

# Recommendations for optimizing health promotion strategies based on focus group analysis

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**Abstract.** This study aims to assess the health challenges and the need for health promotion training in Mulyodadi village, Bantul. The focus group discussion (FGD) method was employed, involving the head of sub-villages (dukuh) and cadres, to gather in-depth information. The FGD findings highlighted key health challenges in Mulyodadi, including the prevalence of both communicable and non-communicable diseases, a lack of public awareness about the importance of a healthy lifestyle, and unequal access to health information within the community. It was also found that dukuh and cadres did not conduct widespread health promotion for the general public. Their educational efforts, often delivered through posyandu (integrated healthcare centers), were primarily targeted at parents of infants and toddlers, thus limiting their health promotion knowledge and skills to this context. To optimize their role in community health promotion, dukuh and cadres require health communication training, such as elevator pitch skills training. This training will equip them with the ability to deliver concise, compelling, and effective health promotion messages, thereby addressing the identified health challenges more flexibly in terms of time and place.

## 1 Introduction

Health promotion is crucial for improving community health outcomes, particularly in rural areas with limited access to healthcare services [1]. In Mulyodadi, a village in Bambanglipuro, Bantul, Special Region of Yogyakarta, a participatory approach was adopted to understand local health problems and develop appropriate health promotion strategies. Mulyodadi village covers an area of 644.757 hectares and is located at coordinates 07°56'35" S and 110°19'23" E. It has a population of 11,902 people, comprising 5,877 males and 6,025 females, spread across 14 sub-villages and divided into 84 neighborhood units (RT) with a total of 4,316 households [2]. Each sub-village faces unique health challenges that impact the overall well-being of the community. Understanding these challenges is crucial for developing effective health promotion strategies tailored to the community's specific needs. Mulyodadi village is supported by 14

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independent posyandu (integrated healthcare centers) and a poskestren (Islamic Boarding School Health Post) at the Darul Mukhlisin Islamic Boarding School [3].

In 2022, Mulyodadi village experienced a significant health challenge, recording the highest number of dengue cases in the Bambanglipuro subdistrict, with a total of 11 cases. This number was notably higher compared to the other two villages in Bambanglipuro, indicating a concentrated outbreak in Mulyodadi. Additionally, leprosy, a disease that has been largely eradicated in many parts of the world, was still present in Mulyodadi, although only one patient was reported [4]. This highlights the ongoing need for vigilance and healthcare support in the village. Furthermore, the health profile of the Bambanglipuro Public Health Center revealed that the coverage of supplementary immunizations in Mulyodadi was still below the government target [3]. This shortfall in immunization coverage suggests potential gaps in public health outreach and education, which could leave the community vulnerable to preventable diseases [5].

Village (lurah) and sub-village (dukuh) heads and health cadres play a crucial role in promoting health within their communities. Their local presence and influence enable them to effectively communicate health information and address specific concerns of community members [6]. Enhancing their communication skills is essential for empowering individuals to make informed health decisions, thereby improving overall community wellness. However, in Mulyodadi, dukuhs and health cadres still face limitations in their ability to communicate, particularly in health-related matters. Effective health communication is vital for these leaders to convey important information, empower individuals to make informed decisions about their health, and enhance community well-being [7].

This study aims to assess the health challenges and the need for health promotion training in Mulyodadi Village, Bantul. The research seeks to gather in-depth information from dukuhs and health cadres about prevalent health issues and the current state of health promotion activities. The objective is to identify key health challenges and the need for health communication training to enhance the ability of village heads and cadres to deliver effective health promotion messages.

## **2 Materials and Methods**

### **2.1 Research study design**

Twelve individuals participated in the focus group discussion (FGD) for the study, including local health officials and dukuhs in Mulyodadi village, Bambanglipuro, Bantul. The group consisted of four health cadres and eight dukuhs, selected for their direct involvement in health-related issues and their ability to influence health promotion programs. Their diverse roles provided a comprehensive understanding of the health challenges faced by Mulyodadi village residents.

This qualitative study used FGDs to gather in-depth insights into the community's health problems. The discussions included dukuhs and health cadres, chosen for their familiarity with the area and active participation in regional health programs. Their input was crucial in identifying key health issues and developing practical, culturally relevant health promotion plans.

