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Stunting prevention using a therapeutic communication model: Steps and challenges

Pencegahan stunting menggunakan model komunikasi terapeutik: Langkah dan tantangan

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Abstract: The aim of this research is to determine the communication model for stunting prevention in Sukanagalih Village. Sukanagalih Village itself is one of the priority villages in Cianjur Regency which has a stunting prevalence of 16.34 percent with 327 children under five stunting from 910 families at risk. This condition has received intervention from various parties, especially in the form of additional food assistance, monitoring and outreach from the Health Service. However, in the field the interventions carried out are considered ineffective and have not contributed to a significant reduction in prevalence. This phenomenon is then explored with descriptive qualitative research which will describe the community and its habits in understanding the concept of stunting, Sundanese culture and habits in terms of parenting, food and health. Then combined with communication patterns related to the socialization of Stunting Prevention. The research results show that the stunting prevention communication model in Sukanagalih Village uses a therapeutic communication model with 4 supporting dimensions: people, purpose, place, and process.

Abstrak: Tujuan penelitian ini adalah untuk menjawab permasalahan tingginya tingkat stunting di Cianjur. Desa Sukanagalih yang merupakan salah satu desa prioritas yang ada di Kabupaten Cianjur yang memiliki prevalensi stunting 16,34 persen dengan jumlah balita stunting 327 anak dari 910 keluarga beresiko. Kondisi ini telah diberikan intervensi dari berbagai pihak, khususnya berupa bantuan-bantuan makanan tambahan, pemantauan dan sosialisasi dari dinas kesehatan. Namun dilapangan intervensi yang dilakukan dianggap belum efektif dan belum berkontribusi pada penurunan prevalensi secara signifikan. Fenomena tersebut kemudian dikupas dengan penelitian metode rapid etnografi yang akan mendeskripsikan masyarakat dan kebiasaannya dalam memahami konsep stunting, budaya dan kebiasaan orang Sunda dalam hal pola asuh, makanan, dan kesehatannya. Kemudian dikombinasikan dengan pola-pola komunikasi terkait sosialisasi pencegahan stunting. Hasil penelitian menunjukkan bahwa model komunikasi pencegahan stunting di Desa Sukanagalih menggunakan model komunikasi terapeutik dengan 4 dimensi pendukung: *people, purpose, place, dan process*.

INTRODUCTION

The high stunting rate in Cianjur Regency is a serious concern. Based on the Cianjur Regent's Decree Number 050.13 of 2023 concerning Determination of Villages/Stunting Loci, 29 villages have been designated as priority loci for accelerating stunting handling. One of them is Sukanagalih Village which is included in priority category one, with a stunting prevalence of 16.34 percent (Sekretariat Daerah Kabupaten Cianjur, 2023). Data shows that there are 327 stunted toddlers from a total of 910 families who are in the at-risk category. As of November 2024, as many as 84 children in this village are still experiencing stunting, which means their future is under serious threat. This problem is not only a local issue, but has become a national and global concern (Banhae et al., 2023; Siramaneerat et al., 2024), which has been realized through the formation of a Task Force for the Acceleration of Stunting Prevention and Handling from the national level to the village level.

Various interventions have been carried out, but have not been effective. There are many factors that cause it (Nugroho et al., 2023; Siramaneerat et al., 2024), one of them is parenting. This parenting style is greatly influenced by cultural factors. This is in accordance with what Satriawan (2018) expressed that there are still many parenting practices that pose a risk of stunting, especially in Sundanese society (Kurniawan, 2028), which are destructive in nature (Junaedi & Sukmono, 2018), so cultural factors can be very large in stunting conditions.

One of the big challenges in overcoming stunting in Sukanagalih Village is the limited understanding of the importance of a nutritious diet and correct parenting patterns in the family. In Sundanese society, especially in Sukana-

galih Village, there are eating habits that prioritize feeling full with large portions of rice, without paying attention to nutritional balance. For example, Mrs. Yanah, a mother who has a child at risk of stunting, stated, "If in your heart you want to be nutritious, healthy, yes. If you have that and your child wants that, instead of having an empty stomach and being hungry, it's better to just eat rice and macaroni like yesterday," she said when interviewed in November 2024. This statement reflects a pragmatic mindset that is often found among mothers in Sukanagalih Village, where the most important thing is to be full, without thinking about other nutritional content needed to support optimal child growth and development. On the other hand, although there are Posyandu cadres who work hard in the field to educate the public about the importance of stunting prevention, they face difficulties in conveying effective messages to the public.

Based on an interview with Mrs. Cucu on November 24 2024, Chair of the Sukanagalih Village Posyandu Cadre, the biggest challenge for Posyandu cadres is overcoming differences in understanding between people who care about health and those who do not understand the importance of balanced nutrition. He stated, "For cadres, there are a lot of challenges in society. The point is that when cadre mothers face the community, there are people who really care about and understand about health, there are also people who actually don't understand." In addition, differences in views between mothers who provide direct child care and other caregivers, such as grandmothers, add to the complexity of the situation. For example, some caregivers such as grandmothers emphasize the importance of being full rather than the balance of nutrition needed by children. This makes

communication between Posyandu cadres and the community more challenging.

