



Community Transformation through Empowerment-Based Stunting Risk Reduction: A Case Study of the Rumah Gemilang Innovation in Selumit Pantai, Tarakan City.

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ABSTRACT

Stunting prevention requires not only nutritional interventions and health services but also the transformation of communities from passive beneficiaries into active agents of change. This study aims to analyze the process of community transformation from object to subject in stunting risk reduction through the Rumah Gemilang Innovation in Selumit Pantai, Tarakan City. The study used a qualitative case study design conducted from April to July 2026. Data were collected through observation, semi-structured interviews with purposively selected program stakeholders and Posyandu cadres, and document analysis. The analysis followed an interactive process of data reduction, data display, and conclusion drawing, with community empowerment as the primary analytical perspective and Critical Pedagogy, Arnstein's participation framework, and Edward III's implementation perspective used as complementary lenses. The findings indicate four interconnected stages of transformation: (1) the community as an object of intervention, (2) development of critical consciousness, (3) increased community participation, and (4) the community as an empowered subject. Nutritional assistance initially functioned as an entry point for building trust and improving access to health services. Subsequent nutrition education, First 1,000 Days of Life (1,000 HPK) activities, Nutrition Awareness Ambassadors, complementary feeding menu competitions, Aksi Bergizi, and cadre strengthening expanded community knowledge and participation. The decline in children identified as being at risk of stunting from 100 in 2022 to 43 in 2025 occurred alongside these interventions, but the change cannot be attributed to the program alone. The study contributes a process-oriented account of empowerment in a corporate-supported community health initiative and shows that assistance is more sustainable when it is linked to learning, participation, and transfer of implementation roles to community actors.

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INTRODUCTION

Stunting remains a significant development challenge because it affects physical growth, cognitive development, productivity, and long-term well-being. As a multidimensional public health issue, stunting is shaped not only by nutritional intake but also by parenting practices, health-related behaviors, sanitation, socioeconomic conditions, and access to health services. Consequently, stunting reduction requires interventions that

connect household practices, health services, community capacity, and the social conditions in which families raise children.

Although stunting prevalence in Indonesia has generally declined, local disparities remain. In Tarakan City, Selumit Pantai Urban Village became a priority area for intervention because the proportion of children under five identified as being at risk of stunting increased from 5.72% in 2022 to 13.53% in 2023. The condition was associated with risk factors including anemia among pregnant women, chronic energy deficiency, low birth weight, suboptimal nutritional fulfillment, and inadequate growth monitoring through Posyandu. This local context shows that reducing stunting risk requires not only the delivery of nutritional inputs but also sustained community engagement in prevention and monitoring (Astuti et al., 2024).

Recent studies increasingly demonstrate the importance of community empowerment and participation in stunting prevention, but they emphasize different dimensions. Gaffar et al. (2025), using a qualitative case study, found that community empowerment for stunting prevention can develop through participatory approaches, capacity building, stakeholder involvement, and sustainability-oriented evaluation. Afandi et al. (2024a) showed that self-organizing volunteers can function as grassroots social innovation by creating new forms of interaction and collective action in stunting intervention, although unequal power relations can still constrain their influence. Afandi et al. (2024b) similarly found that collaborative governance for stunting reduction depends on strengthening community capabilities to participate in cross-sectoral processes. Other studies have identified participation gaps and contextual barriers, including limited health literacy and uneven involvement of family and community actors (Firdausi & Agustina, 2024; Rahmaniah et al., 2025). These findings suggest that empowerment should be examined not only through program outputs or knowledge gains but also through the process by which community roles, capacities, and control over implementation change.

The literature also shows that private-sector-supported interventions can contribute resources and institutional support to stunting programs. Studies of CSR-based initiatives report that collaboration among companies, government, health workers, and community cadres can strengthen nutrition education, mentoring, and local resource mobilization (Syuhana et al., 2024; Wasiat & Salomo, 2024). Social innovation research further indicates that community-based arrangements can create new forms of collective action, although sustainability depends on whether local actors gain meaningful roles rather than remaining recipients of external support (Afandi et al., 2024a). Against this background, the Rumah Gemilang Innovation is analytically relevant because it developed from an initial assistance-oriented intervention into a broader empowerment process involving education, cadre strengthening, participation, and community-led activities (Sani et al., 2024).

