



The Role of Interpersonal Communication Among Health Cadres in Stunting Prevention: A Qualitative Analysis in East Jakarta

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ABSTRACT

Stunting remains a persistent public health problem in Indonesia, especially in densely populated urban areas such as East Jakarta. Health cadres serve as community-level communicators who play a strategic role in promoting nutrition awareness and preventive behaviors. Effective interpersonal communication is therefore essential to ensure message uptake among mothers and caregivers. This study aims to explore how community health cadres utilize interpersonal communication to support stunting prevention efforts in East Jakarta, and to identify the communication strategies, challenges, and enabling factors that influence the effectiveness of their role in promoting child nutrition and health behaviors. The research used is qualitative research. The method of data collection used is data A qualitative study was conducted using a thematic analysis approach. In-depth, semi-structured interviews were carried out with 10 active health cadres selected purposively based on experience and involvement in stunting prevention programs. Data were analyzed using Braun and Clarke's six-phase thematic analysis to generate meaningful patterns and themes. Four major themes emerged: 1. Message simplification and contextualization, enabling improved comprehension among families; 2 Empathy and trust-building, which enhance openness and strengthen rapport; 3 Consistency and continuous mentoring, contributing to sustained behavior change; and 4 Challenges in communication, including limited training, workload burden, and community resistance. These themes collectively demonstrate that interpersonal communication is both relational and context dependent. The study highlights that the effectiveness of health cadres in stunting prevention is strongly influenced by interpersonal communication competencies. Strengthening training, supervision, and institutional support is crucial to enhancing communication quality and optimizing community-based stunting prevention efforts.

Keywords : Interpersonal Communication; Health Cadres; Stunting Prevention; Qualitative Research; Thematic Analysis; Community Health

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1. Introduction

Stunting defined as low height-for-age due to chronic undernutrition and frequent infections in early life remains a major global public-health threat because of its long-term impacts on cognitive development, schooling, and later life productivity. Global estimates indicate that progress has been gradual: The Joint Child Malnutrition Estimates reported roughly 150 million children under five were stunted worldwide in 2024, with a global stunting prevalence around 23% underscoring that nearly one in four children remains affected. ([World Health Organization](#)) The international evidence over the past five years shows mixed progress: some regions have achieved notable reductions, but overall global momentum is insufficient to meet the SDG target of ending all forms of malnutrition by 2030. Large drivers include food-system disruptions, economic shocks, and rising food prices that have eroded dietary diversity in many low- and middle-income countries. ([UNICEF DATA](#))

Indonesia has recorded steady reductions in stunting but remains with a substantial burden. National surveys and policy reports from 2020–2024 indicate a downward trend (e.g., SKI 2023 reported national prevalence figures in the low-20% range, while the SSGI 2024 reported further decreases to about 19.8%), signaling progress but still short of long-term targets. These national estimates highlight heterogeneity across provinces and urban/rural settings and reflect multifactorial determinants including maternal nutrition, prenatal care, infant feeding practices, poverty, and sanitation. ([Health Policy Repository](#)) Indonesia's multisectoral policy response linking health, social protection, water & sanitation, education, and agriculture has intensified in recent years (e.g., community nutrition programs, cash-transfer adjuncts, and school-feeding pilots). National initiatives emphasize the “first 1,000 days” approach and community-level actors (posyandu and health cadres) as pivotal for behaviour change and early detection of growth faltering. However, program effectiveness depends heavily on the quality of community engagement and communication. ([AP News](#))

Java home to the majority of Indonesia's population shows variable stunting prevalence between provinces and districts, with some provinces (e.g., East Java, West Java, Central Java) reporting substantial but declining burdens in recent years. For example, provincial data and regional analyses from 2021–2023 documented notable reductions in several Java provinces but also pinpointed persistent pockets of high prevalence linked to socioeconomic vulnerability, maternal education, and service access inequalities. These intra-island disparities indicate that targeted community strategies remain necessary even within more developed islands. ([Universitas Airlangga Journal](#))

From international reviews to local evaluations, several cross-cutting problems recur:





- a) Multifactorial causes stunting arises from prenatal, infant feeding, infection, and caregiving factors that interact across sectors. ([Health Policy Repository](#))
- b) Implementation gaps national policies exist, but subnational delivery is uneven; community-level quality (e.g., the skills of frontline workers) is variable and often under-resourced. ([Stunting](#))
- c) Communication and behaviour change barriers low maternal health/nutrition literacy, sociocultural norms, and limited contact quality between health systems and households reduce uptake of recommended practices. Urban contexts add time constraints and competing priorities for caregivers. ([Health Policy Repository](#))
- d) Data and equity blind spots aggregate provincial figures hide local hotspots; urban slums and marginalized groups require disaggregated approaches. ([UNICEF DATA](#))

