

Interpersonal Communication, Community Empowerment, and Stunting Prevention: A Qualitative Study of Primary Healthcare Services in Indonesia

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ABSTRACT:

Background: Stunting remains a major public health challenge in Indonesia despite ongoing national efforts to reduce its prevalence. In addition to nutrition-specific and nutrition-sensitive interventions, communication strategies have become essential components of stunting prevention programs. Interpersonal communication by health workers is considered an effective approach for promoting behavioral change because it facilitates direct interaction, trust-building, and community engagement.

Objective: This study aimed to explore the implementation of interpersonal communication by health workers in stunting prevention programs at Somba Opu Primary Health Center, Gowa Regency, Indonesia.

Methods: A qualitative study with a case study approach was conducted at Somba Opu Primary Health Center. Participants were purposively selected and included health workers, Posyandu cadres, community leaders, and mothers of children under five years of age. Data were collected through in-depth interviews, observations, and document reviews. The interview guide was developed based on DeVito's interpersonal communication framework, comprising openness, empathy, supportiveness, positiveness, and equality. Data were analyzed using thematic content analysis, while trustworthiness was ensured through triangulation, member checking, and peer review.

Results: Seven major themes emerged from the analysis: openness, empathy, supportiveness, positiveness, equality, policy support, and community empowerment. Health workers implemented interpersonal communication through counseling sessions, Posyandu activities, maternal classes, and home visits. Openness facilitated information exchange regarding nutrition and child health, while empathy strengthened trust between health workers and caregivers. Supportive and positive communication encouraged behavioral change and increased participation in health services. Equality fostered two-way communication and active community involvement. Furthermore, government policy support strengthened program implementation, and interpersonal

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communication contributed to community empowerment by improving knowledge, confidence, and participation in stunting prevention activities.

Conclusion: Effective interpersonal communication plays a critical role in strengthening community participation, promoting behavioral change, and empowering families in stunting prevention efforts. Strengthening communication competencies among health workers may enhance the effectiveness and sustainability of stunting reduction programs at the primary healthcare level.

Keywords: interpersonal communication; stunting prevention; health workers; community empowerment; qualitative study.

1. Introduction

Stunting remains one of the most significant public health challenges worldwide, particularly in low- and middle-income countries. The World Health Organization (WHO) defines stunting as a condition in which a child's height-for-age is more than two standard deviations below the WHO Child Growth Standards median, reflecting chronic undernutrition and prolonged exposure to adverse environmental conditions during critical periods of growth and development (1). Stunting is not merely a manifestation of impaired physical growth but also represents cumulative deficiencies in nutrition, health care, sanitation, and psychosocial stimulation. Consequently, stunting has long-term consequences for cognitive development, educational attainment, economic productivity, and the overall quality of human resources (2,3).

Globally, approximately 148 million children under five years of age were estimated to be stunted in 2022, accounting for nearly one in five children worldwide (1). Although substantial progress has been achieved in reducing stunting prevalence over the past two decades, the burden remains disproportionately concentrated in developing countries. The persistence of stunting presents a considerable challenge to achieving the Sustainable Development Goals (SDGs), particularly Goal 2, which aims to end all forms of malnutrition by 2030 (4).

Indonesia continues to face a substantial burden of stunting despite significant improvements in child nutrition indicators. According to the Indonesian Nutritional Status Survey (SSGI), the national prevalence of stunting declined from 24.4% in 2021 to 21.6% in 2022 and further decreased to 19.8% in 2024. Nevertheless, these figures remain above the threshold established by WHO, indicating that stunting remains a major public health concern requiring sustained intervention efforts (5,6). The Indonesian government has therefore prioritized stunting reduction through multisectoral approaches involving health, nutrition, sanitation, education, social protection, and community empowerment programs (7).

