

## Health Communication: Family Counseling as a Cooperation Strategy for Handling Stunting Problems in Pamoyanan District, Bogor City

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### Article Info

#### Article history:

Received June 11, 2024  
Revised July 20, 2024  
Accepted August 7, 2024

#### Keywords:

Indonesia  
Stunting Management Pattern  
WHO

### ABSTRACT

Indonesian Ministry of Health states that there has been a decrease in the stunting rate in Indonesia, however, based on WHO health standards, the stunting rate in Indonesia is still high. This fact shows that posyandu as the spearhead of handling stunting still needs to develop strategies in an effort to reduce stunting rates. This research analyzes the intervention strategies carried out by posyandu cadres in the Pamoyanan sub-district, in implementing health communication for handling stunted children. The findings of this research are that the family counseling health communication intervention pattern in the form of mutual cooperation in handling stunted children by the entire family of the stunted child has proven to be effective in restoring the health of the stunted child, where the whole family works together to implement a healthy eating pattern for the stunted child. This research also found that assigning treatment only to mothers proved to be less effective, in addition to the characteristics of highly educated mothers not always producing a parenting pattern that could prevent stunting in children. This research is qualitative research with a case study approach on five stunted children found in the Pamoyanan sub-district.

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### INTRODUCTION

Health communication is a systematic effort to positively influence individuals and communities' health behaviours by using various principles and methods of communication, both interpersonal communication and mass communication (Komariah et al., 2013). Furthermore, we understand health communication as a study that explores the use of communication strategies to spread health information, empowering individuals and communities to make informed health management decisions (Rahmadiana, 2012). Psychology also refers to interpersonal communication as counseling practice (Rosmalina, 2015). This study categorizes the health communication practice of posyandu cadres as a form of family counselling.

According to the Basic Health Research Data (Riskesmas), the prevalence of toddlers with short and very short status in Indonesia was 37.2% in 2013 and decreased to 30.8% in 2018. As for baduta, the prevalence in 2018 was 29.9%, which decreased from 32.8% in 2013. The 2021 Indonesia Nutrition Status Study (SSGI) in 34 provinces showed that the national stunting rate decreased from 27.7% in 2019 to 24.4% in 2021 (Ministry of Health, 2022). According to the WHO's definition, various factors, including insufficient nutritional intake

and/or increased nutritional needs, interact to cause stunting. Socioeconomic factors, such as poverty, low education and knowledge, neglect, cultural influence, and the availability of local foodstuffs, can cause poor intake (Mulyanti and Astuti, 2020). Errors in feeding practices for infants and toddlers, such as the adequacy of breast milk, the adequacy of animal protein in complementary foods, or the need for increased intake, can also lead to stunting. Factors that cause an increase in need, such as chronic diseases that require Food for Special Medical Purposes (PKMK), include congenital heart disease, cow's milk allergy, very low birth weight babies, congenital metabolic disorders, chronic infections caused by poor personal hygiene and the environment, or chronic diarrhea. (Hestuningtyas and Noer, 2014).

There is a diversity of analyses on stunting problems related to causes and consequences. The results of Adani and Windya's research (Hatijar, 2023) show that low family economic status is a significant risk factor for stunting in toddlers aged 2-3 years. Stunting is 4.13 times more likely to occur in children with low family economic status. However, other studies found no significant relationship between education level and the risk of stunting (Fadlilah, 2022).

Posyandu leads the stunting problem management in Indonesia, focusing on nutritional interventions for stunted children (Kusumawati et al., 2015). Posyandu carries out three types of nutritional interventions. We categorize nutrition interventions into two categories: specific and sensitive. Supplementation (vitamin A, zinc, iron, and probiotics) were the specific forms of nutritional interventions found, while complementary feeding (eggs and dates), water, sanitation, and hygiene (WASH) were the sensitive nutritional interventions found. The third intervention is in the form of education and counselling for mothers who have stunted children (Hatijar, 2022). Of the three forms of intervention, none has had a significant impact on overcoming the problem of stunted children in Indonesia.