The research gap addressed in this study is therefore processual: previous studies have documented the effectiveness, participation, collaborative governance, or innovation of stunting interventions, but the transition from beneficiary to community actor has received less attention as a staged transformation within a single local program. This study asks: how does the Rumah Gemilang Innovation transform the position of the community from object to subject in stunting risk reduction, and what roles do communication, resources, participation, and inter-organizational support play in that process? The study employs community

empowerment as the primary perspective, complemented by Paulo Freire's Critical Pedagogy, Arnstein's Ladder of Citizen Participation, and George C. Edward III's implementation perspective as analytical lenses. The findings are expected to clarify the mechanisms of community transformation while avoiding the assumption that one local case can be generalized to all stunting programs.

RESEARCH METHODS

This study employed a qualitative case study design. The case was selected because Rumah Gemilang represents a locally bounded and evolving community empowerment innovation for stunting risk reduction in Selumit Pantai Urban Village, Tarakan City. The research was conducted from April to July 2026. A case study design was used to examine the program as a process situated in its institutional, community, and temporal context rather than to estimate a population-level treatment effect (Sugiyono, 2016).

Informants were selected purposively based on their direct knowledge of, or involvement in, Rumah Gemilang and the preceding Beras Kuning program. The informants included Posyandu cadres involved in implementation and community education, health personnel from Sebengkok Community Health Center, representatives of the North Kalimantan BKKBN, representatives of the Tarakan City DP3AP2KB Office, representatives of Selumit Pantai Urban Village, and PT Pertamina EP Tarakan Field personnel involved in community engagement and development.

Data were collected through three complementary techniques. First, observation was used to examine Rumah Gemilang activities, Posyandu practices, community participation, and the local setting. Second, semi-structured interviews were conducted with the informant categories above to obtain accounts of program implementation, changing roles, participation, and perceived changes in community capacity. Third, document analysis examined program records, photographs, activity documentation, and the available stunting-risk data, including the 2022–2025 figures presented in Figure 1. The data were analyzed interactively through data reduction, data display, and conclusion drawing (Miles et al., 2014). The analysis was organized around the four-stage transformation framework developed in this study and compared evidence across interviews, observations, and documents. To strengthen credibility, claims were checked across data sources and interpreted cautiously when the evidence did not permit causal attribution.

Trustworthiness and analytical procedure. The study used source triangulation by comparing interview accounts with observations and program documents. The four-stage framework was treated as an analytical construct rather than as a predetermined claim that every community member passed through the stages in the same order. Evidence was considered stronger when a change in role or practice was visible across more than one source, and interpretations were stated cautiously when the available evidence did not permit causal attribution.

RESULTS AND DISCUSSION

Rumah Gemilang: Initiating Collaborative Community Empowerment for Stunting Risk Reduction

Rumah Gemilang Selumit Pantai is a community empowerment innovation comprising an integrated stunting risk reduction program initiated by PT Pertamina EP Tarakan Field through a collaborative approach involving the P3AP2KB Office, Sebengkok Community Health Center, Selumit Pantai Urban Village, Posyandu cadres, and the community. The program was developed in response to the high risk of stunting in Selumit Pantai Urban Village, which is influenced by various factors, including limited monitoring of child growth and development, insufficient community understanding of nutrition, and the high prevalence of risk factors among mothers and children. Based on these conditions, Rumah Gemilang was designed not merely as a nutritional assistance program but as an effort to foster community self-reliance in stunting risk reduction.

