

## COMMUNICATION MODEL FOR STUNTING HEALTH AGENT IN KEDIRI DISTRICT, EAST JAVA PROVINCE, INDONESIA

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**ABSTRACT:** Stunting is a child's growth problem that will affect their life into adulthood. In Indonesia, this case is handled with health communication efforts involving health agent. Based on this phenomenon, this research aims to describe the reproduction of bio-power by health agents and authorities (apparatuses of power) carried out by health cadres as preventive health care agents in the health communication system, especially distributing knowledge about stunting prevention to local communities. The research approach is a qualitative approach with descriptive research type. The research method used is discourse analysis in accordance with Foucault's concept. The research results show that the process of bio-power reproduction is carried out by health workers, as part of local community members. Health cadres are not health workers, but most are housewives who are an extension of the regional government in health communication. The process of reproducing bio-power by health cadres begins with the production of bio-power through bio-politics by the government. The results of the reproduction of bio-power can be seen from a common understanding of stunting, its causes and how to prevent it, as well as changes in the behavior of the target subjects. Obstacles to the reproduction of bio-power arise from within the target subject, such as wrong thinking, reluctance to interact, and personal discomfort, as well as from outside, such as information that is incompatible with new media.

**KEY WORDS:** health cadres, health communication, bio-power, agents, stunting.

### I. INTRODUCTION

The stunting problem is a global problem according to various other studies from UNICEF, WHO, and the World Bank Group (2020), as well as Muldiasman et.al. (2018). In Indonesia, the stunting phenomenon is still common, so it is made one of the main agendas in the National Medium Term Budget Plan IV 2020-2024 (Ministry of National Development Planning & National Development Planning Agency).

Based on data released by the Ministry of Health of the Republic of Indonesia, in 2019 there were still 27.67% of toddlers experiencing stunting. More specifically, in East Java the stunting prevalence rate still reaches 26.86%. In Kediri Regency, East Java Province, where this research was conducted, the stunting prevalence rate was 26.78% in 2019. Kediri Regency succeeded in reducing the stunting prevalence rate by an average of 2% per year, starting in 2013 when the stunting prevalence rate was 10.2 % from 2013 to 2019. The prevalence of stunting problems in East Java Province in 2017 was 26.7%. Data on stunting for Kediri Regency in February 2018 was 19.78% (Kediri District Health Service, 2018), and in Darungan Village it was 50 children.

In health communication efforts carried out by the Kediri District Health Service. The existence of health cadres begins with Minister of Home Affairs Regulation no. 54 of 2007, concerning Guidelines for Establishing an Operational Working Group for Posyandu Development. Posyandu, which has been run by government agencies, must be open to assistance from working groups from the community. Cadres are also a bridge for the community to be able to communicate further with health workers (Iswarawanti, 2010).

This cadre has a role as preventive health care agent in cases of stunting (Wulandarii & Kusumastuti, 2020). Even though they don't have any "title" that would give them certain power over others. However, these cadres were able to approach the community and change their behavior through health promotion. Preventive health care and health promotion play a crucial role in people's lives, as has been researched by Wibawati et al (2014), Nurhaiti (2015) and Sugyati et al (2017).

Cadres also have a role as holders of authority (apparatuses of power) who have the ability to create reality through the distribution of knowledge (Hannan, 2017). The ability of authority holders to create discourse can touch, penetrate, and even control individuals or society in very personal areas, such as sexuality and reproduction (Sundari, 2017). Based on this explanation, this research examines the formation of bio-power by health cadres as agents and authority holders in preventive health care. The case studied specifically is stunting prevention in Kediri Regency, where this phenomenon is suspected to occur.

## II. RESEARCH PURPOSES

Based on the background of the problem described above, the aim of this research is as follows: To describe in depth how cadres produce and distribute knowledge about stunting through health communication practices as a form of bio-power to the local community individuals they handle or advocated.

## III. RESEARCH METHODS

This research uses a critical paradigm. This critical paradigm aims to carry out a critical process, in order to reveal the real structure of a social phenomenon in order to improve the quality of life of research subjects (Abadi, 2011). Specifically, the method used in this research is a discourse analysis method based on the concept of Foucault (2004). This discourse analysis method is known as Foucauldian discourse analysis, with three key elements in it, namely discourse, power and history (Kendall & Wickham, 2003).

