



# Training and mentoring of Posyandu cadres based on behavior change in an effort to prevent stunting in Mulyoagung village, Dau sub-district, Malang district

Juli Astutik <sup>a,1,\*</sup>, Budi Suprpto <sup>b,2</sup>, Zaenal Abidin <sup>a,3</sup>

<sup>a</sup> Social Welfare Program, Faculty of Social and Political Sciences, Universitas Muhammadiyah Malang, Jl. Raya Tlogomas 246 Malang 65144, East Java, Indonesia

<sup>b</sup> Communication Studies Program, Faculty of Social and Political Sciences, Universitas Muhammadiyah Malang, Jl. Raya Tlogomas 246 Malang 65144, East Java, Indonesia

<sup>1</sup>astitik@umm.ac.id, <sup>2</sup>budisuprpto@umm.ac.id, <sup>3</sup>zenn,2112@umm.ac.id

\*Corresponding author

ARTICLE INFO	ABSTRACT
<p><b>Article history</b> Received: 2025-01-07 Revised: 2025-04-06 Accepted: 2025-04-16 Published: 2025-04-20</p> <p><b>Keywords</b> Behavior change Child stunting Posyandu cadres</p>	<p><i>Stunting remains a major public health issue in Indonesia, with a prevalence of 37% in 2013 and 30.8% in 2018, affecting approximately 8.4 million children under five. This condition is not limited to children from poor families but also affects those from well-off households. The causes of stunting are multidimensional, involving not only nutritional deficiencies in pregnant women and toddlers but also high-risk behaviors related to parenting and health practices. This community service program aimed to enhance the capacity of posyandu (integrated health post) cadres in stunting prevention through a behavior change approach. The methods applied included counseling, training, and mentoring for cadres in Mulyoagung Village, Dau Sub-district, Malang District. The outcomes demonstrated a significant improvement in the cadres' understanding of stunting, its causes, and impacts. Participants also gained insights into the importance of behavior change education in preventing stunting. Feedback indicated increased mastery of practical prevention strategies, and cadres were able to apply and disseminate the training materials in their community in an integrated and sustainable manner. In conclusion, training and mentoring based on behavior change effectively empowered posyandu cadres in stunting prevention efforts.</i></p>
<p><b>Kata Kunci</b> Kader posyandu Perubahan perilaku Stunting pada balita</p>	<p><b>Pelatihan dan pendampingan kader posyandu berbasis perubahan perilaku dalam upaya pencegahan stunting di Desa Mulyoagung Kecamatan Dau Kabupaten Malang.</b> Stunting merupakan salah satu masalah gizi kronis yang masih menjadi tantangan besar di Indonesia. Data menunjukkan prevalensi balita stunting sebesar 37% pada tahun 2013 dan menurun menjadi 30,8% pada tahun 2018, namun jumlah tersebut tetap tergolong tinggi dengan sekitar 8,4 juta anak balita terdampak. Stunting tidak hanya terjadi pada keluarga miskin, tetapi juga pada keluarga sejahtera. Faktor penyebab stunting bersifat multidimensional, tidak hanya terbatas pada kurangnya asupan gizi ibu hamil dan balita, namun juga dipengaruhi oleh perilaku berisiko yang berkaitan dengan pola asuh dan kesehatan. Tujuan dari kegiatan ini adalah meningkatkan kapasitas kader posyandu dalam mencegah stunting berbasis perubahan perilaku. Metode yang digunakan meliputi penyuluhan, pelatihan, dan pendampingan kepada kader posyandu di Desa Mulyoagung, Kecamatan Dau, Kabupaten Malang. Hasil kegiatan menunjukkan bahwa kader posyandu mengalami peningkatan pemahaman mengenai stunting, penyebab, dan dampaknya. Kader juga memahami pentingnya edukasi perubahan perilaku dalam pencegahan stunting. Umpan balik dari peserta menunjukkan peningkatan penguasaan materi serta kemampuan dalam menerapkan informasi secara praktis dan berkelanjutan di posyandu desa. Kesimpulannya, pelatihan dan pendampingan berbasis perubahan perilaku efektif dalam meningkatkan peran kader posyandu dalam pencegahan stunting.</p>

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**How to cite:** Astutik, J., Suprpto, B., & Abidin, Z. (2024). Training and mentoring of Posyandu cadres based on behavior change in an effort to prevent stunting in Mulyoagung village, Dau sub-district, Malang district. *Journal of Community Service and Empowerment*, 6(1), 133-146. <https://doi.org/10.22219/jcse.v6i1.39052>

## INTRODUCTION

Stunting, defined as the failure to thrive in children under five years old due to chronic malnutrition, remains a significant public health challenge globally. In Indonesia, stunting is a major concern, with the prevalence of stunted children under five reaching 30.8% in 2018, a decrease from 37% in 2013 (Putri et al., 2024). Stunting, which becomes visible when children reach two years of age, affects not only physical growth but also cognitive and motor development, impairing overall child development and increasing vulnerability to diseases (Zakiyya et al., 2021). Stunting results from a combination of prenatal, intranatal, and postnatal factors, including poor maternal nutrition, inadequate breastfeeding, frequent infections, and socio-economic conditions (Chabibah et al., 2021).

