



The Roles of Elders as Apparatuses of Power in Health Communication for Stunting Prevention

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Abstract: This research aims to know the roles of the elders as authority holders in the means of health communication for stunting prevention implemented in Trenggalek Regency, East Java. Stunting is the failure of growth and development caused by malnutrition at the first 1000 days of a child's life. This problem can be prevented by providing nutrition needed by pregnant women and toddlers, but for preventing this the efforts of health communication are needed so that the mindset and behaviors of the society can change according to the health standards. Therefore, at Trenggalek Regency Kenek Beraksi program was implemented involving elders who may have authority to distribute knowledge and intervene behaviors which cause stunting to children. This research is qualitative research using case study method, by data gathering using in depth interview and document study. The result of this research shows that elders have significant roles in health communication for stunting prevention at Trenggalek Regency. Elders hold authorities because of the culture in society giving them privilege as respected and trusted figures. Furthermore, their knowledge and experience give them expert power and referent power making their family follow their guidance. In health communication, their health acts as a communicator delivering health messages. The effects felt from the elders' involvement in this health communication program include the decrease of pregnant women having anemia, the increase of the toddlers' nutritional adequacy achievement, and the increasing weights of toddlers, which altogether reduce the number of stunting at Trenggalek Regency.

Keywords: Elders; Health communication; Kenek Beraksi; Stunting; Trenggalek

Introduction

Prevention of stunting is a national priority program in Indonesia, based on Presidential Regulation no. 72 of 2021 (Sumantri et al., 2023). The high rate of stunting forces the government to work with various levels of society so that this problem can be resolved properly. So far, most research has focused on preventing stunting on medical measures and improving nutrition. However, there are not many studies that describe the role of caregivers in preventing stunting, especially caregivers who have a strong influence in the family. Therefore, this research wants to discuss the role of the elderly, as someone who plays a role in health communication to prevent stunting. This

research is important to carry out considering there are not many references on this topic. In addition, this research can also be utilized by various agencies to develop stunting prevention programs involving the elderly.

Stunting is one of the health problems happening to children which will affect their lives until they reach adulthood. Child growth is absolutely decided by the gained nutrition for 1000 first days of life or more well known as the gold period of child growth and development. This gold period of growth and development happens starting from newborn baby until 2 years old, in which at this period the nutritional needs of a baby has to be sufficient so that there are no growth problems (Oginawati et al., 2023). Long-term

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malnutrition has an impact on the prevalence of stunting. Long-term malnutrition in toddlers may have an impact on their physical and psychological growth and development, which can be observed from their height and body weight (Sudigyo et al., 2023).

Stunting condition can be traced starting from the first 1000 days of life (1000 Hari Pertama Kehidupan/HPK). Here, if a child has malnutrition, which may also be accompanied by repeated infection, their growth will be stunted. Unlike *wasting* (underweight condition), which is also often the standard of malnutrition, *stunting* focuses on a child's height. There are many standards which can be used to know whether a child's height is sufficient or not. One of the most often used is the standard from *World Health Organization (WHO)*, in which a child is declared *stunting* if their height is at -2 of median deviation standard at the standard of child growth (Laksono & Megatsari, 2020). Stunting conditions have been shown to cause many disadvantages such as child mortality, cognitive impairment, and low productivity as adults (Haile & Headey, 2023).

The main reason set as the trigger of *stunting* condition is long-term malnutrition. Even during pregnancy, if a mother is malnourished and suffers from conditions such as anemia, it can cause her child to experience stunting (Nadhiroh et al., 2023). Nutrition needed by a child can be classified into macro nutrition (macronutrient) and micro nutrition (micronutrient). Macronutrient is substances that contribute greatly to daily energy consumption such as fat, protein and carbohydrates. Meanwhile, micronutrient is substances that complement the body's needs even in small amounts, such as vitamins and minerals (Guo et al., 2023). In stunting cases it is found that the most affecting macronutrient malnutrition is the lack of protein, while the micronutrient malnutrition is calcium, zinc, and iron. Protein is a substance which builds and regulates body cells, therefore lack of protein obviously causes adverse impacts to child growth. On the other hand, calcium functions to form bones, therefore lack of calcium causes the stunting of bone growth. Zinc is needed by body to perform physiological functions, in which without zinc child growth will be stunted (Candra, 2020).