### **2.2 Data collection tools**

This research was conducted in several stages, including team coordination, creating instruments, conducting FGD to identify health problems, and analyzing the findings. The first step involved extensive collaboration with the team and partners to integrate objectives and

ensure responsibilities. Frequent meetings and discussions were held to deliberate the research objectives. This stage also involved obtaining the necessary authorizations and support from local authorities and community leaders.

Before conducting the FGD, we developed an interview guide to explore the health issues in Mulyodadi village. Additionally, we examined the health promotion practices carried out by the dukuh and cadres. We also explored the health channels and media used by residents to convey and receive health information. FGD was the primary method used to identify prevalent health problems within the community. This study was conducted with ethical approval from the Medical and Health Research Ethics Committee, Faculty of Medicine, Public Health, and Nursing, Universitas Gadjah Mada (Approval No: KE/FK/FK/0634/EC/2024, dated May 2, 2024). All participants provided informed consent before participating in the FGD held on Tuesday, May 14, 2024, for approximately two hours at Mulyodadi Village Hall.

### **2.3 Data evaluation and analysis**

FGD were audio-recorded and transcribed verbatim to ensure data accuracy and completeness. The transcripts were then cross-checked with the audio recordings to ensure reliability and correct any discrepancies. Following this, the transcripts were systematically coded, and initial codes were generated based on recurring themes and patterns observed in the discussions. These codes were grouped into broader themes that encapsulated the main topics of discussion. This process involved iterative reading and re-reading of the transcripts to refine and consolidate themes.

The frequency of specific themes and sub-themes was calculated to identify the most prevalent health issues and concerns raised by participants. Preliminary findings were shared with a subset of participants to validate the accuracy of the interpretations and gather additional insights. Data from the FGD were triangulated with other sources, such as health records and primary health care officers, to enhance the credibility and validity of the findings.

## **3 Results and Discussion**

Based on the results of the FGD activities, several health issues were identified in Mulyodadi. First, both communicable and non-communicable diseases are prevalent, such as stunting, hypertension, dengue, and tuberculosis (TB). Second, there is a lack of public awareness regarding the adoption of healthy lifestyles and limited knowledge about taking medication and undergoing health check-ups. Third, access to health information is uneven, as it is primarily available during specific activities, such as posyandu (integrated healthcare center) sessions and neighborhood meetings. Fourth, dukuh and cadres have not yet implemented widespread health promotion education, with their efforts often limited to posyandu activities.



**Fig. 1.** Word cloud of the most frequent words appearing in the transcript

### 3.1 Health challenges identified

### 3.1.1 Non-communicable disease

Hypertension remains a significant issue in 6 out of 14 sub-villages in Mulyodadi village, with a concerning trend among both the elderly and increasingly the younger age group. The community's lack of interest in early health screenings and check-ups has led to many unmanaged cases of hypertension, which can result in serious complications like ruptured blood vessels and sudden strokes. Follow-up discussions with puskesmas (public health center) officers have confirmed that the number of stroke cases has recently increased.

Additionally, many patients with hypertension frequently experience adherence issues, either by missing doses or delaying medication intake, often due to the considerable distance to healthcare facilities and lack of time. These factors contribute to inadequate control of blood pressure levels. Monthly hypertension classes are offered in some sub-villages to address this issue. The enthusiasm for attending these classes, posyandu, or mobile health examinations is higher compared to individuals visiting puskesmas independently. Many people do not perceive themselves as at risk, leading to low awareness and medication adherence.

In addition to hypertension, there has been a noticeable increase in diabetes cases among the younger population in the Bregan sub-village. This rise is believed to be partly attributed to the growing number of food and beverage vendors offering sweetened drinks. The availability and consumption of these sugary beverages significantly contribute to the prevalence of diabetes, especially among the youth who are more likely to indulge in these options.