The Indonesian government has recognized the urgency of addressing this issue, setting a target to reduce stunting prevalence to 14% by 2024 through comprehensive strategies (Suharsih & Rahayu, 2023). Despite these efforts, current interventions have primarily focused on improving nutrition intake, particularly during pregnancy and infancy, but behavior-based prevention strategies have yet to be fully integrated into these initiatives. In this context, Posyandu (Integrated Service Posts), a community-based health initiative, play a critical role in monitoring child health, detecting early signs of stunting, and providing educational support to parents and caregivers (Widawati et al., 2023). However, Posyandu cadres, who are essential in delivering these services, often lack sufficient training in behavior change strategies specifically targeting stunting prevention (Rahendra & Dwihestie, 2023).

Existing research and government programs have primarily concentrated on addressing the nutritional aspects of stunting. For example, government programs focus on fulfilling the nutritional needs of pregnant women and young children, such as providing supplements and promoting exclusive breastfeeding (Givani, 2022). However, the influence of behavior patterns, such as parental practices, community engagement, and the adoption of healthy lifestyles, has received limited attention. Studies have shown that behavioral factors, including inadequate knowledge, poor hygiene practices, and cultural taboos, significantly contribute to the persistence of stunting (Rambe, 2022). There is a pressing need for interventions that not only focus on nutrition but also emphasize behavior change to address the underlying causes of stunting more comprehensively.

This paper aims to fill this gap by exploring the potential of behavior change-based training and mentoring for Posyandu cadres in Mulyoagung Village, Dau Sub-district, Malang Regency, Indonesia. The primary objective is to enhance the knowledge and skills of Posyandu cadres in stunting prevention through a behavior change framework. Specifically, the paper seeks to: (1) Increase awareness of stunting, its causes, and the importance of behavior change in preventing stunting among Posyandu cadres. (2) Equip Posyandu cadres with practical tools to promote healthy behaviors within their communities. (3) Foster a sustainable model for stunting prevention based on the active engagement of local health stakeholders and the broader community.

This study contributes to the literature on stunting prevention by integrating behavior change theories into health promotion practices at the community level. It highlights the importance of empowering community health workers, specifically Posyandu cadres, to adopt and advocate for behavior change strategies that prevent stunting. Additionally, this research provides a practical framework for implementing behavior change-based interventions in local health initiatives, which could be replicated in other regions facing similar challenges.

The fight against stunting is closely aligned with the Sustainable Development Goals (SDGs), particularly Goal 2: Zero Hunger, which aims to end hunger, achieve food security, improve nutrition, and promote sustainable agriculture. By addressing the multifaceted causes of stunting, including behavioral factors, this research supports Indonesia's efforts to reduce stunting rates and improve child health, thereby contributing to the national development agenda outlined in the RPJMN (2020-2024). Furthermore, the integration of behavior change in stunting prevention efforts aligns with the broader SDG agenda of promoting health equity and ensuring that no one is left behind in achieving optimal health and well-being.

## METHOD

This internal community service program is carried out by applying the implementation method: lectures, training and mentoring, which aims to provide basic readiness for partners to implement it related to stunting prevention efforts based on behavior change of Posyandu cadres in Mulyoagung Village, Dau District, Malang Regency. The implementation of the implementation method can be described as follows:

### Training through tutorial counseling/lectures

This method is carried out with the aim of providing partners with an understanding of: Stunting (concept, causes and effects on child growth), Remembering the Problem of Stunting, and Introduction to the Importance of Behavior Change, Principles, and Stages of Behavior Change

### Assistance

The mentoring method will be related to: Activity needs mapping and assessment, Behavior change education, Development of a behavior change-based stunting prevention activity plan, and Implementation in village communities

in a broad and sustainable manner.

The targets of the community service activity program can be described in Table 1.

