

ORIGINAL

## Effective Therapeutic Communication Model in Reducing Stunting in Secanggang District, Langkat Regency, North Sumatra

### Modelo de Comunicación Terapéutica Efectiva para Reducir el Retraso en el Crecimiento en el Distrito de Secanggang, Regencia de Langkat, Sumatra del Norte

Dewi Kurniawati<sup>1</sup>  , Nurmaini<sup>1</sup> , Aulia Rahma Ritonga<sup>1</sup> 

<sup>1</sup>Department of Communication Studies, Faculty of Social and Political Science, Universitas Sumatera Utara, Medan, Indonesia

Cite as: Kurniawati D, Nurmaini, Ritonga AR. Effective Therapeutic Communication Model in Reducing Stunting in Secanggang District, Langkat Regency, North Sumatra. Salud, Ciencia y Tecnología. 2026; 6:2562. <https://doi.org/10.56294/saludcyt20262562>

Submitted: 03-09-2025

Revised: 18-10-2025

Accepted: 11-12-2025

Published: 01-01-2026

Editor: Prof. Dr. William Castillo-González 

Corresponding author: Dewi Kurniawati 

#### ABSTRACT

This research aims to develop and evaluate the effectiveness of a therapeutic communication model in reducing the prevalence of stunting in Secanggang District, Langkat Regency, North Sumatra. Given the high stunting rates ranging from 20-25 %, and the need for effective and sustainable intervention, this study designs a model that is responsive to the local social and cultural context. The urgency of this research lies in the pressing need for interventions that not only increase awareness but also change community behaviors related to child care and nutrition practices, aligning with WHO targets and national policies. The methodology employed is qualitative with a phenomenological approach to deeply understand the experiences and perspectives of the community. Primary data was collected through in-depth interviews, participatory observation, and focused group discussions (FGDs) in locations with high stunting prevalence. Data analysis was conducted using Miles, Huberman, and Saldana's method which includes creating matrices, categorization, coding, visual data presentation, and validating findings through triangulation techniques to strengthen result validity. The findings indicate that the proposed therapeutic communication model—including health education, family support, participatory communication, health service integration, and policy advocacy—has significant potential to improve community nutritional knowledge and behaviors. However, challenges in implementing this model primarily involve limitations in infrastructure, access to services, and sustainability of community participation. Discussion of these results leads to recommendations for adjusting the model to consider specific needs and local conditions, and for enhancing resources and cross-sector collaboration for more effective implementation.

**Keywords:** Communication Model; Therapeutic; Stunting; Secanggang.

#### RESUMEN

Esta investigación tiene como objetivo desarrollar y evaluar la efectividad de un modelo de comunicación terapéutica para reducir la prevalencia del retraso en el crecimiento infantil (stunting) en el distrito de Secanggang, regencia de Langkat, Sumatra del Norte. Dada la alta tasa de retraso en el crecimiento, que oscila entre el 20 y el 25 %, y la necesidad de una intervención eficaz y sostenible, este estudio diseña un modelo que sea sensible al contexto social y cultural local. La urgencia de esta investigación radica en la necesidad de intervenciones que no solo aumenten la conciencia, sino que también transformen los comportamientos comunitarios relacionados con el cuidado infantil y las prácticas nutricionales, en consonancia con los objetivos de la OMS y las políticas nacionales. La metodología empleada es cualitativa con un enfoque fenomenológico para comprender en profundidad las experiencias y perspectivas de la comunidad.

Los datos primarios se recopilaron mediante entrevistas en profundidad, observación participativa y grupos focales de discusión (FGD) en localidades con alta prevalencia de retraso en el crecimiento. El análisis de datos se realizó utilizando el método de Miles, Huberman y Saldaña, que incluye la creación de matrices, categorización, codificación, presentación visual de datos y validación de resultados mediante técnicas de triangulación para fortalecer la validez de los hallazgos. Los resultados indican que el modelo propuesto de comunicación terapéutica –que incluye educación en salud, apoyo familiar, comunicación participativa, integración de servicios de salud y abogacía de políticas– tiene un potencial significativo para mejorar los conocimientos y comportamientos nutricionales de la comunidad. Sin embargo, los desafíos en la implementación de este modelo se relacionan principalmente con las limitaciones de infraestructura, el acceso a los servicios y la sostenibilidad de la participación comunitaria. La discusión de estos resultados conduce a recomendaciones para ajustar el modelo considerando las necesidades y condiciones locales específicas, así como para mejorar los recursos y la colaboración intersectorial a fin de lograr una implementación más eficaz.

**Palabras clave:** Modelo de Comunicación; Terapéutica; Retraso en el Crecimiento; Secanggang.

## INTRODUCTION

Stunting remains a significant challenge for Indonesia. According to the website of the People's Representative Council of the Republic of Indonesia (DPR RI), the prevalence of stunting in Indonesia in 2023 reached 21,6 %. Unfortunately, this figure still poses a challenge as the target prevalence of stunting for 2023 was set at 14 %.<sup>(1)</sup> Furthermore, Secanggang District in Langkat Regency, North Sumatra, continues to grapple with stunting issues.

