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SOCIALIZATION STRATEGY OF POSYANDU DAHLIA CADRES IN ORDER TO REDUCE INFANT MALNUTRITION IN THE AGE RANGE OF 0-9 MONTHS IN HERAMKOTA DISTRICT, JAYAPURA

Mesakh Mirin
Communication and Business Institute LSPR, Indonesia
Email: mesakhmirin521@gmail.com

ABSTRACT

This research focuses on the socialization of health communication carried out by Posyandu Dahlia Heram District cadres in reducing the number of cases of malnutrition in infants aged 0-9 months. Using descriptive qualitative research and an interpretive paradigm, the author tries to find the strategies used by Posyandu Dahlia cadres when they go to the field to reduce infant mortality. Data sources were obtained through in-depth interviews with seven informants as wel as from valid internet reference sources, books and documentation by the authors in the field directly. This study found that Huge Rank's Health Communication Theory did not apply al of the techniques by Posyandu Dahlia Cadres. Only a few of the downplay and intensive techniques were used by informants if they were suitable for application when socializing or carrying out work program activities from the posyandu.

KEYWORDS *Communication, Health, Malnutrition, Downplay, Intensive*

INTRODUCTION

Health is a critical investment in the effort to combat poverty (Sumartono & Astuti, 2018). Good health is one of the keys to ensuring the sustainability of a high-quality human resource, particularly in the health of children, who are the future generation. However, in Indonesia, there are numerous child health issues ranging from malnutrition, measles, and diarrhea to malaria. Malnutrition and stunting (dwarfism) are global health issues (Utami et al., 2021). The prevalence of these

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health problems remains relatively high in developing countries like Indonesia (Raphael-Grimm, 2014; Salamah & Sulistyani, 2018).

The dangerous impact of malnutrition and stunting includes infant mortality. If children do not achieve optimal health, it could potentially jeopardize the nation's future, particularly in 2040, when Indonesia should benefit from a demographic bonus that could instead be populated by a malnourished younger generation. The government, through the Ministry of Health's programs, has made further nutrition development one of the four essential programs to be implemented by the Ministry of Health (Pratiwi, 2019).

The stunting rate in Indonesia is higher compared to other Southeast Asian countries, such as Vietnam and Thailand. According to 2018 data from the Ministry of Social Affairs of the Republic of Indonesia, the Nutrition Status Monitoring (PSG) indicated that the stunting growth rate in Indonesia was 3.5% (red status), and the health sickness rate was 11.3% (yellow status). This shows an improvement from 2016, where the rate was 27.5%. Generally, the barriers to and lack of healthy food in some regions remain high. Areas with hunger rates above 18% include NTT at 20.9%, Central Sulawesi and West Sulawesi at 19.9%, West Kalimantan at 19.4%, Aceh at 18.9%, and NTB at 18.3%. Areas with high stunting (red status) include NTT at 7.4%, Papua at 6.8%, West Papua at 6.6%, North Sulawesi at 6.5%, and West Kalimantan at 6.5% (Health Research, 2018).

According to UNICEF Indonesia data, one in thirty children in Indonesia dies before the age of five, with approximately one in ten in some districts of Eastern Indonesia, the most underdeveloped regions of the country, especially in cases of severe malnutrition. Regarding the proportion of malnourished children in Eastern Indonesia, West Papua and Papua provinces rank first and third, respectively. Malnutrition (Saputra, 2016) is a condition of inadequate nutrition caused by low energy and protein intake (KEP) in the daily diet (Muslim, 2018).

Malnutrition in children occurs when the weight-for-height index is equal to or more than 3 Standard Deviations and clinical signs of marasmus-kwashiorkor are observed (Saputra, 2016). According to the 2020 Performance Report of the Papua Provincial Health Office, several diseases can affect children, necessitating mandatory immunization for children in Papua from ages 0-12 months. See the table below for details.

Types of Immunizations	Preventable diseases	Age of administration	Number of grants	Interval minimal
Hepatitis B	Hepatitis B	0-7 day	1	-
BCG	TBC	I month	1	-
IPV/Polio	Polio	I-IV month	4	IV week
DPT-Hb-Hb	Difteri,Pertusis, Tetanus, Hepatitis B	II-IV month	3	IV week
Campak	Campak	IX month	1	-

Posyandu (Integrated Health Service Post) work programs also focus on addressing malnutrition in infants and children. It should be noted that if infants suffer

from high rates of malnutrition, the Infant Mortality Rate (IMR) and Infant Morbidity Rate will increase, as IMR is a primary indicator of child health levels (Nur'annafi, 2019). This indicator is not meant to be a "scare tactic"; rather, it signifies that the higher the rate of infant deaths, the lower the child health levels in that area. Low child health levels correlate with reduced life expectancy in the region. To reduce the infant mortality rate, many parties need to play a role, one of which is the posyandu providing extensive services and supporting regulations from stakeholders (Ismail et al., 2016). The role of posyandu volunteers is crucial in delivering services to the community, especially for toddlers, by using persuasive, consistent, and detailed health communication approaches. This approach aims to minimize infant deaths caused by malnutrition. Given these issues, the author has conducted an analysis titled "Strategies for Socializing Posyandu Dahlia Volunteers in Reducing Malnutrition in Infants Aged 0-9 Months in Heram District, Jayapura City." This study aims to provide insights into the health communication strategies employed by Posyandu Dahlia volunteers in reducing malnutrition rates.