Table 1. The targets of the community service activity program

TARGET	ACTIVITY	OUTPUT
Training and mentoring of posyandu cadres based on behavior change in stunting prevention efforts in Mulyoagung Village, Dau District, Malang Regency Training and mentoring of Posyandu cadres based on behavior change in stunting prevention efforts in Mulyoagung Village, Dau District, Malang Regency.	<p><b>1. Training, including:</b></p> <ul style="list-style-type: none"> <li>- PreTest</li> <li>- Remembering Problem Stunting</li> <li>- Introduction to the Importance of Behavior Change, Principles, and Stages of Behavior Change</li> </ul> <p><b>2. Assistance:</b></p> <ul style="list-style-type: none"> <li>- Activity needs mapping and assessment</li> <li>- Cadre behavior change education</li> <li>- Broad and sustainable implementation in village communities.</li> </ul> <p><b>3. Monitoring and Evaluation (MONEV)</b></p> <ul style="list-style-type: none"> <li>- Post test</li> <li>- Assessing pretest and post test results</li> <li>- Participants attended 100% from the beginning to the end of the activity - showed high curiosity from participants</li> <li>- Participants actively participated during the activity (enthusiastic to ask questions)</li> <li>- Participants were happy with the material and the way the service team delivered it</li> </ul>	<ol style="list-style-type: none"> <li>1. Posyandu cadres can understand what stunting is, causal factors based on behavior change and its impact.</li> <li>2. Posyandu cadres can convey the material received during the training in practical activities at the village Posyandu</li> <li>3. Feedback from participants showed an increase in understanding and mastery in behavior change-based stunting prevention.</li> </ol>

## RESULTS AND DISCUSSION

Community Service activities in Mulyoagung Village, Dau District, Malang Regency through a training and mentoring program for posyandu cadres based on behavior change as an effort to prevent stunting, are carried out in 4 stages of activity, namely: 1). Initial activities, 2). Identification and socialization, 3). Program implementation, which includes: counseling, training and mentoring in the community related to behavior change-based stunting prevention efforts and 4). Evaluation and Monitoring.

At the initial stage, namely the arrangement of letters of Cooperation with partners (Figure 1), in this activity, a statement was signed from the partners stating that they were willing to cooperate with the service team in the implementation of this service program activity. This initial activity is basically the opening key for the sustainability of this service activity. With the partner's statement of willingness to cooperate, it proves that legally and legally the service team from Muhammadiyah University has received approval from the partner to implement this service activity program.

Then the second stage is identification and socialization, identification activities are carried out by the Team by first conducting silaturahmi as well as coordination with the father and mother of the village head along with posyandu cadres and the head of Pokja IV PKK in the village. this identification activity is carried out with the consideration of knowing firsthand the situation and conditions of the partners, including the potential of human resources and the availability of facilities (facilities and infrastructure) in the village in this case Posyandu Balita. The description of the identification and socialization activities for the implementation of this service is as follows: (1) Plan and prepare an activity program that will be carried out based on the results of the assessment of partners (toddler posyandu cadres). (2) Plan and make a service program agreement with partners. (3) Planning the time, and place and method/technique of the service program. (4) Preparing service program materials, focusing on increasing human resources (HR) through training and mentoring cadres based on behavior change in efforts to prevent stunting. (5) Implementation of service programs in accordance with mutually agreed programs.

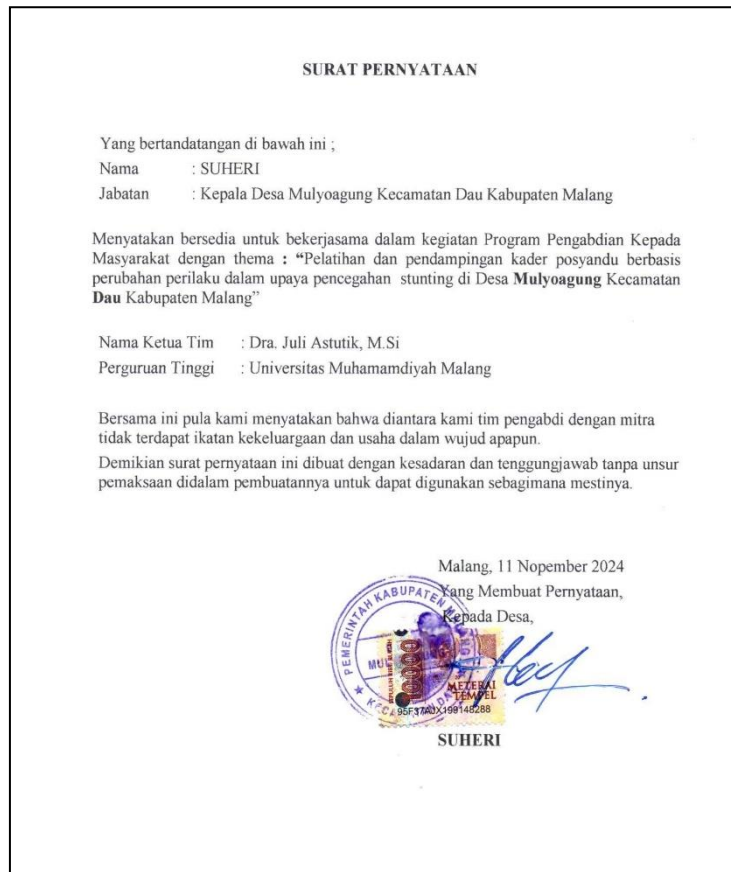


Figure 1. Partner's letter of intent

Socialization is conducted with the aim of: 1) explaining the purpose and objectives of the team's community service program in Mulyoagung Village, Dau District, Malang Regency, 2) avoiding stereotypes or misunderstandings from the surrounding community regarding the team's presence in the village, 3) providing a shared understanding/perception between the service team and all partner members. In this initial activity, we met with the head of the PKK (Mrs. Sri Nurhandayani, the village head) of Mulyoagung Village, Dau District, Malang Regency. The atmosphere of this initial activity can be seen in the Figure 2.