Data indicates that stunting prevalence in Secanggang District ranges between 20-25 %, <sup>(2)</sup> which does not align with the World Health Organization's stunting prevalence benchmark of 20 % and the national target of 14 %. This situation has sparked the Indonesian government to intensify various efforts to reduce stunting rates. From a series of government-initiated programs in the commitment to stunting prevention, the author summarizes the prevention efforts into several classifications as follows:

**Table 1.** Government Preventive Efforts in Stunting Prevention

No.	Prevention Program	Description
1	Supplementary Feeding Program (PMT)	The government provides PMT programs for students in elementary and middle schools as well as pregnant women to ensure adequate nutritional intake. <sup>(3,4)</sup>
2	Community Nutrition Program (PGM)	This program aims to educate the community on the importance of balanced nutrition and good nutritional practices. Through PGM, the government conducts educational activities, training, and nutrition education for pregnant women, nursing mothers, and the general public. <sup>(5)</sup>
3	Family Hope Program (PKH)	This program provides social assistance to impoverished families with certain conditions, such as ensuring their children receive adequate health and education services. Through this program, the government strives to improve family welfare and reduce stunting rates. <sup>(6)</sup>
4	Improving Access to Health and Nutrition Services	The government continuously works to enhance public access to quality health and nutrition services, including maternal and child health services, community health centers, and other health facilities. This includes increasing the number and distribution of health workers in rural areas that require them. <sup>(7)</sup>
5	Regulation Overhaul	The government has also issued regulations and policies related to child nutrition and health, such as the Presidential Regulation on the National Movement for Nutrition Improvement (GN-Nutrition Improvement), aimed at enhancing the nutritional status of children in Indonesia. <sup>(8)</sup>

The comprehensive preventive efforts to combat stunting presented above demonstrate the high commitment of the Indonesian government.<sup>(9,10,11)</sup> All the aforementioned programs are being pursued to achieve an equitable reduction in stunting rates across Indonesia. In the author's view, preventive efforts based on strategic approaches and improvements are imperative in the commitment to suppress stunting.

Nevertheless, therapeutic, communicative, and more personalized approaches have not yet become essential efforts.<sup>(12,13)</sup> Secanggang District in North Sumatra is one of the areas with a high prevalence of stunting. Various initiatives have been undertaken to address this issue, including enhancing access to nutrition and healthcare, improving sanitation, and implementing health education programs. However, challenges remain, particularly in terms of the effectiveness of information delivery and communication to the community.

Therapeutic communication approaches, which involve supportive and empathetic interactions between

healthcare workers and families, have the potential to be an effective strategy in raising awareness and promoting health behaviors that can prevent stunting. This approach enables the delivery of more personalized and relevant information, which can motivate behavioral changes at the individual and family levels. Therapeutic communication in public health refers to a two-way, empathy-based, and supportive interaction aimed at strengthening motivation and sustaining health-related behavior change, unlike standard health education that merely delivers information.

Therapeutic communication, an integral concept in healthcare, refers to the process of interaction focused on improving patient well-being.<sup>(14,15,16)</sup> According to Carl Rogers in Nieforth and Craig,<sup>(17)</sup> therapeutic communication forms part of client-centered therapy. Rogers believed that for therapy to be effective, therapists must provide a supportive environment where clients can freely explore and express their feelings without fear of judgment. Therapeutic communication, according to Rogers, should include three essential qualities: empathy, genuineness (or congruence), and unconditional positive regard.<sup>(18)</sup>

Meanwhile, according to Peplau in Sarami *et al.*,<sup>(19)</sup> therapeutic communication in nursing involves an interpersonal relationship model. For Peplau, therapeutic communication is the foundation of effective nursing practice, functioning to establish a healing relationship between the nurse and the patient. Peplau identified four phases in the interpersonal relationship of nursing: orientation, identification, exploitation, and resolution. In practice, therapeutic communication involves several key principles, including active listening, maintaining a non-judgmental attitude, validating patients' feelings, using open-ended questions to encourage self-expression, and providing constructive feedback.<sup>(20)</sup> These techniques aim to create a safe and supportive environment where patients feel valued and understood, encouraging them to open up and actively participate in their healing process.

The author has selected several relevant past studies as units of critical comparison. Among these, the study by Im *et al.*<sup>(21)</sup> examined the perceived nursing support by mothers of premature infants in a neonatal intensive care unit in South Korea. This research used a quantitative approach to collect mothers' perceptions through a questionnaire. The results showed that effective nursing support could enhance the emotional well-being of mothers, potentially impacting the health outcomes of their infants. This differs from studies on therapeutic communication which focus more on the impact of effective communication between health workers and the community to prevent stunting, yet both studies acknowledge the importance of communication in managing health conditions. This situation can be seen from the still high rates of stunting in Langkat district, totaling 2453 until 2024.

In the study by Mandal and Dutta<sup>(22)</sup>, the focus was on the potential of entomophagy (eating insects) as a solution to malnutrition and food sustainability. The method used was a literature review that gathered data from various studies on the utilization of insects as a nutritional source. The findings suggest that entomophagy could be a sustainable and economical protein source. Although this study differs in context and focus from research exploring therapeutic communication models, both relate to solutions for nutritional problems in society.

The research by Myatt *et al.*<sup>(23)</sup> focused on refining screening for malnourished children at high risk of death in rural Senegal. This study used a survey approach on children aged 6-59 months and found that a new screening method could be more effective in identifying children needing emergency intervention. Although using a different method, namely surveys compared to a qualitative approach in studies on therapeutic communication, both research highlight the importance of early intervention in child health issues.

Oktaviana *et al.*<sup>(7)</sup> evaluated the effectiveness of health education and therapeutic group therapy for infants to prevent stunting risk factors due to maternal depression. Using an experimental method, this study showed that a combination of health education and group therapy could reduce maternal depression and the risk of stunting in infants. Although this study focused more on psychological interventions and education as methods, it shares similarities with therapeutic communication research in terms of using communication as a tool to enhance public health. Both demonstrate how targeted and communication-based interventions can affect health outcomes in vulnerable populations.

Although these previous studies contribute to understanding nutritional problems, psychological support, and early detection of malnutrition, none of them explores how therapeutic communication can be structured as a community-based intervention to influence caregiving practices and nutritional behavior in stunting contexts. Existing literature often treats communication, emotional support, and health education as separate components, leaving a conceptual and practical gap regarding an integrated therapeutic communication model tailored to rural sociocultural environments. This gap is especially evident in settings like Secanggang, where the effectiveness of interventions depends heavily on trust-building, interpersonal engagement, and culturally responsive dialogue between health workers and families. Therefore, there remains a clear need for research that develops and evaluates a therapeutic communication model specifically designed to address stunting within real community dynamics.