Despite policy emphasis on cadres and numerous programs, there is limited in-depth qualitative evidence that unpacks *how* interpersonal communication processes and the day-to-day practices of cadre's shape caregiver behaviors in dense urban settings. Understanding the specific communication strategies, barriers, and enabling conditions at the community level in East Jakarta will inform practical program adjustments (training curricula, supervision checklists, communication aids) and help tailor multisectoral actions to urban realities. This study therefore explores the lived experiences of health cadres to identify actionable recommendations to strengthen interpersonal communication as a core component of stunting prevention.

2. Research Method

The type of research used is qualitative research using a This study employed a qualitative descriptive design with a thematic analysis approach to explore how community health cadres utilize interpersonal communication in stunting prevention efforts. A qualitative approach was selected to capture in-depth experiences, communication practices, and contextual challenges that are not easily measurable using quantitative methods. The number of informants was 10 people. The study was conducted in East Jakarta, an urban administrative area with diverse socio-economic characteristics and several subdistricts identified as priority locations for stunting reduction efforts. Data collection took place at posyandu sites and through household visits where cadres regularly conduct monitoring and counseling. Mei-Juli 2025. Participants consisted of 10 active community health cadres (kader kesehatan) who had at least one year of experience in posyandu activities and were directly involved in maternal-child health programs.

A purposive sampling technique was used with the following inclusion criteria:

- a) Active involvement in stunting-prevention activities (posyandu, home visits, nutrition counseling).
- b) Willingness to participate and provide informed consent.
- c) Ability to articulate experiences clearly.





This sampling ensured the selection of information-rich participants capable of providing detailed perspectives on interpersonal communication practices. Data Collection Methods

Data were collected between Mei–Juli 2025 using:

- a) Semi-structured in-depth interviews
 - Duration: 30–60 minutes each
 - Conducted face-to-face at posyandu or community centers
 - Guided by an interview protocol covering:
 - forms of communication used,
 - clarity of health messaging,
 - listening practices,
 - personal approaches to counseling,
 - challenges in community communication,
 - collaboration with health workers, and
 - strategies for effective stunting prevention.

- b) Field observations

Non-participant observations of posyandu sessions and home visits were conducted to document real-time communication behaviors, use of visual aids, and interactions between cadres and caregivers.

- c) Document review

Program manuals, posyandu attendance records, and local health office guidelines were reviewed to understand standard expectations for cadre communication practices. All interviews were audio-recorded with participant consent and transcribed verbatim.

Data Analysis Techniques

A manual thematic analysis was applied following Braun & Clarke's six steps:

- 1) Familiarization with data through repeated reading of transcripts.
- 2) Generating initial codes related to communication practices, challenges, and strategies.
- 3) Searching for themes by grouping related codes.
- 4) Reviewing themes to ensure coherence and distinctiveness.
- 5) Defining and naming the final themes.
- 6) Producing a narrative report supported by participant quotations.

Coding was conducted manually using Microsoft Word/Excel to categorize data into themes such as *clarity of health messages*, *listening skills*, *personalized approaches*, *collaboration with health services*, and *communication barriers*.





Triangulation was achieved through comparing interview, observation, and document data.

Trustworthiness of the Data: To ensure rigor, the study applied the four criteria of Lincoln & Guba:

- Credibility: prolonged engagement, member checking, and triangulation.
- Transferability: thick descriptions of setting, participants, and context.
- Dependability: detailed documentation of the research process and coding procedure.

Confirmability: audit trail and reflexive notes by the researcher.

3. Results And Discussions

a. Result

1) Table karakteristik Informants

Table 1. Age Distribution

Age Group (years)	Frequency	Percentage (%)
25–34	3	30%
35–44	5	50%
≥45	2	20%
Total	10	100%

Table 2. Education Level

Education Level	Frequency	Percentage (%)
Junior High School	1	10%
Senior High School	6	60%
Diploma	2	20%
Bachelor Degree	1	10%
Total	10	100%

Table 3. Occupation

Occupation	Frequency	Percentage (%)
Housewife	5	50%
Health worker	2	20%
Entrepreneur/Trader	2	20%
Private Employee	1	10%
Total	10	100%



**Table 4. Years of Service as Cadre**

Years of Service	Frequency	Percentage (%)
< 2 years	2	20%
2–5 years	5	50%
> 5 years	3	30%
Total	10	100%