Figure 2. Document about the atmosphere during the Identification and Socialization meeting with the head of the Family Welfare Movement of Mulyoagung Village, Dau District, Malang Regency

Next, the third stage is the implementation of the program, which includes counseling, training, and community support related to efforts to prevent stunting based on behavioral change:

### Counseling / Lecture

This counseling is a fundamental activity of this community service program.

This activity was conducted on;

Day/Date : Wednesday, December 18 2024

Place : Mulyoagung Village Hall, Dau District, Malang Regency

Participants : 12 people, from elements of PKK, Posyandu, Pregnant Mothers, Breastfeeding Mothers, and Teenagers (attendance list attached)

The activity began with an outreach on the importance of cooperation in preventing stunting with the following objectives: 1) strengthening the participant groups, 2) fostering a sense of togetherness and shared responsibility, and 4) cultivating a strong sense of togetherness and determination to prevent stunting based on behavioral change. At this stage, the material was delivered by the head of the service: Dra. Juli Astutik, M.Si. and member: Dr. Budi Suprpto, M.Si. The implementation of the activity can be seen in the Figure 3.



Figure 3. Opening ceremony and outreach document by the chairman

The activity continued with the distribution of a pretest to the participants, aimed at understanding their knowledge about stunting before the training and mentoring were provided.

### Material 1: The Concept of Stunting, Its Causes, and Its Impact Based on Behavioral Change

The purpose of this activity is (1) Participants are able to explain the definition, causes, and impacts of stunting and (2) Participants are aware of the stunting problem and are motivated to actively participate in stunting prevention.

#### Learning Path:

Building Participants' Awareness about Stunting (Session 1 Brainstorming conducted for 10 minutes, session 2 delivering the material, and session 3 in-depth discussion about stunting)

#### Methods and Media of Learning Tools

The learning method is conducted through lectures, question and answer sessions, discussions, and group presentations. Learning media/tools used: LCD, plano paper, metaplan paper, large and small markers, masking tape, loudspeaker, Group work sheets.

#### Background

- The prevalence of stunted children under five in Indonesia in 2013 was 37%, while in 2018 it was 30.8% (Unicef, 2020). The prevalence of stunting among toddlers in Indonesia averaged 36.4% from 2005-2017. In 2021, the prevalence of short children under five years old based on height-for-age index was reported at 6.08%, with 4.2% of children in Bekasi Regency experiencing stunting (Mariani & Barkah, 2024). The prevalence of stunting in Indonesia was reported at 24.4% in 2021, decreasing to 21.6% in 2022. In Central Kalimantan Province, the prevalence in 2022 was 26.9%, with East Kotawaringin Regency at 23.24% in 2021 (Sartika et al., 2024).
- The stunting rate in Indonesia remains high, affecting 8.4 million children, or 1 in 3 toddlers. This issue transcends economic status, affecting not only those from poor families but also children from affluent families, highlighting its widespread nature (Martony, 2023). According to Beal et al., (2018) The main determining factors include non-exclusive breastfeeding, low household socioeconomic status, and poor access to healthcare, especially in rural areas. This shows that the prevalence of stunting in non-remote

areas of Indonesia is 29.7%, primarily affecting children from poor families. However, this also highlights that low education levels and lack of health insurance contribute to stunting, affecting various socioeconomic groups (Poor and Uneducated Parents Increased the Risk of Stunting among Children Living in Non-Remote Areas of Indonesia, 2023).

#### What is stunting?

- Stunting, often referred to as being short (dwarfism), is a condition of growth failure due to chronic malnutrition (long-term) and psychosocial stimulation as well as repeated exposure to infections, especially during the First 1,000 Days of Life (HPK), which is from fetus to two-year-old children.
- A child is classified as stunted if their height or length is below minus two standard deviations (-2SD) of their age group. (WHO; Kementerian Kesehatan RI).