The importance of communication in building awareness and development involvement for the stunting problem certainly cannot be separated from the help of cadres or village elites who have more progressive thinking. Several previous studies have been conducted, including by Marni et al. (2021) and Alif et al. (2023). The study conducted by Marni et al. (2021) discusses cultural communication strategies in increasing efforts to prevent stunting, emphasizing the importance of intervention through religious figures who actively convey nutritional information to the public. Meanwhile, Alif et al. (2023) also highlighted the importance of a culture-based approach in stunting prevention communication. Another study conducted by Aramico et al. (2020) which emphasizes that the information, communication and education (KIE) model needs to pay attention to a number of communication elements, such as the role of the mediator, message content, delivery techniques, and the form of message delivery. According to their findings, delivering messages does not always have to be carried out by health workers, but can also be carried out by community volunteers. In relation to this, Indriana et al. (2024) and Komara et al. (2024) highlight the importance of the capacity and role of mediators in the effectiveness of the stunting prevention communication process in the community (Indriana et al., 2024; Komara et al., 2024).

Another study by Fahira Nur et al. (2023) discusses the communication model used by village governments in efforts to prevent stunting, with a focus on the flow of message delivery originating from parties deemed credible, then

managed, systematized and formulated to suit the perceptions of message recipients, especially mothers. Fahira Nur et al. (2023) deepens this study by examining how these messages are processed to align the perceptions of various parties before being received by the target group. Among the various studies, none has specifically studied the stunting prevention communication model in Sukanagalih Village by considering the destructive influence of local Sundanese culture on changes in community health behavior. Therefore, this research was conducted to explain how stunting prevention communication is built in the context of local culture which has the potential to become an obstacle or reinforcement in handling stunting.

The latest research came from Gladys Apriluana and Sandra Fikawati (2018). which analyzed the risk factors for stunting in toddlers (0-59 months) in developing countries and Southeast Asia. This research states that the nutritional status factor with birth weight < 2,500 grams has a significant influence on the incidence of stunting in children and has a risk of experiencing stunting of 3.82 times. Poor sanitation factors have a significant influence on the incidence of stunting in toddlers and have a risk of experiencing stunting of up to 5.0 times. The latest research comes from Jeni Aurima et al which was conducted in 2021 by examining the factors associated with the incidence of stunting in toddlers in Indonesia. The results of the research show that there is a relationship between exclusive breastfeeding, birth weight, age and birth length with the incidence of stunting in toddlers (Aurima et al., 2021).

Criticism of previous research shows that many studies still view stunting prevention socialization separately or

partially. Several studies use a communication approach, but are limited to standard communication models, which tend to be linear and one-way. This standard communication model assumes that the message conveyed from the sender to the recipient, through predetermined channels, is sufficient to change people's understanding or behavior (for example see Sazali et al., 2023). This approach does not take into account the social and cultural complexities that can influence how messages are received and understood. In addition, health science research often only focuses on biological, biomedical and physiological factors, without paying attention to the broader social and cultural context. In fact, humans must be viewed as social and cultural creatures, whose social roles and functions greatly influence health conditions, including the problem of stunting. Therefore, this research presents a new approach that combines communication science and anthropology, to provide a more holistic perspective in understanding and dealing with the issue of stunting. Ultimately, the communication model is important because of the diversity of society and the diversity of approaches needed for each health issue (Rahmat et al., 2014; Wahyudin, 2016; Allyreza & Jumiati, 2023).

METHOD

This research uses a descriptive qualitative method to explore in depth the problem of stunting in Sukanagalih Village, Cianjur Regency for 6 months, starting from July 2024 to December 2024. This method was chosen because it can provide a holistic picture of the culture, habits and social interactions that influence the stunting phenomenon in society. Descriptive qualitative allows researchers to collect focused and relevant data in a relatively short time, but remains in-depth. This approach is suitable for understanding the

local context and social factors that influence stunting prevention, especially those related to local culture.

For data collection methods, researchers used participant observation, interviews and FGD. Observations were carried out using a participatory approach, where researchers were directly involved in the daily activities of the community, especially at Posyandu and in social interactions in the community. Researchers directly observed activities carried out by parents related to preventing stunting, such as child health checks, providing additional food (local MT), as well as interactions between Posyandu cadres and the community. This observation aims to understand community habits, the dietary patterns adopted in the family, and the dynamics of child care which can influence the incidence of stunting.

