
Communication Strategy of Posyandu Cadres in Delivering Child Nutrition Messages in Mrandung Village

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Abstract

This study examines the communication strategies employed by Posyandu cadres in delivering child nutrition messages to families in Mrandung Village, Klampis District, Bangkalan Regency. Using a qualitative case study method, this research explores message formulation, language adaptation, media use, interpersonal approaches, and the consistency of cadres in promoting nutrition practices among families with toddlers. Data were collected through in-depth interviews, observation, documentation, and literature review. Findings indicate that cadres apply adaptive communication strategies, including the use of the local Madurese language, visual media, persuasive interpersonal communication, and door-to-door engagement to ensure message comprehension. Several barriers were identified: low literacy levels, cultural influences from extended family members, and economic constraints that limit the implementation of nutrition recommendations. The study concludes that communication strategies significantly shape the effectiveness of nutrition education and emphasizes the need for culturally grounded media and enhanced cadre competencies.

Keywords– *Communication Strategy; Posyandu cadre; Nutrition Education; Stunting Prevention; Health Communication.*



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1. Introduction

Child nutrition problems remain a public health challenge in Indonesia, especially in rural areas with low health literacy and limited access to information. Mrandung Village, Klampis District, Bangkalan Regency, is one of the areas facing this issue. Posyandu Kamboja 2, as a community health service unit, has implemented various activities for monitoring child growth and development, but the results have not yet shown significant changes in family nutrition understanding and practices. Posyandu data for 2025 records 81 toddlers in Mrandung Village, yet 39 children did not attend posyandu activities throughout the year. Most children who rarely attend have body weights below the age standard, with an average deficiency of 1–3 kilograms (Posyandu Cadre, 2025). In the previous year, three children were recorded as experiencing stunting and continue to receive Supplementary Feeding (PMT) assistance to this day. Although posyandu activities have been carried out routinely—including weighing, height measurement, provision of vitamins, deworming medication, nutrition counseling, and even door-to-door visits—community participation remains low and nutrition understanding is not evenly distributed. This condition indicates an issue in the health message delivery process. The nutrition messages provided by cadres have not been fully understood or implemented by the mothers of toddlers. In fact, posyandu cadres hold a vital role as the primary communicators bridging information from medical personnel to the community. In the context of health communication, the success of a message depends not only on the content but also on the chosen communication strategy, including the delivery method, the language used, and the media employed.

The phenomenon in Mrandung Village aligns with national conditions. The 2024 Indonesian Nutritional Status Survey (SSGI) recorded the stunting rate at 19.8%, and the government targets a reduction to 14.2% by 2029 (Ministry of Health RI (Indonesia), 2024). One of the national challenges in this effort is low family nutrition literacy and community participation in posyandu activities. This underscores the importance of strengthening

communication strategies at the grassroots level as an effort to increase family understanding regarding the importance of nutrition and monitoring child growth and development.

Conceptually, a communication strategy is a planned approach to ensure messages reach the target appropriately and are capable of producing behavioral changes. According to (Itasari, 2024), a communication strategy aims to ensure messages reach the audience according to the communicator's expectations. Rogers in Cangara (2014) as cited in (Itasari, 2024) explains that a communication strategy is a process of widely disseminating new ideas to change human behavior. Thus, the communication strategy of posyandu cadres encompasses not only the delivery of information but also how those messages can influence the awareness, attitudes, and nutrition practices of the families of toddlers. As part of Community-Based Health Efforts (UKBM), posyandu functions as a forum for empowerment and health communication at the village level. Posyandu cadres, as voluntary personnel who have received basic training, play an important role in nutrition counseling because they interact directly with the community. Cadres are required to be able to convey messages persuasively and emphatically, adjusting their communication style to the social and cultural characteristics of the community.

Previous research shows that the communication skills of cadres affect the success of nutrition counseling. (Imansari et al., 2021) found that nutrition education can increase the knowledge, attitudes, and skills of cadres in conducting effective nutrition counseling. However, that research emphasized increasing cadre capacity through training rather than an analysis of the communication strategies applied in daily field activities. In the context of Mrandung Village, socio-cultural characteristics—including the strong influence of the extended family (especially grandmothers), economic limitations, and the use of the local language—are factors that potentially influence the success of message delivery. The gap between the intensity of posyandu activities and the results achieved indicates the need for further

research regarding how cadre communication strategies are applied in the context of rural communities such as Mrandung Village.

