



Participatory Campaign in Improving Community Care about Stunting Prevention at Rancabango Garut

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Abstract. Stunting prevention is a priority program in Indonesia that needs to be supported by the community, especially in areas with high prevalence such as Garut. Continuous efforts are needed to increase community care for prevention. This study aims to evaluate effectiveness of participatory campaign approach to increase community care on stunting prevention. The research uses the mixed method of qualitative and quantitative. The qualitative method was carried out by participatory action research, while the quantitative method was carried out with a survey of the community care. The research involved 15 community cadres who were selected purposively and 86 community members who were selected by area and stratified random sampling. Data were collected through interviews, discussions, documentation studies, and questionnaires. Qualitative data were analyzed by Spradley Model, while quantitative data were analyzed by descriptive statistics and the Mann Whittney Test. The result showed that the previous campaign that did not involve the community in campaign activities tend to result low community care than campaign that involve community. The participatory campaign have been increase the community care effectively (Asymp. Sig 0.000; α 0.05). Thus, the participatory campaigns potentials to support acceleration of the stunting prevention.

Keywords: Participatory campaign · stunting prevention · community care · social work practice in public health

1 Introduction

1.1 Background

The problem of stunting is a very important and urgent issue to be addressed because it affects many children and threatens their development. Stunting results in low growth and development in later life, both physically and cognitively, and affects productivity in adulthood [1, 2]. Meanwhile, the World Health Organization estimates that by 2020 there will be 22% of children under five years old in the world who are stunted [3]. Therefore, the problem of stunting globally is the second target of the priority agenda for sustainable development goals related to eliminating all forms of malnutrition.

The prevalence of stunting in children under five years in Indonesia is also reported to be high. In 2013 the prevalence of stunting in children under five years old in Indonesia was reported at 37.2% and in 2018 it was 30.8% [4]. In 2018 Indonesia was even recorded as the country with the second highest stunting rate in Southeast Asia and the fifth in the world [5]. In 2019 the stunting rate was successfully suppressed even though the number was still very high, namely 27.7%, being the fourth country with the highest stunting rate in the world [6].

Indonesia also pays serious attention to this problem. In Indonesia's National Medium-Term Development Plan for the period 2020–2024, stunting prevention and reduction is one of the priority programs with a target of up to 14% reduction. The government sets a national strategy with five main pillars of stunting handling: (1) leadership commitment and vision, (2) national campaign and behaviour change, (3) convergence of central, regional and village programs, (4) food and nutrition security, (5) and monitoring and evaluation [7]. Thus, stunting management needs to be mobilized massively by strengthening local community support in all villages and sub-districts as a source of support that is very close to families and children. The campaign strategy is carried out to build public awareness so that the community is moved to carry out and support each other in stunting prevention efforts.

Caring is defined as the ability to respond positively to the network of relationships that other people need, which is expressed by helping actions to improve well-being [8]. Thus, community care is the concern of community members towards other citizens by understanding their needs and difficulties and taking concrete actions to provide support to help improve welfare.

There are still many people who do not know and do not care about the problem of stunting, let alone being involved in its prevention efforts [9]. For this reason, it is necessary to develop a more systematic campaign in building public awareness of stunting prevention efforts.

A campaign is a series of organized communication activities to create certain changes to the target on an ongoing basis within a certain period. For that, several elements must be considered, namely: (1) the expected impact of the change, (2) competitor communication, (3) communication object, (4) recipient audience, (5) channel, (6) message, (7) media, (8) preferences, and (9) effects obtained [10]. The operations of the various elements of the campaign can be carried out using the AIDA approach, namely attention, interest, desire, and action. Campaigns must be designed in a way that attracts people's attention, builds and sustains interest in taking the actions suggested in the campaign, thereby generating a strong desire to take those actions. Many studies have proven that the AIDA approach in campaigns or advertising has succeeded in changing behaviour as expected [11–13].