The etiology of stunting is complex and multifactorial. Inadequate maternal nutrition during pregnancy, low birth weight, suboptimal breastfeeding practices, inappropriate complementary feeding, recurrent infections, poor sanitation, limited access to healthcare services, and unfavorable socioeconomic conditions are among the primary determinants associated with childhood stunting (8–10). Recent evidence suggests that behavioral factors at the household level, including feeding practices, healthcare-seeking behavior, hygiene practices, and parental caregiving patterns, significantly influence children's nutritional outcomes (11). Therefore, interventions aimed at improving knowledge, attitudes, and behaviors among caregivers have become increasingly

important components of comprehensive stunting prevention strategies.

Recognizing the importance of behavior change, the Government of Indonesia incorporated Communication for Behavioral Change (CBC) into the National Strategy for Accelerating Stunting Prevention. This strategy emphasizes the need for effective communication interventions to increase public awareness, improve health literacy, and encourage healthy practices among target populations, particularly pregnant women, breastfeeding mothers, and families with young children (7). Within this framework, interpersonal communication has been identified as one of the most effective communication approaches because it enables direct interaction, individualized counseling, immediate feedback, and the establishment of trust between health workers and community members (12).

Interpersonal communication refers to a process of exchanging information, ideas, feelings, and meanings between two or more individuals through verbal and non-verbal messages. According to DeVito, effective interpersonal communication is characterized by five essential dimensions: openness, empathy, supportiveness, positiveness, and equality (13). These dimensions facilitate mutual understanding and promote collaborative relationships that support behavior change. In healthcare settings, interpersonal communication serves not only as a means of transmitting information but also as a mechanism for empowering individuals and communities to make informed health decisions (14).

Evidence from previous studies has demonstrated the significant contribution of interpersonal communication to maternal and child health outcomes. A study conducted in Lampung Province reported that interpersonal communication by Family Assistance Teams enhanced family understanding of stunting prevention and improved participation in health programs (15). Similarly, research in Maros Regency revealed that interpersonal communication through home visits, counseling sessions, and community outreach activities

played a crucial role in increasing awareness and promoting preventive behaviors related to stunting (16). Other studies have shown that counseling delivered through interpersonal communication significantly improves maternal knowledge regarding nutrition, exclusive breastfeeding, complementary feeding, and child growth monitoring (17,18).

Furthermore, interpersonal communication is particularly important in communities with varying levels of literacy and educational attainment. Unlike mass communication approaches, interpersonal communication allows health workers to adapt messages according to the social, cultural, and educational backgrounds of community members. This flexibility enables health workers to address misconceptions, clarify doubts, and provide tailored recommendations that are more likely to be accepted and implemented (19). The trust developed through repeated interpersonal interactions also contributes to increased compliance with health recommendations and greater utilization of healthcare services (20).

Community empowerment represents another critical outcome of effective interpersonal communication. Empowerment involves enabling individuals and communities to gain greater control over decisions and actions affecting their health (21). Through interpersonal communication, health workers can facilitate knowledge acquisition, strengthen self-efficacy, encourage community participation, and foster collective responsibility for child nutrition and health. Such empowerment is particularly relevant in stunting prevention because sustainable improvements in nutritional status require active engagement from families and communities rather than reliance solely on healthcare providers (22).

Despite increasing recognition of the importance of interpersonal communication in health promotion, evidence regarding its implementation within primary healthcare settings remains limited, particularly in the context of stunting prevention programs in Indonesia. Most existing studies focus on

communication outcomes without adequately exploring the communication processes, contextual factors, and community experiences that contribute to program effectiveness. Understanding these aspects is essential for strengthening communication strategies and improving the quality of health promotion interventions.

Somba Opu Primary Health Center, located in Gowa Regency, South Sulawesi Province, serves as one of the frontline healthcare institutions responsible for implementing stunting prevention programs. Health workers at this facility routinely conduct counseling sessions, home visits, maternal classes, growth monitoring activities, and community outreach programs aimed at improving maternal and child nutrition. These activities rely heavily on interpersonal communication to convey health information, motivate behavioral changes, and strengthen community participation. However, limited information is available regarding how interpersonal communication is implemented in practice and how it contributes to stunting prevention efforts within this local context.