#### Why is the 1000 HPK (the period from conception to 24 months of age) important?

- Balanced nutritional intake (pregnant, breastfeeding mothers) protein, carbohydrates, fats, vitamins, and minerals)
- *Child nutrition --> Exclusive breastfeeding (0-6 months), ->Complementary feeding: ◦ 6 – 9 months (pureed food) ◦ 9 – 12 months (introduced to protein sources such as steamed fish, eggs).- 12-24 months introduced to a variety of foods (various vegetables, fruits) can start being given spices (Buckner et al., 2016) (Buckner et al., 2016)*
- Clean and healthy lifestyle
- Access to clean water, sanitation, and a clean environment
- Wash hands with soap
- Stimulation

#### Cause Factors

Stunting is caused by multi-dimensional factors, not just poor nutrition experienced by pregnant women or toddlers.

- Lack of public knowledge about stunting
- Lack of access to information for teenagers who are prospective parents, pregnant mothers, breastfeeding mothers, and parents/families with children aged 6 months - 24 months and 3-5 years.
- The posyandu cadres do not provide specific counseling related to behaviors to optimize child development.
- Poor parenting (lack of maternal knowledge about health and nutrition before and during pregnancy as well as after childbirth, with 60% of children aged 0-6 months not receiving exclusive breastfeeding)
- The lack of access for families/households to nutritious food
- Lack of access to clean water and sanitation
- The limited healthcare services for mothers during pregnancy and quality early childhood education.

The most decisive intervention to reduce the prevalence of stunting is directed at the First 1000 Days of Life (HPK) of toddlers.

#### The Impact of Stunting:

1. Child growth disorders (signs of shorter height) are shorter and do not reach the average height or are stunted.
2. The cognitive, motor, and verbal development in children is not optimal, such as being easily affected by infectious diseases and a decline in reproductive health.
3. Learning capacity and performance are lacking during school.
4. These issues can be caused by the behavior of pregnant mothers, breastfeeding mothers, caregivers, and prospective mothers (teenagers).

During the presentation of material 1, the participants were very active in asking questions to the speaker, especially regarding the factors causing stunting. Until now, the participants understood that stunting occurs solely due to the lack of nutritional intake for pregnant mothers and children after birth (health factors alone). With the speaker's explanation that there are equally important factors, namely behaviors that pose a risk of stunting from the 4 target groups (pregnant women, breastfeeding mothers, caregivers, and adolescents) themselves. From this material, the participants' perspectives began to broaden.

During the delivery of the material from the beginning (9:00 AM) until the end (3:00 PM WIB), all participants were very active. It was even quite enjoyable, especially since the presenter delivered the material in a non-boring manner,

using many real-life case examples experienced by the four target groups. In fact, a representative participant from the village Posyandu cadres stated, "This is the first time we have attended a full-day training, but we didn't feel sleepy at all. We even enjoyed the real-life case examples given; the presenter was very engaging. "With the participants' statements, it proves that they are very enthusiastic in following the community service activities in the training and mentoring of Posyandu cadres based on behavioral change in preventing stunting in Mulyoagung Village, Dau District, Malang Regency (Figure 4).



Figure 4. The atmosphere of the training with material on the understanding of stunting, its causes, and impacts

**Material 2: Education on Building Behavioral Change in Stunting Prevention**

The purpose of this activity is (1) Understanding the importance of behavior change in stunting prevention, (2) The direction of behavior change interventions in stunting prevention. (3) Change of behavior change agents in villages/sub-districts, (4) Understanding risky behaviors and choosing positive behavior change strategies, and (5) Principles of behavior modification.

**Content of the Material (see Table 1):**

- The importance of changing stunting-risk behaviors
- Target of behavior change
- Principles of behavior change
- Mapping of Stunting Issues or Vulnerabilities and Assessment of Prevention Activity Needs.
- 

**What is behavior change?**

Behavior modification: a process of deliberate or planned activities to establish expected behavior patterns that differ from previous ones. It can occur through: 1. the learning process from social interaction experiences, 2. intentional intervention by others that stimulates behavioral change.

**Direction of behavioral change intervention**

- Strengthening the encouragement for those being intervened: Avoiding, Reducing, and Eliminating harmful negative behaviors and replacing them with positive behaviors that provide the expected benefits,
- Strengthening the drive for the sustainability of the display of positive behavior patterns

Table 1. Material 2 on Risk Behavior and Preventive Behavior for 4 target groups

TARGET	RISK BEHAVIOR	PREVENTION BEHAVIOR
<b>PREGNANT MOTHER</b>	1. Irregular pregnancy check-ups	1. Regular pregnancy check-ups
	2. Not immunized? Irregular diet, not meeting balanced nutrition	2. Get immunized Eat regularly, meet balanced nutrition
	3. Unbalanced rest patterns,	3. Balanced rest Washing hands at five important times with soap and water flow
	4. Not washing hands at the five essential times with soap and running water,	4. Take regular medication for pregnant women with low blood pressure and other risks,
		5. Exercise appropriately on a regular basis,

