

# Communication Strategy of *Dapur Sehat* Program to Overcome Stunting by BKKBN Central Java as an Effort to Reduce Stunting Rate in Semarang City

Hosea Richard Sutanto<sup>1</sup>, Pupung Arifin<sup>2</sup>

<sup>1,2</sup>Department of Communication Science, Universitas Atma Jaya Yogyakarta, Yogyakarta, Indonesia  
e-mail: [hosearichardst@gmail.com](mailto:hosearichardst@gmail.com)<sup>1</sup>; [pupung.arifin@uajy.ac.id](mailto:pupung.arifin@uajy.ac.id)<sup>2\*</sup>

\*Corresponding author

## ABSTRACT :

Dapur Sehat Atasi Stunting (Healthy Kitchen Overcomes Stunting) or DAHSAT is one intervention step that was launched by BKKBN to tackle the problem of stunting. This study aimed to elucidate the communication strategy of BKKBN Jawa Tengah when implementing DAHSAT in Semarang. The Communication Strategy will be further examined in the stages of planning, implementation, and evaluation. This research was conducted using the case study method through in-depth interview techniques. BKKBN has not been optimal in developing the communication strategy of the DAHSAT Program, especially at the stage of mapping the sociodemographic aspects of the target audience. The research result indicates that BKKBN Jawa Tengah had not fully implemented a structured communication strategy. Even though it is not optimal, the health communication process that occurs in the implementation of DAHSAT has helped some communities understand what stunting is and how to prevent it.

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## INTRODUCTION

Stunting is a common health problem in low and middle income countries (Bhutta et al., 2020). Stunting is a condition of chronic malnutrition seen in the disruption of growth charts of toddlers in the first 1000 days of birth (Wulandari et al., 2022). By 2020, there are an estimated 149.2 million stunted children under five worldwide (UNICEF & Group, 2020). Nutritional deficiencies in children under five, one of which results in stunting, contribute to 45 percent of child deaths (Black et al., 2013). Indonesia, as one of the developing countries with its unique geographical challenges, also faces the problem of stunting in children. The prevalence rate of stunting cases in Indonesia is still at 149.2 million children or around 26.7 percent (UNICEF, 2021). Although it has experienced a significant downward trend, the number

of stunted toddlers in Indonesia is still below the government's target of 14 percent by 2024 (Badan Penelitian dan Pengembangan Kesehatan, 2018).

Efforts to reduce stunting cases in Indonesia have been pursued by the government in various forms and across sectors (Kementerian PPN/ Bappenas, 2018; TNP2K, 2017). Data from the 2022 Indonesian Nutrition Status Survey (SSGI) shows that Central Java Province has a stunting rate of 20.8 percent in 2022 (Kementerian Kesehatan, 2023). This figure was obtained after a slight decrease of 0.1 percent over the past year and is still above the target set by the government. However, one of the regions in the province, Semarang City, experienced a 10.9 percent decrease in stunting rates from 2021 to 2022.

The 2022 SSGI data at least shows that there are good practices carried out by Semarang City in reducing stunting. In fact, the issue of stunting has been designated by the government as one of the national priority issues. Through the 2020-2024 National Medium-Term Development Plan (RPJMN), the stunting prevalence rate is expected to decrease from 24.4 percent in 2021 to 14 percent in 2024 (Wahyu, 2022). One of the efforts to accelerate the reduction in stunting prevalence rates that is being intensified by the government is the implementation of the Healthy Kitchen Overcoming Stunting Program or DAHSAT.

The DAHSAT program is an empowerment activity provided to the community by the Population and Family Planning Agency or BKKBN to fulfill balanced nutrition, especially for families at risk of stunting who have brides-to-be, pregnant women, breastfeeding mothers, stunted toddlers, especially from underprivileged families (Santo, 2021). DAHSAT was first launched on August 20, 2021, and the first place to kick off the program was Tanjung Mas Village, Semarang City. The DAHSAT program pursued by BKKBN aims to be able to reduce stunting rates and change the lifestyle of the people of Semarang City, especially families at risk of stunting to become healthier. The intended communication of the DAHSAT Program then needs to be planned so that it can be digested and fully accepted by the community.