Therefore, this study aims to explore the implementation of interpersonal communication by health workers in stunting prevention at Somba Opu Primary Health Center, Gowa Regency. Specifically, the study examines communication practices based on the dimensions of openness, empathy, supportiveness, positiveness, and equality, while also exploring the role of policy support and community participation in facilitating communication effectiveness. The findings are expected to contribute to the development of evidence-based communication strategies that can enhance community empowerment and strengthen stunting prevention programs at the primary healthcare level.

2. Methodology

Study Design and Setting

This study employed a qualitative research design with a case study approach to explore the implementation of interpersonal communication by health workers in stunting prevention

programs. The study was conducted at Somba Opu Primary Health Center, Gowa Regency, South Sulawesi Province, Indonesia. This setting was selected because it serves as one of the primary healthcare facilities actively implementing stunting prevention interventions through maternal and child health services, nutrition counseling, and community-based programs.

Participants and Sampling

Participants were selected using purposive sampling techniques based on their involvement in stunting prevention activities. Informants included health workers responsible for nutrition and maternal-child health programs, community health volunteers (Posyandu cadres), local community leaders, and mothers of children under five years of age. Selection criteria emphasized participants' experience, knowledge, and active engagement in stunting prevention initiatives. Recruitment continued until data saturation was achieved, whereby no new themes emerged from subsequent interviews.

Data Collection

Data were collected between January and March 2025 through in-depth interviews, direct observations, and document reviews. Semi-structured interview guides were developed based on DeVito's interpersonal communication framework, encompassing five dimensions: openness, empathy, supportiveness, positiveness, and equality. Interviews were conducted face-to-face, audio-recorded with participant consent, and supplemented by field notes to capture contextual information.

Data Analysis

Data were transcribed verbatim and analyzed using thematic content analysis. The analytical process involved data familiarization, coding, categorization, theme development, and interpretation. Themes were organized according to the dimensions of interpersonal communication and factors influencing stunting prevention efforts. To ensure trustworthiness, triangulation of sources and methods, member

checking, and peer debriefing were conducted throughout the analysis process.

Ethical Considerations

Ethical approval was obtained from the Health Research Ethics Committee of Hasanuddin University prior to data collection. Written informed consent was obtained from all participants before participation, and confidentiality was maintained throughout the study.

3. Results

Table 1. Characteristics of Informants

Characteristics	n
Health workers	4
Posyandu cadres	4
Community leaders	2
Mothers of children under five	5
Total	15

Theme 1: Openness in Communication

Participants reported that health workers consistently provided information regarding maternal nutrition, exclusive breastfeeding, complementary feeding practices, child growth monitoring, and stunting prevention. Information was delivered through counseling sessions, Posyandu activities, home visits, and maternal classes.

One mother stated:

“The health workers explained clearly what stunting is and how to prevent it. They always gave us opportunities to ask questions.”

Open communication facilitated information exchange and improved understanding among community members regarding child nutrition and health.

Theme 2: Empathy Toward Community Members

Health workers demonstrated empathy by listening attentively to mothers' concerns and understanding challenges related to childcare and nutrition. Participants perceived empathetic

A total of 15 informants participated in this study, consisting of health workers, Posyandu cadres, community leaders, and mothers of children under five years old. The findings revealed seven major themes related to the implementation of interpersonal communication in stunting prevention programs at Somba Opu Primary Health Center.

Characteristics of Informants

Table 1 presents the demographic and occupational characteristics of the participants involved in this study.

communication as an important factor in establishing trust.

A participant explained:

“The nutrition officer listened carefully to my problems and provided solutions that suited my family's situation.”

Theme 3: Supportive Communication

Supportiveness was reflected through continuous encouragement, motivation, and follow-up provided by health workers. Counseling and home visits enabled health workers to monitor progress and reinforce healthy practices.