However, if dug deeper, the malnutrition condition does not happen on its own. One of the main causes of a child's malnutrition is that the wrong parenting pattern. Many parents or babysitters do not truly understand the management of nutritional adequacy since pregnancy until the golden period of child growth. This matter is also related to the lack of environmental knowledge and condition which is obviously needed to be intervened to be able to reduce the number of *stunting* prevalence. Additionally, due to the recent COVID-19 pandemic, the society lifestyle changes so adjustment is needed in

approaching society so that they are willing to implement correct parenting (Teguh et al., 2021).

One of the regions in Indonesia which happens to be a stunting locus is Trenggalek Regency (Damayanti et al., 2021). The government from the region in East Java has made an integrated effort to reduce the number of *stunting*. This effort was not in vain and bore good fruit, as seen from the decrease of *stunting* prevalence number on average of 2% per year since 2013. In 2013, when Trenggalek Regency began to make an effort to reduce *stunting*, the prevalence number was 38,63%. This number gradually decreased until 26,78% in 2019 (Izwardy, 2020). The number continued to decrease until 18,1% at the end of 2021. It was a good achievement, compared to the stunting prevalence number in East Java which was still 23,5% and the national number was 24,4% (Dinas Kominfo Trenggalek, 2022).

The success was inseparable from the environmental, family, and individual-scale efforts. One of those was Kenek Beraksi (Kakek Nenek Bersama Awasi Kesehatan Generasi/Grandfathers and Grandmothers Together Supervising Generation Health) which is an innovation according to the local culture. The program initiated by the health center head of Trenggalek encourages the *stunting* problem solution and empowers elders. This program was designed in accordance with the condition in Trenggalek, where the number of elders percentage reached 17,23% in 2020 (BPS Jatim, 2022). The elders generally no longer have full-time jobs, so they can be encouraged to become forces for government to conduct health communication for *stunting* prevention. The elders in Trenggalek are also respected figures whose words are heard, so their roles are important for Trenggalek society.

The elders who are generally the grandfathers and grandmothers of toddlers in Trenggalek also have roles in their grandchildren's parenting. It is not uncommon that due to financial difficulty, parents ultimately decide to work full time or even go outside their region. Many parents who work full time reluctantly leave their children to the grandmothers and grandfathers. Because of that, most of parenting fully depends on the decisions made by grandmothers and grandfathers. In some cases in which parents are unemployed, the opinions from grandmothers and grandfathers can also be very dominant because they are considered to be more understanding and experienced. According to the research conducted by Rahmawati et al. (2019), the presence of grandfathers and grandmothers can have positive impacts. Due to their presence, children is more well-groomed and the *stunting* of the children attended by their grandfathers and grandmothers tend to decrease as well. It is also confirmed by the research conducted by Purwanti and Nurfiti (2019), in which children attended in the family with grandfathers and

grandmothers tend to be more prosperous and the number of *stunting* decreases.

On the other hand, the presence of grandfathers or grandmothers who do not really have health knowledge will endanger the health of toddlers. Because their words are absolutely heard, parents often follow the guidance of grandfathers and grandmothers even though they are not right and merely based on myths. There is also a possibility of a rivalry related to resources between grandfathers/ grandmothers and grandchildren. It needs to be understood that the elderly grandmothers and grandfathers may also need many resources to take care of themselves, while children also need them. Therefore, grandmothers and grandfathers give advice which prioritizes themselves due to the lack of knowledge and anxiety of the lack of resources. The mindset in taking care off grandchildren by grandfathers and grandmothers needs to be formed to bring better results in parenting children. It has also been researched by Sary (2020), in which if the grandmother's knowledge about *stunting* prevention increases, the toddler's weight will also increase.

Seeing the crucial role of the elders, providing knowledge to grandmothers and grandfathers is also very important for *stunting* prevention. Aside from being useful for the future generation's prosperity, it also helps elders feel empowered and capable of contributing in their old age. Therefore, the government of Trenggalek Regency runs the Kenek Beraksi program which is proven to show positive results. According to the registration of Trenggalek Health Center, after more than 3 years had passed from 2017 to 2020, the innovation of Kenek Beraksi contributed to the decrease of toddler *stunting* by 5,7% and had successfully increased the achievement of toddler balanced nutrition application from 60,21% to 80,51% and pregnant women who regularly drank Fe tablets increased from 77,32% to 94,92%. The result of the achievement in 2020 could impact the increase of toddlers whose weight increased and decrease the number of pregnant women who had anemia, by 69,08% (target: 60%) and 16,18% (target: <20%), respectively. This success was also appreciated by the Ministry of PAN-RB by endowing Top 45 National Innovation in Public Service Innovation Competition (Dinas Kominfo Trenggalek, 2021).