2. Method

This research is grounded in the constructivist paradigm, which posits that social reality is a product of individual experience, interaction, and interpretation. According to Epistemologi et al. (2021), constructivism stands as one of the four primary paradigms in social science alongside positivism, post-positivism, and critical theory. This paradigm emphasizes that social reality is shaped through an individual's engagement with their environment, rendering "truth" relative and contextual. By adopting this lens through a case study approach, the researcher focuses on understanding the specific meanings and lived experiences of Posyandu (Integrated Healthcare Center) cadres in Mrandung Village. Rather than testing a hypothesis or aiming for broad generalizations, this framework allows for a deep exploration of the subjective roles these cadres play as they navigate their social environment.

The methodology utilizes a qualitative approach with an intrinsic case study design. This specific type of study is chosen to gain an in-depth understanding of a unique phenomenon in its natural setting: the communication strategies used by Posyandu cadres to deliver child nutrition information. As suggested by Sugiyono in Amruddin (2016), a case study involves an exhaustive exploration of programs, events, processes, or activities involving one or more individuals. This intrinsic approach prioritizes the uniqueness of the Kamboja 2 Posyandu without the intent to generalize findings to other contexts. The social landscape of Mrandung Village—characterized by high rates of early marriage, low educational attainment, and traditional feeding practices—provides a critical and specific context that necessitates a deep, interpretative analysis of how cultural dynamics influence the reception of health messages.

The subjects of this research are four active cadres from Posyandu Kamboja 2 in Mrandung Village, selected because they serve as the primary conduits of

health information between medical authorities and the community. These cadres are deeply involved in nutritional counseling, child health services, and home visits, providing a rich source of data on interpersonal communication. Selection was carried out using purposive/judgmental sampling, a technique where informants are deliberately chosen based on their expertise and direct involvement in the phenomenon (Creswell, 2015). The object of the study is the specific communication strategies employed by these cadres, including their planning phases, delivery methods, use of communicative language, and the utilization of supporting media to foster behavioral changes in family nutrition.

Data analysis follows the qualitative model proposed by Sugiyono (2016), involving data organization, coding, and the identification of major themes. The researcher processes pre-research data—such as interview transcripts, site photos, and attendance records—to identify patterns in cadre communication and community response. These findings are categorized into themes such as education-based communication barriers and cultural influences on nutritional understanding. To ensure the scientific rigor and credibility of the findings, the researcher employs data source triangulation, comparing information across multiple informants, physical documents, and direct observations. This systematic verification ensures that the narrative accurately reflects the factual situation at Posyandu Kamboja 2, highlighting the efficacy of interpersonal approaches over formal counseling in this rural setting.

3. Result and Discussion

Communication Strategies of Posyandu Cadres

The communication strategies employed by Posyandu Kamboja 2 cadres in Mrandung Village are not merely technical procedures but are deeply rooted in socio-cultural adaptation. One of the most fundamental elements of this strategy is the deliberate Selection of Language. By utilizing the Madurese language—the native tongue of the local community—cadres perform a form of cultural framing that bridges the gap between complex medical concepts and traditional understanding. Instead of using intimidating clinical terminology, cadres translate

nutritional goals into concrete local instructions, such as using "soft food according to age" or "balanced portions." This approach aligns with findings by Kirana et al. (2025), which emphasize that public understanding increases significantly when health messages are delivered through socially and culturally relevant linguistics. Within the framework of Lasswell's Communication Model, this linguistic adjustment optimizes the relationship between the message (What) and the audience (To Whom), ensuring that the information is not just heard, but deeply internalized within the recipient's cultural framework.

Complementing the linguistic approach is the Message Delivery Technique, which balances informative-educational and persuasive styles. The cadres move beyond static monologues by incorporating tailored communication—personalized explanations based on the mother's education level, household habits, and specific needs. Techniques include providing concrete examples of local food (such as corn rice and small local fish), using analogies familiar to rural life, and maintaining a two-way dialogue to clarify misunderstandings. This reinforces the principle suggested by Effendy (1984), where breaking down complex health concepts into practical, applicable instructions makes them more effective. Theoretically, this strengthens the Channel element in Lasswell's model; interpersonal dialogue allows cadres to observe facial expressions, gauge hesitation, and provide immediate corrections, resulting in a more profound psychological impact than one-way mass communication.