Participants reported feeling motivated to attend Posyandu regularly and implement recommended feeding practices due to supportive interactions.

Theme 4: Positive Communication Attitudes

Positive attitudes such as friendliness, politeness, and respect contributed to effective communication. Informants emphasized that health workers maintained welcoming interactions during service delivery.

Positive communication increased community receptiveness to health messages and strengthened relationships between healthcare providers and community members.

Theme 5: Equality in Communication

Participants described communication as a two-way process in which community members were encouraged to express opinions, ask questions, and participate in discussions. Health workers avoided hierarchical communication styles and treated participants respectfully.

This approach fostered greater confidence and participation among mothers and caregivers.

Theme 6: Policy Support for Stunting Prevention

Informants acknowledged that national and local stunting prevention policies supported communication activities through program

guidelines, training opportunities, and resource allocation.

Community-based interventions such as Posyandu services, home visits, and nutrition education programs were implemented in accordance with government stunting reduction initiatives.

Theme 7: Community Empowerment Through Interpersonal Communication

The findings demonstrated that interpersonal communication contributed to community empowerment by increasing knowledge, awareness, self-confidence, and participation in child nutrition programs.

Community members reported greater involvement in monitoring child growth, attending health services, and disseminating health information to other families.

Table 2. Themes and Subthemes Identified in the Study

Theme	Subtheme
Openness	Information sharing and transparency
Empathy	Understanding individual needs
Supportiveness	Motivation and behavioral reinforcement
Positiveness	Friendly and respectful interactions
Equality	Mutual respect and participation
Policy Support	Program and regulatory support
Community Empowerment	Knowledge improvement and active participation

Overall, the results indicate that effective interpersonal communication serves as a critical mechanism for promoting behavioral change, strengthening community participation, and enhancing stunting prevention efforts at the primary healthcare level.

4. Discussion

This study explored the implementation of interpersonal communication by health workers in stunting prevention programs at Somba Opu Primary Health Center. The findings revealed that effective interpersonal communication was characterized by openness, empathy, supportiveness, positiveness, and equality. These communication dimensions contributed to increased knowledge, trust, community

participation, and empowerment in stunting prevention efforts.

The findings indicate that openness played a crucial role in facilitating the exchange of information between health workers and community members. Mothers reported receiving clear explanations regarding maternal nutrition, exclusive breastfeeding, complementary feeding practices, and child growth monitoring. Open communication encourages individuals to express concerns, seek clarification, and actively participate in discussions regarding health-related issues. According to DeVito, openness is a fundamental component of effective interpersonal communication because it promotes

transparency and mutual understanding between communicators (1). In healthcare settings, openness contributes to improved health literacy and enhances individuals' ability to make informed decisions regarding health behaviors (2). Previous studies have similarly reported that open communication between healthcare providers and caregivers significantly improves maternal knowledge and adherence to nutritional recommendations for children (3,4).

Empathy emerged as another important element influencing communication effectiveness. Participants perceived health workers as understanding and responsive to their personal challenges related to childcare and nutrition practices. Empathetic communication helps establish trust and strengthens relationships between healthcare providers and service users. Trust is particularly important in maternal and child health programs because behavioral changes often require continuous support and reinforcement over time. Street et al. demonstrated that patient-centered communication characterized by empathy improves satisfaction, treatment adherence, and health outcomes (5). Similarly, studies on community-based nutrition programs have shown that empathetic communication enhances caregivers' willingness to adopt recommended feeding and childcare practices (6,7).

Supportive communication was also identified as a key factor contributing to successful stunting prevention efforts. Health workers provided encouragement, motivation, and follow-up support through counseling sessions, Posyandu activities, and home visits. This finding supports the principles of Social Cognitive Theory, which emphasize that behavioral change is influenced by environmental support, reinforcement, and self-efficacy (8). Consistent encouragement from health workers may increase caregivers' confidence in implementing healthy feeding practices and utilizing healthcare services. Previous intervention studies have demonstrated that supportive counseling significantly improves exclusive breastfeeding rates, complementary feeding practices, and child nutritional outcomes (9,10).