The program was implemented in stages. During the initial phase in 2023, interventions focused on providing nutritious food assistance in the form of eggs and milk to children at risk of stunting as a short-term effort to meet their nutritional needs. Following the evaluation of program implementation, this approach subsequently evolved into a more participatory strategy through Balanced Nutrition Education; First 1,000 Days of Life (1,000 HPK) Education; the appointment of Duta Sadar Gizi (Nutrition Awareness Ambassadors), accompanied by a three-day series of activities to strengthen the role of Posyandu cadres; the Cipta Menu MP-ASI complementary feeding menu competition; Aksi Bergizi (Nutrition Action); and community economic development activities developed from the Cipta Menu MP-ASI competition and the implementation of Aksi Bergizi. This shift demonstrates that the program was no longer oriented solely toward the provision of assistance but was increasingly directed toward strengthening community capacity and engagement in stunting risk reduction (Indarwati et al., 2024).

These characteristics distinguish Rumah Gemilang from a purely charitable approach to stunting intervention. The program positions assistance as an entry point for building awareness, encouraging participation, and strengthening community capacity, enabling community members to gradually assume a role in maintaining maternal and child health

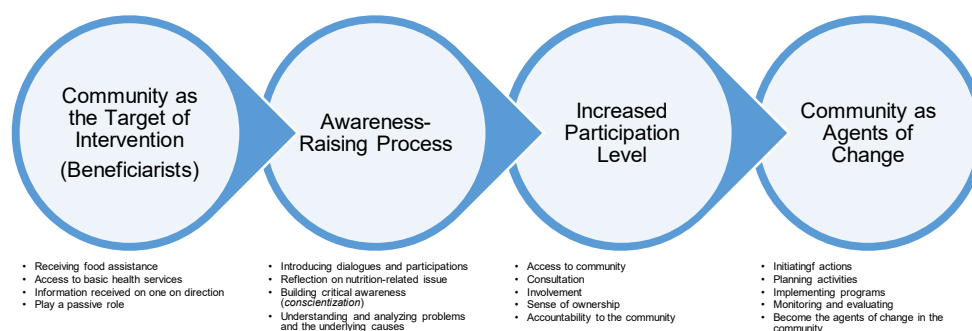


Diagram 1. Transformation of Community Role in the Rumah Gemilang Program

within their environment. Accordingly, program success is measured not only by the amount of assistance distributed or by reductions in the number of children under five at risk of stunting, but also by the transformation of the community's position from beneficiaries to key actors or agents of change in stunting risk reduction.

Based on these characteristics, this study analyzes the Rumah Gemilang Program as a process of community transformation occurring through four stages: the community as an object of intervention, the development of critical consciousness, increased community participation, and the community as an empowered subject. These four stages serve as the analytical framework for explaining how the community empowerment process is developed and ultimately contributes to more sustainable stunting risk reduction efforts.

The Concept of Community Transformation through Empowerment

Community empowerment is a development approach that positions communities as primary actors in addressing the problems they face. From this perspective, program success is measured not only by the availability of assistance or increased access to services but also by the community's increased capacity to make decisions, utilize resources, and manage change independently. Zimmerman (2000) explains that empowerment is a process that enables individuals and communities to gain greater control over the factors that affect their lives.

Zimmerman (2000) explains that empowerment is a process through which individuals and communities gain control over the factors that affect their lives, while Laverack (2006) emphasizes that empowerment is developed through strengthening participation, local leadership, resource mobilization, and communities' capacity to address problems collectively. Thus, empowerment can be understood as a transformative process that shifts communities from beneficiaries to key actors or agents of change in development.

Such transformation does not occur instantaneously but begins with a change in how communities understand the problems they face. From the perspective of Critical Pedagogy, Freire (1970) explains that dialogical education fosters critical consciousness (conscientization), which enables communities to understand the root causes of problems while recognizing their own capacity to initiate change. This critical consciousness serves as an important prerequisite for empowerment, as community members no longer merely receive information but begin to develop a sense of responsibility for addressing problems within their environment.

Critical consciousness subsequently develops into more meaningful forms of participation. Arnstein (1969) explains that community participation should not be measured solely by involvement in activities but also by the extent to which community members have influence over decision-making processes. The higher the quality of participation, the greater the space available for community members to act as partners in program implementation. Within the context of empowerment, participation serves as a medium for social learning that enables communities to develop knowledge, skills, and a sense of ownership of the program.