The Utilization of Communication Media demonstrates an adaptive hybrid approach that bridges the digital-traditional divide. While digital tools like WhatsApp are used for rapid and continuous updates, traditional physical media such as posters remain vital for providing visual reinforcement to mothers with lower literacy levels. However, face-to-face interaction remains the cornerstone of the nutritional education process in Mrandung. This finding expands upon the research of Anisa Nur et al. (2025), asserting that media effectiveness depends on the alignment between audience characteristics and the chosen medium. In Lasswell's terms, the diversification of the In Which Channel component ensures that nutritional messages are omnipresent in the daily lives of the mothers,

creating a consistent "nudge" toward better health practices and resulting in long-term behavioral reinforcement.

The Interpersonal Approach stands as the heart of the cadre's communication strategy. Beyond formal health services, cadres establish proximity through personal greetings, casual conversations, and "door-to-door" visits, acting as emotional bridges between the formal health system and the community. This approach is consistent with Nurlimah et al. (2025), whose study found that strong interpersonal relationships significantly increase public trust and open spaces for deeper health discussions. In a rural social structure, the level of personal acceptance determines whether a message is implemented or ignored. This interpersonal depth elevates the Who element in Lasswell's model; the cadre is transformed from a mere information provider into a trusted social agent. This trust acts as a critical catalyst, significantly increasing the persuasive effect and success rate of stunting prevention efforts at the grassroots level.

Table 1. Results of the Research Findings Table Based on In-Depth Interviews

No.	Theme	Sub-Findings	Key Quotes from Cadres	Meaning of Findings
1.	Message Planning Strategy	Cadres prepare materials before counseling	"Study the material to be given." Mariana	Cadres make preparations even though it is simple and follows the materials of the health center.
		The material comes from PUSKESMAS and midwives	"From the health center and midwives." Lailatus Zuro	Posyandu depends on official materials, according to health standards.
2.	Message Delivery Techniques	Language is used according to the level of education of the community	"Using the local language." Supriati	Cadres adjust the language so that the message is easily received by mothers of toddlers.
		Presentation is informative and educational	"It's more educational." Ernia Ningsih	Counseling emphasizes explanation and understanding, not just commands.
		Delivery is done face-to-face	"Group face-to-face and door-to-door." Mariana	Direct delivery is still the most effective way.
3.	Communication Media used	WhatsApp is used for information delivery	"The medium used by WhatsApp." Supriati	WhatsApp is the main communication tool between cadres and parents.
		Posters are used for visualization	"Posters and WhatsApp." Ernia Ningsih	Visual media helps with understanding, although its use is still limited.
4.	Cadre Communication Approach	Interpersonal and persuasive approach	"Bring yourself closer using persuasive communication." Supriati	Cadres rely on emotional closeness as a communication strategy.
		Building relationships through greetings and chats	"Start saying hello, asking how are you and having a casual chat." Lailatus Zuro	Social relations are the communication capital of cadres.
5.	Frequency	Education only when	"Once a month at the	Educational activities are not

	and Consistency of Education	posyandu is carried out	posyandu only." All cadres	yet intense so the impact has not been maximized.
		Nutrition messages are repeated via WhatsApp	"Yes, consistently." Supriati	There are efforts to maintain the continuity of the message even though it is limited.
6.	Communication Barriers	Mother's education of low toddlers	"Yes, it's quite influential." Lailatus Zuro	The understanding of mothers under five is influenced by the level of education.
		Past customs and traditions	"Yes, it's like feeding a baby prematurely." Mariana	Traditions are quite strong and difficult to change with just a short counseling.
		The response of the mother of the toddler is not always positive	"Some just follow the flow." Ernia Ningsih	The reception of messages is uneven, some are still passive.
7.	Community Response and Understanding	Some understand and can accept	"Begin to understand." Supriati	There is an increase in understanding although it is uneven.
		Behavioral changes are starting to be seen	"There is a change in behavior." – All cadres	Education has an impact, but gradually.
8.	Suggestions from Cadres for Improving Education	Need more tools	"Counseling plus teaching aids." Supriati	Visual media is needed to make the message easier to understand.
		Education needs to be done more often	"It's done more often." Lailatus Zuro	The frequency of counseling is still very low.