The subjects of this research are health cadres who act as preventive health care agents and authorities in stunting prevention education in Kediri Regency. Specifically, the criteria for informants who are sources, including those identified as preventive health care agents, in this study include: Informants consisting of 3 Kediri Regency Health Office officials, 2 Kediri Regency Health Center officials, 5 health cadres, 5 mothers/caregivers toddlers in Darungan Village, Pare District, Kediri Regency.

The method used to collect data in this research is through interviews (Yusuf, 2016). Apart from interviews, another method that is also needed to complete the data is documentation (Cresswell & Cresswell, 2018).

In this research, data analysis technique steps were used in accordance with the Foucauldian discourse analysis method. The procedures carried out in the research were selecting a collection of statements, problematization, technological rationality, identification of subject positions, and subjectification (Arribas-Ayllon & Walkerdine, 2017).

## IV. RESULTS AND DISCUSSION

### 4.1. Distribution Pattern of Stunting Knowledge in Kediri Regency

The distribution of knowledge about stunting in Kediri Regency was first established by the central government to the regional government of Kediri Regency. Officers and health workers from relevant regional organizations receive training at the district level from the central government to become Master Trainers. Then the master trainer is tasked with distributing knowledge to parties who are deemed to need it. However, because they realized that local governments had limitations in distributing knowledge to the wider community, they invited cadres who were part of the community to become extension agents. After that, the local government and cadres jointly distributed knowledge to the target audience, especially mothers and caregivers of toddlers. So in the distribution of this knowledge, the local government becomes the communicator and the cadres become the communicants first. After the knowledge of the cadres is formed, the cadres together with the local government become communicators with the community, especially mothers and caregivers of toddlers as communicators. Apart from receiving knowledge distribution from local governments and health cadres, their knowledge is also shaped by the media, such as mass media and social media.

The distribution of this knowledge also instills in people's minds that children who suffer from stunting are not okay, this condition is very dangerous, and can destroy children's future. Stunting must be prevented and eradicated for the future of children, their families, and the nation and state. It is important to embed the narrative of preventing stunting in various activities so that the target audience internalizes that stunting must be prevented. The targets no longer consider the condition of children with short or petite stature as something normal, but as a bad thing and must be prevented in the first 1,000 days of life. If you are late in taking precautions, the consequences will be borne by the child for life.

If it is felt that there is an incident that could cause stunting, for example a pregnant mother cannot eat, a baby/toddler has difficulty eating, or a baby/toddler continues to get sick over and over again, then the cadre will try to encourage the mother or caregiver to have their or their child's condition checked at the Integrated Service Post or Center. Public health. During the examination, if symptoms of stunting are found, for example the pregnant woman's weight is low or the child's weight and height are low, then the health cadre will help by providing knowledge about solutions that can be put into practice by the mother and caregiver. Examples include providing recipes and variations of food that children like more so that children are more willing to eat, as well as ideas for nutritious food at affordable prices.