Based on the explained phenomena, the research question for this study is: How is the roles of elders as apparatuses of power in health communication efforts for *stunting* prevention? The aim of this research is describing the roles of elders as apparatuses of power further, mainly in health communication efforts for *stunting* prevention made in Trenggalek Regency, East Java. The gap in this study is the description of the role of the elderly as communicators in health communication. This has not been widely discussed in

other studies, because generally communicators in health communication are health workers or government official. The roles of elders seen in this study focus on the roles in Kenek Beraksi program which had been successfully implemented in Trenggalek Regency. The objective of this research is expected to describe the roles of elders in health communication more clearly which later can be used by other regions having similar culture and condition with Trenggalek Regency.

Method

The type of research used in this research is descriptive qualitative research. Descriptive qualitative research provides methodological flexibility while maximizing the collection of rich data, enabling an in-depth knowledge of the phenomenon of interest, and maintaining contact with the reality connected to participant personal experiences and individual viewpoints (Panda et al., 2023). This research specifically uses case study method. When the lines separating a phenomenon from its context are not immediately apparent, the case study approach, an empirical investigation that examines a current phenomenon in its real-world setting, is applied. Case study research focuses on one (or a small number of) examples of a certain phenomena with the goal of giving a detailed description of the actions, interactions, experiences, or processes taking place in that instance. These two definitions indicate crucial ideas for selecting a case study research methodology (Bell & Warren, 2023).

The data gathering method used in this research is interview. This research uses semi-structured interview which is categorized as *in-depth interview*. Semi-structured interview is a technique for gathering information that results from two persons interacting. Most interactions consist of asking and responding to open-ended questions centered on a specific topic (Dolczewski, 2022). In the interview, there were four key informants involved, who were the head of Trenggalek health center who initiated Kenek Beraksi program, a nutritionist of Trenggalek health center who was in charge of running Kenek Beraksi program, an elderly woman who participated in Kenek Beraksi program, and a mother whose children were once nurtured by their grandmother.

The process of creating descriptive systems can be divided into four stages, according to qualitative research design. The data analysis in this research uses several steps below (Stevens & Palfreyman, 2022):

1) The data unit must first be identified. It is necessary to make a choice regarding the relevant population(s). There may not be a perfect sample size for collecting qualitative data, but what is important is that the

researcher has made sure the data collection was broad enough to ensure that the sample was big enough to appropriately reflect the impact.

2) Selecting a method for data collection. Interviews are the primary data gathering method in this study. Focus groups allow participants to feed off each other's ideas and might lead to more debate than individual interviews, which are more sensitive and in-depth.

3) Interview design. The decision of whether to introduce pre-existing material to the interview, such as using questions or suggestions from the literature or other sources, or to start from scratch with unstructured interviews, is crucial. The most widely utilized method is to guide the interviewee to their areas of interest by using a semi-structured interview schedule.

4) Process for data analysis. It is crucial to determine whether data saturation has been reached before beginning an analysis, which occurs when no new data are emerging from the interviews. When conducting qualitative research, data analysis tools look for and investigate the issues and themes that the interviewee stated. There are two general methods that can be used to analyze the data. Following the identification of items from the interviews, dimensions can then be generated from them, possibly using factor analysis. Alternately, the use of qualitative approaches enables the direct identification of dimensions from the data, such the one previously mentioned.

In order to guarantee the quality of this research, data triangulation was done as an effort to ensure the validity of the research. Data triangulation is a process in which the data taken during the research is combined from various sources (Zamili, 2015). Overall, the flow of this research can be seen in the following chart:

Result and Discussion

Elders

The median population age in several nations is already higher than 65. When a person reaches this age, they are considered to be elderly (Liu et al., 2023). At the moment in Indonesia, the number of elders keeps increasing. According to the data issued by the Ministry of People’s Welfare Coordinator and Deputy I for Social Welfare Division, the percentage of the elders in Indonesia in 1990s was 6,29%. Then, in 2000s was 7,18% and kept increasing in 2006 until 8,9%. In 2010, it was predicted that the number of the elders had reached 23,9 million or 9,77% from overall population. It was projected until 2020 that it would 28,8 million elders or around 11,34% from overall population (Saputri & Indrawati, 2011). The trend of the proportion of the elderly population to the total population which continues to increase from year to year also occurs in Indonesia. Therefore, the concept of the elderly who have adequate quality and capability and remain active in the development process is something that the government must pay attention to (Br Ginting et al., 2019).

Elderly is one of the groups or population at risk which is increasing in number. The elderly as a risk population have three health risk characteristics, namely, biological risks including age-related risks, social and environmental risks and behavioral or lifestyle risks. With these risks, the elderly need to maintain their quality of life. The quality of life of the elderly includes 4 important components, namely physical, psychological, social relations and environmental components (Kiik et al., 2018).