The communication strategy carried out by BKKBN Central Java can be seen from the perspective of health communication. Health communication is a set of various ways or strategies aimed at disseminating health information aimed at changing behavior in a particular society or community (Moola, 2022). The success and impact of a message depend on the process of message creation. Effective communication strategies play a vital role in maintaining the day-to-day health of communities (Bursztyn et al., 2020). Public trust in the presence of state institutions is the main pillar in ensuring the effectiveness of health services (Yang & Huang, 2021). Public attention and response to health messages and information are strongly influenced by the demographic factors of certain groups of people (Hyland-Wood et al., 2021).

Based on this, the government, namely BKKBN, needs to use a communication strategy that is suitable for delivering the DAHSAT Program. Ineffective communication strategies can lead to miscommunication due to misperceptions of health information (Teguh et al., 2023). The preparation of a maximum communication strategy cannot be done immediately if it does not pay attention to the components of communication planning in it. Cangara (2014) argues

that strategies in communication planning must be initiated through three steps, namely planning, implementation, and evaluation.

Communicators play an important role in determining whether a communication process can run well. Audience segmentation is important at this stage. Audience mapping needs to pay attention to sociodemographic aspects, psychological profiles, and community behavior. In addition to audience mapping, communicators also need to pay attention to the three properties of messages, including informative messages, persuasive messages, and educational messages. (Cangara, 2014)

The second stage is implementation. The next step after planning is to implement it. The communication media that has been selected and produced will later be disseminated to the target audience. Media dissemination determines the success of a program because if you do not pay attention to its nature, characteristics, and reach, it will waste time, energy, and funds. In the end, the communication program that has been carried out will be evaluated to measure the extent of success achieved. Evaluation is a method of assessing and evaluating the success of communication activities that have been carried out (Cangara, 2014).

The perception of mothers in Genuk Subdistrict, Bangetayu Village, Semarang City, about stunting was related to their knowledge about stunting (Mayasari, 2021). Their unfamiliarity with the term stunting has led them to misperceive the concept of stunting. Evidence that mothers have misperceptions about stunting is a sign of the absence or inadequacy of communication strategies that make the interaction process ineffective. This research focuses on the communication strategy in the DAHSAT Program used by BKKBN Central Java and the response given by the people of Semarang City, especially in Tanjung Mas Village.

## RESEARCH METHOD

This research is a type of qualitative research with a case study method. Creswell in (Assyakurrohim et al., 2023) said that a case study is a study in which researchers explore a phenomenon in a certain time or activity in detail and depth through the use of various data collection procedures. Meanwhile, the dimension used in this research is descriptive qualitative. The subjects in this research are the Central Java National Population and Family Planning Agency, health cadres, and the Tanjung Mas Village community. This research will explore the communication strategy designed by BKKBN Central Java in the Healthy Kitchen Program to Overcome Stunting as the object of research. The research data is obtained from primary data as the main data obtained from the first or real source through in-depth interview techniques. The data analysis technique used in this research is Miles & Huberman's data analysis (1994) involving data collection, reduction, presentation, and verification. The validity of the collected data will be verified using source triangulation techniques.

## RESULTS AND DISCUSSION

Communication strategy is the best combination of all communication elements designed to achieve an optimal goal. Through the use of communication strategies, interaction

activities contained in the Healthy Kitchen Overcoming Stunting or DAHSAT Program should be carried out in a structured manner so that the program's objectives can be in accordance with what is desired. The communication strategy carried out by BKKBN Central Java in voicing the program consists of three processes, namely planning, implementation, and evaluation. (Cangara, 2014)

### **DAHSAT Program Planning by BKKBN Central Java**

The presence of Healthy Kitchen Overcoming Stunting or DAHSAT Program is a form of intervention carried out by BKKBN Central Java against stunting cases that afflict the Central Java Province area. The communication strategy they carry out in disseminating information about the DAHSAT Program is divided into three stages, namely planning, implementation, and evaluation. Although sometimes, the program owner unilaterally formulates the communication strategy to be implemented without mapping the target audience (Magdalena & Pamungkas, 2023).

