This condition not only impacts physical growth but also affects cognitive development, learning ability, and productivity in adulthood (UNICEF, 2020). Global data shows that in 2020, approximately 149.2 million children under five experienced stunting, or approximately 22% of the world's child population. Most cases occur in Africa (40%) and Asia (54%), with the highest prevalence in South Asia at 33% (WHO, 2020).

Indonesia is a country with a high prevalence of stunting, although the downward trend has been quite significant over the past 15 years. The Indonesian Toddler Nutrition Status Survey (SSGBI) recorded a decline in stunting prevalence from 36.8% in 2007 to 21.5% in 2023. This figure represents progress, but remains above the WHO threshold of 20% (Ministry of Health, 2021). However, disparities between provinces remain significant. Several provinces recorded rates far above the national average, such as East Nusa Tenggara (35.3%), West Sulawesi (35.0%), and Aceh (32.2%). Conversely, provinces with low prevalence include Bali (8.0%), DKI Jakarta (14.8%), and DI Yogyakarta (16.4%). This situation indicates that although the decline has occurred nationally, its distribution is not evenly distributed across Indonesia.

Southeast Sulawesi is one of the provinces with a high stunting rate. According to the 2023 Basic Health Research (Riskesdas), the prevalence of stunting in the province fluctuated: from 30.2% in 2021, it decreased to 27.7% in 2022, and then increased again to 30.0% in 2023. This figure is higher than the national average. In fact, some districts have very high stunting rates, such as South Buton (49.5%), Central Buton (39.0%), North Konawe (38.9%), and West Muna (38.8%). Conversely, the lowest rates were recorded in Baubau City (18.6%) and Kendari City (23.9%) (Southeast Sulawesi Health Office, 2023). Although Kendari City, as the provincial capital, shows a downward trend, its prevalence remains quite high, reaching 24.0% in 2020, dropping to 19.5% in 2021, rising again to 25.7% in 2022, and then declining to 21.5% in 2023 (Kendari City Health Office, 2024). This fluctuation indicates that stunting reduction remains a significant challenge.

In the context of stunting prevention, the role of mothers is crucial. Mothers play a crucial role in determining their children's diet, nutritional

needs, and access to healthcare. However, in Kendari City, many mothers still have limited knowledge about nutrition, are not yet optimal in providing exclusive breastfeeding, and face socioeconomic barriers and limited access to healthcare (Syahputra Bukit et al., 2023; Probowati et al., 2021). Initial surveys even showed that only 55% of mothers successfully breastfed exclusively for the first six months, while the remainder provided inappropriate complementary foods. Furthermore, modern lifestyles such as excessive mobile phone use also negatively impact parenting, as mothers' attention is diverted to social media during mealtimes, disrupting the quality of interactions and children's nutritional needs.

In addition to maternal factors, community social capital also plays a crucial role in supporting stunting prevention. Social capital encompasses social networks, trust, and norms within a community. Social capital can facilitate the flow of information, strengthen community participation, and promote norms that support good nutritional practices (Januraga, 2024; Kurniawan, 2023). Research in Yogyakarta shows that families with strong social networks are more active in health programs, resulting in increased knowledge and awareness about stunting (Lestari & Wulandari, 2021). A similar finding was found in Magelang Regency, where support from health cadres and community groups helped families meet children's nutritional needs and reduce the risk of stunting (Widiarti, Purwanto & Zuhri, 2024). Thus, social capital serves as a catalyst for strengthening interactions between families, communities, and health facilities.

Based on these facts, this study focuses on the role of mothers, social capital, and social networks in the effectiveness of stunting prevention services in Kendari City. This approach is relevant because it combines individual aspects (the mother's role) with community aspects (social capital and social networks), both of which play a significant role in optimizing health interventions. By strengthening the role of mothers from preconception, prenatal, and postnatal stages, and utilizing community social capital such as mutual cooperation and social solidarity, it is hoped that stunting prevention strategies will be more effective, sustainable, and able to reduce prevalence evenly across all areas of Kendari City. This research is also expected to provide practical contributions to public health policy, particularly in designing community-based interventions that can serve as models for other regions in Indonesia.