2) Table Analisis Tematik

Respondent Characteristics	Clarity of Message Delivery	Listening Skills	Personal Approach	Collaboration with Health Workers	Communication Challenges	Communication Strengths
Age 25–34 (n=3)	Moderate	Moderate	High	Moderate	Moderate	High (Adaptive, friendly)
Age 35–44 (n=5)	High	High	High	High	Low–Moderate	Strong interpersonal skills
Age ≥45 (n=2)	Moderate–High	High	Moderate	High	Low	Experienced, respected
Junior High School (n=1)	Moderate	High	High	Low	Moderate	Strong community bonding
Senior High School (n=6)	High	Moderate–High	High	Moderate–High	Moderate	Effective counseling ability
Diploma/S1 (n=3)	High	High	Moderate–High	High	Low	Professionalized communication
Housewife (n=5)	High	Moderate–High	High	Moderate	Moderate	Empathy & emotional closeness
Health Workers (n=2)	High	High	Moderate	High	Low	Technical accuracy
Entrepreneur/Trader (n=2)	Moderate	Moderate	High	Moderate	Moderate	Persuasive communication
Private Employee (n=1)	High	High	High	Moderate	Low	Structured communication
< 2 years (n=2)	Moderate	High	High	Low	High (lack experience)	Quick learners





Respondent Characteristics	Clarity of Message Delivery	Listening Skills	Personal Approach	Collaboration with Health Workers	Communication Challenges	Communication Strengths
2–5 years (n=5)	High	High	High	Moderate–High	Moderate	Mature communication style
> 5 years (n=3)	High	High	High	High	Low	Mastery & confidence

3) Age and Communication Themes

Kaders aged 35–44 years demonstrated the most comprehensive communication themes, including message clarity, active listening, and strong interpersonal approaches. This age group appeared to be more emotionally stable and socially aligned with mothers of young children, making their communication more readily accepted by the community. Younger kaders tended to be more adaptive and energetic in delivering health messages, while older kaders possessed greater credibility and social authority, which enhanced community trust.

4) Educational level did not necessarily determine the quality of interpersonal communication among kaders.

- Senior high school graduates (60%) demonstrated strong interpersonal communication, especially in personal approaches and empathetic listening.
- Kaders with a health-related educational background (D3/S1) excelled in technical accuracy, message clarity, and collaboration with primary healthcare centers.

Those with lower formal education were still able to communicate very effectively due to strong social proximity, cultural familiarity, and shared daily experiences with community members.

5) Occupation and Communication Themes

- Homemakers showed superior empathy and personal engagement, making them effective in building trust and rapport with mothers.
- Healthcare workers displayed strengths in message clarity, accuracy of health information, and collaborative communication with puskesmas staff.
- Traders or small business owners demonstrated strong persuasive communication due to their habitual social interactions and negotiation skills in daily work.





b. Qualitative Analysis Matrix Table

Research Focus	Category / Theme	Code	Field Findings Narrative	Meaning / Interpretation
Role of health cadres in communication	Clarity of information delivery	KD-KOM1	Cadres provide explanations on nutrition, exclusive breastfeeding, and feeding practices using simple language.	Cadres possess basic informative communication skills but require enhancement to ensure messages are easier to understand.
	Listening skills	KD-KOM2	Cadres listen to mothers' concerns regarding difficulties in providing complementary feeding and financial issues.	Two-way communication functions effectively; cadres serve as informal consultation points for mothers.
	Personal approach	KD-KOM3	Cadres use a family-oriented approach during home visits.	Interpersonal approaches strengthen community trust in cadres.
Stunting prevention strategies	Family nutrition education	ST-EDU1	Cadres routinely deliver education on balanced nutrition, hygiene, and parenting practices.	Education increases awareness, although not all mothers apply the recommendations consistently.
	House-to-house mentoring	ST-PEN2	Cadres conduct regular home visits to monitor child growth and development.	Personalized strategies significantly support monitoring and early detection of stunting risks.
	Collaboration with primary health centers	ST-KOL3	Cadres collaborate with health workers to conduct Posyandu sessions and nutrition monitoring.	Collaboration strengthens the effectiveness and reach of stunting prevention programs.
Communication challenges	Low maternal health literacy	TN-LIT1	Some mothers struggle to understand the health terms conveyed by cadres.	Communication must employ practical, simple language and visual aids to reduce comprehension gaps.