As the organizer, BKKBN Central Java does not play a role in delivering the DAHSAT Program material to the community directly. Messages given to the community will be delivered by cadres in each region who have participated in coaching from BKKBN Central Java. Coaching of cadres and parties in the KB Village is carried out with socialization steps by inviting various parties such as the Association of Nutritionists to provide cooking demonstrations for healthy menus. Through these empowerment activities, BKKBN Central Java invites around 50 people from each district and implements the program three times a year.

The Healthy Kitchen Overcoming Stunting Program is aimed at families at risk of stunting. Those who are the main target groups in the DAHSAT Program are pregnant women, breastfeeding mothers, mothers of toddlers and infants, as well as prospective brides. However, BKKBN Central Java did not analyze the needs of the target audience. The activity of analyzing the needs of the audience to see whether they are at risk of stunting or not will be left to the village or health officials in each region.

The messages contained in the DAHSAT Program to be delivered to the community can be diverse and different in each region. BKKBN Central Java actually has no role in the preparation of communication materials belonging to the program. What is given by BKKBN Central Java to cadres in each region during the KB Village development, will be used as the main material for cadres in providing education to the community. For example, as done by health cadres in Tanjung Mas Village, the communication material delivered by them to the community is more about utilizing local food ingredients found in the area such as mackerel and moringa vegetables obtained from the Women Farmers Group. Cadres also teach how to properly process these ingredients into nutritious food.

This has the potential to make the program less optimal because BKKBN Central Java has not created specific guidelines for cadres who conduct fieldwork to meet with the target community. According to Ho & Cho (2017), this will reduce the satisfaction and trust of the community. Before the messages are distributed to families at risk of stunting, testing of the

DAHSAT Program communication materials should be done. However, this stage is not an activity carried out by BKKBN Central Java. The communication materials in the program were not retested by BKKBN Central Java. The Central Java BKKBN directly used the material provided by the Central BKKBN to be delivered to cadres in each region. Regarding the content of the material that was changed, it was only healthy menus whose changes followed the potential of each district /city.

Socialization as a process of communication activities in the program is carried out in direct meetings, namely face-to-face. However, the activities in the program are also documented and then disseminated through social media. This is slightly different from what happened in Tanjung Mas Village. In addition to meeting directly, the health cadres there use other communication channels in the form of WhatsApp group.

Those in the Population Impact Analysis Subdivision at BKKBN Central Java hope that the program can increase people's knowledge about stunting and change their behavior. The Tanjung Mas Village Health Cadre also hopes that the community's knowledge of the messages conveyed can be remembered and attached, not just passing by. This hope arises because the community's knowledge, especially in Tanjung Mas Village, about stunting and its prevention is still minimal. The cadres wanted their attention to the socialization provided to be more than temporary.

The implementation of the DAHSAT Program would not be possible without careful planning such as a budget plan because there are always funds needed. However, in reality, BKKBN Central Java is only tasked with providing education and does not have the full power to run the program alone. At least, one target in the DAHSAT Program requires funds of around 4.5 million rupiah. The required funds are expected to be obtained from APBN, APBD, village funds, community self-help, universities, religious institutions, Corporate Social Responsibility (CSR), and *Bapak Asuh Anak Stunting* (BAAS).

The implementation of the DAHSAT Program activities is expected to be carried out every day with the presence of one DAHSAT in one area. However, it all goes back to the potential of each region so there is no specific scheduling. The implementation of the DAHSAT Program in Tanjung Mas Village relies heavily on assistance from CSR such as Indonesia Power, Inisiatif Zakat Indonesia, Pertamina, and Women International Club. The assistance provided to the community is in the form of Supplementary Food Provision (PMT).