Campaigns in stunting prevention efforts include social campaigns that essentially build community care so that they are interested, eager, moved to do something in dealing with an issue, and evaluate the handling carried out, for the benefit of the welfare of the community. The development of stunting campaigns can be based on lessons learned from previous campaigns in the same or other programs.

Some social campaigns use participatory or community-based strategies. Community-based participatory social campaigns promote the use of community-based

direct initiative strategies rather than the use of information-based campaigns with mass media alone. This strategy was developed to increase the effectiveness of the campaign and there has been a lot of evidence that this strategy has succeeded in changing behavior in a sustainable manner [14]. This strategy uses a variety of change tools, such as commitment, social diffusion, goal setting, social norms, cues, incentives, feedback, and comfort as effective tools to encourage behaviour change whose use depends on the barriers and benefits of the target behaviour. The steps of a participatory campaign or Community-Based Social Marketing, include (1) choosing behaviour, (2) researching barriers and benefits, (3) developing strategies, (4) testing, (5) implementing and evaluating on a large scale. Strategy development is carried out by selecting appropriate behaviour change tools to overcome the problem and benefit from the target behaviour [15, 16]. Thus a participation campaign will be effective if tested first on a limited scale before being widely implemented. The community work team in implementing the campaign needs to evaluate the implementation and results on the small scale. If there is something that needs to be fixed, fix it first, and if it is successful then apply it on a large scale.

Participatory campaigns have proven to be used successfully in several other projects, such as in improving physical health [17], building consumption behaviour among youth [16], environmental projects [14], and animal protection [18]. Therefore, participatory campaigns have the potential to be used in accelerating stunting prevention. This campaign strategy places the community not only as an object but also as an active subject in designing, implementing and evaluating campaigns. Mobilizing participation in this campaign has the potential to be successful because it involves the people who have the most interest in avoiding the risk of stunting. They are very concerned about protecting children from their families or relatives and the social environment they love. In addition, this strategy is empowering and optimizing the strengths of the community elements to ensure sustainability.

Participatory campaigns have not been widely used in stunting prevention. The results of research in Garut in 2019 show that community participation in stunting prevention is still low [19]. They suggest involving the community in various prevention activities so that they can accelerate the reduction in stunting rates.

The participatory campaign strategy can be used by social workers in community development practices to accelerate stunting prevention. The campaign strategy is used by social workers when many community members are not aware of the existing problems, have not accepted changes, and are not willing to allocate resources to deal with these problems [20]. The participatory campaign strategy integrates the application of the theory of Strength, Empowerment, Ecological Systems, and Health Believe Model, and attention-interest-desire-action (AIDA) campaign approach. Participatory campaigns are designed by utilizing the strengths of the elements of the children's social environment in the community system to mobilize and influence changes in society and strengthen capacities to empower communities in organizing social welfare improvements. The participatory campaign is aimed at building and increasing awareness of stunting prevention which is manifested in actions based on awareness of stunting vulnerabilities-threat-risk, the need for change, which in turn creates incentives to take preventive measures.

The participatory campaign strategy in stunting prevention with the AIDA approach can be used to build public awareness at large to understand the vulnerability, threats, and risks of stunting so that they are aware of the need for change, and then are moved to allocate resources, and jointly deal with problems. This strategy is expected to accelerate stunting prevention to support the achievement of stunting reduction targets. Therefore. This research reflects on the campaigns that have been implemented and developed participatory campaigns to improve stunting prevention efforts.

This research is focused on West Java, especially in the city of Garut which according to the West Java Health Service report is a red zone area for stunting cases. Garut Regency is the district with the highest prevalence of stunting in West Java. The Stunting Map in West Java in 2017 places Garut Regency as a red zone with a stunting prevalence of 43.2%. In 2018 the prevalence of stunting in Garut Regency began to decline, but it was still very high, exceeding the prevalence at the national level, which was 34.7%. Garut Regency is one of 13 regencies/cities in West Java that received stunting prevention interventions. The number of children experiencing stunting in Garut Regency in 2018 was recorded at 14,902 people spread over 442 villages in 42 sub-districts. However, Garut is reported to have had a regional action plan and has made special guidelines for behaviour change strategies.