Researchers also observed interaction patterns at Posyandu and the daily activities of families with children at risk of stunting. The main focus in observations is to identify existing cultural challenges, such as eating habits that only prioritize satiety without paying attention to nutritional balance. Apart from that, researchers also recorded how Posyandu cadres conveyed educational messages to parents and child caregivers, as well as the obstacles they faced in communicating. Meanwhile, collecting data through the interview method was carried out using a semi-structured qualitative approach, with the aim of gaining an in-depth understanding of the community's views, experiences and perceptions regarding stunting. Interviews were conducted with several informants, including Posyandu cadres, village midwives, village officials, and housewives who have children under five at risk of stunting.

Sources were selected using techniques purposive sampling, where

researchers choose informants who have direct knowledge or experience regarding the prevention and management of stunting in the village. The selection of resource persons also takes into account their role in efforts to prevent stunting, whether as health cadres, child caregivers, or parties directly involved in the dissemination of health policies.

Another method chosen is *focus group discussion* (FGD). FGDs were conducted twice with Posyandu cadres in Sukanagalih Village. FGD participants were representatives from 22 Posyandu spread across the village. Each Posyandu sent one or two cadres to participate in this discussion, so the total number of FGD

participants was around 40 Posyandu cadres. This FGD activity was held to explore cadres' understanding of the problem of stunting, the challenges they face in preventing it, as well as evaluating the programs that have been implemented.

Data obtained from observations, interviews and FGDs were analyzed using a thematic analysis approach, where researchers identified main themes related to the problem of stunting, such as cultural factors, communication and the role of Posyandu cadres. This analysis process also considers the social and cultural context in Sukanagalih Village, to understand how community habits can influence stunting prevention.

Tabel 1

Key Informants and Their Role in the Stunting Issue in Sukanagalih Village

No	Name	Role in Stunting Issues in Villages
1	Cucu	Kaur Kesra / Head of Posyandu Cadre
2	Winda	Sukanagalih Village Midwife
3	Irma Fauziawati	Cempaka Posyandu cadres
4	Hj. Reni	Nurse at Sukanagalih Community Health Center
5	Gina	Pregnant mother, Local MT (Maternal Class) participant
6	Enah Maryanah (Yanah)	Mothers who have children with stunting conditions

Source: Processed researcher data, 2025.

RESULTS AND DISCUSSION

This research aims to reveal communication patterns in preventing stunting in Sukanagalih Village, with a focus on the role of Posyandu cadres in interacting with the community. In this section, we separate data found in the field and analysis regarding factors that influence stunting prevention. We will present findings related to the public's understanding of stunting, eating habits that can exacerbate this problem, as well as

the challenges faced by Posyandu cadres in conveying information to the public.

Sukanagalih Village Profile

Sukanagalih Village has an area of 763 Ha, consisting of 19 RWs, 50 RTs and 7 Hamlets. Sukanagalih Village is a village located in a highland area with an altitude of \pm 935 meters above sea level (masl). Most of the village area is agricultural land/fields with 35% flat land surface and 65% hills. The average daily temperature reaches 18-27°C and the average rainfall is

110 Mm/year. Sukanagalih Village is geographically suitable as a plantation and agricultural area. So many residents in Sukanagalih village still own land, cultivating their land as rice fields, vegetable plantations and cut flower plantations. This is reflected in the livelihoods of the people of Sukanagalih Village, most of whom are self-employed, especially entrepreneurs in the fields of agriculture and trade, either as farmers with their own land or collectors of vegetables and cut flowers. So in general, this village has a lot of potential in the fields of agriculture and trade.

Based on the data demography of Sukanagalih village, if we relate livelihoods to the number of productive age (aged 20 – 59 years) which is 11,135 people, there are many residents of Sukanagalih village whose livelihoods are not identified. This illustrates the conditions in the field which found that the majority of husbands or their families did not have permanent jobs. Some of them work as agricultural workers, construction workers, drivers whose income is uncertain. This condition is one illustration for families in Sukanagalih Village, which is the unit of analysis for this research. There are many families at risk of

stunting who come from a low or underprivileged economy, whose family income is not stable, which has an impact on the family's economy and their family's nutritional intake.

This research was conducted in Sukanagalih Village as one of the priority villages for Stunting Locus, with a stunting prevalence of 16.34 percent with 327 children under five stunting from 910 families at risk. This condition at the village level has been handled by the Village Government together with its staff, namely Posyandu cadres, PKK, and the Stunting Prevention and Handling Acceleration Task Force (SATGAS Stunting). In terms of numbers, it can be said that there are a lot of Posyandu cadres in Sukanagalih Village, considering that there are quite a large number of residents in each RW, the total number of Posyandu in this village is 22 Posyandu with a total of 104 Posyandu Cadres. Their routine activity is the monthly POSYANDU activity, this activity includes weighing the child's weight, measuring the child's height and head circumference. Then for pregnant women, there is a pregnancy check by a midwife, monitoring the development of the mother and fetus.

Figure 2

Posyandu activities in Sukanagalih Village assisted by KKN students from Putra Indonesia University.



Source: Researcher Documentation, 2024.