BKKBN Central Java in charge of implementing the DAHSAT Program only has four people, namely those in the Population Impact Analysis Subdivision. This makes the implementation of the DAHSAT Program in terms of education still requires the involvement of other parties such as PERSAGI and universities to help spread nutrition education to cadres and lead to families at risk of stunting.

### **Implementation of the DAHSAT Program**

After planning the Healthy Kitchen to Overcome Stunting or DAHSAT Program, BKKBN Central Java needs to implement several stages as part of the program implementation activities. One of them is the dissemination of communication media, which is not really

attempted by BKKBN Central Java. Instead, they hope that there will be innovations made by each region, such as several regions in the districts/cities of Central Java Province that have created social media accounts such as Instagram contains about DAHSAT Program activities in their area.

The communication process that occurs in the implementation of the DAHSAT Program in several areas will then be observed to see what changes occur. They see that the community has experienced several changes after receiving socialization from the DAHSAT Program. BKKBN Central Java observed that in addition to the decline in stunting rates, the communication effect of the program made people aware that cooking healthy and nutritious food can be done easily. This makes the targets who have participated in the empowerment also understand what kind of food menus can be made simply to fulfill the nutrition of the child, without having to require expensive food ingredients.

The changes experienced by the community because of the DAHSAT Program activities will not be achieved optimally without the help of external parties. The position held by BKKBN Central Java is quite limited because it only acts as a policy maker so that the execution of the program will be returned to each district / city. BKKBN Central Java also involves parties such as the KB Office, cadres, community leaders, or local governments to provide support for the DAHSAT Program.

### **Evaluation of the DAHSAT Program**

Evaluation of the Healthy Kitchen to Overcome Stunting or DAHSAT Program is carried out with several references. BKKBN Central Java looks at whether the stunting rate in the region has decreased or even increased. After that, indirect and direct monitoring is executed. BKKBN Central Java also ensures to the community whether the program is running or not. BKKBN Central Java also evaluates the program by looking at the number of DAHSATs that have been implemented through the website owned by the KB Village. Despite those references, BKKBN Central Java realizes that the program has not fully achieved the desired goals. The inadequacy experienced by the DAHSAT Program is due to the existence of a new program and there are still many areas such as villages that have not been reached. They feel that the commitment of the district/city government is the main key to handling stunting in their area.

The implementation of the program that has been carried out by BKKBN Central Java should provide some enlightenment regarding whether a modification is needed to the existing objectives and strategies. However, modifications made as far back as 2023 are only found in the activities in the program. BKKBN Central Java adopted the nutritious food cooking challenge created by PT Unilever by changing the duration for 30 consecutive days. Overall, the implementation of the DAHSAT Program as a new breakthrough of BKKBN Central Java in overcoming stunting can be said to be quite successfully accepted by the community. Public interest and ignorance about stunting prevention show that the existence of the DAHSAT Program is the right solution provided by BKKBN Central Java and other parties involved in overcoming the problem of stunting.

There are still several obstacles experienced by BKKBN in the process of implementing the program, such as constraints in the funds' section because they have to rely on funds from external parties and the shyness raised by some families whose children are at risk of stunting. The bad habits of people who do not pay attention to their children's intake are also one of the obstacles. This is due to the economic factors experienced by the community, especially families in rural areas, which make them unable to pay full attention to their children because of the demands of earning a living. In fact, one of the BKKBN Central Java staff also said that the DAHSAT Program is a half-assed program and cannot be maximized because the regulations are not yet clear so that the space for the BKKBN Central Java is quite narrow.

The health cadre of Tanjung Mas Village also described that the situation that took place during the socialization could run smoothly. This was shown by the fact that the community was active and interested in attending the meetings. In fact, they also asked several questions during the discussion session. However, the problem here is the commitment of the community. Most of them did not implement what had been conveyed by the health cadres so no results were generated.