RESEARCH METHOD

This research is a qualitative study using a descriptive approach. According to Mulyana and Solatun (2007), qualitative research involves interpretation (interpretive in nature) and utilizes multiple methods to examine research problems. The descriptive approach (Pujileksono, 2015) is a specific tradition in social sciences that fundamentally relies on human observation and its distinct characteristics. The data sources in this study are obtained from two types of sources: primary and secondary (Simanjuntak & Sosrodiharjo, 2014). Primary sources are directly acquired from interviews and direct observations of the Posyandu Dahlia volunteers in Heram District, Jayapura City. Secondary sources are obtained by analyzing data or reviewing documents/archives, journals, bibliographies, and internet sites (Pujileksono, 2015). For secondary sources, the researcher gathers information from both national and international websites and journals related to malnutrition and health communication.

The validity of the research data is ensured using data triangulation techniques. According to Denzin (Pujileksono, 2015), data triangulation is the combination of various methods used to study interrelated phenomena from different perspectives. In this study, the researcher focuses on source triangulation, exploring the accuracy of data or information through various different sources. The researcher conducts cross-checks directly in the field. During the analysis phase, Miles & Huberman (Pujileksono, 2015) identify three concurrent streams of activity in qualitative data analysis: data reduction, data display, and conclusion drawing/verification. After collecting data in the field, the researcher begins by summarizing the acquired data (data reduction), then presenting it narratively, and finally drawing conclusions to address the research questions.

RESULT AND DISCUSSION

This study found that the health communication strategies employed by the Posyandu Dahlia volunteers to minimize cases of malnutrition in infants aged 0-9 months do not universally apply Huge Rank's downplay or intensive techniques (Hamilton & Chou, 2014). The downplay technique of diversion is avoided by the Posyandu Dahlia volunteers when explaining malnutrition cases to the audience, who are primarily mothers of infants. They believe that the diversion model could offend the mothers, causing them to stop bringing their babies to the Posyandu for health check-ups (Ahmalia & Zaelfi, 2019).

The downplay technique of omission is occasionally implemented by the Posyandu Dahlia volunteers as a way to "strengthen" relationships when there are inappropriate or misunderstood narratives. The downplay technique of confusion is almost universally applied by the volunteers, who create specific taglines to encourage the mothers or simply as icebreakers during health education sessions about infant health. The use of downplay techniques is adapted to the individual characteristics of each Posyandu volunteer. If a volunteer is flexible and can understand the field situation, applying all downplay technique models does not pose a problem (Ilyas & Gamay, 2021).

The Posyandu Dahlia volunteers in Heram District, Jayapura City, also implement Intensive techniques. The repetition model of the Intensive technique is realized by all volunteers, who repeatedly emphasize several important narratives that the mothers must remember and understand (Dewi & Kurniati, 2022). The repetition model is presented through songs, poems, and rhythmic narratives to help the mothers remember these key messages. In contrast, the association model of the Intensive technique is not widely used in the field, as the volunteers believe it might cause the mothers to misunderstand the implied message (Tse et al., 2017).

Misunderstanding the conveyed message can lead to mistakes in grasping the information during the socialization event, which could be dangerous for the infant's health. The composition model of the Intensive technique is applied by all Posyandu Dahlia volunteers, demonstrated by their initiative during socialization activities. Some volunteers use and bring visual aids, while others utilize technology by playing audio-visual presentations such as songs or short films. However, the most crucial aspect of these two Huge Rank techniques is that the Posyandu volunteers must be able to adapt to their target audience.

CONCLUSION

The health communication techniques of downplay and intensive are applied differently by each volunteer at Posyandu Dahlia. The downplay technique of diversion, which involves providing examples of malnutrition cases, is not widely used by the volunteers because they fear it might offend the audience. The downplay technique of omission is not yet suitable for implementation in Heram District to avoid misinterpretation during the dissemination of health information for infants aged 0-9 months. The narratives used by Posyandu Dahlia volunteers do not compare one another, as they believe it is inappropriate. However, the confusion model is almost universally applied by the volunteers through self-created taglines or

taglines from the national Posyandu. They see the use of taglines as a motivational slogan when implementing both formal and informal work programs.

For the intensive technique, the repetition model is employed by all Posyandu Dahlia volunteers to remind mothers to pay attention to crucial information for their babies' health. The association model, however, was found unsuitable for Heram District in Jayapura City, Papua Province. This model is considered to potentially create multiple interpretations and confusion among the audience, leading to misunderstandings rather than effectively conveying the intended message. Lastly, the composition model of the intensive technique is not universally applied by Posyandu Dahlia volunteers. When it is used, they utilize various methods such as video presentations, photos, adapting song lyrics, and using visual aids available at the Posyandu Dahlia headquarters.

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