The urgency of this research is aimed at developing and testing an effective therapeutic communication

model to reduce the stunting rates in Secanggang District. This model is expected to provide new insights and strategies for more effective health communication, particularly in addressing nutrition and stunting issues. Through this research, it is anticipated that factors influencing the effectiveness of therapeutic communication in the local context can be identified, allowing for the application of these strategies in stunting intervention programs in other areas with similar conditions.

This study aims to identify communication barriers and family perceptions related to nutrition and childcare, to examine how therapeutic communication practices influence caregiver knowledge, motivation, and health behavior, and to design and evaluate a context-responsive therapeutic communication model that can support more effective stunting-reduction efforts in Secanggang District.

## METHOD

This research used a formative qualitative approach designed to explore communication patterns, contextual barriers, and community needs as the foundation for developing a therapeutic communication model for stunting prevention in Secanggang District, Langkat.<sup>(24,25)</sup> Because the study did not aim to test the effectiveness of an intervention, but rather to identify the communicative, cultural, and structural conditions shaping caregivers' practices, a formative design was considered the most appropriate.<sup>(26,27)</sup>

Participants were selected using purposive sampling, ensuring the inclusion of individuals who had direct experience with child nutrition, maternal-child health services, or community-level decision-making. A total of 25 participants were involved, consisting of 15 mothers of children under five, 6 health workers (midwives, nurses, and nutrition officers), and 4 community leaders such as village heads and religious figures. Mothers were eligible to participate if they resided in Secanggang, had at least one child aged 0-59 months, and regularly accessed local health posts such as the posyandu. Health workers and community leaders were included based on their direct involvement in providing guidance, coordinating community programs, or influencing local health practices.<sup>(28)</sup>

Table 2. Participant Demographics		
Category	Number	Description
Mothers	15	Primary caregivers of children under five
Health workers	6	Midwives, nurses, and nutrition officers
Community leaders	4	Village heads and religious figures
Total	25	—

Data were collected through 20 semi-structured interviews and one focus group discussion with six participants. Interviews lasted approximately 30-60 minutes and explored caregivers' communication experiences, feeding practices, emotional responses, and interactions with health workers. The FGD was conducted to validate emerging insights and capture collective reflections from different community actors. All sessions were conducted face-to-face in locations chosen for participants' comfort, audio-recorded with consent, and guided by an interview protocol informed by therapeutic communication principles.

The data analysis followed the Miles, Huberman and Saldana interactive model, which emphasizes iterative interpretation. Interview recordings were transcribed verbatim, then read repeatedly to identify meaningful segments related to communication barriers, emotional dynamics, cultural influences, and preferred support mechanisms. These segments were condensed into codes and organized into thematic patterns that reflected similarities and contrasts across participant groups.<sup>(29)</sup> Themes were refined through constant comparison between interviews and the FGD to ensure internal coherence and analytical depth. This interpretive process produced four major themes that structured the study's findings: barriers to information uptake, desired qualities of health workers, family and community support needs, and community-driven strategies.

Ethical approval was obtained prior to data collection, and all participants provided informed consent. To maintain confidentiality, participants were anonymized using designations such as "Mother 7," "Health Worker 3," or "Community Leader 2." Participation was voluntary, and respondents were informed of their right to withdraw at any time without consequence.

## RESULTS AND DISCUSSION

### Barriers to Information Uptake

Families in Secanggang continue to face significant challenges in understanding and applying health and nutrition information delivered through existing programs. Although health education efforts and communication strategies have been widely implemented,<sup>(30,31)</sup> many caregivers described that the counseling they receive remains difficult to interpret and translate into daily childcare practices. Information may be heard, but comprehension is partial, and implementation becomes inconsistent once families return to their home routines.



The influence of cultural norms remains a major determinant of how mothers evaluate and apply nutritional guidance. Several participants explained that long-standing family beliefs, especially from elder relatives, often outweigh biomedical recommendations provided by health workers. As previous studies have noted, community-based health messages are frequently filtered through cultural interpretations, which can hinder the adoption of scientifically grounded feeding practices.<sup>(32)</sup>

Interpersonal communication dynamics further shape information uptake. Some mothers expressed hesitation to ask questions during counseling sessions because they fear being judged or criticized by health workers. This emotional barrier restricts open dialogue and prevents the clarification of critical information. Limited time for individualized counseling also contributes to shallow understanding, leaving caregivers unsure about how to implement recommendations in concrete and practical ways.

**Table 3.** Summary of Barriers to Information Uptake

Participant	Quote	Key Barrier	Description
Mother 1	"We hear the advice at the posyandu, but we do not really know how to apply it at home."	Difficulty applying information	Guidance feels abstract and hard to translate into daily routines.
Mother 7	"My mother-in-law told me eggs should not be given yet because they can make the child 'too hot'."	Cultural beliefs	Traditional norms override health recommendations.
Health Worker 3	"Some mothers avoid asking questions because they think we will judge them."	Fear of judgment	Emotional discomfort limits open communication.
Community Leader 2	"Without follow-up, most families forget the details and return to old habits."	Lack of follow-up	Absence of reminders weakens practice continuity.
Mother 11	"Sometimes the words used by the health workers are too complicated for us."	Low comprehension	Technical language reduces understanding.
Health Worker 1	"Counseling time is too short to explain everything clearly."	Limited counselling time	Overloaded sessions hinder personalized explanation.

The findings show that the uptake of health information in Secanggang is shaped by a complex interaction of cognitive, cultural, emotional, and structural factors. First, many caregivers find it difficult to operationalize the information provided during health education sessions. Although they understand concepts such as exclusive breastfeeding or balanced complementary feeding, they struggle to apply these principles consistently due to economic constraints, limited cooking knowledge, and uncertainty about portion sizes or food combinations. This reflects a broader trend in community nutrition programs, where information provision alone does not guarantee behaviour change.