The inhibiting factors that arise are not few, but BKKBN Central Java is still trying to overcome them. Efforts in communicating about the DAHSAT Program to all parties considered related to the implementation of the program are their way of fighting the existing obstacles. The provision of activities such as IEC (Communication, Information, and Education) can be used to encourage external parties to take part and contribute to the implementation of the DAHSAT Program. The BKKBN Central Java feels that government commitment is needed so that the handling of stunting in the region can be pursued through the DAHSAT Program.

### **Community Response in Tanjung Mas Village**

The presence of the DAHSAT Program can change the community's perspective on stunting. The information conveyed in the program slowly makes the health quality of families at risk of stunting slowly improve, as experienced by the community in Tanjung Mas Village. The socialization in the DAHSAT Program has provided insights to the community about stunting and nutritious food menus. One informant admitted that the community seemed to be taught how to utilize food ingredients around the village area such as sea fish.

The implementation of the DAHSAT Program in Tanjung Mas Village can be considered quite good so far because it takes place regularly. This can be seen from the experience of the community—in large number—who participated in socialization. Although the system that runs is only the provision of additional food, the community can still meet with health cadres indirectly. In addition, they have also attended socializations held by several parties such as the public health center, BKKBN, and the Population Control Office.

Some families in Tanjung Mas Village have started to be aware of stunting as a health problem that threatens children's growth. This vigilance arises from their understanding of the consequences if stunting is left unchecked. The DAHSAT program is at least able to help the community recognize what stunting is and how to prevent it. In addition to the benefits in

terms of knowledge, families at risk of stunting also receive assistance in the form of food with a varied menu so that the child's nutritional needs can be helped. The assistance provided to the community makes them feel that their children's growth and development can lead to a healthier direction. However, it will all come back to the acceptance of each community.

Several factors that occur out of control can hinder families in implementing the program. Barriers such as economic demands, require family members such as informants to work for a living. Their busyness at work then makes the mother unable to continue to pay attention to her child as a target almost every day.

### **Communication Strategy of BKKBN Central Java in DAHSAT Program**

Middleton in (Cangara, 2013) argues that a communication strategy is the best combination of all communication elements designed to achieve an optimal goal. Using communication strategies, interaction activities contained in the Healthy Kitchen Overcoming Stunting or DAHSAT Program should be carried out in a structured manner so that the program's objectives can be in accordance with what is desired. Researchers see that communication activities that occur between communicators and communicants are the key to the success of the DAHSAT Program. This increases community knowledge which leads to a decrease in stunting rates.

Based on the findings, BKKBN Central Java has carried out a communication strategy in disseminating information about the DAHSAT Program, although the implementation is still not optimal. There are several components of communication planning that are not implemented by BKKBN Central Java, namely, audience needs analysis, initial testing of communication materials, and dissemination of communication media. These three components are important to be able to foster the involvement of community members for the success of the program (Gilmore et al., 2020).

Researchers also saw that BKKBN Central Java did not yet have an agenda in the preparation of communication strategies for the DAHSAT Program. Although the implementation of communication strategies during the DAHSAT Program is still not optimal, BKKBN Central Java still applies other communication planning components which are summarized into three main processes, namely planning, implementation, and evaluation.

In the first part of the DAHSAT Program communication strategy, namely planning, BKKBN Central Java needs to select and determine communicators. The party who becomes the communicator in the DAHSAT Program has a position as a source of messages to convey information about stunting and fulfilling balanced nutrition by utilizing local food ingredients. Researchers saw that BKKBN Central Java chose health cadres in each village area to become representatives in conveying DAHSAT Program messages to the community. This was done because BKKBN Central Java felt that it did not have the competence as a source of messages. The determination of health cadres as communicators was carried out by the Central Java BKKBN by fostering KB villages in the Central Java Province through socialization activities.