The positive attitudes displayed by health workers further strengthened communication effectiveness. Participants consistently described health workers as friendly, respectful, and approachable. Positive interactions contribute to favorable perceptions of healthcare providers and increase community receptiveness to health messages. Research in health communication has shown that positive provider attitudes influence patient satisfaction, trust, and engagement in healthcare services (11). In the context of stunting prevention, positive communication can encourage regular participation in growth monitoring programs and increase acceptance of nutritional counseling provided by healthcare professionals (12).

Equality in communication emerged as another significant finding. Participants reported being treated respectfully and having opportunities to express opinions and ask questions during counseling sessions. This two-way communication process aligns with participatory approaches in health promotion, which emphasize collaboration rather than one-directional information transfer (13). Equality fosters a sense of ownership and responsibility among community members, encouraging them to become active participants in health improvement initiatives. Laverack highlighted that community participation and empowerment are more likely to occur when communication processes are inclusive and respect local perspectives and experiences (14).

Beyond the interpersonal dimensions of communication, this study found that policy support played an important role in facilitating stunting prevention activities. National and local government programs provided strategic frameworks, guidelines, and resources for implementing nutrition education and health promotion interventions. Indonesia's National Strategy for Accelerating Stunting Prevention emphasizes behavior change communication as a key pillar for reducing stunting prevalence through improved community awareness and participation (15). The integration of communication strategies into public health policies enables health workers to conduct

structured and sustained interventions targeting vulnerable populations. Similar findings have been reported in studies demonstrating that policy commitment and multisectoral collaboration are essential components of successful stunting reduction programs (16,17).

Community empowerment emerged as one of the most important outcomes of effective interpersonal communication. The study found that communication activities increased knowledge, self-confidence, and participation among mothers and community members. Empowerment is recognized as a critical determinant of sustainable health improvement because it enables individuals and communities to gain greater control over decisions affecting their health and well-being (18). Through counseling, home visits, and community engagement activities, health workers not only transmitted information but also facilitated capacity building and behavioral transformation. Previous research has shown that empowered communities are more likely to adopt healthy behaviors, participate in preventive health programs, and sustain positive health outcomes over time (19,20).

The findings of this study reinforce the growing body of evidence supporting interpersonal communication as an effective strategy for promoting maternal and child health. While mass media campaigns can increase awareness at a population level, interpersonal communication provides opportunities for individualized counseling, feedback, and emotional support that are often necessary to achieve meaningful behavioral change (21). Consequently, strengthening communication competencies among health workers should become a priority within stunting prevention programs. Training initiatives focusing on counseling techniques, active listening, empathy development, and participatory communication approaches may further enhance program effectiveness and community engagement.

Nevertheless, this study has several limitations. As a qualitative investigation conducted in a single primary healthcare setting, the findings

may not be generalizable to other regions with different social and cultural contexts. Additionally, participant perceptions may have been influenced by social desirability bias during interviews. Future studies employing mixed-methods or longitudinal designs are recommended to examine the relationship between interpersonal communication practices and measurable improvements in child nutritional outcomes.

Overall, the present study demonstrates that interpersonal communication functions not only as a medium for health information dissemination but also as a mechanism for building trust, facilitating behavior change, strengthening community participation, and empowering families to engage actively in stunting prevention efforts. These findings highlight the importance of integrating effective communication strategies into primary healthcare services to support sustainable reductions in stunting prevalence.