Apparatuses of Power

Authority holder (*apparatuses of power*) is someone who has an ability to create reality through distributed knowledge (Hannan & Abdillah, 2019). Furthermore, the concept created by Foucault allows some people considered as apparatuses of power to determine the right actions through the stipulation of norms, education, and socialization. The ability of apparatuses off power to make a discourse can touch, penetrate, and even control individuals or society in very personal realms, such as sexuality and reproduction (Sundari, 2017).

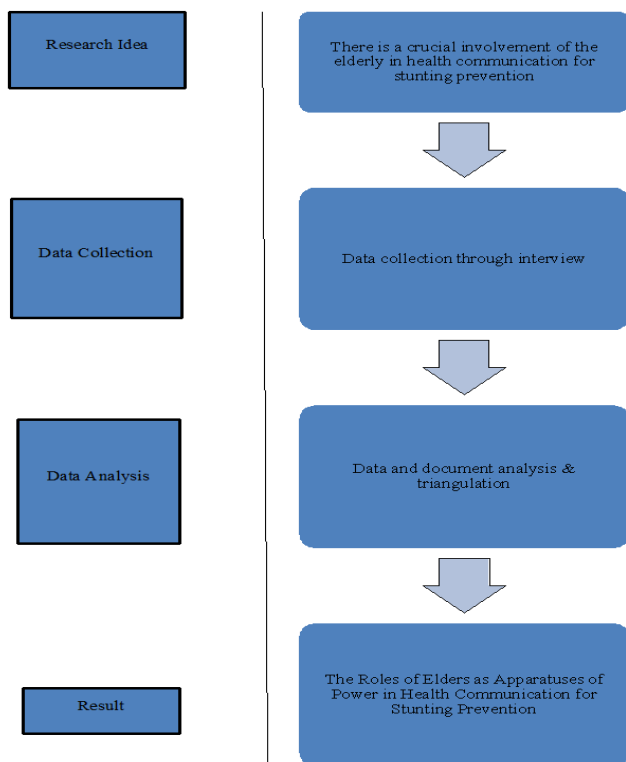


Figure 1. Research Flow

Source: obtained from primary data, (2023)

Michel Foucault in his book *Power/Knowledge* discussed health politics in the 18th century. Here, Foucault raised thoughts about *noso-politic*, in which diseases are classified and health protocols are formed. These started from the development of medical market in the forms of private patients, the expansion of personnel network offering medical care services, the growth of individual and family request on healthcare, the emergence of clinical medicines focusing on individual result of medical examination, diagnosis and therapy, the exaltation of “private consultation” based on ethical and scientific factors, and, although not openly acknowledged, economic factors. Society development in dealing with health conditions ultimately brought health politic out, in which diseases are considered as political and economical problems from society, of which solutions have to be made in the forms of policies. In the implementation of those policies, Foucault opined that the government should not be the only hub in solving health problems. Other parties can also be involved by using certain methods. For example, religious groups, charity organizations, and social organizations can also carry out supervision of health conditions, particularly for classes which are unable to protect themselves (Foucault, 1980).

It should be understood that the society’s physical health and well-being are the targets of political authority. Here, political authority not only needs to offer help to some vulnerable and problematic society populations, but also increases the level of health from “social body” in general. Therefore, apparatuses of power are needed to manage the body. Managing does not mean they can be arbitrary to someone, but more like helps and if necessary, restrains society to guarantee their health. Foucault compared these apparatuses of power with “police”, but that does not mean they are police from police institution. Police here describes a series of service mechanisms, for keeping order. Therefore, these “medical police” have roles in facilitating welfare growth and health condition preservation in general. There are three main goals of the police’s activities that are economical regulation (ensuring the circulation from health product commodities like medicine and food, manufacturing process from health products, and the obedience in buying and selling process of health products between merchants and clients), keeping public in order (supervising dangerous individuals or those who potentially infects and causes diseases), and encouraging hygiene (checking the quality of food, water, and environmental hygiene). Based on the thoughts, it can be understood that physical health and well-being from society become “figures” in political targets, in which the police from social body have to

have authority in economical and orderliness (Foucault, 1980).

Health Communication

Health communication is a process for developing or sharing health messages to certain audiences with the intention of influencing their knowledge, attitudes, beliefs about healthy lifestyle choices. Health communication includes information about disease prevention, health promotion, health maintenance policies, business regulations in the health sector, which as far as possible change and update the quality of individuals in a communication or society by taking into account scientific and ethical aspects. Health communication increases individual awareness about health issues, health problems, health risks and health solutions. Increasing individual awareness of these matters has an impact on the individual's family and community environment. This requires a multidisciplinary approach because it concerns how to educate and influence people's behavior for a healthier life (Maielayuska & Ardiyansyah, 2022).