As a national health program initiated by the Central BKKBN, the Healthy Kitchen to Overcome Stunting Program is more aimed at people who are at risk of stunting. However,

BKKBN Central Java only sets the target according to the program design received from the Central BKKBN, so there is no analysis conducted on the needs of each target. This can also be seen from the ability of BKKBN Central Java, which only acts as a policy maker for the DAHSAT Program in the Central Java Province, so there is no target mapping process based on aspects such as sociodemographic, psychological profile, and community behavior characteristics. These three aspects were considered but not designed by BKKBN Central Java.

BKKBN Central Java conveys DAHSAT Program messages in the form of verbal symbols in meetings with cadres during KB Village coaching. This can be seen from the use of language by BKKBN Central Java in communication activities that take place face-to-face. The messages compiled and delivered by BKKBN Central Java to cadres are more informative and persuasive. After BKKBN Central Java distributes the existing material, health cadres will use it as material in educating the community, with some modification of the material or message in it. Researchers see that the messages compiled by health cadres are more directed toward educative messages. There is a tendency in educational messages that aims for change in the recipient, both cognitive and psychomotor aspects. This is in line with the statement from Kinanti & Hardiyanti (2022) which emphasizes that the messengers, in this case the cadres, must be able to open themselves up to build community trust and participation.

Initial testing of communication materials is one of the processes that need to be carried out after the communication messages are compiled. Based on the findings, researchers saw that BKKBN Central Java skipped this stage. BKKBN Central Java delivered the communication material directly during the KB Village coaching without testing the content of the material. The messages used by BKKBN Central Java only follow the material template compiled by the Central BKKBN. The absence of testing communication materials makes BKKBN Central Java unable to understand what messages are appropriate and inappropriate to be given to cadres in each different region.

The main media used by BKKBN Central Java in distributing messages about the DAHSAT Program are still public communication channels. Messages that have been compiled by the Central BKKBN, are then delivered through channels in the form of face-to-face meetings in KB Village coaching activities. They only use new media such as Instagram and YouTube to disseminate documentation of DASHAT Program activities. Researchers see that BKKBN Central Java's steps in choosing public communication channels are appropriate because they need to think so that messages about the DAHSAT Program that have been formed can be received by health cadres optimally. However, BKKBN Central Java can also create a wider communication space for health cadres. One of them is with social media such as the WhatsApp.

BKKBN Central Java does not have sufficient personal funds to hold meetings with health cadres in the development of KB villages. Researchers see that the position of BKKBN Central Java in the implementation of the DAHSAT Program is only to provide education. Therefore, they tend to use the budget available in each village in order to implement the program, including holding a meeting and presenting PERSAGI as one of the educators. Funds can then come from several parties outside of the village fund, CSR, and BAAS.

The BKKBN Central Java parties in charge of assisting the communication process of the DAHSAT Program are all parties included in the Population Impact Analysis subfield. The Population Impact Analysis subfield, which consists of 4 personnel (1 head and 3 staff), is the only party assigned by BKKBN Central Java to handle the DAHSAT Program. BKKBN Central Java also has a schedule for empowering or coaching KB villages 3 times a year. Researchers feel that the amount of coaching is still insufficient. Meetings between them and cadres should be held regularly with a schedule so that both parties are more open to each other.

In the second part, namely implementation, researchers found that there were no special efforts made by the BKKBN Central Java in disseminating communication media. This is because the funds owned by BKKBN Central Java are not sufficient to disseminate messages through paid media such as television, radio, newspapers, brochures, banners, and others. The dissemination of communication media then becomes an innovation of each region and does not become a further concern for BKKBN Central Java. In fact, at least they can maximize existing communication media such as WhatsApp to be able to interact more with health cadres.

The DAHSAT program that has been communicated certainly has an effect that is felt by the recipient or target of the message. BKKBN Central Java is known to have interacted several times with the community as the target to find out their response to the DAHSAT Program. In addition to getting direct responses from the community, BKKBN Central Java also analyzes the effects of the communication that has been carried out through stunting data contained in Central Java Province. The process of analyzing the effects of communication carried out by BKKBN Central Java can be improved by conducting a more detailed assessment. BKKBN Central Java can make several categories of knowledge such as community understanding of stunting, local food ingredients, and how to process this local wisdom. In addition, researchers see that BKKBN Central Java also needs to find out the factors for the decline in stunting rates.