Cultural beliefs continue to exert strong influence over feeding practices, sometimes contradicting official health messages. Advice from elder family members is often perceived as more trustworthy due to shared lived experiences and cultural familiarity. This alignment with local norms has been similarly reported in other community-based studies, reinforcing that interventions must integrate cultural negotiation rather than merely presenting biomedical facts.

Emotional and interpersonal barriers further complicate the process of information uptake. Mothers who feel intimidated or judged are less likely to ask clarifying questions, which leads to partial understanding. This pattern reflects broader communication challenges noted in public health studies, where perceived judgment can weaken engagement and diminish message effectiveness. In Secanggang, this dynamic is intensified by limited literacy levels and varying degrees of confidence among caregivers.

Structural constraints also play a substantial role. Health workers reported insufficient time to provide individualized counseling due to heavy workloads and high volumes of service users. As a result, counseling sessions often become brief and information-dense, leaving little room for step-by-step explanation. Without regular follow-up, the initial understanding gradually fades, and families revert to established habits.

Another factor influencing information uptake is the use of technical or medically oriented language. Several mothers indicated that health terminology feels distant from their daily experiences, making it difficult to fully grasp the intended meaning. Clearer, simpler, and context-based explanations are needed to ensure that families at various education levels can benefit from nutrition messages.

Lastly, the absence of sustained engagement—such as home visits or repeated reminders—reduces the likelihood of consistent behaviour change. Even when mothers internalize nutritional messages, daily pressures, family routines, and occasional confusion can undermine consistency. This reinforces the need for therapeutic communication that is continuous, empathetic, and responsive to the evolving challenges faced by caregivers.

### Desired Qualities and Practices of Health Workers

Caregivers consistently highlighted that the effectiveness of health communication in Secanggang depends not only on the content of the messages but also on how these messages are delivered. Existing communication strategies focus heavily on information dissemination, yet mothers emphasized that the *manner* in which health workers interact with them significantly influences whether they feel confident enough to adopt recommended practices. Across interviews, empathy, patience, and the ability to communicate without judgment emerged as dominant expectations.<sup>(33)</sup>

Participants described that when health workers demonstrate kindness and openness, mothers become more willing to ask questions about breastfeeding, nutrition, and childcare. Conversely, a lack of emotional support can lead caregivers to remain silent, even when they do not understand the guidance provided. Several mothers expressed that communication styles that feel rushed or dismissive reduce their motivation to engage. These interpersonal dynamics reflect the broader literature showing that therapeutic communication relies heavily on trust-building and meaningful connection.

Moreover, practical guidance emerged as an essential component of preferred communication. Mothers did not merely want information; they wanted step-by-step assistance and explanations tailored to their literacy levels. Health workers who used everyday examples, local analogies, or simple demonstrations were viewed as more effective. This aligns with findings that participatory communication fosters greater understanding and acceptance of health messages.<sup>(34)</sup>

**Table 4.** Desired Qualities and Practices of Health Workers

Participant	Quote	Key Issue	Description
Mother 4	"When the health worker speaks kindly, I feel brave enough to ask questions."	Need for empathy	Emotional warmth increases caregivers' willingness to engage.
Mother 9	"Sometimes they talk too fast, so I just nod even if I don't understand."	Clarity of communication	Fast-paced or dense explanations reduce comprehension.
Health Worker 2	"We want to give detailed guidance, but the queue is long, and we cannot take too much time."	Structural limitations	High workload limits personalized communication.
Mother 5	"I prefer when they show examples, like how to make porridge correctly."	Practical guidance	Demonstrations help translate advice into action.
Midwife 1	"Some mothers are shy, so we have to be patient and encourage them gently."	Supportive attitude	Patience helps reduce fear and stigma.
Mother 12	"If they scold us, we don't want to come back or ask anything."	Non-judgmental communication	Harsh tones discourage participation and follow-up.

The findings reveal that caregivers place significant emphasis on the interpersonal qualities of health workers, which directly shape their ability to receive and apply health messages. First, empathy is consistently identified as the foundation of effective communication. Mothers expressed that when health workers show understanding, friendliness, and patience, they feel more respected and supported. This interpersonal comfort allows them to disclose concerns, ask questions, and seek clarification without fear.

Clarity and simplicity of explanation also emerged as critical elements. Many mothers find health terminology unfamiliar and overwhelming when delivered rapidly or without context. Simple language, slower pacing, and the use of relatable examples help families gain a more concrete grasp of recommended practices. This supports previous research suggesting that health communication must match the linguistic and cognitive capacities of the target audience to achieve behavioral impact.<sup>(35,36)</sup>

Another theme relates to the need for practical, hands-on guidance. Caregivers repeatedly emphasized their preference for demonstrations, such as preparing complementary food, measuring portion sizes, or observing proper breastfeeding positions. These step-by-step examples bridge the gap between theoretical knowledge and real-life application. They also create space for caregivers to ask further questions based on their daily challenges.

The emotional climate of the interaction strongly shapes caregiver engagement. Participants consistently stated that judgmental or harsh communication discourages them from attending follow-up sessions or seeking additional assistance. Shame and fear of criticism reduce their willingness to discuss feeding difficulties, which limits the depth of understanding health workers can achieve. This emotional withdrawal has direct consequences for the consistency of childcare practices.

Structural challenges also constrain health workers' ability to embody these desired qualities. Several providers explained that limited time, crowded posyandu sessions, and administrative burdens prevent them from offering individualized attention. While they acknowledge the importance of therapeutic communication, systemic constraints reduce the frequency and depth of personal interactions. As a result, caregivers may

perceive the communication as rushed or incomplete.

The alignment between caregivers' expectations and the therapeutic communication principles reinforces the relevance of a structured communication model in Secanggang. The desire for empathy, patience, practical guidance, and supportive interaction shows that families are not resistant to health messages—they simply require communication that acknowledges their emotional realities, cultural contexts, and lived experiences. These findings directly inform the model developed in this study and highlight the need for communication strategies that are relational, adaptive, and responsive to community needs.