The success of community transformation is also influenced by the quality of program implementation. Edward III (1980) explains that policy implementation is influenced by four

main factors: communication, resources, implementers' disposition, and bureaucratic structure. These factors determine whether the processes of developing awareness, increasing participation, and fostering empowered communities can take place effectively and sustainably. Therefore, implementation theory is employed in this study to explain the factors that support each stage of community transformation.

Based on this synthesis, community transformation is conceptualized as four interconnected stages: (1) the community as an object of intervention, (2) development of critical consciousness, (3) increased community participation, and (4) the community as an empowered subject. Community empowerment remains the primary perspective because it explains the shift in community capacity and control. Freire's Critical Pedagogy helps explain changes in awareness; Arnstein's participation framework helps distinguish passive involvement from more meaningful participation; and Edward III's implementation perspective helps explain how communication, resources, implementer disposition, and organizational arrangements enable or constrain the transformation. The Rumah Gemilang case is therefore used not to prove these theories universally, but to examine how their concepts illuminate different dimensions of one empirical process.

Table 1. Evidence matrix linking the four transformation stages to data sources and theoretical interpretation. The matrix makes the analytical chain explicit: empirical evidence → observed change → theoretical interpretation. How the case relates to the four theoretical lenses. The case supports empowerment theory by showing that capacity and control can develop incrementally from access to resources toward community-led implementation. It supports Freire's Critical Pedagogy insofar as education was not treated only as information transfer but became a route through which cadres and families could reinterpret stunting prevention as a shared responsibility. It partially supports Arnstein's participation framework because participation increased, but the case also shows that community involvement can expand without becoming fully equivalent to citizen control; 11 of 30 cadres participated directly in Aksi Bergizi, indicating uneven participation. Finally, Edward III's implementation perspective is supported by the importance of communication, resources, implementer commitment, and organizational coordination. At the same time, the case extends that perspective by showing implementation as a pathway through which control can gradually shift toward community actors rather than remaining permanently with institutional implementers.

Transformation stage	Empirical evidence available in manuscript	Primary data source	Empirical change	Theoretical interpretation
1. Community as object	2023 nutrition assistance (eggs and milk), health services, growth monitoring, and provision of Posyandu equipment; external actors	Documents + observations	Community primarily received services and resources.	Empowerment: enabling/access stage. Edward III: communication and resource control remained largely external. Arnstein:

	dominated decisions and resources.			participation remained limited.
2. Critical consciousness	2024 Balanced Nutrition Education and 1,000 HPK education delivered through Posyandu and maternal classes; cadres began disseminating knowledge.	Documents observations +	Community understanding and use of Posyandu expanded beyond receipt of assistance.	Freire: movement toward conscientization. Empowerment: knowledge and awareness became a resource for action.
3. Participation	Duta Sadar Gizi, Cipta Menu MP-ASI, Aksi Bergizi; 11 of 30 cadres directly involved in Aksi Bergizi; Posyandu attendance reportedly increased.	Documents/figure + observations	Some cadres moved into implementation, education, and family support roles, although participation was uneven.	Arnstein: participation became more substantive but was not yet evenly distributed. Edward III: collaborative structure and resources supported participation.
4. Empowered subject	Cadres developed work plans and independently managed Aksi Bergizi; external actors increasingly provided funding, coordination, venues, and technical support.	Documents observations +	Implementation control shifted toward community cadres while external actors moved toward facilitator roles.	Empowerment: greater control and self-reliance. The case extends implementation theory by showing that resources can enable a gradual transfer of control rather than simply determine compliance.
Outcome context	Children identified as at risk declined from 100 (2022) to 43 (2025), alongside multiple interventions.	Puskesmas data shown in Figure 1	Positive trend occurred during the program period, but causality cannot be assigned to Rumah Gemilang alone.	Supports a sustainability-oriented interpretation while requiring caution about attribution.