## Literatur Review

### Service Effectiveness

The word effective comes from the English word effective, which means success, or something that is done successfully. A popular scientific dictionary defines effectiveness as the appropriateness of use, usefulness, or support for goals. Effectiveness is doing the right thing, while efficiency is doing things correctly, or effectiveness is the extent to which we achieve goals, and efficiency is how we mix all resources carefully (Indartuti, 2019). Organizational effectiveness is the concept of how effectively an organization produces. Organizational effectiveness can be achieved by paying attention to customer satisfaction, achieving the organization's vision, fulfilling aspirations, generating profits for the organization, developing the organization's human resources and aspirations, and providing a positive impact on the community outside the organization (Hariyoko & Puspaningtyas, 2017). Effectiveness is also a measurement in terms of achieving predetermined goals or objectives. Input can be defined as the basis of something that will be realized or implemented based on what is planned that influences the results. Existing input can be seen from the physical facilities (facilities and infrastructure) needed by related agencies such as server rooms, materials (raw materials) in the form of necessary data that will later be processed into information. Results are a form of input then processed into data so that it has various forms of output. Results are in the form of quantity or physical form of group or organizational work. The intended results can be seen from the comparison between input and output, the resulting output is achieved from input that carries out the activity process which can be in the form of: Products which are the results of production activities in the form of goods, and Services which are a form of service provided by related agencies or institutions. Productivity is a measure of the use of resources in an agency which is usually expressed as the ratio of the output achieved to the resources used.

### Health Services

Health services are a form of public service and must be implemented effectively by the government. Health care services are a right guaranteed by the 1945 Constitution to everyone, empowering them to improve the health of individuals, groups, and the community as a whole. Health services are efforts designed to maintain and improve health, prevent, and cure disease (Allen, 2003). These services cover a wide range of areas, from individuals to communities. For health services to achieve their intended goals, they must meet various requirements, including the availability of facilities and

infrastructure, interconnectedness between patients and providers, accessibility, and quality. One such facility that supports the implementation of health services is the Community Health Center.A Community Health Center, hereinafter referred to as a Puskesmas, is a health care facility that provides primary public health and individual health services, prioritizing promotive and preventive efforts within its working area. Community Health Centers are tasked with implementing health policies to achieve health development goals within their working area and support the creation of healthy sub-districts. In addition to carrying out these duties, Community Health Centers function as providers of primary-level Public Health Efforts and primary-level Individual Health Efforts, as well as serving as educational institutions for health workers. Article 3 of Law Number 36 of 2009 concerning Health states that health development aims to increase the awareness, willingness, and ability to live for every individual to achieve the highest level of public health. Dedy Alamsyah (2012: 21) states that health services are part of the health care system, the primary goal of which is to improve public health. Because the scope of public health services concerns the interests of the wider community, the government plays a significant role in health care (Alamsyah, 2012). Meanwhile, Sutadi (2005: 10) states that public health services are a unique and specialized commodity that cannot be compared to other commodities because the services provided are services, making it difficult to achieve customer satisfaction. In this sense, health services are not only an effort to improve community welfare but also a means of fostering, developing, and utilizing human resources.