TARGET	RISK BEHAVIOR	PREVENTION BEHAVIOR
	5. Not taking regular medication for pregnant women with low blood pressure and other risks 6. Not exercising regularly 7. Using dirty latrines, 8. Drinking water source is not clean, 9. Not taking vitamins 10. Not monitoring weight gain 11. Not managing stress well 12. Does not stimulate fetal development (by monitoring physical development, touch, talking, light) 13. Practicing cooking methods that reduce nutritional content 14. Smoking 15. Drinking alcohol	6. Using a clean latrine 7. Source of clean drinking water, 8. Take vitamins 9. Monitor weight gain 10. Manage stress well 11. Stimulate fetal development (by monitoring physical development, touching, talking, light) 12. Use cooking methods that do not damage the nutritional content. 13. Not smoking 14. Not drinking alcohol
<b>BREASTFEEDING MOM</b>	1. Not giving exclusive breastfeeding for 6 months, breastfeeding in any place 2. Giving inappropriate complementary feeding 3. Allowing children to have difficulty eating or on the contrary, eating too much 4. Not giving complete immunization to children 5. Not checking children's health regularly, treating children to traditional healers 6. Irregular diet, not fulfilling balanced nutrition 7. Doing cooking methods that reduce nutritional content 8. Smoking 9. Drinking alcohol 10. Not managing stress well 11. Not washing hands at five important times using soap and running water, 12. Using dirty latrines, unclean drinking water sources, 13. Not regularly taking care of children's hygiene (bathing, changing children's clothes and bedding)	1. Giving exclusive breastfeeding, breastfeeding in an orderly manner 2. Giving breast milk MP appropriately 3. Ensuring children eat according to balanced nutritional needs 4. Providing complete child immunizations 5. Checking children's health appropriately and regularly 6. Regular exercise, meet balanced nutrition 7. Doing cooking methods that do not damage the nutritional content 8. Not smoking 9. Not drinking alcohol 10. Manage stress well 11. Wash hands at five important times using soap and running water 12. Use a clean latrine with a clean drinking water source, 13. Regularly take care of child hygiene (bathing, changing children's clothes and bedding)
<b>NANNY</b>	1. Does not support the care and health of pregnant women, breastfeeding mothers, does not support good parenting 2. Does not support access of pregnant women, breastfeeding mothers, children to necessary services 3. Smokes near children and pregnant and breastfeeding mothers	1. Support the care and health of pregnant & breastfeeding mothers, 2. Support good parenting 3. Support access of pregnant, breastfeeding mothers, children to services 4. Do not smoke especially near children, pregnant, & breastfeeding mothers. 5. Support prevention, change of risky behavior of pregnant/breastfeeding mothers

TARGET	RISK BEHAVIOR	PREVENTION BEHAVIOR
TEEN	4. Tolerates risky behaviors for stunting of pregnant/breastfeeding mothers/children	
	1. Not taking blood vitamin supplements (for those who are animea)	1. Take blood vitamin supplements (for those who are animea)
	2. Irregular diet that does not meet balanced nutrition, inappropriate dosage, strict diet without health control.	2. A regular diet that meets balanced nutrition, the appropriate dose.
	3. Unbalanced rest patterns	3. Balanced rest patterns
	4. Not washing hands at five important times using soap and running water,	4. Washing hands at five important times using soap and running water,
	5. Not exercising regularly,	5. Exercise regularly,
	6. Use of dirty latrines, unclean drinking water sources	6. Using clean latrines, clean drinking water sources,
	7. Marrying at a young age	7. Taking care of reproductive health
	8. Having sex	8. Not smoking, and not drinking alcohol. Do not abuse drugs / drugs
	9. Not taking care of reproductive health	9. Regularly take care of personal hygiene (bathing, changing clothes linen)
	10. Smoking, drinking alcohol, abusing drugs / drugs	
11. Not regularly taking care of personal hygiene (bathing, changing clothes and bed linen).		

Source: Materi Tonoto Foundation (Social Welfare Polytechnic)

### Material 3: Community-based Stunting Prevention Campaign

Community-based stunting prevention campaigns are organized communications that use face-to-face social media or mass media to build/strengthen awareness of community audiences so that they are interested, interested, eager, and moved to prevent stunting.

#### Responsible:

One of the community cadres in the Village Stunting Prevention Working Team assigned as the coordinator of the campaign.

#### Work Team:

Stunting Prevention Ambassadors Other community cadres/managers of relevant local organizations/community leaders, youth leaders, representatives of residents who are willing to work together. Working team: Design & mobilize campaign implementation.

#### What to do in designing a campaign?

Campaign Objective: Increased community knowledge Increased demand Establishment of mobilizing groups Increased stunting prevention activities Increased participation

Campaign Objectives: Building stunting prevention behaviors, eliminating risk behaviors

Stronger than Competitors: Campaign communications must be stronger than conflicting information/behavioral communications

Target/Recipients: General Public Special groups of primary groups Special groups of secondary groups Special groups of tertiary groups

Channels/Media Face-to-face channels: (with media creative activities such as meetings, exhibitions, marches, art performances, games, fun walks, etc.); indirect with print media (baligo, posters, benner, leaflets, on souvenirs); audio-visual media; digital/social media (such as whatApp/facebook/sms/Tiktok/etc.)