### 3.1.2 Communicable disease

There are still individuals living with TB who require ongoing treatment. Additionally, dengue remains a significant public health concern. In 2022, Mulyodadi village faced a major health

challenge, recording the highest number of dengue cases in the Bambanglipuro subdistrict, with a total of 11 cases. This number was notably higher compared to the other two villages in Bambanglipuro. Furthermore, tetanus was detected in one of the sub-villages. Out of the three reported tetanus cases, two resulted in fatalities, both of whom had a prior history of leg injuries.

### **3.1.3 Child and maternal health**

Stunting, a significant health issue, has gained national attention and is being discussed in every sub-village. Documented cases in Cangkring and Bregan affect households from diverse socioeconomic backgrounds. Additionally, there is a family with siblings at risk of stunted growth who have declined vaccinations. We have also encountered questions and misinformation from the community regarding the causes of stunting. Some community members are unsure about the genetic factors involved and question why, in cases where twins receive comparable nutrition, one child may experience stunting while the other does not.

### **3.1.4 Nutrition and diet**

The consumption of junk food and sweet snacks is prevalent in many sub-villages, indicating a lack of awareness regarding appropriate dietary habits. Additionally, there is concern about the decreasing weight in toddlers after they transition from exclusive breastfeeding (MPASI), highlighting the necessity for improved nutritional assistance during this crucial phase.

## **3.2 Health promotion practices**

Health information is typically disseminated through community meetings at both the RT (neighborhood) and village levels. WhatsApp groups are also utilized to share health information. Dukuh and cadres play a significant role in the dissemination of health information. Cadres usually receive health information from the puskesmas during routine cadre meetings. However, the attendees of these briefings are often the same delegates from each village, leading to incomplete dissemination of information to the broader community.

The dukuh serves as a community leader, addressing a wide range of communal concerns, including social, economic, and health-related matters. The importance of dukuh in the health sector was particularly evident during the COVID-19 pandemic. Dukuh are responsible for communicating the situation and conditions of COVID-19 in their area without causing panic among residents. They must also encourage residents to adhere to health protocols as recommended by the government.

Despite the crucial roles of cadres and dukuh in health communication, they often lack sufficient resources and support. Interviews revealed that cadres face challenges in distributing health information to the wider population, often limiting their interactions to mothers of infants and toddlers during posyandu sessions. Moreover, dukuh have expressed concerns about the limited time and opportunities to effectively disseminate health information. They typically share such information in informal settings, such as at the ronda (community security patrol, usually at night, to ensure safety and security) post or during casual conversations. These informal encounters are considered more effective than formal socialization efforts because they provide timely and relevant information to residents in a relaxed and receptive environment.

### 3.3 Discussion

The findings of the FGD activities in Mulyodadi highlight several critical health issues and challenges that necessitate targeted interventions and strategic planning. The persistent prevalence of both communicable and non-communicable diseases, such as stunting, dengue, hypertension, and tuberculosis, underscores the need for comprehensive health programs that emphasize both prevention and management, with a particular focus on early detection and consistent adherence to treatment protocols. The lack of public awareness about healthy lifestyles and the importance of regular health check-ups indicates a pressing need for enhanced health education. This calls for health promotion initiatives that raise awareness and encourage proactive health behaviors across all age groups, with targeted messages for different community segments [8].

The limited access to health information, which is primarily disseminated during specific events like posyandu sessions and community meetings, highlights the need for more extensive and regular distribution methods. Utilizing internet platforms, local television stations, and other media can broaden the reach of health messages, resulting in wider community coverage and increased frequency of exposure [9]. Enhancing the effectiveness of health communication requires providing village chiefs, dukuh, and health cadres with better resources and strategies, thereby expanding their roles beyond posyandu activities.

The significant issue of hypertension, particularly the community's reluctance to participate in early health screenings and regular check-ups, underscores the need for additional community-based interventions. This issue is not new in the management of hypertension. A major challenge is that the majority of patients remain asymptomatic, which is why hypertension is often referred to as the silent killer [10]. Expanding beneficial efforts such as monthly hypertension classes and mobile health services, while also focusing on building trust and emphasizing the importance of regular monitoring and medication adherence, is crucial.