Mobilization of community leaders and influential groups can be used as a way to gain support in implementing communication programs. The mobilization carried out by BKKBN Central Java can be shown from their efforts when empowering KB villages. Through these socialization activities, BKKBN Central Java uses public channels to invite participation from every external party involved to be able to help carry out program activities together. BKKBN Central Java has realized the limitations of its role as policy makers of the DAHSAT Program. Therefore, during the program, they involved more assistance and support from community leaders as drivers or implementers.

In the last part of the communication strategy concept, BKKBN Central Java evaluates the DAHSAT Program with two indicators, namely in terms of program and management. BKKBN Central Java evaluates the program by looking at the extent to which the objectives of the DAHSAT Program are met. Based on existing findings, BKKBN Central Java conducts monitoring by looking at whether the stunting rate has decreased in an area. In addition, BKKBN Central Java also sees whether the program is working or not from the visits they make. Through the visitation activities, they conducted direct questions and answers to several communities to find out the course of the DAHSAT Program. BKKBN Central Java also

maximizes the KB Village website facility to check the number of areas that have implemented the DAHSAT Program and see the status or condition of the village. BKKBN Central Java's efforts in conducting program evaluation are still lacking. They tend to see whether the objectives of the DAHSAT Program are achieved or not through the conditions that occur in the field without evaluating what they can develop.

During the implementation of the Healthy Kitchen to Overcome Stunting Program, BKKBN Central Java has not made changes to the objectives or communication strategy of the program. BKKBN Central Java feels that the success of the DAHSAT Program in each region will return to the commitment of the government and the community in tackling the problem of stunting. In fact, there are several things that can be improved from the internal performance of BKKBN Central Java, such as intense monitoring. The monitoring activities carried out by BKKBN Central Java on a regular basis should help them to understand what is really needed by the community, especially the health cadres as a source of messages.

In addition to program evaluation, BKKBN Central Java also conducts management evaluation by reviewing the operation or implementation of the DAHSAT Program in the field. BKKBN Central Java also admitted that there are still many families who are not aware and understand whether there are family members affected by stunting or not. In fact, they mentioned that the community showed interest and enthusiasm for the Healthy Kitchen Overcoming Stunting Program. However, the obstacle here is the need for funds to procure programs in each village which will return to the available budget. The limited funds owned by BKKBN Central Java do not make them look for other utilization steps but rather delegate these needs to external parties. The inhibiting factors that arise in the implementation are not only dependent on funding issues. BKKBN Central Java sees that there are still many egocentric attitudes from other sectors that make the DAHSAT Program unable to be run together. In fact, one of the BKKBN Central Java parties feels that the program still does not have clear rules.

BKKBN Central Java feels that the sustainability of the DAHSAT Program depends on the commitment of the community and the government. However, the experience of health cadres in Tanjung Mas Village explains that the high enthusiasm of the community when participating in the socialization of the DAHSAT Program does not prove that they have the intention to implement it. Most of the target audience became indifferent to the implementation of the program activities and simply forgot about it. Researchers found that there were many factors beyond their control that made the community not ready and able to implement the program optimally. Especially in village areas, many families at risk of stunting are hampered by economic conditions so they tend to ignore the program being run.

After knowing what obstacles make the DAHSAT Program not run optimally, BKKBN Central Java still makes efforts to minimize this, namely with communication activities. Researchers saw that BKKBN Central Java held IEC activities related to the DAHSAT Program to parties such as BKB (*Bina Keluarga Balita*), so they were encouraged to seek assistance from CSR. Through the communication carried out by BKKBN Central Java, at least they tried to overcome the obstacles experienced during program implementation, namely egocentric

attitudes by encouraging external parties to want to provide assistance, especially about funding. However, BKKBN Central Java's efforts in assisting health cadres to convey messages to the community are still lacking. The communication space provided by BKKBN Central Java to cadres is only in the KB Village coaching and visitation which is not carried out regularly. This makes communication seem to run one-way and health cadres do not have a place to interact back to BKKBN Central Java.