**Stunting**

Stunting is a condition of growth failure in children under five years old (toddlers) due to chronic malnutrition and repeated infections, especially during the First 1,000 Days of Life (1000 HPK). (Ministry of Social Affairs of the Republic of Indonesia, 2020). Stunting is a condition of a person's nutritional status based on the z-score of height for age which is <-2 SD. The Decree of the Minister of Health of the Republic of Indonesia states that short and very short are nutritional statuses based on the length-for-age index or height-for-age which are equivalent to the terms stunting (short) and severely stunting (very short) (Ministry of Health of the Republic of Indonesia, 2022). Stunting is a condition of growth failure and chronic nutritional problems caused by inadequate nutritional intake due to the provision of food that does not meet needs over a long period of time (Quamme and Iversen, 2022). Stunting is identical to assessing a child's length or height. Child length is measured by measuring the supine length for children under 2 years old, while height is

measured by measuring the standing height for children aged 2 years or older. This length or height is then interpreted by comparing it to an accepted standard value based on international agreement. Internationally, children are categorized as stunted if their length/height is below 2 standard deviations from the median of the WHO Child Growth Standards. Stunting often begins early in life, usually in utero, and generally continues for the first two years after birth (Stewart et al., 2013). Normal height increases with age. Height growth, unlike weight, is relatively less sensitive to short-term malnutrition. The effects of malnutrition on height will be apparent over a relatively long period, so this index can be used to describe past nutritional status (Supariasa, Bakbri, and Fajar, 2012).

**Social Capital**

Social capital is a concept that refers to the resources possessed by individuals or groups derived from social relationships, norms, and networks that enable cooperation to achieve mutually beneficial goals. According to (Coleman, 1988), social capital is a social aspect that facilitates individual actions within a social structure. Meanwhile, Putnam (1995) states that social capital includes networks, norms, and trust that enable people to work together more effectively to achieve common interests (Putnam, 2000). The current definition also explains that social capital or social capital is the totality of resources, both actual and potential, related to the ownership of a network of institutional relationships that remain based on mutual knowledge and recognition (Piere Bourdieu in Ananto Widago, 2021). Social capital is a concept used to measure relationships within a society, organization, or community. In contrast to human capital, which emphasizes the power and abilities possessed by individuals, social capital emphasizes the potential of individuals or groups and relationships between groups. Several empirical studies have shown that social capital contributes significantly to sustainable development processes, including growth, equity, poverty alleviation, and improved health, including preventing stunting in toddlers (Ma'ad and Anugrahini, 2021). Social capital is identified as being linked to societal norms, values, and culture that foster social interaction within a community based on mutual trust. These interactions are facilitated by formal and informal institutions (groups), forming social networks. These networks foster social cohesion, empowerment, and increased well-being (Lin et al. (2001) in *Social Capital Stock 2009*:6). In the same book, Putnam (1993) states that social capital also serves as a glue that binds communities together to maintain social harmony and prevent the breakdown of the social order. This social harmony is a key prerequisite for achieving economic growth and social well-being. Further

definitions of social capital according to experts can be seen in the following table (Fukuyama, 2002). More explicitly, Burt in Nugraha (2011: 104) defines social capital as the ability of society to associate (relate) with one another or with each other and then become a very important force not only for economic life but also every other aspect of social existence.

**Social Networks**

The definition of a social network itself is a pattern of social relationships between individuals and groups that are collective in nature. Humans naturally have a drive to interact with each other, both individuals and groups. These social interactions then form a social network. In its simplest form, a social network is a map of all relevant ties between the nodes being studied. The network can also be used to determine the social capital of individual actors. This concept is often depicted in social network diagrams, which represent nodes as points and ties as connecting lines. A social network is a social structure formed from nodes (which are generally individuals or organizations) tied by one or more specific types of relationships such as values, visions, ideas, friends, descendants, and so on. Social network analysis views social relationships as nodes and ties. Nodes are individual actors within the network, while ties are the relationships between those actors. There can be many types of ties between nodes. A social network is the relationships formed between many individuals within a group or between one group and another. These relationships can be formal or informal. Social relations are a depiction or reflection of cooperation and coordination among citizens, based on active and reciprocal social ties (Damsar, 2002:157). By viewing the activities of a group of individuals as social action, social network theory plays a role in the social system. Nearly all sociological problems are problems of aggregation, namely how the activities of a group of individuals can produce observable social effects. This is what makes sociology very difficult to comprehend and comprehend a phenomenon in depth. Social network theory begins with an examination of variations in how individual behavior aggregates into collective behavior. In this case, social network analysis seeks to study the regularity of individual or group behavior rather than the regularity of beliefs about how they should behave (Wafa, 2006:162). Social network analysis begins with the simple yet powerful idea that the primary endeavor in sociological studies is to study social structure by analyzing the patterns of ties that connect group members.