### Family and Community Needs for Effective Support

Families in Secanggang repeatedly emphasized that beyond receiving information, they require forms of support that help them sustain consistent nutritional and caregiving practices. Many mothers explained that although they understand basic health messages, they struggle to apply them without ongoing encouragement, practical assistance, and environments where they feel safe discussing their challenges. These findings align with literature suggesting that participatory and community-based support mechanisms are essential for improving health outcomes in rural settings.<sup>(37,38)</sup>

Participants highlighted the need for continuous guidance that extends beyond posyandu visits. While monthly counselling sessions provide foundational knowledge, mothers felt that real change depends on regular reminders, check-ins, and opportunities to clarify misunderstandings in a more private and supportive environment. The absence of such mechanisms leads to gaps in the implementation of recommended nutrition practices, especially during critical developmental stages.

Community actors, including kader, midwives, and local leaders, also play a significant role in shaping the type of support families expect. Many caregivers expressed a desire for more localized, small-group engagement where they can share experiences, discuss challenges collectively, and receive emotional validation. The sense of connection and solidarity offered by peer groups encourages families to remain committed to healthy routines.

**Table 5.** Family and Community Needs for Effective Support

Participant	Quote	Key Need	Description
Mother 3	"It helps when someone checks on us, even just to ask how the feeding is going."	Continuous guidance	Families need routine follow-up to maintain feeding practices.
Mother 10	"If we can discuss with other mothers, we feel less alone and more confident."	Peer support	Group discussions enhance confidence and shared learning.
Health Worker 4	"Home visits make mothers more open about their problems."	Personalized follow-up	Home-based interaction builds trust and openness.
Community Leader 1	"If we involve local figures, families listen more."	Local champions	Trusted community actors strengthen message acceptance.
Midwife 2	"Some mothers need emotional support, not only information."	Emotional encouragement	Supportive environments motivate behavioural change.
Mother 6	"Sometimes I want someone to show me directly at home."	Practical assistance	Hands-on demonstrations help families apply recommendations.

The findings reveal that families in Secanggang do not simply require information, but rather a broader ecosystem of support that reinforces their confidence and capacity to practice recommended childcare behaviors. Continuous guidance emerged as a critical need, with mothers expressing that occasional reminders, brief visits, or scheduled check-ins significantly improve their ability to maintain feeding routines. This underscores the importance of sustained engagement rather than one-off informational encounters.

Peer support was another major need articulated by caregivers. Many participants shared that discussing challenges with other mothers gives them a sense of reassurance and reduces the feelings of isolation that often accompany childcare responsibilities. Small group discussions foster solidarity, normalize common difficulties, and provide collective problem-solving—a dynamic strongly aligned with participatory communication principles.

Personalized follow-up, particularly through home visits, was described as one of the most effective strategies for improving openness and trust. Several health workers explained that mothers are more willing to share concerns in familiar environments. Home visits enable communication that is calmer, slower-paced, and more emotionally attuned to caregivers' realities. This finding reinforces the need for therapeutic communication to be embedded within everyday contexts rather than confined to clinical settings.

Local champions also play a pivotal role. Community leaders, religious figures, or respected elders often

have the authority and influence needed to reinforce health messages. Mothers reported that when advice is endorsed by trusted local actors, they feel more confident implementing changes. This suggests that interventions must leverage existing social structures rather than rely solely on formal health channels.

Furthermore, emotional encouragement was consistently emphasized as a necessary component of effective support. Mothers who feel validated, reassured, and listened to are more likely to adopt new behaviors. Emotional engagement is a cornerstone of therapeutic communication, helping families shift from passive recipients of information to active participants in their child's wellbeing.<sup>(39)</sup>

Finally, families expressed a strong need for practical assistance—hands-on demonstrations, meal preparation examples, and direct guidance in their own homes. This aligns with global evidence showing that experiential learning significantly increases the adoption of nutrition behaviors. In Secanggang, where literacy levels and economic constraints vary widely, such practical support is especially crucial.

### Community-Driven Strategies and Local Solutions

The interviews revealed that families and local stakeholders in Secanggang possess rich insight into what types of community-led initiatives could strengthen stunting prevention efforts. While existing government programs offer foundational support, participants emphasized that meaningful and sustainable change requires locally rooted strategies shaped by community priorities, cultural norms, and lived realities.<sup>(30)</sup> These perspectives illustrate that communities are not passive recipients of health interventions—they actively generate ideas, identify gaps, and propose solutions aligned with their social context.

Participants stressed that interventions grounded in community ownership tend to resonate more deeply and gain wider acceptance. Local involvement enhances trust, accountability, and the perceived relevance of programs. Many caregivers expressed a desire for village-based groups, local champions, and flexible support systems that adapt to their routines and resource constraints. These findings align with literature highlighting that community-engaged approaches strengthen behavioural change and improve health outcomes in rural settings.<sup>(34,40)</sup>

Additionally, participants underscored the need for solutions that integrate cultural strengths and collective values. Rather than framing stunting prevention purely in biomedical terms, they suggested embedding messages in local narratives, religious gatherings, or culturally familiar activities. Such strategies help normalize healthy practices while leveraging existing forms of social cohesion.

**Table 6.** Community-Driven Strategies and Local Solutions

Participant	Quote	Key Strategy	Description
Community Leader 3	"If the village has a small nutrition group that meets monthly, mothers can remind each other."	Village nutrition groups	Peer-led support circles promote consistent practices.
Mother 8	"Religious meetings are a good place to share advice because many mothers attend."	Integrating health topics into religious gatherings	Leverages existing routines to deliver health messages.
Health Worker 5	"Local youth can help spread information through simple videos or posters."	Youth involvement	Engages younger generations to support communication efforts.
Mother 14	"We need a WhatsApp group with reminders, recipes, and short tips."	Digital micro-support	Low-cost digital channels facilitate daily reinforcement.
Community Leader 1	"If a respected person tells people to follow the guidelines, they listen more."	Local champions	Influential figures help legitimize behavioural change.
Mother 2	"Cooking classes at the village hall would help us learn new ways to prepare affordable food."	Community cooking demonstrations	Practical, hands-on learning supports real-life application.