Additionally, the rising prevalence of diabetes among younger populations necessitates the rapid implementation of nutritional education and lifestyle interventions. The increase in diabetes incidence and the shift in age distribution are not confined to Indonesia but are observed globally. It is estimated that approximately 1,211,900 children and adolescents under the age of 20 are living with type 1 diabetes worldwide. Each year, about 108,200 new cases are diagnosed among those under 15 years of age, a figure that rises to 149,500 when the age range is expanded to include individuals up to 20 years old [11]. Studies suggest that children who frequently consume Sugar Sweet Beverage are more likely to develop type 2 diabetes compared to those with lower consumption levels [12]. Over the last two decades, Indonesia has seen a 15-fold rise in the consumption of Sugar Sweet Beverage (SSB) [13]. Prioritizing initiatives that promote healthy eating habits and regular physical activity, especially in schools and community centers, is essential.

Given the widespread concerns about stunting and the increasing amount of misinformation regarding its causes, it is vital to implement focused educational initiatives to dispel myths and provide clear, scientifically supported information on child nutrition and development. Misinformation can lead to incorrect interventions and wasted resources [14]. Collaborative efforts with local healthcare practitioners to advocate for vaccination and provide nutritional support are crucial. Furthermore, the prevalent consumption of unhealthy food and the challenges in ensuring proper nutrition during the transition from breastfeeding to solid foods highlight the need for improved dietary education. Initiatives that promote healthy eating behaviors and offer practical advice for parents can effectively address these issues.

The effectiveness of informal health communication, as observed in casual conversations at ronda posts/ regular activities for patrolling, suggests that leveraging these informal settings can be an effective tool for health education. Training dukuh and cadres to deliver concise and impactful health messages during their interactions can enhance the dissemination of important health information.



## 4 Conclusion

Mulyodadi faces several critical health issues, including the prevalence of diseases such as stunting, dengue, hypertension, and tuberculosis. This necessitates comprehensive health programs focused on prevention, early detection, and treatment adherence. The findings highlight a significant lack of public awareness about healthy lifestyles and regular check-ups, calling for enhanced health education and promotion initiatives. Limited access to health information, primarily disseminated during specific events, underscores the need for broader and more regular distribution methods using various media platforms.

The community's reluctance to participate in early health screenings and regular check-ups, particularly for hypertension, indicates the need for additional community-based interventions and trust-building efforts. The rising prevalence of diabetes among younger populations requires rapid implementation of nutritional education and lifestyle interventions. Addressing widespread concerns about stunting and misinformation about its causes necessitates focused educational initiatives and collaboration with local healthcare practitioners. The effectiveness of informal health communication in casual settings suggests leveraging these opportunities for health education, with training for dukuh and cadres to deliver concise and impactful health messages.

To address the gaps in health promotion in Mulyodadi, it is recommended to implement strategic planning and activities focused on improving the communication skills of dukuh and cadres. A key component of this approach includes providing elevator pitch skills training to enhance the delivery and effectiveness of health information [15]. This training will equip them with the ability to communicate health information concisely and effectively in a short period, which is particularly useful in casual conversations and informal contexts [16]. The training should emphasize the development of clear and influential messages that highlight the key aspects of health information, thereby improving the comprehension and retention of crucial health advice among community members.

Few studies have examined the use of elevator pitching for health promotion. In May 2024, we searched articles indexed on Scopus, ScienceDirect, Pubmed, Google Scholar using the terms “(elevator speech OR elevator statement OR elevator pitch OR lift speech) AND (health education OR health messages OR Health communication OR Deliver health messages OR convey health message OR communicating health message)”, “(Patient OR groups OR communities OR population) AND (Elevator speech OR elevator pitch OR lift speech OR elevator statement) AND (Health advocacy OR Health communication OR Health messages OR Health education OR health promotion) NOT (Social Media OR digital OR Application)”, and “(elevator speech OR elevator statement OR elevator pitch OR lift speech OR brief speech OR research spiel) AND (health education OR health messages OR Health communication OR Deliver health messages OR convey health message OR communicating health message OR health communication strategies OR health promotion) NOT (Social Media OR digital OR Application),” and obtained 12,814 search results. Only two of these studies explored the use of the elevator pitching technique for health promotion, specifically on health advocacy for decision-makers or policymakers who have limited time. However, no publications were found that utilized the elevator pitching technique in a community setting.

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