Research Focus	Category / Theme	Code	Field Findings Narrative	Meaning / Interpretation
Enhancing cadre communication	Limited communication training	TN-PEL2	Cadres have not received formal interpersonal communication training.	Capacity building for cadres is an urgent need.
	Socioeconomic constraints	TN-SOS3	Mothers often miss Posyandu sessions due to work or lack of available time.	Cadre communication must be flexible and adaptive to community conditions.
	Effective communication training	PG-PEL1	Cadres report that communication training greatly helps them deliver health messages.	Strengthening communication competencies can significantly improve the success of stunting-prevention programs.
	Use of simple media	PG-MED2	Cadres begin using pictures, leaflets, and short videos to explain nutrition materials.	Simple media support better understanding among mothers with low literacy levels.
	Community-based approaches	PG-KOM3	Cadres involve community leaders in educational activities.	This approach increases legitimacy and expands the reach of health messages.

The analysis revealed that interpersonal communication plays a central role in the performance of health cadres in stunting prevention. Cadres demonstrated three dominant communication strengths: clarity in delivering information, active listening, and the use of a personal, family-oriented approach. These communication elements helped build trust and positioned cadres as reliable sources of informal consultation for mothers.

In terms of stunting prevention strategies, cadres routinely provided family nutrition education, conducted house-to-house mentoring, and collaborated closely with primary health centers. These strategies proved effective in improving awareness and ensuring continuous monitoring of children's growth, although actual behavioral adoption among mothers varied.

Despite these strengths, several communication challenges emerged. Low maternal health literacy often hindered comprehension, and the absence of formal communication training limited cadres' ability to optimize message delivery.





Socioeconomic constraints, such as mothers' work schedules and limited availability, further reduced participation in Posyandu activities and complicated sustained engagement.

Efforts to enhance cadre communication were evident through communication training, the use of simple visual media, and community-based approaches involving local leaders. These improvements strengthened cadres' communication effectiveness and expanded the reach and legitimacy of stunting-prevention messages.

Overall, the findings highlight that strengthening interpersonal communication through training, visual media use, and community collaboration is essential for improving the effectiveness of health cadres and advancing stunting-prevention initiatives.

c. Discussion

- Based on the results of research Clarity of Information Delivery:

The Need for Simplified and Audience-Tailored Messaging Our finding that cadres use simple language to deliver nutritional messages resonates with evidence that clarity of message increases program effectiveness in stunting prevention. In a study in rural Indonesia, exposure to an interpersonal nutrition campaign was significantly associated with improved maternal knowledge and better infant and young child feeding practices. (Starkweather et al., 2020) However, low maternal health literacy remains a barrier. This aligns with findings from research in Southeast Sulawesi, where community health cadres lacked optimal health communication skills and struggled to adapt messages to local cultural contexts. (Gemiharto, Matsumoto, & Molefe, 2024) our results confirm that simplifying language alone is insufficient if not accompanied by culturally sensitive framing and contextual adaptation to reduce semantic "noise" a notion consistent with communication theory and best practice in health promotion.

- Listening Skills and Two-way Communication: Building Trust and Responsiveness

Active listening by cadres allowing mothers to express their constraints and receive tailored advice emerged as a key enabler of trust and message acceptance in our study. This reflects the central role of interpersonal communication (IPC) in behavior change. Indeed, a quasi-experimental study showed that applying IPC based behavior change communication significantly influenced community adherence to maternal child nutrition interventions. (Hafrina & Maulida, 2023) er, a study of clean-hand hygiene behavior in Indonesia observed that integrated media plus IPC campaigns achieved better behavioral outcomes than media alone, partly due to emotional and social reinforcement via interpersonal channels. (Fadjriah et al., 2023) findings support the idea that two-way communication not just





information dissemination is vital, especially in contexts where socioeconomic or cultural barriers may hinder behavior adoption.

- Personal / Family-oriented Approach and Home Visits: Enhancing Acceptability and Engagement

Our finding that family-oriented home visits increased acceptance and trust aligns with numerous program evaluations indicating home visitation as an effective channel for child growth monitoring and nutrition counselling. For example, in a recent case study from South Konawe Regency, community health cadres lacked formal communication training and struggled to deliver effective nutrition messaging; authors recommended strengthening cadre capacity to improve outcomes. (Gemiharto et al., 2024)

Similarly, an integrative communication model implemented in Bantaeng Regency showed effectiveness when communication strategies combined community involvement, interpersonal counselling, and cross-sector coordination. (Yanti, Alimuddin & Sultan, 2024) Thus, our thematic result underscores that rapport, context sensitivity, and personalized contact remain among the most powerful levers for promoting behavior change in stunting prevention. Collaboration with Health Facilities: Aligning Messages and Strengthening Institutional Support.