Community Understanding of Stunting

The community's understanding of stunting in Sukanagalih Village shows that there is quite significant ignorance regarding this concept. Most of the housewives interviewed on November 24 2024, such as Mrs. Enah Maryanah, revealed that they did not fully understand what stunting was and its impact on children. Mrs. Enah stated, "If in your heart you want to be nutritious, healthy, yes. If you have that much and your child wants that, instead of having an empty stomach and being hungry, it's better to just eat rice and macaroni like yesterday." This statement illustrates a misunderstanding regarding children's nutritional needs. Mrs. Enah prioritizes being full for her children without paying attention to the nutritional balance needed for optimal growth and development. This indicates that understanding of the importance of a balanced food composition to prevent stunting is still very low.

Apart from that, from the results of interviews with Posyandu cadres, as stated by Mrs. Cucu, Chair of the Sukanagalih Village Posyandu Cadre, most people do not understand in depth what is meant by stunting. He stated, "It is said to be difficult because the public does not understand what stunting is." Posyandu cadres said that although there have been efforts to provide education about stunting, there are still many people who do not understand the difference between stunting and malnutrition. In fact, according to several cadres, people tend to think that short children are automatically considered stunted, even though this is not always the case. This wrong understanding worsens efforts to prevent stunting, because people

do not feel the need to change their eating habits.

From an anthropological perspective Andriani (2022) this limited understanding can be related to local culture which dominates the community's perspective on children's diet and health. As part of Sundanese culture, eating habits that emphasize being full with lots of rice without paying attention to balanced nutritional content can be a major obstacle in preventing stunting. This is in accordance with the opinion of Andrian (2022), who stated that good therapeutic communication will influence the patient's perception of the importance of changing diet, but this change must first start with a correct understanding that can be accepted by society, and can be integrated with their respective habits or culture (Andriani, 2022, Aramico et al., 2020).

Eating Habits that Impact Stunting

One habit that is often found in the people of Sukanagalih Village is prioritizing rice in every meal, often without paying attention to adequate protein or balanced side dishes. As said by Mrs. Yanah, a housewife whose child is indicated to be at risk of stunting, "Her child prefers soup, vegetables, prefers that. It doesn't really have to be all kinds of weird things." Even though her child likes vegetables, Mrs. Yanah does not prioritize providing protein in her child's diet. This is an indicator that the diet adopted by families in Sukanagalih Village tends to be unbalanced, considering that protein consumption is important to support optimal growth. On the other hand, people's habits of giving food to children are often driven by the assumption that what is important is being full. As explained by Mrs. Cucu, most parents

prefer to feed their children with rice or foods that are easy to prepare, without paying attention to whether the food meets the child's nutritional needs. "The important thing is that the child is full," said Mrs. Cucu. This statement illustrates people's understanding about giving the wrong food, where they focus more on large portions of rice, without taking into account the nutritional content that is important for children.

Eating habits like this lead to a diet that is not nutritionally balanced, which clearly has the risk of increasing stunting rates. In an anthropological context, this habit can be seen as part of the consumption culture that develops in society. A eating culture that places greater emphasis on feeling full and habitual eating habits leads to low awareness of the importance of nutritional balance in daily eating patterns. Therefore, to overcome stunting, an approach is needed that is sensitive to local culture but still based on correct nutritional knowledge.

Challenges Faced by Posyandu Cadres in Stunting Prevention Socialization

Posyandu cadres in Sukanagalih Village face various challenges in conveying stunting prevention messages to the community. One of the main challenges they face is the difficulty in changing people's mindsets regarding eating patterns and parenting habits. As expressed by Mrs. Cucu in an interview on November 24 2024, "For cadres, there are many challenges in society. The point is that when cadre women face the community, there are people who really care and understand about health, there are also people who actually don't understand."

Posyandu cadres find it difficult to approach people who do not care about their children's health. Many parents come

to Posyandu only for routine purposes such as weighing and immunizations, without any intention of exploring further information about stunting or child nutrition. Apart from that, several cadres also expressed differences in views between child caregivers, such as between mothers and grandmothers who sometimes have different eating habits, which often becomes a barrier in conveying appropriate information to the public. As stated by Mrs. Irma Kader Posyandu who discovered the case, grandmothers and children's parents can sometimes have different ideas about when to determine when children can be given MPASI.

The challenges faced by Posyandu cadres can be seen as a larger social phenomenon. The limitations of cadres in communicating with the community show that there is a gap between the knowledge possessed by health workers and the community's acceptance of health information. As stated by Andriani, effective therapeutic communication requires openness and empathy (Andriani, 2022). Posyandu cadres need to develop better communication skills, with an approach that is sensitive to the social and cultural conditions of the community so that the messages conveyed can be well received.