The message is clear: If not face-to-face the message is short, attractively designed, tailored to the characteristics of the target recipient. can raise awareness & motivate change.

Deliverer/Spokesperson: If delivered directly, choose a spokesperson who has expertise in mass communication, masters the message to be conveyed, is recognized, trusted, so that it has the appeal to be noticed by the audience.

Evaluation of Results: Changes Face-to-face media (through creative activities such as meetings, exhibitions, marches, art performances, games, fun walks, etc.), media baligo, posters, banners, souvenir items, pins, messages via whatApp/facebook/sms/Tiktok/etc.)

**The formulation of campaign messages must take into account: "Message Dimensions"**

1. Introduction to stunting problems & vulnerabilities (refer to stunting cases)
2. Introduction of ways & motivation to change behavior to prevent stunting
3. Appeal to each other

**Message noticed:**

- **"Specific objectives according to target group"**

**Primary Target: Family members especially with 1000 HPK, pregnant women, breastfeeding mothers, mothers with children aged 0-23 months** Understand what stunting is, its dangers, risk factors, & recognize symptoms. Watch out for at-risk pregnant women Watch out for heavy birth babies

- Recognize how & be motivated to prevent:
- Fulfill nutrition for pregnant women,
- Blood supplement tablets,
- Monitor weight gain
- Space pregnancies
- Avoid pregnancy at age < 20/ > 40.
- Exclusive breastfeeding for healthy, smart babies.
- Make sure the child eats a balanced diet, breast milk until the age of 2 years.
- Stimulate child development
- Always use clean water & healthy latrines.
- Wash hands with soap and running water at 5 important times:
- Prevent Malaria mosquito bites in pregnant women with other infections.
- Have routine pregnancy check-ups and give birth at a health facility.
- Weigh your children regularly, measure their height, and record it in the MCH book. Get basic immunizations at the posyandu/health facility.
- If pregnant women have symptoms of malaria, seek treatment and take blood supplement tablets.
- If there are symptoms immediately consult a cadre/doctor.

**Specific objectives Secondary targets: Adolescents. WUS, Spouse/Father-to-be**

- Understand what stunting is, its dangers, risk factors, & recognize symptoms.
- Watch out for adolescents who are married, pregnant, giving birth
- Watch out for anemic, malnourished women
- Watch out for adolescents and women who do not have clean and healthy behaviors.
- Prevent early.
- Do not get married < 20 years old
- Plan pregnancy wisely.
- Eat balanced nutrition and take Blood Addition Tablets regularly (1 tablet every week).
- Check Hemoglobin (HB) levels regularly.
- Do physical activity at least 30 minutes/day.
- Get enough rest.
- Do not smoke and do not drink alcohol.
- Use clean water and healthy latrines.
- Wash hands with soap and water productively with a healthy lifestyle.
- Do not engage in promiscuity.
- Have a regular health check-up at a health service.
- Husbands and/or fathers-to-be, as well as other family members, are encouraged to be involved in family health maintenance from an early age, fulfill needs (nutrition, health checks) and provide psychological support, moral support to the mother-to-be, in order to establish the ideal nutritional status of the child-to-be.

- Husbands of pregnant women/families are involved in fulfilling needs including pregnant women's health, care and stimulation.

#### Specific Objective Secondary Objective: Neighborhood caregivers

- Understand what stunting is, its dangers, risk factors, & recognize symptoms.
- Be aware of babies born weighing <math>< 2.5\text{ kg}</math>, and <math>< 48\text{ cm}</math> in length.
- Be aware of babies who do not receive early breastfeeding initiation, exclusive breastfeeding & proper complementary feeding.
- Help manage multiple diarrhea in children under five years old

#### Recognize how & be motivated to prevent:

- Support early initiation of breastfeeding and exclusive breastfeeding for healthy, smart babies.
- Support the feeding of children with balanced nutrition, breast milk until the age of 2 years.
- Engage in child development stimulation Always use clean water & healthy latrines for children and the whole family.
- Caregiver, whole family, child, wash hands with soap with running water at 5 important times
- Prevent infants from infectious diseases especially recurrent
- Support regular weighing, measuring the height of children, and record in the KIA book.
- Support the provision of basic immunizations to children at the Posyandu/health facility.
- If pregnant women have symptoms of Malaria, treat and take blood supplement tablets.
- If there are symptoms, consult a cadre/doctor immediately.