A health communication program is the result of the deliberate effort and work by a group of people or organizations to address health issues in a community, school, health institution or workplace. It is a health program that has been designed to improve public health behavior change. Health communication is not only a process of raising individual and community awareness or increasing knowledge in the health sector, but also a health program that has been designed to improve changes in public health behavior (Manggala et al., 2021).

Health communication is more specific than human communication because it focuses on health issues. It is “communication in the health sector that is carried out to encourage the achievement of a state or status of complete health, both physically, mentally and socially. As with the communication process in general, health communication takes place at various levels, both individually, in groups, organizations, social/society, and the state which is carried out directly, face to face, media or non-media. Health promotion is the scope of health communication related to the process of campaigning health issues aimed at influencing public knowledge, attitudes and behavior about health and reducing health risks (Nur R et al., 2020).

Elders Role in Health Communication

The formed elder authority is inseparable from cultural roles. A study conducted to Indonesian society in general showed that elders still has roles in society social arrangement. The elderly still have roles such as improving social welfare which includes religious and mental spiritual services, health services, employment

opportunity services, education and training services (Nugroho, 2020). The presence of elders in family is still considered important, in which their life knowledge and experience are still widely used as references for the next generations. Therefore, the process of knowledge distribution which becomes a base for the strength of an apparatus of power. This elder's role has not been replaced with other knowledge sources because they are still considered trustworthy and their knowledge is still relevant. Therefore, elders can still become apparatuses of power in society life.

In a specific Javanese culture, there is a principle of respect which is embodied in the presence of hierarchical position between senior and junior. In this matter, senior has privilege to be respected in various life aspects. The most basic example is from the use of language for communicating. The younger people has to use *krama* language to the older people. If younger people use *ngoko* language, or language which tends to be considered as daily casual language, will be considered rude or impolite. Younger people are also taught the principles of *wedi* (afraid), *isin* (embarrassed), and *sungkan* (feeling bad) towards parents. The *wedi* feeling is brought up from the authority both physically and mentally since young. It is generally brought until adulthood in that they have to be scared of their parents since parents have authority on their physical and mental matter. Meanwhile, *isin* feeling is formed from guilt instilled by the authorized person. In this matter, parents who has roles as apparatuses of power, have a right to teach appropriate and inappropriate things. Inappropriate things will cause shame which can be manifested through verbal and physical punishment. Younger people are encouraged to respect older people more as part of politeness for keeping harmony. This matter causes younger people to have to refrain, both for giving an opinion and behaving if face-to-face with older people (Makmur & Widyaningrum, 2019). These Javanese cultures nonetheless give room for older people to become apparatuses of power. Elders also has this privilege in the end, in which they are feared and respected due to being older figures.

Likewise, in Trenggalek Regency which is one of the Javanese culture adherents, elders have roles as apparatuses of power. This region has quite large elderly population, that is 17,23% from the total of population (BPS Jatim, 2022). These elders are mostly retirees or the owners of UMKM (Usaha Mikro Kecil dan Menengah/Small and Medium Micro Enterprises). Due to their physical condition, the elders have difficulty in doing works which require great power such as becoming a farmer, even though the primary livelihoods of Trenggalek society are land owners and farm workers which reach 77,5% of total population (Yadi, 2018). Another alternative which develops as livelihood is

becoming overseas workers or also known Indonesia Migrant Workers. There are several incentives that make Indonesian Migrant Workers seek a living in other countries. Some of these things are encouragement from family, encouragement from friends, low income in Indonesia, increasing the family economy, wanting to get better facilities, and low education (Rizqi, 2023). For elders, this alternative job cannot be chosen either because employers generally look for workers in productive ages. Therefore, elders generally has more free time as retirees or UMKM owners.

With that condition, the elders in Trenggalek Regency are unable to become breadwinners in their families. This causes them to have more free time at home, so their children in productive ages often eventually leave grandchildren to them. According to the results of the interview with a grandmother, Sriati, this grandchildren care is also one of the authority forms of elders. In her case, her children and son-/daughter-in-laws got a chance to work outside the island, that was Papua. Truthfully, her children and son-/daughter-in-law did not mind to bring their children there. However, it was Sriati who minded. She was worried about the healthcare and education facilities in Papua. She felt that the facilities there were not as good as Java's facilities. Therefore, it would have been better if her grandchildren had been under her care than brought to Papua. This matter was heard by her children and son-/daughter-in-laws, so her grandchildren were under Sriati's care since they were babies. This matter made Sriati have full authority in taking care of her grandchildren.