Building the Foundation for Change: When the Community Remains an Object of Intervention

During the initial stage of implementation, the Beras Kuning Program positioned the community primarily as recipients of various forms of intervention, including the provision of eggs and milk to children at risk of stunting, healthcare services, and the monitoring of child growth and development through Posyandu. This approach was a response to the high risk of stunting in Selumit Pantai, which required immediate intervention to address the nutritional needs of the target population. At this stage, Selumit Pantai Urban Village, Sebengkok Community Health Center, the P3AP2KB Office, and PT Pertamina EP Tarakan Field remained the dominant actors in determining program activities and delivering direct interventions, while Posyandu cadres and community members primarily assumed the role of beneficiaries.

From an empowerment perspective, this condition indicates that the community was still at the enabling stage, in which access to resources, information, and services was gradually being opened before community members were able to assume independent roles. The food assistance provided was not regarded as the ultimate objective of the program but rather as an entry point for building community trust in the program while improving access to healthcare services. From an implementation perspective, communication that remained largely dominated by program implementers, combined with the community's dependence on external resources, indicates that the transformation process had not yet been fully established. Nevertheless, this condition provided an important foundation for the subsequent stage, namely the development of community awareness. This interpretation is supported by the documented division of roles: external institutions supplied food, services, equipment, and coordination, while community members were primarily recipients. The stage therefore supports an empowerment reading of access-building but also shows its limit: access to resources does not automatically mean control over program decisions.

The roles of the various actors at this stage still reflected an intervention pattern dominated by external stakeholders. The P3AP2KB Office and Selumit Pantai Urban Village played the most prominent roles in providing eggs and milk to the target population, while Sebengkok Community Health Center contributed through healthcare services and the monitoring of child growth and development. PT Pertamina EP Tarakan Field also provided support through the procurement of eggs and milk and the provision of Posyandu equipment. Under this division of roles, community members and Posyandu cadres initially remained primarily in the position of beneficiaries, while resources, services, and program decisions were largely driven by the implementing actors.

Building Awareness: Changing Perspectives on Stunting Risk Reduction

An evaluation of the implementation of the Beras Kuning Program indicated that the provision of assistance alone had not been sufficient to increase community awareness of stunting risk reduction. This condition prompted a change in strategy in 2024 through Balanced Nutrition Education for Posyandu cadres and First 1,000 Days of Life (1,000 HPK) Education delivered by Posyandu cadres to community members during Posyandu sessions for infants and children under five and maternal classes. This approach was no longer oriented

solely toward information delivery but encouraged community members to understand the relationship between parenting practices, nutritional fulfillment, and child growth.

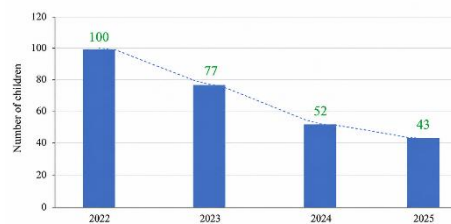
This change reflects a process of conscientization, namely the development of critical community awareness regarding the causes and impacts of stunting. Repeated educational activities conducted through Posyandu and maternal classes successfully shifted community perceptions of Posyandu from being merely a place to receive assistance to a space for monitoring child growth and development and acquiring knowledge about family health. From an implementation perspective, the success of this stage was supported by more dialogical communication and the commitment of Selumit Pantai Urban Village, healthcare professionals from Sebengkok Community Health Center, family planning extension officers from the Tarakan P3AP2KB Office, and the CID Officer of PT Pertamina EP Tarakan Field to provide continuous and integrated assistance to Posyandu cadres as part of the Rumah Gemilang Innovation. Thus, the changes observed involved not only increased knowledge but also changes in community behavior in utilizing healthcare services. The case also nuances Freire's formulation because the educational process was institutionally facilitated rather than emerging solely from grassroots dialogue. Its empowering effect therefore depended on whether cadres could translate acquired knowledge into repeated community-level practices.