The Role of Posyandu Cadres in Increasing Community Understanding of Stunting

Posyandu cadres have an important role in disseminating information related to stunting prevention to the community. However, to achieve success, they need to work more efficiently in breaking down existing communication and cultural barriers. In FGDs conducted with Posyandu cadres, many revealed that the outreach carried out by cadres was still limited and not effective enough to change people's mindsets. One of the FGD

participants said, "We have done maximum outreach, but public awareness is lacking."

The cadres realized that even though there were routine activities at the Posyandu, such as providing additional food, there were still many parents who did not fully understand the importance of changing dietary patterns and better parenting. In fact, there is a tendency for some parents to ignore the information provided, because they feel that they have given enough food that they consider good, such as rice with simple side dishes.

Another thing in the field is that there are things that worsen the prevention and treatment process, namely that Posyandu cadres have in fact experienced difficulties in disclosing that the children and families they have helped so far are children who are stunted or at risk of stunting. Posyandu cadres said that parents often do not tell about this condition, because it is sensitive and sometimes provokes conflict when faced with families who do not want to understand. This also happened to Mrs. Yanah's family, so that when researchers met with Mrs. Yanah in November 2024, Mrs. Yanah did not know that her child was declared at risk of stunting and had even been classified as a stunted toddler because her child's weight and height were within the standard line and tended to be low. This of course disrupts the effectiveness of stunting management carried out. Obstructed communication will ultimately hinder the awareness and efforts of these at-risk families to maximize their ability to cure their children in the danger of stunting.

From an anthropological perspective, this reflects differences in the way people receive health information. As explained by Andriani, effective

communication in a health context must take into account local social and cultural conditions (Andriani, 2022). Therefore, a more humane and culture-based approach is needed so that the messages conveyed by Posyandu cadres can be better received and understood by the community. Posyandu cadres must focus more on an approach that is sensitive to local culture and prioritize empathetic communication.

Communication Model in Stunting Prevention in Sukanagalih Village

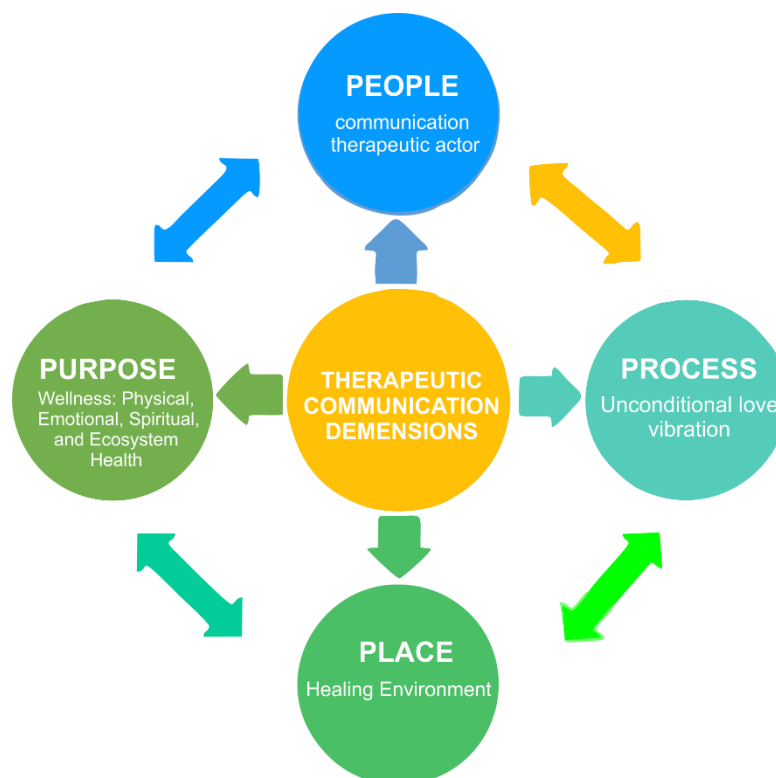
Based on the results of research and observations in the field, the communication model used in Sukanagalih Village to prevent stunting uses a therapeutic communication model. Therapeutic communication is communication that is consciously planned and focused and aims for healing or optimal health status in the community (Alcorano, 2023). Andriani (2022) revealed that verbal and non-verbal communication delivered by health workers using therapeutic principles will influence the patient's (community) perception in understanding messages (verbal and non-verbal) thereby influencing patient trust and patient (community) compliance, as well as speeding up the patient's adaptation process to the health environment and improving the patient's health condition holistically. Furthermore, Andriani (2022) stated that good communication between health workers and patients plays a role in mediating an accurate diagnosis, producing patient satisfaction, reducing patient doubts, increasing patient compliance (Andriani, 2022). Therapeutic communication activities carried out in Sukanagalih Village started from upstream by organizing health education efforts in the context of efforts to prevent and overcome stunting.

This is implemented through stunting outreach activities at the village level, briefings and providing information at Posyandu, or information via WhatsApp groups. Learning about nutrition, such as the material "Fill My Plate" has been socialized to all Posyandu participants. This health education activity is an important thing in therapeutic communication, because according to Andriani (2022) a person's knowledge of health will influence health and decision making when facing illness. Apart from that, Andriani (2022) also stated that good health education will help create a more optimal level of public health, as quoted below (Andriani, 2022).