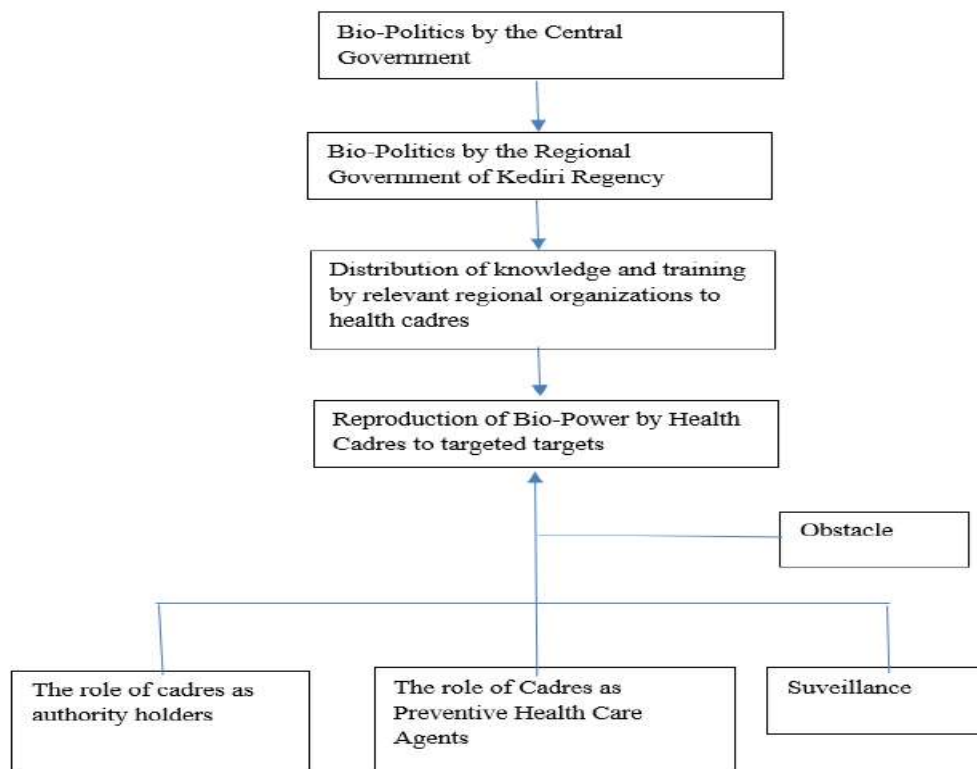
The effect of distributing knowledge about stunting to mothers and caregivers of babies/toddlers now, around 9 years after the initial implementation of the health communication program, is that knowledge has been formed in line with what was expected by the government. Currently, for mothers and caregivers of babies/toddlers, the word stunting is no longer a strange word for them. They already understand that stunting is a health condition where a child experiences failure to grow, which can be seen from being shorter in height than children his age. Apart from that, an understanding of the causes has also been formed. The notion that short children are due to hereditary factors and is normal is starting to disappear. Mothers and caregivers of babies/toddlers already understand that malnutrition is the main contributing factor to stunting in children.

For babies, exclusive breast milk is very important as the main source of nutrition. Then when you enter the toddler stage, complementary food with breast milk followed by solid food becomes important. The variety of complementary foods given to breast milk and the food given to children must be balanced, containing the macro and micro nutrients that children need. Providing food with just one type of nutrition is not enough, such as giving rice with side dishes of instant noodles which both only contain carbohydrates. Mothers and caregivers of babies/toddlers also understand the importance of having their pregnancy and child checked regularly at health facilities such as Integrated Service Posts and Community Health Centers. This knowledge distribution effect is what helps reduce stunting rates in Kediri Regency.

The phenomenon of distribution of knowledge about stunting both to health cadres and to the community, especially mothers and caregivers of babies/toddlers, can be studied further using the thoughts of Foucault (1980). Foucault states that regimes of power determine what counts as meaningful speech, what topics will be investigated, how facts are produced, and the like. This happened in the distribution of knowledge about stunting in Kediri Regency. Previously, stunting was not a discourse that was paid attention to by society. However, since it was made a national program by the central government, regional governments have promoted outreach about stunting. This is also supported by the targets for reducing stunting rates launched by the government. Finally, the discourse about stunting became an important agenda for the government, which was transmitted to the community. The community is invited to participate actively so that the stunting rate can decrease. Their knowledge is formed, so that an understanding emerges that stunting is a bad condition, dangerous, needs to be prevented, and cannot be ignored.

**4.2. Reproduction of Bio-Power by Health Cadres**

The reproduction of bio-power in health communication efforts to accelerate stunting in Kediri Regency can be seen in the following picture:



Picture. 1. Bio-Power Reproduction Chart by Health Agent (Source: Processed by Researchers, 2024).

As can be seen in the chart above, the reproduction of bio-power by health cadres in efforts to prevent stunting in Kediri Regency begins with bio-politics (Wallenstein, 2013). In the reproduction of bio-power in health communication to prevent stunting, bio-politics starts from the high rate of stunting in Indonesia. In 2013, the prevalence rate of stunting under five in Indonesia was still 37.2%. This is a problem because stunting cases are estimated to reduce gross domestic product by around 3% per year. Thus, the central government initiated a national movement to accelerate nutrition improvements. As part of this movement the government published a Policy Framework and Planning and Budgeting Guidelines for the national movement for the first 1000 days of life. Stunting prevention indicators and targets have been included as national development targets and are contained in the 2015-2019 national medium-term development plan.