The analysis of the findings indicates that the communication strategies of the Kamboja 2 Posyandu cadres in Mrandung Village operate through a structured yet adaptive process, despite being constrained by limited resources. The communication flow begins with the preparation of educational materials derived from midwife directives and official guidelines from the community health center (Puskesmas). This preparation involves selecting topics immediately relevant to local needs, such as toddler nutrition and age-appropriate feeding patterns. By deliberately choosing the local Madurese language, cadres ensure that messages are accessible to mothers with limited educational backgrounds. This linguistic adjustment allows for a more natural delivery, fostering a comfortable environment where mothers feel less intimidated and more receptive to health information.

Information delivery relies heavily on an interpersonal approach that prioritizes emotional proximity between the cadres and the community. Informal greetings and casual conversations serve as "ice-breakers" before formal counseling begins, effectively reducing social distance and encouraging active

engagement from the mothers. While the available communication media are modest—consisting of posters, notebooks, and WhatsApp groups—cadres maximize these tools to maintain information continuity. Given that formal sessions only occur once a month, cadres utilize WhatsApp to reinforce key messages, providing consistent reminders about child health. Furthermore, the strategy of disseminating information during spontaneous encounters outside the scheduled Posyandu sessions serves as a critical reinforcement mechanism for health literacy.

The effectiveness of these strategies is significantly hindered by several complex communication barriers. Literacy barriers remain a primary challenge, as mothers often struggle with technical terms like "stunting" or "macronutrients," necessitating constant repetition and the use of visual aids. According to the Lasswell model, these literacy gaps diminish the overall Effect, regardless of how well the other communication elements are executed. Socio-cultural barriers also emerge when modern nutritional practices clash with long-standing traditions, particularly the influence of grandmothers in child-feeding decisions. As noted in studies by Novianti et al. (2021), health messages are often filtered through the lens of ancestral experience; thus, resistance occurs not from a lack of understanding, but from a conflict with collective cultural values.

Beyond cultural factors, economic and situational barriers further complicate the communication landscape. Economic limitations often force parents to prioritize inexpensive, filling foods over nutrient-dense options, a reality that aligns with findings by Muhklis (2024) regarding stunting in low-income areas. In this context, even if the message is perfectly understood, the Effect is stalled by financial inability. Additionally, situational "noise"—such as the chaotic atmosphere of a crowded Posyandu, fussy children, and hurried mothers—prevents messages from being received in their entirety. These factors result in a varied spectrum of community responses: while some show positive enthusiasm, others fall into a "knowledge-behavior gap," where information is heard but not implemented, or exhibit "passive resistance" due to deep-seated family traditions. This confirms that behavioral change in Mrandung requires not

just individual education, but a shift in the collective social construction of health values.

4. Conclusion

The results of the study show that the communication strategy of Posyandu Kamboja 2 cadres plays a significant role in shaping the understanding and nutritional behavior of mothers under five in Mrandung Village. The use of Madurese language, simple explanations, and a warm interpersonal approach make health messages more acceptable, while two-way dialogue, giving concrete examples, and adjusting the message to the reality of people's lives help to improve understanding and change behavior, even if it takes place gradually. The effectiveness of this strategy is still influenced by literacy barriers that make some mothers need repeated explanations, cultural barriers such as the strong role of grandmothers and hereditary habits in diet, and economic barriers that limit the fulfillment of nutrition even though the message has been understood. Situational obstacles such as the crowded atmosphere of the posyandu also affect the quality of message reception, resulting in a diverse public response from very responsive to resistive.

These findings confirm that the success of nutrition education is highly dependent on the ability of cadres to adjust communication strategies to the social, economic, and cultural conditions of the community; Passive or resistive motherhood requires a more intensive, personalized, and non-judgmental approach, including involving other family members who have influence in parenting. Optimizing communication strategies also requires the support of health centers and village governments through persuasive communication training, the provision of simple educational media, and conducive posyandu facilities. The community itself needs to be more open, actively ask questions, and be willing to abandon traditional practices that are not in accordance with modern health so that stunting prevention can run effectively. Through synergy between cadres, health agencies, and the community, communication strategies not only increase short-term understanding, but also encourage sustainable

behavior change, as well as open up space for further research related to the dynamics of health communication in rural communities with similar characteristics.

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