"The health education received by patients will make patients play an active role in efforts to achieve optimal levels of health both physically, mentally and socially as well as increasing preventive (prevention), curative and rehabilitative (healing and recovery) efforts so as to reduce the number of morbidity experienced by patients."

The dimensions of therapeutic communication as stated by Andriani (2022) consist of four dimensions, including purpose, people, process, and places (see figure 3).

Figure 3
Dimensions of Therapeutic Communication.



Source: Andriani, 2022.

Purpose

Purpose is a common goal agreed upon by therapeutic communication actors. In this case, the main objective of the stunting prevention program in Sukanagalih Village is to eradicate destructive Sundanese culture and change the mindset of the village community regarding the importance of serving healthy and nutritionally balanced food to optimize the growth and development of children in their golden age.

People

People are actors or research subjects related to therapeutic communication activities in Sukanagalih Village who play an important role in the stunting prevention process. The actors consisted of village officials, health workers, posyandu volunteers, and students from Putra Indonesia University who were conducting KKN in the village.

Process

Process is a therapeutic communication practice carried out by therapeutic communication actors in Sukanagalih Village. To carry out therapeutic communication, several stages are required that must be carried out by communication actors. Stuart and Sundeen (Andriani & Saniah, 2022) explains that the therapeutic communication process is divided into four stages, namely the preparation stage or pre-interaction stage, the introduction or orientation stage, the work stage and the termination stage.

Place

This therapeutic communication activity is implemented as long as communication actors meet with the community, especially families who have stunted children, both in socialization activities for stunting prevention, routine health checks

at Posyandu, distribution of healthy food, and in other interactions carried out daily in the Sukanagalih Village area. For example, in routine health checks for stunted children in the Sukanagalih Village area. In this routine activity, which is carried out once a month, there are usually health workers, both community health center doctors and village midwives, who routinely check children's health. The medical personnel will be accompanied by volunteers who are members of the Posyandu cadre or village PKK team. In this case, the communication actors are doctors, midwives, posyandu cadres and the PKK team. It is not uncommon for therapeutic communication to be made in the form of visual communication. This is in line with what was stated by Kertamukti and Nashira (2024) that visual communication plays very important role in conveying messages and influencing public perception. There are multiple phases to this.

The pre-interaction stage is the first step that communication actors perform in therapeutic communication activities. As communicators who carry out therapeutic communication, actors prepare themselves to meet the community (Windyaningrum, 2014). Before routine health checks, doctors and Posyandu cadres already have children's health data, including specific health data related to stunting, including height, weight and head circumference. This data is also owned by parents which is summarized in the KMS (Card for Health) so that parents can control their child's growth and development. From the data recorded in the KMS, village doctors/midwives together with Posyandu cadres will then design various health information that can increase the health status and improve the condition of stunted children.

The second stage is the introductory stage. The introduction stage

is carried out every time a meeting with the community is held. The aim of this stage is to validate the accuracy of the data and plans that have been made according to the patient's current condition, as well as evaluate the results of previous procedures. The introduction/orientation stage is when Posyandu cadres meet stunting children and their companions. The preparations made by Posyandu cadres at the pre-interaction stage are applied at this stage. It is very important for Posyandu cadres to carry out this stage well because this stage is the basis for a therapeutic relationship between Posyandu cadres and stunted children.

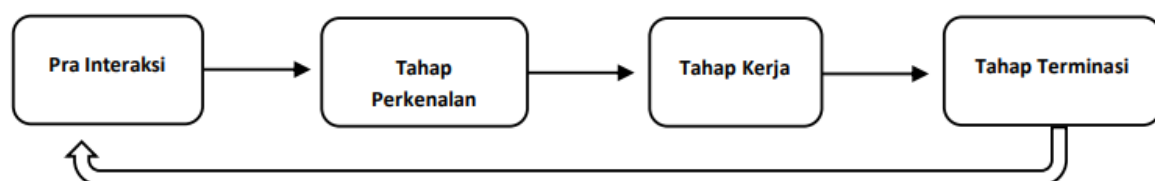
On the third level work phase is carried out. The work stage is the core of the entire therapeutic communication process. The work stage is the longest stage in therapeutic communication because in it the doctor is required to help and support the patient to convey his feelings and thoughts and then analyze the responses or

verbal and nonverbal communication messages conveyed by the patient. In this stage, the village doctor/midwife accompanied by the posyandu cadre listens actively and attentively so that he is able to help the patient to define the problem the patient is facing, find a solution to the problem and evaluate it (Windyaningrum, 2014). There are three basic things that give the characteristics of therapeutic communication, namely sincerity, empathy and warmth (Utami et al., 2021).