Based on the results of an interview with the Head of the Kediri District Health Service, in 2013, when the National Program for stunting prevention was first implemented, the regional government of Kediri District also implemented bio-politics in the context of stunting prevention. Apart from building a better generation for the nation, regional governments are also subject to demands from the central government to reduce stunting rates. Therefore, it is important for them to carry out bio-politics so that their goals are achieved. Apart from efforts to reproduce bio-power, health cadres are also given a role in carrying out surveillance on target subjects.

The concept of surveillance was first described by Foucault based on his observations in a prison, where recidivists serving sentences were controlled through a surveillance process. This supervision process is described as a panoptic gaze which makes the people under supervision carry out certain discipline, in accordance with the provisions of the authority holder (Elmer, 2012). Nowadays, this concept is still relevant in applications in various fields. An example is surveillance in developing countries using both overt measures such as surveillance cameras, but also more subtle and invasive means such as data trawling. Governments, corporations, and other powerful entities can comb through large volumes of data about specific people or larger demographics to gather information about them and exercise control over them (Sheridan, 2016). These concepts of supervision also become the basis for the reproduction of bio-power, where the subjugation of the body as described by bio-power is also formed from the supervision of parties who are given authority to do so.

This surveillance is a crucial aspect carried out by cadres in the process of reproducing bio-power. With supervision, the government can find out the real conditions of society. Based on these real conditions, various policies can be implemented and programs can be created. This is because the monitoring process cannot be carried out only occasionally over a long period of time. Supervision is best done daily or at least weekly. So it is not possible if it is carried out by government officials. However, this is possible for health cadres who live in the same area as the target area.

So far, the reproduction of bio-power by health cadres has been proven to show results. Health cadres are able to act as authorities, preventive health care agents, as well as supervisors in producing bio-power to prevent stunting. This can be seen from the significant decline in stunting rates in the Kediri Regency area, where in 2013 the figure was still 38.63% and continues to decline to 18.1% in 2021. Apart from being visible from the numbers, the reproduction of bio-power is also visible from changes knowledge and behavior of the target subject.

External obstacles can be found from the influence of mass media, especially the internet and also social media. With information via the internet and social media, the truth of information from health cadres can be compared. So the existence of this new media actually acts like a coin with two sides. On the one hand, if what the cadre conveys is in line with what the target subject finds in other media, then it can strengthen the process of reproducing bio-power as a holder of authority. However, if it turns out that there are things that are different and give different perceptions, this could hamper the reproduction of bio-power because it creates diversity within the target subject.

## V. CONCLUSION

Foucault (1978) put forward a thought about bio-power. Bio-power explores the power over bios or life, when life can be controlled both individually and in groups. Manifestations of bio-power come in two main forms. The first form is body discipline. Body discipline treats humans like machines: productive, useful for the economy and social life of society. This form of bio-power appears in the military, in education, in the workplace, and seeks to create a more disciplined and effective population. The second form is population regulation, which focuses on the reproductive capacity of the human body. This form of bio-power appears in demography, wealth analysis, and ideology, and seeks to control populations at a statistical level. In Foucault's thinking, there are important actors, namely the owners of certain knowledge who are given certain predicates, so that they have the power to regulate their life. Examples are doctors and health workers. With the knowledge and predicates they have, they are enabled to organize the lives of other people who do not have them.

These government efforts are the production of bio-power which begins with bio-politics. Bio-politics is an effort to ensure, support, reproduce and order people's lives through political administration. The end of this bio-politics is the formation of bio-power. Bio-power is a variety of ways to achieve "subjugation of the body" in society. Society cannot be allowed to have complete freedom over one's body, such as how and how much one wants to produce, how one cares for one's children, or how one wants to manage one's healthy lifestyle. This is because what appears to be the rights and privacy of each person, if combined at a macro level, will have an

impact on the condition of the country. By conquering this body, it is hoped that people can live more productively and not endanger the government. Likewise, in the case of stunting, bio-power plays a role in regulating parents' parenting patterns towards children. It is hoped that this will have a positive impact on the child's life in the future.

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