The results demonstrate that community-driven strategies play a crucial role in enhancing engagement, relevance, and sustainability of stunting prevention efforts in Secanggang. The formation of village-based nutrition groups emerged as one of the most frequently proposed solutions. These peer-support groups encourage mothers to exchange experiences, remind each other of recommended feeding practices, and collaboratively address challenges. Such micro-collectives strengthen accountability and foster mutual encouragement, which are essential for sustaining behavioural change.<sup>(41,42)</sup>

Religious and cultural gatherings were identified as strategic spaces for disseminating health messages. Since these events are routinely attended by mothers and families, integrating nutrition discussions within them allows information to flow naturally through familiar social structures. This approach promotes community acceptance because messages are framed within culturally meaningful settings rather than through unfamiliar



or formal channels.

Youth involvement also surfaced as a promising strategy. Younger community members, who are often more digitally literate and active on social media, can create simple educational materials such as posters, short videos, or infographics. This multi-generational collaboration improves reach and enhances the visual and emotional appeal of health messages.

Digital micro-support, particularly through WhatsApp groups, was another key strategy frequently suggested by participants. Caregivers expressed that consistent reminders, simple recipes, and short text tips delivered through mobile phones would help them maintain healthy routines. This approach addresses the challenge of information fading over time and ensures continuity of learning between monthly posyandu sessions.

The role of local champions further strengthens the legitimacy and credibility of health messages. When respected community figures—such as village heads, midwives, religious leaders, or senior mothers—endorse recommended practices, families are more likely to follow these guidelines. Their involvement bridges the gap between formal health workers and everyday community realities.

Finally, practical, hands-on activities such as community cooking demonstrations were identified as crucial for bridging knowledge and action. Mothers expressed the need to see affordable, nutritious recipes being prepared using ingredients available locally. Such demonstrations offer tangible, reproducible models that families can easily adopt at home, increasing the feasibility of sustained behaviour change.

## DISCUSSION

The results of this study show that stunting prevention efforts in Secanggang are shaped not only by knowledge delivery but also by interpersonal, cultural, and structural conditions influencing how families interpret and act upon health messages. Four major themes emerged: persistent barriers to information uptake, the need for empathetic communication from health workers, high dependence on continuous family and community support, and strong local interest in community-driven strategies. Together, these findings highlight that therapeutic communication functions as a relational process—one that builds trust, emotional safety, and practical readiness for behavioural change.

The patterns observed closely align with the theoretical foundations of therapeutic communication. Rogers' principles of empathy, genuineness, and unconditional positive regard are visible in mothers' expectations for warmth, patience, and non-judgment when interacting with health providers. These elements create emotional comfort, enabling caregivers to ask clarifying questions and discuss challenges openly. Similarly, Peplau's interpersonal theory is reflected in the need for sustained guidance, home visits, and continuous engagement. Mothers' descriptions of the importance of follow-up mirror Peplau's progression from orientation to identification and resolution, emphasizing that therapeutic communication is inherently longitudinal, not episodic.

When situated within the existing literature, the findings of this study expand and refine current understanding. Im and Oh demonstrated that nursing support improves maternal emotional well-being in clinical settings.<sup>(21)</sup> The present study extends this insight to community environments, showing that emotional responsiveness is equally vital for nutrition-related behaviour. Mandal and Dutta emphasized culturally grounded solutions for nutrition, which resonates with the present finding that Secanggang families prefer interventions embedded in local norms, religious gatherings, and community-led spaces.<sup>(22)</sup> Myatt et al. underscored the importance of early identification and follow-up—preferences strongly echoed by mothers who seek regular reminders and personalized monitoring.<sup>(23)</sup> Meanwhile, Oktaviana et al. showed that therapeutic group strategies enhance maternal mental health; this study expands that idea by highlighting the community's request for peer learning groups, WhatsApp micro-support circles, and village-based nutrition clusters.<sup>(7)</sup>