**The Role of Mother**

Biddle (1986) states that a role is a set of behaviors expected of an individual or group in a particular social situation, related to social norms and expectations. Roles can be carried out according to an individual's position in a particular social structure, for example, the role of a leader, the role of a parent, or the role of a teacher. A role is a series of patterns of expected behavior associated with someone who occupies a certain position in a social unit (Stephen, 2015). A mother is a woman who has given birth to someone (KBBI, 2016). "Mother" in a social and cultural context refers to a woman who gives birth and/or cares for a child, either biologically or as the primary caregiver. Broadly, mothers have a vital role in a child's development, including physical, emotional, and psychological aspects. In many societies, mothers are also considered symbols of affection, protection, and moral education for their children. Erik Erikson (1950) states that in his theory of psychosocial development, a child's relationship with his mother plays a key role in forming a child's basic sense of trust in the world around him, especially in the early stages of life. Mothers often serve as the primary providers of love, care, and security for their children (Erikson, 1950). Mothers play a crucial role in preventing stunting in children. This role includes providing adequate nutrition, stimulating growth, and monitoring child development. Health education on appropriate actions and care for mothers caring for stunted toddlers is crucial to preventing stunting (Cahyati, Charisma Islami, and Kuningan, 2022). The explanations above about the role of mothers demonstrate that a mother's ability to nurture, care for, and educate her child is crucial for child development, particularly in stunting prevention efforts.

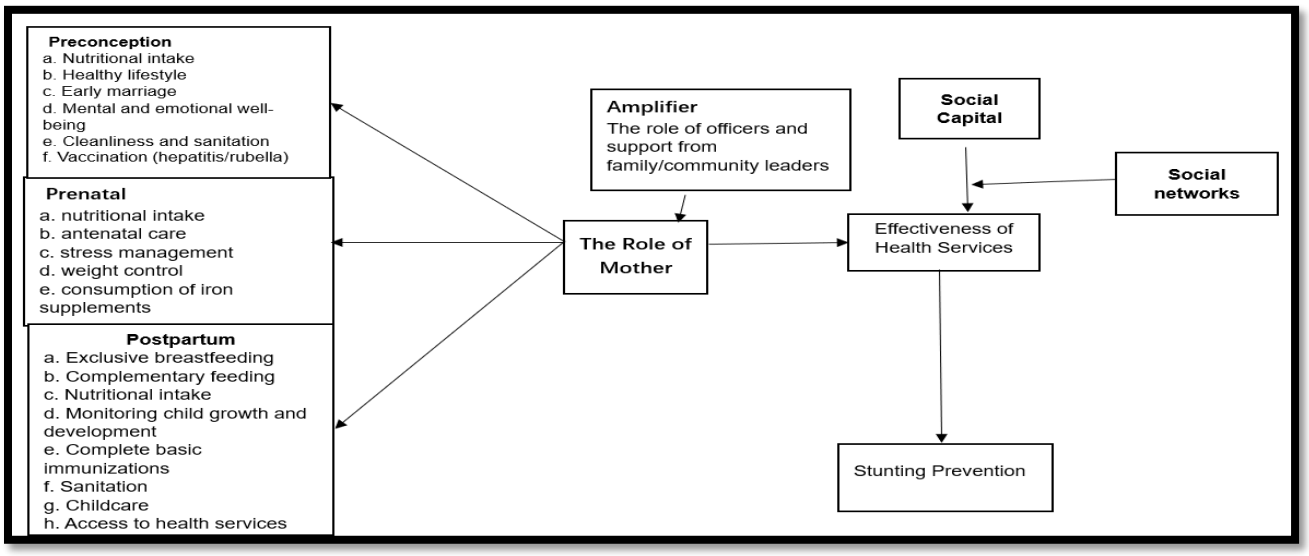


Figure 1. Conceptual Framework

## Research Methods

This research will be conducted in Kendari City, Southeast Sulawesi Province. The location was selected based on the city's high stunting rate and the potential role of strong social capital within the community. A qualitative case study approach was applied at five Community Health Centers through in-depth interviews, observations, and secondary data analysis.