## RESEARCH METHOD

This research is qualitative, with a case study approach. In this This study involved observing children affected by stunting and their families, which included mothers, fathers, grandparents, and grandmothers. e five children who were detected stunting in RW 3 Pamoyanan sub-district, where the five children and their families were used as subjects in this study, as well as three posyandu cadres who handled the five cases. This study analysed the interventions that had been carried out for 3 months. Namely from June to August, which is shown through the report card of stunted children during that period. The intervention carried out by posyandu cadres is divided into two parts: the first is health communication intervention in the form of counselling for families of stunted children; the second is nutritional intervention, namely providing nutritious food to stunted children.

These two intervention patterns refer to several studies, namely the research used as a reference by the Indonesian Ministry of Health. The first, a cross-sectional study conducted by Sjaifit et al. on 300 children aged 1-3 years, showed that the consumption of growth milk  $\geq 300$  ml/day was a protective factor against stunting (adjusted OR 0.28; 95% IK 0.130.63). The second is Duan et al., who conducted a cross-sectional study on 12,153 preschool children (<6 years old) in China regarding the relationship between dairy product consumption and linear growth. The results showed that the z-score of TB/U in children who consumed dairy products at least once a day or a week had a value of 0.11 or 0.13 higher than that of children without dairy product consumption. The risk of stunting in children who consume dairy products at least once a day decreased by 28% compared to children without dairy products (AOR: 1.03; 95% IK 0.741, 42). The third, Lannotti et al., conducted a randomised controlled study on the effect of egg feeding at the beginning of the complementary feeding period on child growth. The intervention group (age range 6–9 months) was given one egg per day for 6 months compared to the control group. The results showed that there was an increase in body length with PB/U based on z score 0.63 (95% IK 0.38-0.88) and body weight with BB/U based on z score 0.61 (95% IK 0.450.77) in the intervention group. There was a decrease in stunting prevalence by 47% (PR 0.53; 95% IK 0.37-0.77) and underweight by 74% (PR 0.26; 95% IK, 0.10-0.70) (Ministry of Health, 2022).

The Ministry of Health determined, based on the referenced studies, that providing nutritional intake interventions in the form of eggs, milk, and vegetables is effective in overcoming the stunting problem. The distribution pattern is carried out through posyandu activities, which are held every month. Posyandu, through cadres, conducts health communication to mothers of stunted children in the form of briefings.

## RESULTS AND DISCUSSION

### Profile of Pamoyanan Village

We conducted this research at a specific location, RW 3 Pamoyanan Village, in Pamoyanan Village. Based on the population administration report, the area is 144.6 ha, the number of residents of Pamoyanan Village, South Bogor District, until December 2020 is 14,935 people, and the number of heads of families is recorded as many as 3,494 families. The boundaries of the Pamoyanan area are to the north bordering Ranggamekar Village, to the east bordering Cipaku, to the west bordering Mulyaharja, and to the south bordering Bogor Regency.

The findings of stunting in Pamoyanan village in 2022 are 14 families prone to stunting, and there are 7 stunting families. The children affected by stunting located in RW 3 are as many as 5 children. Since the discovery, we have implemented a treatment that mandates mothers of stunted children to accompany their children to the posyandu once a month, where they receive nutritious food rich in vitamins and eggs. However, since the intervention has not been carried out, there has been no significant increase. It is because the geography is separated from the hills, resulting in difficult access to health for stunted families to go to the posyandu every month. Also, the treatment process is imposed on the mother, which turns out to experience several obstacles, including difficulty in giving nutritious food to children who refuse, nutritious food in the form of eggs eaten by other family members, mothers working and not getting help from other family members.