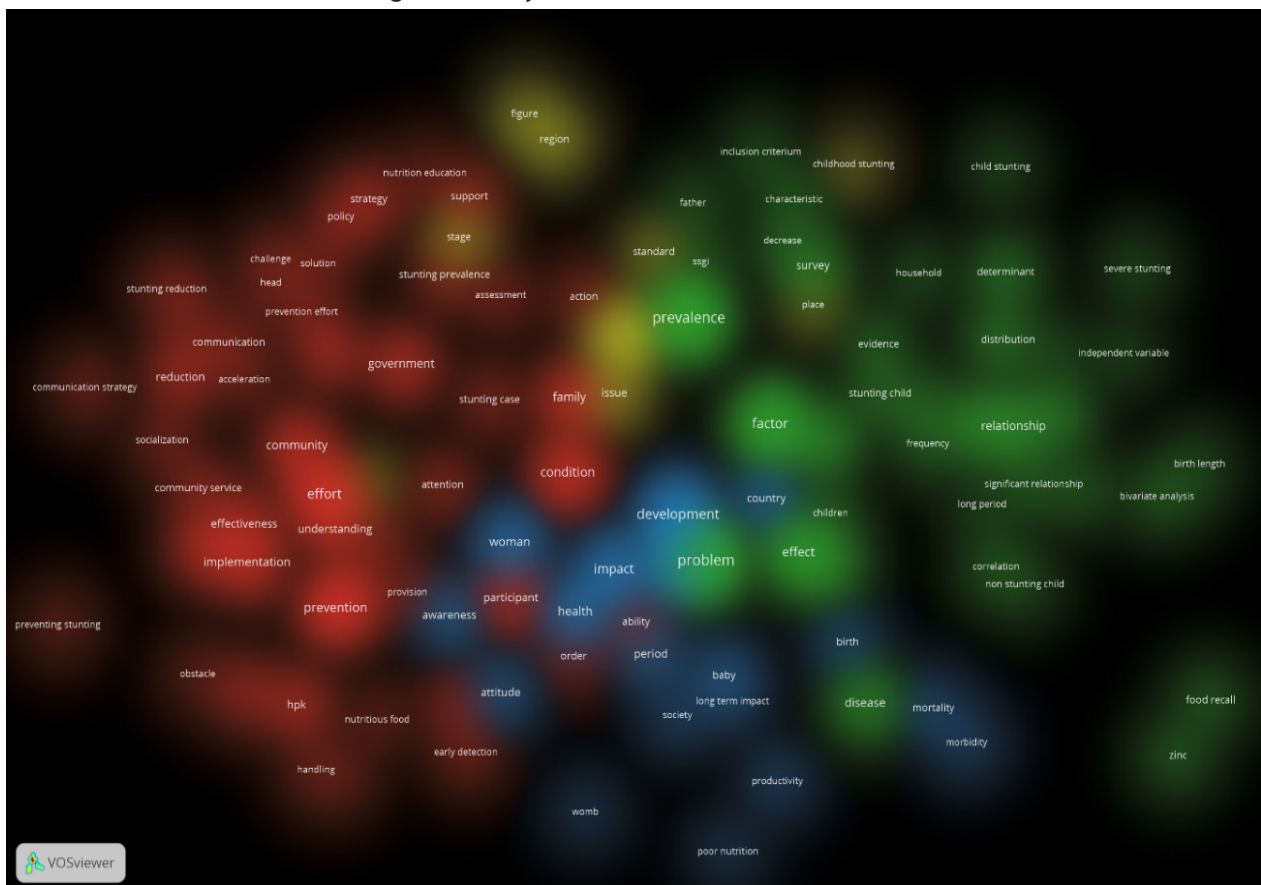
The network analysis displayed through VOSviewer (figure 1) provides a visual representation of the complexity of relationships between stunting and various related factors, including communication. In this network, keywords like “prevalence,” “family,” and “community” dominate, indicating a broad research focus on epidemiological and social factors in the prevalence of stunting. Interactions between nodes such as “communication,” “prevention,” and “health” illustrate the importance of communication strategies in stunting prevention efforts. This indicates that communication interventions, especially those of a therapeutic nature, are considered essential elements in more effectively addressing stunting issues.

However, even though this visualization highlights various interacting factors within the context of stunting, not much research explicitly examines the direct relationship between therapeutic communication and the reduction in stunting prevalence. This suggests that, despite being recognized as a potentially significant component, therapeutic communication often does not receive sufficient attention in stunting research literature. More in-depth and focused studies on therapeutic communication are needed to fully understand the potential and mechanisms by which communication can effectively reduce stunting rates, particularly in culturally and socioeconomically diverse contexts like Secanggang District.



**Source:** VosViewer (2025)

**Figure 1. Analysis of Previous Research Networks**



Source: VosViewer (2025)

**Figure 2. Density Analysis of Previous Research**

This density visualization, produced through VOSviewer (figure 2), offers valuable insights into the relationships and frequency of interactions among topics within the stunting-related literature. The dominant focus on “prevalence,” “development,” and “health” underscores the importance of these factors in stunting research. Specifically, the relationships between “prevention,” “nutrition education,” and “communication” highlight the critical role of education and communication in stunting prevention efforts. This analysis shows how topics like “family,” “community,” and “government” are interconnected, indicating that addressing stunting requires a holistic approach involving various sectors of society and governance.

While many factors are identified as significant within the context of stunting, interestingly, the direct relationship between “communication” and a direct decrease in stunting rates is not frequently discussed in the existing literature. This limitation indicates a gap in understanding or documenting how therapeutic communication can practically impact changes in nutritional behavior and health that lead to stunting reduction. Therefore, more research is specifically needed to explore and document the effectiveness of therapeutic communication in the context of stunting prevention and management, particularly in vulnerable communities.

The therapeutic communication approach in Secanggang District offers significant opportunities to strengthen stunting prevention efforts by targeting behavioral changes and enhancing public awareness about nutrition and health. Therapeutic communication, focusing on building empathetic relationships between healthcare providers and service recipients, shows potential for overcoming communication barriers that often hinder the acceptance of health messages. Through this approach, messages are not only delivered but are also tailored to meet the specific needs and social contexts of at-risk families. This approach is particularly relevant in areas like Secanggang, where social norms and health literacy levels may influence how information is received and interpreted.

The implementation of therapeutic communication models in the context of stunting in Secanggang requires a deep understanding of local social and cultural dynamics. As Carl Rogers<sup>(43)</sup> expressed, therapeutic communication should include empathy, authenticity, and unconditional acceptance, which help in building trust and openness between the communicator and the recipient of the message. In Secanggang, this might mean adapting health messages to align with local values and beliefs, using more accessible language, and providing a platform for the community to share and discuss their own experiences related to nutrition and child-rearing.

The role of therapeutic communication in public health education is vital, especially in addressing challenges such as stunting, which has complex root causes including economic factors, access to healthcare, and ignorance about good parenting practices. A holistic and participatory approach, advocated by Peplau, enhances interpersonal relationships between healthcare providers and the community. By educating through dialogue rather than monologue, health education becomes more than just a transfer of information—it becomes a two-way process that enables community members to actively participate in making their health decisions.

Effective use of therapeutic communication also allows for the identification of individual needs and preferences, which is crucial in designing successful nutritional interventions. For instance, in the context of Secanggang, a personalized approach might involve adapting nutritional recommendations that not only rely on general nutritional principles but also consider the local availability of food sources and culinary preferences. Thus, therapeutic communication serves not only to inform but also to listen and respond effectively, ensuring that the proposed interventions align with the daily lives of those most at risk of stunting.