1.2 Research Question

This research asks the question “How is the Development of Participatory Campaign in Improving Community Care about Stunting Prevention at Rancabango Garut?” The question is detailed into:

1. How is the stunting prevention campaign that has been implemented?
2. What is the need for participatory campaign strategy development in stunting prevention?
3. How is the participatory campaign planning to increase public awareness of stunting prevention?
4. How is the implementation of participatory campaigns in increasing public awareness of stunting prevention?
5. Do participatory campaigns increase public awareness of stunting prevention?

1.3 Hypothesis

The hypothesis tested in this research is:

1. The initial condition of public awareness of stunting prevention in the two research locations is not significantly different
2. Public awareness toward stunting prevention at the location of the participatory campaign was not significantly different (not greater) than the location without the participatory campaign.

1.4 Research Objective

This research aimed to obtain a factual description and to evaluate effectiveness of participatory campaign approach to increase community care on stunting prevention in Rancabango Garut Regency, West Java, Indonesia. The objectives include:

1. Get an overview of previous stunting prevention campaigns.
2. Obtain an overview of the need for participatory campaign strategy development in stunting prevention.
3. Obtain an overview of participatory campaign planning in increasing community care about stunting prevention.
4. Get an overview of the implementation of participatory campaigns in increasing community care about stunting prevention.
5. Obtain an explanation of the effect of participatory campaigns on increasing community care about stunting prevention.

1.5 Significance

This research is expected to provide practical and theoretical benefits as follows.

1. Practical benefits

This research is expected to provide recommendations that can be used as a basis by social workers and other practitioners as well as organizations providing social services in public health to improve stunting prevention. In addition, this research is also expected to provide the basis for strengthening policy support in stunting prevention.

2. Theoretical Benefits

This research is expected to provide references that enrich scientific explanations and develop campaign technology in promoting problem-solving or meeting community needs, especially in the practice of social work in public health and child protection.

2 Method

Some of the key terms related to the research topic are defined as follows:

1. Participatory campaigns in stunting prevention are campaigns related to stunting prevention that involve the community and prioritize community initiatives. This series of activities includes the stages of preparation activities (team building, reflection, needs assessment), plan formulation, implementation, and evaluation, as well as how to mobilize community participation in a series of campaigns.
2. The level of community care about stunting prevention in this research is an understanding of the vulnerability, threat and risk of stunting, awareness of the need for stunting prevention, encouragement to be involved in stunting prevention efforts, as well as contribution to stunting prevention in the community, as indicated by scores on answers to the instrument. That measures these four things. The higher the score, the higher the respondent's level of concern.

3. The effectiveness or success of the participatory campaign strategy in stunting prevention is the achievement of the campaign objectives as indicated by a significant increase in the community care about stunting prevention score after the participatory campaign at the activity location, more than at the comparison location.

This research was conducted using a combination of qualitative and quantitative methods. Qualitative methods are implemented to answer all research questions, while quantitative methods are used to answer the last research questions and answer research hypotheses.

The qualitative method in this research was carried out using participatory action research with the following processes: (1) reflecting on previous stunting prevention campaigns, (2) development needs assessment, (3) participatory campaign development planning, (4) planning, (5) evaluation. Participatory action research involved 15 representatives of community cadres who became the work team to drive community-based stunting prevention campaigns. Purposively selected and several informants from community representatives involved in campaign activities. They become the primary data source. This research also draws from secondary campaign documents.

The qualitative method in this research was carried out utilizing a survey to measure community care about stunting prevention in two neighbourhood association locations in Rancabango. The primary survey data sources from each location were selected by area-stratified random sampling. The sampling procedure is as follows.