It is a mystery on how this authority is formed, even though elders are no longer productive as breadwinners. This matter can be analyzed from the mind of Michel Foucault about apparatuses of power. Apparatuses of power can show authority in controlling someone due to the knowledge distribution (Hannan & Abdillah, 2019). In the case of Sriati, she could be an apparatus of power due to her knowledge as a mother. She had previously had roles as a mother of three children whom she successfully raised. Therefore, when she asked for taking care of her grandchildren, her children and son-/daughter-in-laws could trust her because Sriati was considered to have had proven knowledge and experience in taking care of children. Furthermore, this nurturing of grandchildren also helps parents who have to earn a living at far places. This matter is in accordance with Foucault's thought (1980), in which apparatuses of power has an ability to manage not in an arbitrary way to someone's life. However, they get authority because what they do also helps managed individuals. According to the results of an interview with a mother with a toddler, Ninis Triwulandari, a mother sometimes needs help in taking care of her children. In her case, although she was a housewife, she still had to sell snacks

for increasing income. Throughout this selling process, she had difficulties if having to engage with her toddler child. Aside from interfering with the selling process, she was also worried with her child's condition if she brought in work. This was because the weather was sometimes uncertain when she had to sell stuffs, the buyers sometimes might not be healthy so that it could infect her child. Even more, the selling hours sometimes take quite a while, so her children might have felt hungry and thirsty even though she is still far from home. Therefore, Ninis felt that it would be better to entrust her children's nurturing to her grandmother. She felt that her grandmother would take care of her children well while she went selling stuffs, and she did not have to be worried about the condition of her children's nurturing. This shows the authority of an elder is proven to be helpful. In many cases of the nurturing by elders, not only parents of the children get help, but also the children get help in their growth and development. Therefore, elders have authority not only because of their knowledge but also because what they do is considered helpful.

This elderly authority is then apprehended and used by the government of Trenggalek Regency helping the campaign and intervene health related to stunting prevention. Elders are involved in an effort to encourage and monitor both pregnant women and toddlers so that their nutrition needs are fulfilled. A study in health communication involving elders showed that elders have referent power and expert power as the bases of their strength in doing health communication. Referent power is a communicator's ability to be a role model and an example, whereas expert power is related to the knowledge of a communicator. Elders are considered as exemplary figures and they have had more knowledge related to health (Suprobowati, 2018). Therefore, their involvement in doing health communication can give positive impacts for the expected results.

In Trenggalek Regency, the population of elders are quite high, so their presence catches the attention of the Local Government. The Local Government initiates programs for maintaining the well-being of elders, so that elders can still live healthily and properly. Therefore, Trenggalek Regency becomes a pioneer in providing public service for elders. One of the public services driven actively is Posyandu Lansia (Pos Pelayanan Terpadu Bagi Lanjut Usia/Integrated Healthcare Center for Elders). In this Posyandu Lansia, elders are given rooms for gathering and socializing with other elders and healthcare workers. Elders are checked, given counseling, and activities for supporting their *well-being* (Niningasih et al., 2021).

As Posyandu Lansia succeeds in forming good relationship with elders, the health workers of Posyandu Lansia discover that there are other chances which can

be developed in an effort of health communication done in Trenggalek Regency. These chances emerge because elders tell their daily lives with their families, and show that they still have strong authority in the midst of their families. Therefore, a health communication program involving elders helping healthcare workers starts to be designed. This program is named Kenek Beraksi (Kakek Nenek Bersama Awasi Kesehatan Generasi/Grandfathers and Grandmothers Together Observing Generational Health).



Figure 2. Elders Educational Activity in Kenek Beraksi Program

According to the interview results with the Head of Trenggalek Healthcare Center, Andiek Muarifin, this program is an innovation done because there are many elders who still live together with toddlers and pregnant women. Most of these elders still have big roles in taking care of toddlers or taking part in taking care of the condition of pregnant women. Therefore, the main focus of this program is using the authority of the elders who are at home with toddlers and pregnant women to fulfil their nutritional needs. Elders are supplied with sufficient knowledge so that there will be no wrong parenting, then they can share their knowledge to their families and directly practice that knowledge in parenting.