## Result and Discussion

### Overview of Stunting Prevalence in Kendari City

This study shows that the prevalence of stunting in Kendari City remains quite high and unstable. Data show fluctuations from 2020 to 2023, with the prevalence dropping from 24.0% to 19.5%, then rising again to 25.7%, before finally dropping to 21.5%. This fluctuation pattern indicates that stunting prevention interventions have not been consistent and have not yet produced long-term impacts. The high prevalence in several sub-districts, such as West Kendari and Abeli, indicates that environmental and socioeconomic factors still significantly influence children's nutritional status. This phenomenon aligns with UNICEF's (2020) view that stunting is influenced by various determinants, including maternal nutrition, sanitation, parenting patterns, and access to health services. This means that even though the government has implemented various programs such as integrated health posts (Posyandu), supplementary feeding, and nutritional counseling, the results are not always optimal without changes in community behavior. This also confirms Bronfenbrenner's developmental ecology theory, which explains that child growth and development are strongly influenced by interactions between individuals, families, and the social environment. Thus, the fluctuating prevalence of stunting in Kendari City can be understood as a consequence of weak synergy between health services and social dynamics in the community.

### The Role of Mothers in Preventing Stunting

The role of mothers in preventing stunting is crucial because they are the primary determinants of breastfeeding, complementary feeding, and access to health services for their children. Research findings indicate that only 55% of mothers successfully provide exclusive breastfeeding for the first six months, while the remainder provide supplementary foods that are not timely or nutritionally balanced. This fact indicates that nutritional parenting practices in Kendari City are still suboptimal. Interviews with mothers in Abeli District revealed that limited time and economic conditions are the main factors influencing feeding practices. One mother said: "*I work all day, so sometimes my child only eats instant porridge. It's practical and quick, even though it may*

*be less nutritious*." This was confirmed by health workers at the Wua-Wua Community Health Center, who stated that many mothers stop exclusively breastfeeding due to work demands or a lack of knowledge about the importance of breastfeeding. These findings align with research by Syahputra Bukit et al. (2023), which found that low maternal nutritional literacy is directly related to stunting. Similarly, Probowati et al. (2021) emphasized that inappropriate parenting practices, both in breastfeeding and complementary feeding, are significant risk factors for stunting. Furthermore, modern parenting practices influenced by technology, such as excessive mobile phone use during mealtimes, also hinder healthy interactions between mothers and children. Researchers' observations found that approximately 60% of mothers use mobile phones while feeding toddlers, reducing their attention to their children. This situation highlights new challenges in parenting that require attention in stunting prevention strategies.

**The Role of Social Capital in Society**

In addition to the role of mothers, community social capital has also been shown to influence the effectiveness of stunting prevention. Social capital, which encompasses social networks, trust, and norms of mutual cooperation, can strengthen community participation in health programs. Research shows that in areas with high social capital, mothers are more active in attending integrated health service posts (Posyandu), participating in counseling, and utilizing health services. Conversely, in areas with low social capital, community participation tends to be weak, resulting in many children's nutritional status not being monitored. A Posyandu cadre in Puuwatu District explained: "*Here, the mothers are united. When there's a Posyandu, they usually remind each other. So the attendance rate is quite high. But in other areas, if one doesn't come, usually the others don't follow suit*." This demonstrates that social solidarity among residents plays a driving factor in community involvement. This finding aligns with Putnam's (2000) theory, which states that social capital is a factor that can increase the effectiveness of development programs, including in the health sector. Research by Januraga (2024) also supports this finding, stating that social capital plays a significant role in the success of health programs in communities with limited resources. Therefore, strengthening social capital at the community level is crucial to ensure that stunting prevention interventions are more effective.

