
Communication Strategy of Health Cadres in Stunting Prevention

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Abstract

This study aims to analyze the communication strategies employed by health cadres in stunting prevention in Pejagan Village. This study used a qualitative, descriptive approach to gain a deeper understanding of the communication process between health cadres and the community. Data were collected through interviews, observation, and documentation. The results indicate that health cadres implemented various communication strategies, such as outreach at integrated health posts (Posyandu), interpersonal communication, and door-to-door visits. Furthermore, the use of communication media such as leaflets, KIA (Child Health Information) books, and social media contributed to the dissemination of information to the community. However, challenges remain, including low public awareness of the importance of a healthy lifestyle and limited data on stunted toddlers. Therefore, a more adaptive and sustainable communication strategy is needed to ensure a more effective stunting prevention program.

Keywords– *Communication Strategy, Health Cadres, Stunting, Health Communication, Community.*



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1. Introduction

Stunting remains a chronic nutritional issue and a primary challenge within the public health sector in Indonesia. This condition results from long-term nutritional deficiencies, particularly during the critical period of the First 1000 Days of Life (HPK). The impact of stunting manifests not only in stunted physical growth but also adversely affects cognitive development and the future quality of human resources. Consequently, stunting prevention has become a top priority in national health development efforts (World Health Statistics 2021, 2021).

Various measures have been taken to reduce stunting rates, one of which is through a health communication approach. This approach aims to enhance public knowledge and awareness regarding the vital importance of fulfilling children's nutritional needs. Effective health communication has been proven to improve maternal understanding and drive behavioral changes toward better nutritional practices (Rahmadhita, 2020). Moreover, communication strategies implemented both interpersonally and at the community level are considered to play a critical role in supporting the success of stunting prevention initiatives (World Health Statistics 2021, 2021). Health cadres serve a strategic role as the spearhead for disseminating health information directly to the public. Cadres function as vital liaisons between professional healthcare workers and community members to convey essential messages regarding nutrition, parenting patterns, and stunting prevention. Because a cadre's communication skills heavily dictate how effectively messages are delivered, capacity building for these cadres is crucial to support public health program success (Syamsir et al., 2024).

The implementation of health communication at the village level still encounters various obstacles. Variations in community education levels, limited access to communication media, and low public participation are key factors affecting information delivery. As a result, disseminated health messages have not fully succeeded in driving widespread behavioral changes across communities (World Health Statistics 2021, 2021). This exact phenomenon is evident in Pejagan Village. According to data from the Pejagan Village Posyandu

in April 2024, there were 74 children identified with stunting indicators. Furthermore, preliminary interviews revealed that many community members still do not comprehend the importance of balanced nutrition and tend to disregard the information provided during Posyandu activities. One cadre informant noted:

"There are still mothers who attend the Posyandu regularly but fail to implement the recommendations in their daily lives."

(Cadre Informant, 2026)

This underlines that sharing information does not automatically result in immediate behavioral shifts. Previous studies have predominantly focused on nutritional aspects and medical interventions, leaving the communication strategies of village-level health cadres relatively under-researched. Therefore, this study aims to analyze the communication strategies used by health cadres in stunting prevention efforts in Pejagan Village, offering a more contextualized perspective to inform the development of highly effective health communication frameworks.

2. Method

This study applies a qualitative approach with a case study design to acquire a comprehensive understanding of the communication strategies utilized by health cadres for stunting prevention in Pejagan Village. A qualitative framework was selected because the study is geared toward uncovering meanings, real-world experiences, and social interactions occurring directly within the community. The primary focus extends beyond program outcomes to understand how the communication processes are built between healthcare professionals, village officials, and target communities. Sugiyono (2019) explains that qualitative research investigates natural object conditions where the researcher serves as the primary data collection instrument.

This study also adopts a constructivist paradigm, which views social reality as the product of individual experiences and social interactions within a community setting. Creswell (2018) asserts that constructivism enables

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researchers to understand various informant perspectives based on their lived experiences and immediate social contexts. This approach is deemed ideal since stunting is not merely a medical issue, but is heavily influenced by communication patterns, community perceptions, and stakeholder involvement. The case study method was chosen because the research focuses on a specific phenomenon within a distinct social space—namely, health communication strategies for stunting prevention in Pejagan Village. This allows the researchers to thoroughly explore the phenomenon under real-world conditions, tracking the communication styles applied by cadres, their use of media, their target audience segmentation, and the overall efficacy of their strategies in raising stunting awareness.

The subjects of this study comprise primary and supporting informants chosen based on their direct involvement in stunting prevention. The primary informant is the Pejagan Village Midwife, due to her pivotal role and direct involvement in implementing community health programs, which include:

1. Conducting health counseling for pregnant women and mothers of toddlers.
2. Managing Posyandu services and monitoring child growth charts.
3. Distributing supplementary feeding (PMT) and conducting maternal health checkups.
4. Educating families on healthy lifestyles and balanced nutritional fulfillment.

The supporting informant is the Head of Pejagan Village, who backs health initiatives through village policies, budget allocations, and coordinating efforts between health professionals and residents. Informants were selected via purposive sampling to target individuals who thoroughly comprehend stunting conditions and are actively involved in the village health programs. The criteria for selection included:

1. Direct involvement in stunting prevention programs.
2. In-depth knowledge of public health conditions in Pejagan Village.
3. Willingness to share open, transparent information during the study.