Implementing therapeutic communication theory in reducing stunting in the District of Secanggang offers a more inclusive and effective communication strategy. With a focus on the specific needs and conditions of the community, therapeutic communication can enhance the impact of public health education, ensuring that health information is not only delivered but also received, understood, and applied.<sup>(44)</sup> This approach promises progress in combating stunting but requires a commitment to listening as well as communicating—two core aspects that define the effectiveness of therapeutic communication in a healthcare context.

In the author’s research findings, it was discovered that the therapeutic communication models implemented were still not effective. At this level, the author suggests several new constructive models so that the District of Secanggang can place significant emphasis on the issue of stunting. The models offered are as follows:

**Table 7. Effective Therapeutic Communication Models in an Evaluative Context**

No.	Suggested Model	Evaluative Purpose
1	Continuous Nutritional Education	Provides ongoing and adaptive educational programs tailored to local community needs to enhance knowledge and sustain behavioral changes.
2	Integrated Psychosocial Approach	Integrates emotional support into health programs to enhance motivation and family engagement in healthy caregiving practices.
3	Community Empowerment	Facilitates community involvement through empowering local communities to identify and solve nutritional and stunting issues with their own developed solutions.



4	Health Service Optimization	Improves coordination among health services to ensure equitable and efficient access to healthcare and nutrition, especially in remote areas.
5	Proactive and Participatory Policy	Advocates for and implements policies that support nutritional improvements based on community input to ensure the policies are relevant and effective.

In efforts to suppress stunting rates in Secanggang, a renovated approach through therapeutic communication models presents new hope. Continuous Nutrition Education not only raises awareness and knowledge about proper nutrition but also inspires sustained behavioral changes through programs relevant to local needs. This approach leverages the latest information and adaptive teaching methods, ensuring that education is not merely transactional but genuinely transformative.<sup>(45)</sup>

Furthermore, the integration of emotional support within the Integrated Psychosocial Approach goes beyond mere nutritional medical aspects, recognizing that the emotional well-being of families significantly influences parenting behaviors. By strengthening motivation and family involvement through psychosocial support, this model facilitates internal changes, enabling families to adopt healthier and more proactive parenting practices.

Community Empowerment takes a further step by empowering the community to identify and resolve nutritional and stunting issues independently. Through this model, communities are not just passive recipients of information but active change agents, allowing locally developed solutions to become more rooted and sustainable in practice.<sup>(46)</sup> This approach enhances the community's adaptability and innovation in facing their nutritional challenges.

On another front, Optimization of Health Services focuses on improving infrastructure and coordination of health services. This model aims to ensure that health and nutrition services are equitably accessible, especially in hard-to-reach areas. By ensuring that every community member has access to the services they need, this model directly contributes to reducing stunting by decreasing disparities in access to quality health services.

Lastly, Proactive and Participatory Policy advocates for policy changes based on input from the community directly affected by stunting. This model acknowledges the importance of informed and responsive policies, ensuring that interventions are not only theoretical but also practical and tailored to the actual needs of the community.<sup>(47)</sup>

Through these models, Secanggang has the opportunity to address stunting more effectively by combining the strengths of education, social support, community empowerment, health access, and inclusive policies. This synergistic and multifaceted approach is expected to produce significant and sustainable changes in reducing stunting rates in the area.

The novelty of this research are innovation in the therapeutic communication approach to tackling stunting in Secanggang by designing a deep and multifaceted intervention model that not only educates but also strengthens emotional, social, and health capacities within the community. Unlike previous studies focusing solely on clinical interventions or nutrition education, this research develops a framework that unites emotional support, community empowerment, optimization of health services, and policy advocacy into one intervention continuum. This enables addressing stunting with a more holistic approach, responsive to local socio-cultural dynamics, thus not only enhancing awareness but also fostering sustainable behavioral change. By integrating social and emotional aspects into communicative strategies, this model provides new insights into how the power of therapeutic communication can be employed to address complex public health issues like stunting, with broader and deeper effects.

## CONCLUSIONS

The findings of this research affirm that a therapeutic communication approach, integrated and responsive to local needs and dynamics in Secanggang, can offer effective solutions in handling stunting. The proposed model expands the scope of intervention from mere health education to a framework that supports behavioral change through emotional and social mentoring, community empowerment, and supportive policies. The results demonstrate that by understanding and responding to the social, economic, and cultural factors affecting nutritional behavior, strategies can be created that not only educate but also motivate and enable the community to make sustainable changes to nutrition and children's health.

Constructive recommendations from this research include the need for enhanced resources and commitment from various stakeholders to implement and maintain a therapeutic communication model tailored to local conditions. Local governments, health institutions, and development partners should collaborate to allocate adequate resources and develop local capacity in implementing and evaluating interventions. It is also advised to involve the community through participatory approaches in designing and executing.

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## FINANCING

The authors would like to express their highest gratitude to the Ministry of Research, Technology, and Higher Education of the Republic of Indonesia (Kemenristekdikti) for the financial support provided for this research through the Research Scheme of Basic Research (Fundamental Research and Inter-University Collaborative Research), Fiscal Year 2025. This funding played a crucial role in enabling the successful implementation of the study. The authors also extend sincere appreciation to all institutional partners, participating respondents, and colleagues whose contributions, insights, and collaboration greatly strengthened the quality and completion of this research.

## CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

## AUTHORSHIP CONTRIBUTION

*Conceptualization:* Dewi Kurniawati.  
*Data curation:* Aulia Rahma Ritonga and Nurmaini.  
*Formal analysis:* Aulia Rahma Ritonga.  
*Research:* Dewi Kurniawati, Aulia Rahma Ritonga, and Nurmaini.  
*Methodology:* Aulia Rahma Ritonga.  
*Project management:* Dewi Kurniawati.  
*Resources:* Dewi kurniawati.  
*Software:* Aulia Rahma Ritonga.  
*Supervision:* Nurmaini.  
*Validation:* Nurmaini, Dewi Kurniawati.  
*Display:* Aulia Rahma Ritonga.

*Drafting - original draft:* Aulia Rahma Ritonga.

*Writing - proofreading and editing:* Aulia Rahma Ritonga.