### Children and Families Stunting and Its Treatment

In January 2022, researchers detected the first stunted child (NV) at 3.4 years old, weighing 8.3 kg, and standing 70 cm tall. The impact on motor skills is in the form of weakness and frequent diarrhoea, which is an average of 3 times a week. The mother (KHN) is 20 years old, the last education graduated from junior high school, is a working mother, with a working duration from 07 am to 16 pm, while the father (ASM) is 25 years old, the last education is 5 elementary school and does not work. The economy of the NV family is quite sufficient because it is assisted by the family of the father and mother from both parties. Since the problem of stunting in NV was discovered in January 2022 and handled in the form of health communication to mothers and the provision of nutritious food through posyandu activities, there has been no change in the growth of NV until May 2023. The reason is that mothers cannot always go to posyandu because of work, and mothers do not get help from other family members in dealing with the problem of stunting their children.

"I was told by the cadre to give the child eggs, but the child didn't want to eat the eggs, so the eggs were eaten with others, his father, grandmother, or brother. The reason is that it's a pity if it's thrown away, and the child is left to eat what he wants snacks like ciki-ciki; if he wants milk but he doesn't run out of the big box, the small box runs out." "Yes, there is no increase in my child's weight and height because I am not orderly. Yes, because of work, he rarely goes to the posyandu, and the child's food is also not biased to control; the father just gives it; he is not forced, so the cadre comes to my house, even though it is far away. Once a week, he invites me to talk to his father; Nini Aki is also invited to chat about how to give food; we also exercise together so that the child wants, so thank God there has been progress in the past three months. My child is starting to get fat, his height is also increasing, and his diarrhoea has decreased. In the past, every week he must have diarrhoea; now it is rare, at least 3 times a month, thank God. This shift in routine fosters concern for the entire family, promoting cooperation in addressing the stunting problem. According to KHN's mother, the development of her child's growth that occurred from June 2023 to August 2023 when this research was carried out was due to changes in handling the child's stunting problem. In those three months, cadres came to Mrs. KHN's house, gathered all NV families, and conducted health communication related to good treatment to overcome the problem of stunting in NV. They asked the whole family to cooperate and emphasised it as a joint obligation and not only burdened the mother. The cadre also invited the whole family to exercise with him so that NV was motivated and felt happy if the whole family exercised with him and the cadres. This change in pattern has an impact on fostering concern for the whole family so that there is cooperation or family cooperation in dealing with the stunting problem.



**Figure 1: NV and her mother (wearing a red box) attend a stunting seminar on handling stunted children and distributing nutritious food on August 23, 2023**

In January 2022, we detected the second stunted child (MA), a male, who was 2.5 years old at the time. MA weighs 8.0 kg, height 66 cm. The impact on motor skills in the form of standing or walking often falls suddenly. Medical examinations show that this is because the child's legs cannot support their weight because the legs are shaking and weak. Children also experience diarrhoea twice a week. Mother (YYH) is a housewife, and father (NN) works in Empang village. According to health data, the mother's asthma medication has a negative impact on the growth and development of her children. This data shows that stunting experienced is due to an increase in children's nutritional needs that are not met. The economic condition of the Supreme Court's family is classified as moderate. Fathers can meet the needs of the family; the problem is that the mother's health problems that have an impact on the child are not handled properly. "When I went to the posyandu, I was told that my child was stunted. I was given me eggs and milk. My child wanted to eat vegetables and eggs and milk too, but why was he still stunted? Yes, I was afraid that it was because I ate asthma medicine. Since last year (2022) there has been no development, but now it's better. Right, the child keeps moving, so he likes to suddenly get angry. It turns out that because he doesn't eat that much, tea must be added, he said. Yes, cadres go home, exercise with cadres, me, my children, and my grandmother also participated, then chatted together about MA's health because the conversation was familiar, so all the family was happy to take care of my child, which I didn't do; we all understood that MA should be given more and more nutritious food, yes, plus meat and fish; that's it" (interview with YYH's mother, 2023). This shows that changes in the treatment of stunted children have an impact on the effectiveness of handling stunted children.