At the awareness-building stage, Sebengkok Community Health Center and PT Pertamina EP Tarakan Field played important roles in supporting the process of changing community perspectives on stunting risk reduction. Sebengkok Community Health Center provided health-related support and education, while PT Pertamina EP Tarakan Field contributed through mentoring and strengthening the implementation of Rumah Gemilang activities. At this stage, Posyandu cadres began to become more actively involved, particularly as intermediaries between the knowledge gained through the mentoring process and the community during Posyandu activities and maternal classes. This involvement marked the initial shift in their role from beneficiaries to implementers and disseminators of health information at the community level.

Mobilizing Participation: From Beneficiaries to Program Partners

The growing awareness subsequently developed into greater community participation through the appointment of Duta Sadar Gizi (Nutrition Awareness Ambassadors), the Cipta Menu MP-ASI complementary feeding menu competition, and Aksi Bergizi (Nutrition Action). These innovations provided community members with opportunities not only to participate in program activities but also to contribute to health education, develop menus based on locally available food resources, and support families through door-to-door visits. Aksi Bergizi became an important milestone as it contributed to increased attendance at Posyandu, thereby enabling more effective monitoring of child growth and development.

Figure 1. Number of Stunting Selumit Pantai 2022-2025



Source : Stunting Prevalence at Sebengkok Community Health Center, 2025

The data presented in Figure 1 show a decline in the number of children under five identified as being at risk of stunting in Selumit Pantai Urban Village during the intervention period, from 100 in 2022 to 77 in 2023, 52 in 2024, and 43 in 2025. This decline indicates a positive change during the implementation of the Beras Kuning Program, which subsequently evolved into Rumah Gemilang. Although this change cannot be attributed solely to Aksi Bergizi, the trend suggests that strengthened nutritional interventions, healthcare services, growth monitoring, and increased involvement of Posyandu cadres occurred alongside improvements in the condition of the target population. Thus, program achievements are reflected not only in increased community participation but also in changes in the condition of the target population that constitutes the focus of the intervention.

The involvement of Posyandu cadres in Aksi Bergizi also demonstrates increased community participation at this stage. Of the 30 Posyandu cadres in Selumit Pantai Urban Village, 11 were directly involved in the implementation of Aksi Bergizi. This involvement indicates that the transformation process had begun to take place, as some cadres had assumed active roles in implementing activities rather than merely receiving mentoring and support. However, the involvement of 11 out of 30 cadres also indicates that community participation at this stage was not yet evenly distributed. This condition illustrates that empowerment takes place gradually, whereby cadres who have acquired greater capacity and experience through the program begin to serve as drivers of the process while simultaneously creating opportunities for other cadres to become more deeply involved at subsequent stages. Thus, Aksi Bergizi functioned not only as an intervention activity but also as a space for learning and capacity building, strengthening cadres' roles as program partners.

The improvement in the quality of participation indicates that the community had moved from a position of receiving information to becoming a partner in program implementation. This change was reflected in the increasing roles of Posyandu cadres and community members in supporting educational activities and child growth monitoring. From an implementation perspective, the success of this stage was supported by a clear collaborative structure involving PT Pertamina EP Tarakan Field, the community health center, the urban village government, Posyandu cadres, and community members, with each party assuming complementary roles. Open communication also strengthened the community's sense of ownership of the program. However, the evidence does not justify describing participation as complete community control. The involvement of 11 of 30 cadres shows an intermediate condition in which participation was meaningful for some actors but still selective.

At the participation stage, the role of Posyandu cadres became increasingly prominent as they began to participate directly in various activities and serve as program partners at the community level. Cadres no longer merely received mentoring but began to deliver educational activities, support child growth monitoring, and participate in activities such as Aksi Bergizi. Nevertheless, this process continued to receive support from Sebangkok Community Health Center, PT Pertamina EP Tarakan Field, the P3AP2KB Office, and Selumit Pantai Urban Village. These four actors served as coordinators, mentors, and providers of technical and resource support, while Posyandu cadres increasingly took on a more active role in program implementation. Thus, the relationships among actors began to shift from an implementer–beneficiary pattern toward a collaborative model, with the community increasingly positioned as a program partner.