### **The Existence of the DAHSAT Program for the People of Tanjung Mas Village**

The implementation of the DAHSAT Program in Tanjung Mas Village can be said to have shown evidence of health communication practices because of the interaction between individuals on health issues (Carico et al., 2021). Health communication is a systematic effort to positively influence the health behavior of individuals and communities using communication principles and methods (Notoarmodjo in Harahap & Putra, 2019). In other words, health communication is used as a means by health cadres to provide health messages related to stunting to the community of Tanjung Mas Village in Semarang City through the Healthy Kitchen Program to Overcome Stunting.

Researchers see that the messages given by health cadres aim to increase community knowledge about stunting and how to prevent it. This can be seen from the provision of information about disease prevention and health promotion by cadres. Health improvement can also be done by improving nutrition and providing health education to individuals or communities. Through the interaction that occurs between the two parties, namely health cadres as communicators and the community as communicators, health promotion can be realized and make families at risk of stunting in Tanjung Mas Village able to improve the quality of their health.

The presence of the Healthy Kitchen to Overcome Stunting Program in Tanjung Mas Village began to help the community improving the quality of their health. Researchers found that the health communication process that occurs in the implementation of the DAHSAT Program has succeeded in increasing the community's perspective on preventing stunting (Marni et al., 2021). The improvement in the quality of health felt by the community is also shown by their awareness of what to do so that the nutritional needs of mothers and/or toddlers can be met. However, in its implementation, there are still inadequacies due to the emergence of factors beyond control such as economic demands that afflict some communities.

Indirectly, health communication in national health programs such as DAHSAT has helped the health development process in Tanjung Mas Village. The messages used by communicators, namely health cadres, contain information about stunting, fulfilling balanced nutrition, and utilizing local food ingredients which are unconsciously a community need. Researchers saw several families there admitting that they had benefited from the existence of the DAHSAT Program. In addition to increasing their knowledge about stunting, the people of Tanjung Mas Village increasingly understand that local wisdom found in their area, such as

mackerel or Moringa leaf vegetables, can be chosen as an alternative in making healthy and nutritious food without having to spend more money.

## CONCLUSION

The Healthy Kitchen to Overcome Stunting Program was launched by the National Population and Family Planning Agency (BKKBN) as a form of intervention against the problem of stunting by fulfilling balanced nutrition and utilizing local food ingredients. Based on the findings and data analysis that has been carried out using the concept of communication strategy, BKKBN Central Java as the party that initiated the program, has implemented a communication strategy. However, the strategic steps taken are still not optimal because they have not actually developed a specific communication strategy.

The communication strategy carried out by BKKBN Central Java is shown from three processes, namely planning, implementation, and evaluation. However, there are still components of communication planning that are included in the concept of communication strategy and not fully carried out by BKKBN Central Java such as analyzing audience needs, preliminary testing of communication materials, and disseminating communication media. BKKBN Central Java also realizes that their position is only as a policy maker and their capacity to provide direct education to the community is inadequate.

In addition, the implementation of communication strategies that are not maximized by BKKBN Central Java is indicated by the limited interaction space given to health cadres. The socialization of the DAHSAT Program held by BKKBN Central Java through the KB Village facility is not carried out regularly. The communication process that occurs between the two parties is still lacking. Based on this, the educational messages delivered by cadres to the community will be the result of innovation from each party in each village area in Central Java Province.

The DAHSAT program implemented in one of Semarang City's villages, Tanjung Mas, involves health cadres as the source or messenger in providing education to families at risk of stunting. The interaction that occurs between the two parties, in fact, determines the extent of the program's success. This is shown by the experience of several target families in Tanjung Mas Village who claimed that the DAHSAT Program had helped them learn what stunting is and how to prevent it.

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