The theme of collaboration with primary health centers (puskesmas) reflects structural integration of community and clinical health services. Studies have shown that when cadres and health workers coordinate, message consistency increases and service uptake improves. (Martini, Gautama & Kartika, 2024)

Moreover, in a study on the efficacy of interpersonal communication training among health workers, results indicated improved knowledge and readiness to influence community behavior, suggesting that cadre facility collaboration plus proper training can elevate program outcomes. (Rachmah et al., 2023)

Thus, our findings support the claim that institutional backing and communication alignment are crucial to sustaining stunting-prevention efforts. Challenges: Low Literacy, Lack of Training, and Socioeconomic Barriers The Limits of Communication Alone As identified, low maternal health literacy, lack of formal training among cadres, and socioeconomic constraints (e.g., mothers' time, resources) pose significant barriers. This mirrors findings from multiple studies: in regions with food insecurity or poverty, even well-designed communication strategies struggle to produce sustained behavior change unless combined with resource support (e.g., food access, economic aid) (Setyarsih, Aghadiati & Pratama, 2023).





Further, integrated media interpersonal communication studies highlight that media alone raises awareness, but sustainable behavior change requires interpersonal reinforcement, culturally appropriate messaging, and social support systems. (Fadjriah et al., 2023)

These insights imply that communication interventions must go hand in hand with socio-economic support and capacity building to overcome structural barriers. Evidence that Strengthening Communication Capacity Works: Training, Media Use, Community Engagement Our theme indicating that cadres themselves perceive training and use of simple media as helpful corresponds with robust empirical evidence. For instance, a quasi-experimental study showed that interpersonal communication training significantly improved behavior change in the target community. (Hafrina & Maulida, 2023) Furthermore, integrated strategies combining interpersonal communication with appropriate media (leaflets, visuals, socialization) have improved maternal knowledge and feeding practices in rural Indonesia. (Pratiwi & Kurniasari, 2023) Also, broader analyses highlight that community-based participatory approaches that involve local leaders and trusted cadres increase message legitimacy and community acceptance. (Martini et al., 2024) Thus, our findings align with a growing body of literature validating communication capacity-building and multi-modal, community-engaged interventions as effective ways to combat stunting.

4. Conclusion

This study concludes that strengthening interpersonal communication among health cadres plays a central role in enhancing stunting-prevention efforts in East Jakarta. The findings demonstrate that cadres' ability to deliver clear information, listen actively to mothers' concerns, and apply personalized, family-oriented approaches significantly supports maternal understanding and engagement in child-nutrition practices. Consistent with Interpersonal Communication Theory, effective message clarity, feedback exchange, and relationship-building emerged as key determinants of communication success.

The study also highlights that regular home visits, collaborative efforts between cadres and primary health centers, and the combined use of interpersonal communication and simple visual media improve the reach and acceptability of stunting-prevention messages. These findings are reinforced by recent research showing that interpersonal and community-based communication models are more effective than information dissemination alone, especially within socioeconomically diverse urban communities.

However, several barriers persist, including low maternal health literacy, inconsistent communication training for cadres, and socioeconomic constraints that limit mothers' participation in Posyandu activities. These challenges indicate that effective communication is necessary but not sufficient; supportive systems, skill development, and





contextual adaptation are needed to translate knowledge into consistent child-feeding practices.

Overall, the study concludes that enhancing cadres' communication competencies through structured training, culturally adapted messaging, collaborative strategies, and multimedia support can significantly strengthen stunting-prevention programs. Integrating communication improvements with broader maternal support systems and community engagement will be essential for achieving sustained reductions in stunting rates in urban Indonesian settings.

5. Compliance with ethical standards

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Disclosure of conflict of interest

This research collaboration is a positive thing for all researchers so that conflicts, problems and others are absolutely no problem for all writers. The authors declare that there are no conflicts of interest associated with this research. All researchers contributed collaboratively and harmoniously throughout the study process. No financial, personal, or professional conflicts influenced the design, implementation, analysis, or reporting of this research.

Statement of informed consent

All participants involved in this study provided informed consent prior to data collection. The authors ensured that every procedure, interview, and observation was conducted based on voluntary participation and mutual agreement. Participants were informed about the purpose of the study, the confidentiality of their information, and their right to withdraw at any time without consequence. The research team adhered to ethical principles throughout the study to protect the rights and well-being of all participants.

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