1. Selecting two locations of community units at random, one location is the place for the participatory campaign to be implemented, while the other is a comparison.
2. Identify the primary target groups of stunting prevention programs (pregnant women, mothers who breastfeed/have children 0–2 years, and mothers with children 3–5 years); and secondary groups targeted for stunting prevention programs which include husbands of pregnant women, husbands of mothers who are breastfeeding/have children 0–2 years, and husbands of mothers who have children of 3–5 years, as well as teenage girls and boys. The list was obtained/compiled by local posyandu cadres.
3. Randomly select representatives from the list of primary and secondary groups above as follows:
 - For pregnant women, each location was chosen 6, so the number of 2 locations is 12 people
 - Mothers who are breastfeeding/have children 0–2 years old, 6 from each location are chosen, so the total number of 2 locations is 12 people.
 - Mother has 3–5 years old children, 6 from each location, so the total from 2 locations is 12 people.
 - For husbands of pregnant women, each location is represented by 5 people, so the total of the two locations is 10 people.
 - Husbands of mothers who are breastfeeding/have children 0–2 years old, each location is represented by 5 people, so the total of the two locations is 10 people.
 - The mother's husband has children 3–5 years old, each location is represented by 5 people, so the total of the two locations is 10 people.

- Young women from each location were represented by 5 people, so the number of respondents reached 10 people, so the total from the two locations was 10 people.
- The young men of each location represent 5 people, so the total of the two locations is 10 people.

Thus, each location is represented by 43 samples, and the number of respondents from two villages is 86 people.

Qualitative data were collected through discussions, in-depth interviews, and document studies of campaign activities. Testing the validity of the data is carried out by: (1) testing credibility through triangulation of techniques and data sources, and checking, (2) testing transferability by providing contextual detailed descriptions, (3) testing dependability by auditing the suitability of reports with various records of data collection results., and (4) confirming research results to informants.

Quantitative data were collected through a questionnaire using a community awareness scale. The scale of measuring public awareness first through testing the content validity and reliability of Cronbach Alpha with a reliability coefficient of 0.81, which means that the instrument is good to use to produce valid and reliable data.

Qualitative data were analyzed using the Spradley model. After the data is checked and cleaned, the data units obtained are identified, categorized, connected, and interpreted for their meaning in answering the research, analyzed through comparisons with previous studies, theoretical studies, and analysis of research limitations, and then concluded.

Quantitative data were obtained, checked and cleaned, categorized, and analyzed using descriptive statistics by examining the ranges and general trends, presented in tables or diagrams. Meanwhile, hypothesis testing was carried out by conducting Mann Whitney different tests on the measurement results before and after participatory campaign activities, as well as comparing the community in the location of the activity with the location without the activity. The findings of the next study were analyzed related to previous research, explained the theory, and explained the limitations of the research, analyzed the implications of the findings on theory and practice, then concluded. Recommendations are based on the results of the analysis and research conclusions.

The application of research ethics is carried out by conducting research legally with permission from the authorized government agency. The involvement of respondents or informants is done by asking for prior approval following the principle of volunteerism. Data collection is carried out by respecting the dignity of the respondents/informants and placing them as resource persons. Researchers guarantee the right to privacy and confidentiality of personal data not to be published. Researchers also try to minimize risks when disclosing case responses by conducting general discussions without disclosing personal data per incident, thus ensuring security, privacy and confidentiality rights. Researchers seek to maximize the benefits that can contribute to increased child protection.