#### Mentoring

Mentoring activities are carried out in 2 ways, the first is assistance during simulations on: (1) Mapping stunting problems/vulnerabilities and needs assessment, (2) Preparation of worksheets to identify negative behaviors and positive behaviors to prevent stunting, (3) Preparation of a stunting prevention activity plan, (4) Implementation of activities by posyandu cadres in preventing stunting based on behavior change in the village community in a broad and sustainable manner.

Mapping stunting problems/vulnerabilities and needs assessment. In this assistance, participants were asked to map pregnant women, breastfeeding mothers in the area of one RW in Mulyoagung village, Dau sub-district, Malang Regency (Figure 5 and Figure 6).



Figure 5. Data on Stunting Vulnerability Mapping and Needs Assessment Materials



Figure 6. Documentation of assistance during the Stunting Vulnerability Mapping Simulation and Needs Assessment

**Preparation of worksheets Identification of negative behavior and positive behavior for stunting prevention**

In this activity participants are asked to identify negative behavior and positive behavior towards target cadres, namely pregnant women, breastfeeding mothers, caregivers of children aged 6 months - 2 years, and adolescents. The purpose of assistance with this material is to determine the understanding as well as the ability of participants to make identification, which in turn participants can campaign for the results of the identification through the implementation of the village Posyandu casework program (Figure 7).

**Lembar kerja**  
**Identifikasi perilaku negative dan perilaku positif pencegahan Stunting (bahan bacaan 35-38)**

Sasaran Kader	Perilaku berisiko (negative)	Perilaku positif pencegahan Stunting
Ibu hamil		
Ibu menyusui		
Pengasuh anak usia 6 bulan- 2tahun		
Kader		
Wanita Usia subur remaja		

Figure 7. Assistance material for preparing worksheets Identification of negative behavior and positive behavior in stunting prevention

**Preparation of a stunting prevention activity plan**

In this activity, participants are asked to develop a stunting prevention activity plan (Figure 8).



Figure 8. Activity document Preparation of stunting prevention activity plan

In this mentoring material, participants were invited to actively participate starting from mapping and assessing needs, preparing worksheets to identify negative behaviors and positive behaviors to prevent stunting, preparing plans for stunting prevention activities. Participants were very excited, with the role of each participant in this assistance showing that the participants had understood the purpose and purpose of providing this material, as evidenced by all the abilities that the participants had, finally the participants were able to arrange the 3 assistance activities well. Participants were happy as shown by joking and laughing pleasantly because they had been able to complete properly and correctly the tasks that had to be made. When they finished working on the task, the participants expressed their emotions of joy and satisfaction while jumping and clapping their hands. The atmosphere was very boisterous but still serious and fun.

### Monitoring and Evaluation

Program control is carried out through monitoring/supervision and evaluation activities as well as reporting on the implementation of activities and follow-up coaching that will be carried out to partners. Control of the entire process and mentoring activities is aimed at: 1) Ensure that all stages of the activity are in accordance with the established processes and mechanisms, 2) Controlling activities to be in accordance with the predetermined plan, and 3) Maintaining the quality of activities to be in accordance with the agreed plan between the service team and partners.

Monitoring and Evaluation has been carried out regarding the quantity and quality of the implementation of this service program. In terms of quantity, this activity program can be declared successful due to the participation of all participants as evidenced by: a) attending on time, b) attending 100% in each activity. While qualitatively this program was declared successful because the participants were motivated by: a) bringing material notes in every activity carried out, b) actively asking questions in every activity meeting, c) being able to answer correctly every question asked. Assessing the results of the pre-test and post-test, the results of which can be seen in the Figure 9.



Figure 9. Diagram of Pre-Test and Post-Test Results

### CONCLUSION

The implementation of the service program that has been carried out in the form of training and mentoring has succeeded in increasing the understanding of Mulyoagung village Posyandu cadres about: 1) stunting, its causes and impacts, 2) The importance of behavior change in preventing stunting. Through interactive methods, such as lectures, simulations, Posyandu cadres can apply the material received during training in practical activities in the village Posyandu. Feedback from participants showed an increase in understanding and mastery of behavior change-based

stunting prevention. Partners have been able to deliver training materials to the community through PKK and posyandu activities.

## ACKNOWLEDGEMENT

The project team conveys their gratitude to the Directorate of Research and Community Service (DPPM) University of Muhammadiyah Malang with the grant Number: E.2.a/093/RPK - UMM/VIII/2024 for the support and funding that this community service is successfully implemented. Also, we expressed how pleased we are with the village government partners, Mulyoagung Village, for their cooperation and inputs so that the project can be effectively completed. Thank you very much for Posyandu cadres developed a work program for behavior change-based stunting prevention, involving target groups and husbands/male groups. PKK Cadres supported this, aiming to integrate activities between community social institutions in Mulyoagung village. This approach aims to address stunting as a mainstream issue, ensuring that the problem is addressed holistically.

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