**Figure 2: MA with her mother during an interview with researchers after a seminar on stunting and nutritious food distribution on August 23, 2023**

In January 2022, researchers detected the third stunted child (JA), a female, at 3.4 years old. JA weighs 8.1 kg, height 6.3 cm. The motor impact of the body is weak and flaccid so that it rarely moves because the body does not get nutrients, so it does not have energy. The child is fussy, often crying all day, and the body is hot continuously. JA's parents have passed away; JA is cared for by his grandmother (TH) alone, but there is JA's uncle and his family who live close to TH's grandmother's house. JA is a child born prematurely, so it needs more nutritious intake than normal children. The daily needs of TH and JA's grandmother are fulfilled by JA's uncle. However, because JA's uncle also has a family and lives not excessively, JA's needs are not met

properly. "Eat mah want, yes, potluck side dishes; the cadre said it was malnourished, so they were given vegetables and eggs; they wanted their children; they also wanted milk, but the cadre said they had to be given meat and fish; yes, how about Nini didn't have the money to buy it? Then the cadre said Yaudah plus the eggs, so in a day, milk was also added to 2 medium-sized boxes. Yes, thank God, the weight has increased, and the height has also increased" (TH grandmother interview, 2023). In the case of JA, the cadres who came to JA's house also tried to communicate health with JA's uncle's family and asked for their willingness to participate in taking care of JA to help TH's grandmother. The cadres communicated JA's nutritional intake needs and asked JA's uncle for his willingness to provide additional money to buy food with more nutrition for JA for 6 months, in the hope that JA's stunting problem would be solved within that time frame. According to the cadre, the uncle undertook this thing, and this is the reason for JA's increase in weight and height, in addition to the food obtained from the posyandu as much as 2 times what is given to other stunted children. This shows that cadres have succeeded in arousing the concern of families of stunted children to cooperate in dealing with stunting problems.



**Figure 3: JA and Grandma attending a stunting seminar and nutritious food distribution on August 23, 2023**

The fourth stunted child (AR) was 2.9 years old when stunting was detected in January 2022, with an AR weight of 8.0 kg and a height of 6.3 cm. AR is a lively child who frequently runs out of energy, leading to his illness. Usually, if you play too much or scream, you will have a fever for days or even more than a week. The economy of people who know AR is relatively high; the mother (SY) is 24 years old and an IRT with a bachelor's degree, and the father (MK) is 25 years old with a bachelor's degree and works as an ASN in Pamoyanan. Grandpa AR is one of the heads of RW in Pamoyanan Village. AR's favourite foods are chilli and nuggets. AR doesn't want healthy foods such as rice, side dishes, and milk; he prefers snacks. "His child didn't want to eat; he was forced to vomit; he wanted to nugget; I wanted to; I was also embarrassed as the head of the RW; why did my own grandson have stunting problems? Klo was forced to eat rice, side dishes, anything that was healthy; he screamed until he was hoarse, vomited, and sick. Yes, in the past, I was left to eat without wanting to eat; I was also left with his mother; I was also diem because his child likes nuggets, chiki; maybe when he is a child, the food is so enough, he wants expensive food as well; eh, it turns out that he is stunted (grandfather's interview from AR, 2023)". In the case of AR, health communication does not take place effectively. This is because there is a gap in the form of cadres in providing health information to AR families who are seen as educated. This is exacerbated by the attitude of AR's mother and father, who are not proactive in dealing with their child's problems. Therefore, in this case, the pattern of handling stunted children does not change and family cooperation does not occur. When this study was carried out, AR growth was the slowest among the five children studied. The researcher also had difficulty meeting AR and his mother, who did not want to come to the seminar held, nor was he willing to meet the researcher when the researcher came to his house.