Next is the termination stage which is the end of the village doctor/midwife's meeting with the stunted child and accompanying family. At this stage, the village doctor/midwife usually provides information regarding the conclusion of the child's condition, and then we will design a mutually agreed time contract. Usually carried out routinely once a month, in more detail, the following is the therapeutic communication process for preventing stunting in Sukanagalih Village.

Figure 4

Model of Therapeutic Communication Process for Stunting Prevention in Sukanagalih Village.



Source: Authors, 2024.

Place

Place is a physical environment in the village and is designed based on therapeutic principles. In the perspective of communication science, the environment is referred to as nonverbal communication (Kulaeva et al., 2023) in the form of artifacts. Based on research conducted by (Sharmin & Bailey, 2011; Thorne, 2003), artifacts have a positive impact on the health of community

members and are one of the factors that play a very important role and are the key to success in the therapeutic field. This is supported by data contained in the book *Health and Human Behavior* (Andriani & Saniah, 2022), which reveals that environmental factors play a major role in the process of improving human health, namely 40%, while medical factors only account for 10%, genetic factors 20% and other factors 30%

CONCLUSION

Based on existing findings, there are several solutions and recommendations that can be implemented to increase the effectiveness of stunting prevention in Sukanagalih Village. First, more intensive education is needed about balanced nutrition for the community, especially regarding the difference between stunting and malnutrition. Second, there needs to be a more empathetic communication approach from Posyandu cadres to bridge the gap in understanding between health workers and the community. Third, efforts to change eating habits must be carried out in a way that is sensitive to local culture, but still based on correct nutritional knowledge.

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REFERENCES

- Alif, I. S., Karnay, S., & Amir, A. S. (2023). Strategi komunikasi kesehatan penanganan stunting: Studi pada Kelurahan Watang Bacukiki Kota Parepare. *Interaksi: Jurnal Ilmu Komunikasi*, 2(1), 66–89.
- Icorano, J. H. (2023). The Extent of Therapeutic Communication Skills of the Nurses of Medical and Surgical Wards of Philippine Public Hospital. *American Journal of Multidisciplinary Research and Innovation*, 2(2), 30–39. <https://doi.org/10.54536/ajmri.v2i2.1344>
- Allyreza, R., & Jumiati, I. E. (2023). Strategi komunikasi kader posyandu sebagai upaya perubahan perilaku keluarga (ibu) dalam penurunan stunting di Desa Ramaya Kecamatan Menes kabupaten Pandeglang. *Bantenese : Jurnal Pengabdian Masyarakat*, 5(1), 1–13.
- Andriani, A. D. (2022). Therapeutic communication of health workers with patients in complementary and alternative medicine *Communicatus: Jurnal Ilmu Komunikasi Therapeutic Communication in Self-Healing Therapy*. 6, 233–250. <https://doi.org/10.15575/cjik.v6i2>
- Andriani, A. D., & Saniah, L. (2022). Therapeutic communication. *International Conference on Health Science, Green Economics, Educational Review and Technology*, 4, 133–144. <https://doi.org/10.15575/cjik.v6i2.20864>
- Apriluana, G., & Fikawati, S. (2018). Analisis faktor-faktor risiko terhadap kejadian stunting pada balita (0-59 bulan) di negara berkembang dan Asia Tenggara. *Media Penelitian Dan Pengembangan Kesehatan*, 28(4), 247–256. <https://doi.org/10.22435/mpk.v28i4.472>
- Aramico, B., Huriyati, E., Susetyowati, S., & Dewi, F. S. T. (2020). The effectiveness of the information, communication, and education model for balance diet and against stunting in the first 1000 days of life: A literature review. In *Open Access Macedonian Journal of Medical Sciences* (Vol. 8, pp. 226–233). Open Access Macedonian Journal of Medical Sciences. <https://doi.org/10.3889/oamjms.2020.4328>
- Aurima, J., Susaldi, S., Agustina, N., Masturoh, A., Rahmawati, R., & Tresiana Monika Madhe, M. (2021). Faktor-faktor yang berhubungan dengan kejadian stunting pada balita di Indonesia. *Open Access Jakarta Journal of Health Sciences*, 1(2), 43–48. <https://doi.org/10.53801/oajjhs.v1i2.323>
- Banhae, Y., Making, M. A., Abanit, Y. M., & Sambriang, M. (2023). Social and physical environment with stunting incidents in toddlers. *Indonesian Journal of Global Health Research*, 5(4), 619–628. <https://doi.org/10.37287/ijghr.v5i4.2361>
- Fahira Nur, A., Suriati, Nur, M. J., Arifuddin, A., Rahman, N., Fajriah, R. N., & Wahyuni, R. D. (2023). The village government's communication model: A promotion strategy for stunting prevention in Indonesia. *Public Health of Indonesia*, 9(4), 186–196. <https://doi.org/10.36685/phi.v9i4.719>