5. Conclusion

This study demonstrates that effective interpersonal communication is a fundamental component of successful stunting prevention at the primary healthcare level. Communication characterized by openness, empathy, supportiveness, positiveness, and equality strengthened trust between health workers and community members, enhanced health knowledge, promoted positive behavioral changes, and encouraged active participation in nutrition and child health programs. In addition, supportive government policies and community empowerment further reinforced the implementation of communication-based interventions. These findings highlight that interpersonal communication extends beyond the delivery of health information by serving as a catalyst for family empowerment and sustained community engagement. Strengthening communication competencies among primary healthcare workers through continuous training and supportive policies may improve the effectiveness and sustainability of stunting prevention programs. Future research involving

multiple healthcare settings and mixed-methods or longitudinal designs is recommended to examine the long-term impact of interpersonal

communication on measurable child nutrition and stunting outcomes.

6. References

- DeVito JA. *The Interpersonal Communication Book*. 15th ed. New York: Pearson; 2019.
- Schiavo R. *Health Communication: From Theory to Practice*. 3rd ed. San Francisco: Jossey-Bass; 2021.
- Saputra DD, Choiriyati S, Azizah M. Peran komunikasi interpersonal tim pendamping keluarga dalam percepatan penurunan stunting. *J Komunikasi Pembangunan*. 2023;21(2):120–130.
- Muhtadiah D. Komunikasi kesehatan penanganan stunting di Puskesmas Menanga. *J Ilmu Komunikasi*. 2023;15(1):45–56.
- Street RL Jr, Makoul G, Arora NK, Epstein RM. How does communication heal? Pathways linking clinician-patient communication to health outcomes. *Patient Educ Couns*. 2009;74(3):295–301.
- Hafriani, Maulida. Pengaruh komunikasi antarpribadi terhadap pencegahan stunting. *J Kesehatan Masyarakat*. 2022;18(2):145–153.
- Yunus MR, Utami AK, Aliah MN. Strategi komunikasi kader posyandu sebagai upaya perubahan perilaku keluarga dalam penurunan stunting. *J Pengabdian Masyarakat*. 2023;7(1):33–42.
- Bandura A. *Social Foundations of Thought and Action: A Social Cognitive Theory*. Englewood Cliffs: Prentice Hall; 1986.
- Rollins NC, Bhandari N, Hajeebhoy N, Horton S, Lutter CK, Martines JC, et al. Why invest, and what it will take to improve breastfeeding practices? *Lancet*. 2016;387(10017):491–504.
- Bhutta ZA, Das JK, Rizvi A, Gaffey MF, Walker N, Horton S, et al. Evidence-based interventions for improving maternal and child nutrition. *Lancet*. 2013;382(9890):452–477.
- Ha JF, Longnecker N. Doctor-patient communication: a review. *Ochsner J*. 2010;10(1):38–43.
- UNICEF. *Behaviour Change Communication for Nutrition Programming*. New York: UNICEF; 2022.
- Green LW, Kreuter MW. *Health Promotion Planning: An Educational and Ecological Approach*. 4th ed. New York: McGraw-Hill; 2005.
- Laverack G. *Health Promotion Practice: Building Empowered Communities*. London: McGraw-Hill; 2020.
- Kementerian Kesehatan RI. *Strategi Nasional Percepatan Pencegahan Stunting*. Jakarta: Kemenkes RI; 2018.
- Hoddinott J, Alderman H, Behrman JR, Haddad L, Horton S. The economic rationale for investing in stunting reduction. *Matern Child Nutr*. 2013;9(Suppl 2):69–82.
- Prendergast AJ, Humphrey JH. The stunting syndrome in developing countries. *Paediatr Int Child Health*. 2014;34(4):250–265.
- World Health Organization. *Health Promotion Glossary*. Geneva: WHO; 2021.
- Wallerstein N. *What is the evidence on effectiveness of empowerment to improve health?* Copenhagen: WHO Regional Office for Europe; 2006.
- Laverack G, Labonte R. A planning framework for community empowerment goals within health promotion. *Health Policy Plan*. 2000;15(3):255–262.
- Nutbeam D. Health literacy as a public health goal. *Health Promot Int*. 2000;15(3):259–267.

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8. Author Declaration

- Confirm originality of work
- State no conflicts of interest