In January 2022, researchers detected the fifth stunted child (MA) at 1.3 years old, weighing 5.7 kg and standing 5.9 cm tall. MA was born prematurely. Since birth, he often has a fever, and when he is sick, he does not want to drink breast milk and others so that he is thin. MA's family economy is classified as poor; the mother (RA) is 30 years old, an ART with the last education graduated from elementary school. Father (AH) is 37 years old, graduated from elementary school, and works as a construction worker. However, early detection in the Supreme Court provides its own advantages, accompanied by effective handling carried out by

cadres. In this case of the Supreme Court, the cadres first carried out health communication in the form of family counselling, where the whole family was involved and worked together with the cadres in dealing with the Supreme Court's problems. Therefore, when this study was carried out, the condition of MA was much better, and its status was downgraded from stunting to KRS (stunting-prone families). This was intended so that families would not be caught off guard, considering that MA has a malnutrition problem caused by premature birth. "Yes, when the cadre at the posyandu said that my child was stunted, I didn't know what the hell was that, so I kept asking, I'm sorry I was chatty to my cadre; I had to do something so that the child was healthy. Because I was chatty this time, yes, the cadre came to my house and talked to MA's father; this is his age. Nini Aki also laughed while laughing at her sports (MA while laughing when telling stories). That's all part of taking care of MA, so the food is not what MA eats until MA wants to eat, so the child is orderly. Alhamdulillah, now it's no longer stunting, but it is still mandatory to take care of it, said the cadre. Don't be so lazy that you will be afraid of stunting again" (interview with RA's mother, 2023)



**Figure 4: MA with mothers and cadres on August 23, 2023, during stunting and nutritious food distribution**

The family counselling health communication process began with the mother of the Supreme Court, namely RA, who was actively seeking information from cadres related to the handling of her child's problems. Seeing the seriousness of RA's mother, the cadres became more serious in providing assistance, from what they generally did in the form of briefing to the mothers at the posyandu, which was carried out before distributing nutritious food, to more personal treatment in the form of personal conversations with RA's mother, continuing to come to RA's mother's house, to communicating with other families. From this family chat, it was revealed that mothers at home had difficulties when dealing with the problem of MA's stunting, including the food provided for MA being eaten by other family members so that MA became undisciplined in receiving nutritious intake; this, in the view of the cadres, was a form of lack of concern of other family members for the MA's stunting problem. Therefore, cadres develop a strategy to help RA mothers by gathering all family members and conducting health communication in family counselling with the aim of educating all families to be involved in handling stunting problems in MA. In fact, to establish familiarity with the whole family in the context of mutual cooperation for stunting care, cadres invite all families to exercise together, namely cadres, stunted children, and all families of stunted children. This succeeded in arousing family concern besides stunted children wanting to exercise because they want to exercise together with their family members.

Factors in the form of early detection in stunted children, mothers' activeness in seeking information, cadres in helping, and the development of handling in the form of family counselling health communication that results in a pattern of mutual cooperation handling, resulting in effective treatment of stunted children. The successful management of the stunting problem in MA is subsequently extended to other families.

## CONCLUSION

In the five stunting cases studied, the average weight and height increase was 30% within 3 months using health communication treatment, family counseling, mutual cooperation, handling stunted children, except for the case of MA which experienced a 90% progress. As for the AR case, there has been no change in weight and height since January 2022 until the time this study was conducted. This means that in the case of AR, the new treatment in the form of family counseling health communication that has been implemented for three months when this study was conducted, does not have an impact on the progress of handling AR stunting.

In the case of stunting MA where the progress achieved ranks the highest among the five cases studied, it shows the importance of family activity factors both in seeking information and in handling the problem of stunted children through mutual cooperation. Where in the case of the Supreme Court, the family contribution is mediated by the mother who actively asks the cadres to see the problems she faces at home. The second factor that is also important is the willingness of cadres to help stunted families both in providing health information and in the process of creating situations and conditions of concern and mutual cooperation for families of stunted children. This pattern is then categorized as an effective handling of the problem of stunted children in Pamoyanan Village.