- Indriana, L. U., Saragih, M. Y., & Abidin, S. (2024). Peran humas Puskesmas Tanjung Morawa dalam menyosialisasikan penyebaran stunting melalui media sosial. *Comit: Communication, Information and Technology Journal*, 2(2), 276–290.
- Junaedi, F., & Sukmono, F. G. (2018). *Komunikasi Kesehatan : Sebuah Pengantar Komprehensif* (1st ed.). Prenada Media Group.
- Kertamukti, R., & Zia Nashira, K. (2024). Narasi budaya dan ketahanan komunal: Eksplorasi makna simbolik spanduk berbahasa Jawa pada pandemi Covid-19. *Jurnal Komunikasi Universitas Islam Indonesia*, 19(1), 69–86. <https://doi.org/10.20885/komunikasi.vol19.iss1.art4>
- Komara, K. M. M., Sutrisno, & Ibrahim, S. (2024). Implementasi model pentahelix dalam menekan angka stunting di kabupaten Karawang. *Triwikrama: Jurnal Ilmu Sosial*, 3(9), 135–145.
- Kulaeva, F., Khasueva, K., & Kulaev, A. (2023). Nonverbal communication in intercultural environment. *Proceedings Of the 1st International Conference on Actual Issues of Linguistics, Linguodidactics and Intercultural Communication (TLLIC 2022)*, Pages 69-72 ISBN:, Tllc 2022, 69–72. <https://doi.org/10.5220/0011602500003577>
- Kurniawan, A. (2028). Konvergensi komunikasi dan inovasi sebagai modal sosial penanganan stunting. *Ettisal : Journal Of Communication*, 8(2).
- Marni, M., Abdullah, A. Z., Thaha, R. M., Hidayanty, H., Sirajuddin, S., Razak, A., Stang, S., & Liliweri, A. (2021). Cultural communication strategies of behavioral changes in accelerating of stunting prevention: A systematic review. *Open Access Macedonian Journal of Medical Sciences*, 9, 447–452. <https://doi.org/10.3889/oamjms.2021.7019>
- Nugroho, E., Wanti, P. A., Suci, C. W., Raharjo, B. B., & Najib. (2023). Social determinants of stunting in Indonesia. *Kemas*, 18(4), 546–555. <https://doi.org/10.15294/kemas.v18i4.40875>
- Rahmat, A., Perbawasari, S., Zubair, F., & Koswara, A. (2014). Implementasi model komunikasi kesehatan melalui penyebaran informasi jaminan kesehatan masyarakat Jawa Barat. *Jurnal Penelitian Komunikasi*, 17(1), 29–40.
- Sazali, H., Utami, T. N., Batubara, C., Azizah, N., Susilawati, S., Padli Nasution, M. I., Albani Nasution, M. S., Sari, S. M., & Harahap, R. H. (2023). Strengthening communication: a strategy to increase community satisfaction in stunting services in Indonesia. *The Open Public Health Journal*, 16(1), 1–8. <https://doi.org/10.2174/18749445-v16-2306070-2022-184>
- Satriawan, E. S. (2018). *Strategi Nasional Percepatan Pencegahan Stunting 2018-2024*.
- Sekretariat Daerah Kabupaten Cianjur. (2023). *SK Lokus Stunting 2024*.
- Sharmin, M., & Bailey, B. P. (2011). Human-computer interaction – INTERACT 2011: 13th IFIP TC 13 international conference Lisbon, Portugal, september 5–9, 2011 proceedings, part I. *Lecture Notes in Computer Science (Including Subseries Lecture Notes in Artificial*

- Intelligence and Lecture Notes in Bioinformatics*), 6946(September 2011). <https://doi.org/10.1007/978-3-642-23774-4>
- Siramaneerat, I., Astutik, E., Agushybana, F., Bhumkittipich, P., & Lamprom, W. (2024). Examining determinants of stunting in Urban and Rural Indonesian: a multilevel analysis using the population-based Indonesian family life survey (IFLS). *BMC Public Health*, 24(1), 1–13. <https://doi.org/10.1186/s12889-024-18824-z>
- Thorne, S. L. (2003). Artifacts and cultures-of-use in intercultural communication. *Language Learning and Technology*, 7(2), 38–67.
- Utami, Y. S., Andriani, A. D., & Chotimah, D. H. (2021). Implementasi komunikasi kesehatan program kampung Kuba. *Jurnal Komunikasi Universitas Garut*, 7(2), 687–698. www.journal.uniga.ac.id
- Wahyudin, U. (2016). Membangun model kampanye komunikasi kesehatan PHBS di Jawa Barat. *Jurnal Ilmu Politik Dan Komunikasi*, 6(2), 27–37.
- Windyaningrum, R. (2014). Komunikasi terapeutik konselor adiksi pada korban penyalahgunaan narkoba di Rumah Palma Therapeutic Community kabupaten Bandung Barat. *Jurnal Kajian Komunikasi*, 2(2).