There are two main activities in Kenek Beraksi program, that are TauMil (Pantau Ibu Hamil/Pregnant Women Observation) and TauCu (Pantau Cucu/Grandchildren Observation). These two activities are actually health campaigns and interventions initiated by healthcare workers, but in the end involve elders in the process of knowledge distribution and use the elders' authority so that the interventions can function effectively. These two activities aims to maintain the nutritional needs of both pregnant women and toddlers who live together with elders. With the involvement of elders, it is proven that there are the decrease of the number of toddlers *stunting*, the increase of toddlers balanced nutritional needs achievement, and

the decrease of the number of pregnant women having anemia.

In TauMil activity, elders are taught about how important iron (Fe) intake is for pregnant women. Anemia caused by iron deficiency can cause long-term complication to babies in the womb, which affects their lives even until adulthood. It needs to be understood why anemia becomes a factor which is the focus in this activity. In Trenggalek Regency, anemia becomes the second highest pregnancy complication after preeclampsia. Unlike preeclampsia which needs further treatment, anemia can be prevented by regularly drinking iron enhancer tablets at home. Pregnant women who check up to midwives of Integrated Healthcare Center or Public Health Center have been given free Fe tablets facility, so that they can prevent anemia at pregnancy periods. Unfortunately, many pregnant women still do not understand how important iron enhancer tablets are. Many of them do not drink those supplements regularly as recommended because they feel that they do not really need them, or they are not that tasty. Fe tablets can cause nausea for pregnant women who tend to be sensitive, but it should not make pregnant women ignore the importance of iron intake at pregnancy periods. Therefore, TauMil activity is implemented to intervene so that pregnant women drink the Fe tablets regularly as recommended by midwives or doctors.

The elders' involvement in TauMil program starts from knowledge sharing by healthcare workers (they can be midwives, employees, nurses, and doctors) at regular meetings at Elders Integrated Healthcare Center. In that counseling, elders are given information about the dangers of anemia for pregnant women and their babies, anemia prevention by consuming Fe tablets, and the rules of correct Fe tablets consumption. After understanding those things, elders are asked to convey the similar understanding to pregnant women in their family environment. Furthermore, elders, who in Elders Integrated Healthcare Center data stay at home with or near pregnant women, are also supplied with Fe tablets consumption forms. These forms' contents are quite simple, that are self-description of responsible pregnant women and elders, and empty columns containing dates in one month. These forms aim that elders encourage pregnant women to consume Fe tablets regularly. Every time pregnant women have drunk Fe tablets, elders can tick empty columns according to the dates on those forms. This helps elders and pregnant women so that they do not forget whether they have consumed Fe tablets on that day.



Figure 3. An Example of TauMil Form

In the next month, when there is a meeting once more at Elders Integrated Healthcare Center, these forms are brought so that elders can tell and share their success or problems in encouraging pregnant women to consume Fe tablets. Elders who succeed will get praise from healthcare workers and their *peer group*. On the other hand, elders who have problems in doing so can share to look for the solutions of the problems. These praise and input make elders enthusiastic in doing TauMil activities, aside from benefits which can also be felt by their families in health field. Therefore, their authority and help are appreciated not only by their families, but also by people around them.

Meanwhile, in the second activity of Kenek Beraksi program, that is TauCu activity, elders are involved in intervening the nutritional intake of toddlers who live with them or in their care. Like TauMil, this activity is initiated by sharing knowledge about nutritional fulfillment of toddlers who have consumed MPASI (*Makanan Pendamping Air Susu Ibu/Breast Milk Side Dishes*) until who no longer drink breast milk.



Figure 4. Toddlers Nutritional Intake Education in Kenek Beraksi program

In Trenggalek Regency, there are still mistakes about nutritional fulfillment. Nutritional fulfillment is often linked with children feeling full or their appetite.

Then, a child may eat plenty but their nutritional needs are not fulfilled. For example, there are nannies who are discovered to still give rice with instant noodles as side dish to toddlers. They feel that it is enough because toddlers want to eat voraciously and in quite large portion. However, in reality the nutrition contained in those food is very little. Most are simply carbohydrates in those food, while the needs of protein, vitamin, mineral, and other nutrition have not been fulfilled.

There is another wrong assumption that nutritious food tends to be expensive, for instance meat should be included, even though nutritional sources are very diverse and can be obtained from various affordable local food. The most important thing is giving various, balanced food containing much nutrition, that is carbohydrates, protein, fat, vitamin, and mineral. Do not be excessive on one nutrition but do not be short of another nutrition either. Another thing which should be avoided is using the same food ingredients too often so children are bored and do not want to eat. For example, carbohydrates is not only obtained from rice, so the understanding that they have not eaten yet if they have not eaten rice can be eliminated. Providing knowledge about food nutrition and variant in the beginning becomes important. Elders are given knowledge about various food and their nutrition so that the knowledge can help the consumption patterns of toddlers in their families. In some sessions, they are also taught how to prepare food ingredients so that they fit to be consumed by toddlers, and the sessions also give an idea so that the prepared food can be more various and toddlers will not be bored in eating food.