The handling becomes ineffective when there are problems that hinder information and the creation of a pattern of mutual cooperation between the entire family of stunted children and cadres. In the case of AR, information barriers occur when the families of stunted children, in this case the mothers, fathers, grandmothers and grandfathers of stunted children are not active in seeking information related to stunting and its handling. In an interview with AR's grandfather, it was illustrated that the family could not handle AR's reluctance to eat nutritious food, and let him go without giving information to cadres regarding his handling. When this study was carried out, the mother of AR always refused to meet, so the researcher only got information related to AR from her grandfather and it was seen that AR's grandfather was not involved in handling stunted children. Information barriers also occur when cadres feel hesitant to provide information to AR families who are economically and at a high level of education. This information barrier further has an impact on the absence of a change in the pattern of handling stunted children from a burden on the mother to a pattern of gorongroyong for the entire family of stunted children. This shows that the openness of both parties, namely cadres and families of stunted children, is the most important factor in the success of handling stunting problems beyond the level of formal education. The openness needed in this case is in the form of seeking and sharing information related to the problem and handling of stunted children, as well as openness in creating health communication strategies in providing nutritious intake, in this case the pattern of mutual cooperation for all families of stunted children.

### Thank You

This scientific paper can be completed well thanks to the help of many parties. Therefore, I would like to express my gratitude to the Pamoyanan village government of Bogor city for being a very good partner in this research. Thank you also to Ibn Khaldun University Bogor for supporting so that this research was carried out well. Also to the entire research team who have worked well together.

### REFERENCES

- [1] Fadhillah, Aisyah Nur (2022). Model Intervensi Gizi Dalam Upaya Penanggulangan Stunting Pada Anak Usia dibawah Lima Tahun. Skripsi UIN Syarif Hidayatullah Jakarta.
- [2] Hatijar, Hatijar (2023). Angka Kejadian Stunting Pada Bayi dan Balita. Jurnal Ilmiah Kesehatan Sandi Husada. Volume 12 Nomor 1 Juni 2023
- [3] Hestuningtyas, Tiara Rosania, Etika Ratna Noer (2014). Pengaruh Konseling Gizi Terhadap Pengetahuan, sikap, praktik ibu dalam Pemberian Makan Anak dan Asupan Zat Gizi Anak Stunting Usia 1-2 Tahun di Kecamatan Semarang Timur. Journal of Nutrition College, Volume 3, Nomor 1, Tahun 2014, Halaman 18
- [4] KEPUTUSAN MENTERI KESEHATAN REPUBLIK INDONESIA NOMOR HK.01.07/MENKES/1928/2022 TENTANG PEDOMAN NASIONAL PELAYANAN KEDOKTERAN TATA LAKSANA STUNTING
- [5] Komariah, Kokom, Susie Perbawasari, Aat Ruchiat Nugraha, Heru Ryanto Budiana (2013). Pola Komunikasi Kesehatan Dalam Pelayanan dan Pemberian Informasi Mengenai Penyakit TBC Pada PUSKESMAS di Kabupaten Bogor. Jurnal Kajian Komunikasi, Volume 1, No. 2, Desember 2013 hlm 173-185
- [6] Mulyanti, Sri, Athanasia Budi Astuti (2020). Upaya Penurunan Risiko Stunting Melalui Pendekatan Interprofesional Collaboration (IPC). Jurnal Keperawatan Global, Volume 5, No 2, Desember 2020, hlm 56-117.
- [7] Rahmadiana, Metta (2012). Komunikasi Kesehatan: Sebuah Tinjauan. Jurnal Psikogenesis. Vol. 1, No. 1/ Desember 2012
- [8] Rosmalina, Asriyanti (2015) Konseling dalam Bidang Kesehatan. Jurnal Orasi, Volume VI Nomer 1 Januari- Juni 2015 Abdimas BSI: Jurnal Pengabdian Kepada Masyarakat, 5(2), 245-257.