3 Finding

3.1 Previous Campaigns

Communities in the two research locations both accepted stunting prevention campaigns based on the use of mass media without involving community elements as part of the campaign actors. However, there are various views on the existing stunting prevention campaign, including the following:

1. Informant 1: “Kampanye pencegahan stunting sudah banyak dilakukan pemerintah melalui media televisi juga berita koran. Tetapi masih banyak warga yang belum engeuh.” (Tranlate: Many stunting prevention campaigns have been carried out by the government through television media as well as newspaper news. But there are still many people who don’t understand).
2. Informant 2: “Masyarakat memperoleh informasi dan himbauan pencegahan stunting sesekali dari media televisi dengan tayangan sangat singkat dan koran, tapi masih jarang. Info stunting ada juga di buku kesehatan ibu dan anak. Masyarakat juga dapat mengunduhnya melalui internet. Kader juga ada yang sudah mendapat penyuluhan tentang pencegahan stunting dan menyampaikan materi yang diperolehnya kepada kader lain. Tapi sepertinya banyak masyarakat yang tidak perhatian, sehingga tidak tahu stunting. Makanya saya sering memberi tahu dan memngingatkan, terutama kepada ibu hamil dan yang punya anak balita” (Tranlate: People get information and occasional stunting prevention advice from television media with very short shows and newspapers, but it’s still rare. Stunting information is also available in maternal and child health books. The public can also download it via the internet. Some cadres have received counselling on stunting prevention and convey the material they have obtained to other cadres. But it seems that many people don’t pay attention, so they don’t know about stunting. That’s why I often tell and remind, especially to pregnant women and those with toddlers).
3. Informant 3: “Kampanye stunting ada di televisi, mengei yang kerdil ya, sebabnya, kemudian mencegahnya dengan makanan yang bergizi, pemeriksaan rutin kesehatan ibu hamil dan anak balita, dan menjaga kebersihan”. (Translate: The stunting campaign is on television, why is it stunted, then prevent it with nutritious food, routine health checks for pregnant women and children under five, and maintaining cleanliness).
4. Informant 4: “Saya tidak tahu. Apa stunting?, baru dengar”. (Translate: I do not know. What is stunting? Just heard about it”).
5. Informant 5: “Oh yang pendek ya? Apa itu the karena kurang gizi atau bawaan?” (Translate: Stunting?, Oh short huh? Is it due to malnutrition or congenital?)
6. Informant 6: “Stunting itu yang pendek ya. Pernah selewat mendapat informasi itu dari televisi, karena kurang gizi, apalagi ya, tak ingat” (Translate: Stunting is a short one. Have you ever received that information from television, because you are malnourished, what’s more, I don’t remember).

The statements of the informants indicated that some of them acknowledged that there was a stunting prevention campaign even though the information they received varied. Some of them only absorb a little information, some a bit much, and also those

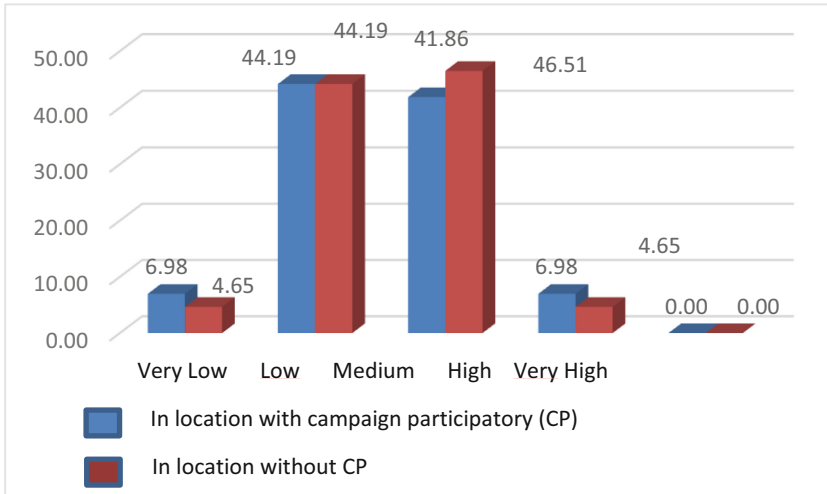


Fig. 1. Percentage chart of respondents by the level of care about stunting prevention.

who have absorbed a lot of information is very concerned and invite others to prevent stunting.