After gaining the knowledge, elders are expected to distribute the knowledge to people who also take care of toddlers and directly practice it in toddlers parenting. Like TauMil activity, for supervising this activity, elders are given forms which can be taken home to be filled. The contents of these forms are data from elders and nurtured toddlers, and then tables about the scopes of nutrition which has to be consumed by toddlers daily and dates in one month. Elders can tick the provided columns every day to ensure that toddlers get needed nutrition.



Figure 5. An Example of TauCu Form

This matter is expected to help remind elders whether the food consumed by toddlers that day still lacks nutrition and needs to be added. For example, if they want to give rice with instant noodles as side dish, the portion of instant noodles may be reduced and other side dishes like tofu, tempeh, eggs, fish, or vegetables, may be added.

Like TauMil activity, in TauCu activity these forms will also be brought in discussion when there is an Elders Integrated Healthcare Center activity. In that chance, elders can tell their success in giving various intakes to their grandchildren. Many elders are also proud of the fact that their grandchildren’s health condition gets better, their weight increases, and their appetite is good as well. If there are elders who still have difficulty, they can share the solutions. For example, sharing food recipes liked by toddlers, or how to encourage children and son-/daughter-in-law to pay attention to the sufficiency of toddlers’ nutrition. The pride of being able to fulfil the grandchildren’s nutritional sufficiency makes elders enthusiastic to be parts of health communication. In addition to be feeling appreciated by their families and *peer group*, they also see the good development of their grandchildren which makes elders happy.

In this Kenek Beraksi program, elders are specifically placed as communicators in health campaigns and intervention. Elders become communicators by being trained and given knowledge by healthcare workers. Then, their authority is used to be able to distributed gained knowledge, and to directly intervene the behaviors of pregnant women in consuming Fe tablets, and toddlers’ consumption patterns. The supervision is carried out by using forms which can be filled and then discussed together at Elders Integrated Healthcare Center. The media which can be used in this health communication is direct face-to-face because elders generally stay at the same home with or near targeted pregnant women and toddlers. The effects of this health communication have impacts on the increase of the toddlers’ balanced nutritional application, the increase of toddlers’ weight, and the decrease of pregnant women who have anemia, in which they overall reduce the number of *stunting* in Trenggalek Regency.

Conclusion

Based on the results of the research done with *in depth interview* and document study, it can be concluded that elders have significant roles in health communication for *stunting* prevention in Trenggalek Regency. The elders’ roles start from the authority they have in their families and environment. This elders’ authority is formed from the culture which gives them

privilege to be respected, trusted, and be able to instruct younger generations. Then, the presence of elders with their authority may help their families and environment with *expert power* and *referent power* they have. Their experience and knowledge may be precious and be applied for their families' welfare.

With their roles as apparatuses of power, elders have power to become communicators who have influences in health communication. Particularly in Kenek Beraksi program initiated in Trenggalek Regency, elders have big roles in encouraging pregnant women in preventing anemia and maintaining toddlers' consumption patterns so that they do not lack important nutrition. These elders' roles are proven to bring positive impacts in the decrease of the number of *stunting* in Trenggalek Regency. Therefore, similar activities can be done by other regions in Indonesia which have population and cultural background similar to Trenggalek Regency's.

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Author Contributions

The contribution of each author can be described as follows: Conceptualization, Monika Teguh, Rachmah Ida, and Ratih Puspa. Methodology, Monika Teguh, Rachmah Ida, Ratih Puspa, and Burhan Bungin. Validation, Rachmah Ida, Ratih Puspa, Burhan Bungin, and Cosmas Gatot Haryono. Formal analysis, Monika Teguh. Investigation, Monika Teguh. Resources, Monika Teguh. Data curation, Monika Teguh. Writing – original draft preparation, Monika Teguh. Writing – review and editing, Rachmah Ida, Ratih Puspa, Burhan Bungin, and Cosmas Gatot Haryono. Visualization, Monika Teguh. Supervision, Rachmah Ida, Ratih Puspa, Burhan Bungin, and Cosmas Gatot Haryono. Project administration, Monika Teguh. Funding acquisition, Burhan Bungin and Cosmas Gatot Haryono.

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Conflicts of Interest

The authors declare no conflict of interest.

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