Becoming an Agent of Change: Empowerment as a Path toward Self-Reliance

The final stage of the transformation process is characterized by increased community capacity to independently carry out various activities aimed at reducing stunting risk. Posyandu cadres have become increasingly active in providing education and family support, community members have demonstrated the ability to develop complementary feeding menus based on locally available food resources, and community members have begun to develop economic activities as an effort to support household nutritional needs. These conditions indicate that the community is no longer merely a beneficiary but has assumed an active role in contributing to the health and well-being of mothers and children within their environment.

This change reflects a shift in capacity and control from program implementers to the community. Empowerment is no longer measured by the amount of assistance received but by the community's ability to initiate, implement, and sustain various stunting risk reduction activities. The success of this transformation is supported by the commitment of program implementers, the availability of resources, and cross-sectoral collaboration, which enable the community to continue receiving support without creating dependency on the program. This is the clearest point at which the case supports the empowerment perspective: the indicator of change is not the continued receipt of assistance but the redistribution of implementation capacity toward local actors.

The final stage of the transformation process is characterized by increased community capacity to independently carry out various activities aimed at reducing stunting risk. Posyandu cadres have become increasingly active in providing education and family support, while community members have demonstrated the ability to develop complementary feeding menus based on locally available food resources and have begun to develop economic activities to support household nutritional needs. These conditions indicate that the community is no longer merely a beneficiary but has assumed an active role in contributing to the health and well-being of mothers and children within their environment.

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At the stage of becoming an agent of change, the primary role begins to shift toward Posyandu cadres who have developed their own work plans and acquired the capacity to manage activities independently. Whereas the implementation of Aksi Bergizi at the participation stage still received substantial support from various stakeholders, at this stage, Aksi Bergizi is independently managed by the cadre group. Other stakeholders primarily serve as supporting actors who help sustain the program without taking over its implementation. PT Pertamina EP Tarakan Field provides support mainly through funding, Sebangkok Community Health Center supports the program by coordinating or adjusting activity schedules, while Selumit Pantai Urban Village provides the venue for activities. This pattern demonstrates that implementation control has increasingly shifted to the community, while external stakeholders have transitioned into facilitator roles by providing resources and support when needed.

The findings of this study should be understood within the context of the Rumah Gemilang Program in Selumit Pantai as a single case. Therefore, the four-stage transformation identified in this study represents a context-specific analytical model rather than a universal sequence applicable to all community-based stunting programs. The decline in the number of children identified as being at risk of stunting also occurred alongside various health, nutritional, and community interventions, so it should not be interpreted as a direct causal effect of Rumah Gemilang alone. In addition, community participation remained uneven, as reflected in the involvement of 11 of 30 Posyandu cadres in Aksi Bergizi. These conditions indicate that community transformation occurred progressively and was not experienced uniformly by all community members. Future research may strengthen these findings through comparative studies across communities and longitudinal research examining the sustainability of community-led activities as external support changes.

CONCLUSION

This study finds that, within the Selumit Pantai case, community transformation around stunting risk reduction developed through four interconnected stages: the community as an object of intervention, development of critical consciousness, increased participation, and the community as an empowered subject. Initial nutritional assistance and health services functioned as entry points for building access and trust. Education and 1,000 HPK activities then expanded community knowledge, followed by participation through Duta Sadar Gizi, Cipta Menu MP-ASI, and Aksi Bergizi. The documented involvement of cadres and the later shift of implementation responsibilities indicate a gradual change in community roles.

The case suggests that empowerment-oriented stunting programs are more likely to support community ownership when assistance is connected to learning, participation, and a gradual transfer of implementation roles. However, the study does not claim that the program alone produced the observed decline in stunting-risk cases or that the four stages represent a

universal sequence. Its contribution lies in showing how a corporate-supported local intervention can move beyond service delivery toward community participation and greater local implementation capacity, while retaining external actors as facilitators

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