**The Role of Social Networks**

This study also found that social networks, both formal and informal, play a crucial role in supporting stunting prevention. Formal social networks,

such as those from integrated health service post (Posyandu) cadres and Family Welfare Movement groups, serve as providers of health and nutrition information. Meanwhile, informal networks, such as arisan (social gatherings), religious study groups, and mothers' forums, serve as a medium for exchanging experiences and practical knowledge about parenting. A mother in West Kendari District said: "I often learn from the mothers' arisan (social gatherings). Many of them share how to cook nutritious meals with inexpensive ingredients. From there, I learn about healthy menus for my children." This demonstrates that social networks serve as an effective non-formal educational tool for disseminating health information. Social network support extends beyond information to emotional and practical support. For example, neighbors help care for children when a mother has to go to the community health center or go to work. This condition is consistent with the findings of Lestari & Wulandari (2021) in Yogyakarta, which showed that mothers' social networks were able to increase knowledge about stunting prevention, as well as research by Widiarti, Purwanto & Zuhri (2024) in Magelang which found that involvement in social groups was associated with low stunting rates.

**Implications of Research Findings**

Based on research findings, it is clear that stunting in Kendari City is not only a health issue but also a social one. Stunting prevention efforts will be more effective if they integrate medical aspects, maternal roles, social capital, and social networks. Field data shows that mothers with good nutritional knowledge but without community support tend to struggle with consistent parenting practices. Conversely, mothers with limited knowledge but strong social networks tend to be more proactive in participating in health programs. This demonstrates that stunting prevention requires a multisectoral approach. The WHO (2020) emphasizes that stunting can only be prevented through comprehensive interventions involving families, communities, health workers, and the government. Therefore, stunting prevention strategies in Kendari City need to focus on three main areas: Improving maternal nutritional literacy through preconception, pregnancy, and postpartum counseling. Strengthening social capital by revitalizing a culture of mutual cooperation and community solidarity. Optimizing social networks as an effective medium for disseminating health information and supporting healthy nutritional behaviors. By strengthening these three aspects, stunting prevention interventions in Kendari City will be not only more effective but also more sustainable. This strategy is expected to help the government achieve the national target of reducing stunting prevalence by 14% by 2024.

## Conclusion

Based on the results of the analysis, discussion of the research results, there are several conclusions of this study which are described as follows that the role of mothers has been proven to be crucial in preventing stunting. Mothers play a crucial role in determining their children's diet, providing exclusive breastfeeding, and accessing healthcare services. However, research shows that most mothers still face limited nutritional knowledge, limited access to health counseling, and the influence of modern lifestyles that tend to diminish attention to parenting. These suboptimal practices are one of the causes of the persistently high stunting rate in Kendari City. Therefore, empowering mothers through more intensive and sustainable nutrition education is a key strategy that must be strengthened.

Furthermore, community social capital significantly influences the success of stunting interventions. Social norms, a culture of mutual cooperation, and mutual trust at the community level have been shown to strengthen community participation in health programs. Areas with high levels of social capital tend to have higher participation rates in integrated health posts (Posyandu) and nutrition counseling, making stunting prevention efforts more effective. Conversely, weak social capital in some areas hinders information dissemination and community participation.

Social networks also play a crucial role in supporting family health practices. Mothers' groups, integrated health post (Posyandu) cadres, and community organizations provide effective platforms for sharing information, providing emotional support, and facilitating access to health services. Through these networks, mothers can learn from each other and reinforce better nutritional practices for their children. This demonstrates that successful stunting prevention relies not only on individual factors but is also significantly influenced by social support within the family.

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