4. Ability to clearly articulate the health communication strategies applied in stunting prevention.

Data collection involved in-depth interviews, field observations, documentation, and literature reviews. In-depth interviews gathered detailed accounts of communication practices, while field observations captured real-time interactions during Posyandu sessions, health counseling, and supplementary feeding activities. Documentation included health reports, stunting statistics, activity photos, KIA books, and educational flyers. Literature reviews examined relevant scientific journals and books on health communication. Data analysis followed the interactive analysis model by Miles and Huberman (2014), consisting of three continuous phases:

1. Data Reduction: Selecting, focusing, and clustering data relevant to the research question.
2. Data Display: Presenting data via descriptive narratives to systematically understand communication patterns and social interactions.
3. Conclusion Drawing/Verification: Interpreting the compiled findings from interviews, observations, and documentation to clearly answer the problem formulation.

Data trustworthiness was maintained through source triangulation, comparing statements between the village midwife and the village head, and cross-checking them against field observations and official activity documentation to ensure high validity and objectivity.

3. Result and Discussion

The study reveals that the communication strategies applied by health cadres in Pejagan Village involve several mutually supportive communication channels. These strategic approaches are categorized below:

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Table 1. Communication Strategies Applied by Health Cadres

Strategy Type	Implementation Mode	Core Communication Objective
Health Counseling	Focus groups at the Posyandu	Conveying fundamental health data using accessible, localized language
Interpersonal Communication	One-on-one direct dialogues	Building close relationships, empathy, and immediate feedback loops
Social Media Utilization	Digital messaging and updates	Accelerating information spread regarding schedules and stunting data
Door-to-Door Visits	Personalized home visitations	Reaching passive residents and directly monitoring family environments

Strategic Execution and Implementation Modes

Interviews with the Pejagan Village Midwife show that health counseling serves as the primary strategy during Posyandu activities. Information is delivered using simple, accessible language free of dense medical jargon to ensure clear comprehension. The materials cover routine maternal checkups, nutritional fulfillment, breastfeeding, and tracking childhood growth. Cadres utilize communicative methods to allow interactive dialogues and Q&A sessions, ensuring information flows bidirectionally. This aligns with Putri and Nugroho's findings, which state that health counseling paired with interpersonal communication effectively optimizes public understanding of stunting prevention.

Interpersonal communication proved to be the most effective mechanism for fostering trustful relationships. Direct personal contact helps residents feel comfortable sharing specific health complaints, allowing cadres to offer customized advice based on the family's unique social conditions. Displaying a friendly, empathetic, and open demeanor dramatically enhances community compliance with healthcare directives. This supports Joseph A. DeVito's (2016) interpersonal communication theory, which highlights that face-to-face interactions facilitate rapid feedback and cultivate highly efficient social bonds. It also supports Agustinah et al. (2025), who found that empathetic communication increases community trust in government-sponsored health initiatives.

Social media utilization functions as a vital secondary medium, facilitating the dissemination of health updates. It is used to share Posyandu

schedules, maternal-child care tips, and stunting prevention data. Digital channels accelerate information sharing by allowing residents to access health resources directly via mobile devices. This helps cadres reach individuals who cannot attend in-person sessions, adapting communication methods to current technological patterns. This matches Wulandari's (Ariyanti, 2025) assertion that blending direct communication with social media boosts public participation, and echoes Onong Uchjana Effendy's (2017) theory emphasizing media selection tailored to audience characteristics.

Door-to-door visits represent another crucial strategy for reaching passive community members, those with limited health access, or those facing schedules that conflict with Posyandu hours. Home visits allow cadres to provide highly personalized education, monitor parenting habits, inspect the child's environment, and check nutritional intake firsthand. The emotional proximity built during these visits makes families feel supported and more receptive to health advice. This confirms findings by Putri and Pohan (2023), who stated that door-to-door strategies effectively bridge the gap between healthcare workers and communities while strengthening public health outcomes.

Challenges, Obstacles, and Program Impact

Despite active communication efforts, several systemic barriers persist in Pejagan Village:

1. **Low Public Awareness:** A portion of the population still underinvests in child nutrition and views nutritional issues lightly, requiring more intensive, long-term educational approaches.
2. **Low Attendance Rates:** Some parents fail to participate regularly in Posyandu activities due to work commitments and busy daily routines.
3. **Data Tracking Limits:** Cadres face challenges tracking data comprehensively because not all families can be easily reached during standard health routines.

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4. **Socio-Educational Disparities:** Varied educational backgrounds alter how quickly and deeply residents comprehend the health information provided.

These findings align with Ariansyah and Mauliansyah (2023), who identified low public awareness as a primary structural challenge across various regional stunting prevention initiatives.

Nevertheless, the communication strategies implemented by these health cadres have yielded significant positive shifts. Public knowledge regarding nutritional needs, routine immunization, and tracking child growth metrics has notably increased. This demonstrates that structured health communication can drive behavioral modifications. Solid communication has forged robust cooperation among cadres, village authorities, and residents. Village government support through health policies and infrastructure has further strengthened the stunting prevention framework in Pejagan Village, underscoring that effective communication is vital to maximize public program enrollment and achieve long-term public health goals.

4. Conclusion

This study concludes that the communication methods used by health cadres in Pejagan Village—encompassing counseling, direct interpersonal dialogue, social media engagement, educational media, and home visitations—have positively increased community understanding and awareness of stunting prevention. These diverse methods help families grasp the importance of proper nutritional intake, routine checkups, immunization, and early childhood growth tracking. program execution still faces notable challenges, including low public awareness among certain segments, low participation rates in Posyandu sessions, and data collection constraints. Therefore, it is essential to reinforce sustainable communication strategies that are continuously tailored to local community characteristics to ensure health messages are effectively understood and put into practice. These insights support Hafrina and Maulida (2022), demonstrating that

behavior-change communication through direct interaction increases community understanding and drives the overall success of stunting prevention programs.

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