Information and calls for stunting prevention are obtained by the public through television, daily news in print media and via the internet, in maternal and child health books (held by pregnant women or those with children under five, as well as posyandu -Integrated Healthcare Center- cadres), as well as counselling or training for the cadres. There are a little delivery of information by word of mouth. The chain messages among resident have not been systematic, have not been planned in an organized manner: some cadres receive training, are conveyed to other cadres, delivered to posyandu service recipients.

The initial condition of the level of community care in the two locations is almost the same. Less than half of the respondents have a moderate concern, but the number of respondents who have low care is also almost the same. Very few have high concerns. The full picture can be seen in the following table (Fig. 1).

The survey results show that many people do not understand the vulnerability, threat, and risk of stunting, do not realize the need to change behaviour to prevent stunting. They have not been encouraged and have not made efforts to make prevention efforts, especially inviting others to prevent it.

3.2 Development Needs

The results of the discussion with the cadres acknowledged the limitations of the existing campaign in building community care about stunting prevention. They admit that the survey results show that many people have a low level of care about stunting prevention. The cadres admit that there need to be more vigorous efforts to campaign for stunting prevention. They are ready to work together to do it, but they need the capacity building intervention. After they get capacity building on participatory campaigns that can be

applied in stunting prevention efforts, they are confident that they can improve their campaigns with community-based efforts.

The cadres detail the forms of campaign activities that can be carried out for the primary, secondary groups, and society in general. They see there are special characteristics that need attention, such as:

1. In general, adults, both in the primary group (pregnant and breastfeeding mothers or those with children under five) and secondary groups (such as husbands, parents of mothers in the primary group or other caregivers), do not have the habit of reading. However, campaigns using print media of posters or leaflets, or short messages via WhatsApp or Facebook applications with concise information are considered necessary to be often applied to them. More information needs to be conveyed through face-to-face meetings combined with dynamic contextual activities, such as counselling combined with demonstrations on processing and serving balanced nutrition.
2. Youth campaigns can use digital media more through TikTok, Instagram, WhatsApp, and Facebook, deepening messages that contain lengthy material can be combined with information technology-based or digital-based competition activities because teenagers like this kind of challenge. Print media through posters in places that are often missed can also strengthen message exposure.
3. Face-to-face activities need to be scheduled according to their activity pattern.

3.3 Participatory Campaign Planning

Participatory campaign planning is formulated with the cadre team through meetings. The team shared the task of formulating a participatory campaign plan for the type of target campaign according to the results of the needs analysis.

In the first two-month period, the campaign is designed as follows:

1. For the general public, posters are made with brief information about the definition, symptoms, causes and vulnerabilities, the risk of stunting, and how to prevent and treat it, which are broken down into several posters that are designed to attract more attention and are posted at several points that allow it to be easily and widely read by the public.
2. For the primary group and other secondary-caregiver groups, competitions were made to make menu lists, cook and serve balanced nutritional meals, and quizzes.
3. For youth, campaign materials are contested through making posters, short videos or tiktok.
4. Cadres, including youth cadres, continuously and serially spread stunting prevention campaign messages through digital social media.

The cost of organizing the first participatory campaign was stimulated by researchers, in addition to synergizing with activities funded by Posyandu or PKK. Furthermore, it can be designed according to the plan and financing of PKK and Posyandu activities.

3.4 Participatory Campaign Implementation

The implementation of the campaign is organized by the work team in accordance with the agreed division of tasks.

1. The work team selects material, designs 3 printed posters to be installed at important points in each RT, and in spaces that are crowded or visited, such as near village offices, at posyandu, deans of markets/warung, near mosques.
2. Competition activities for groups of mothers to prepare menus, process and serve food for families with pregnant or lactating mothers, and children under five. The activity was attended by several groups of RT representatives.
3. Competition activities make short videos of stunting prevention campaigns. This activity was followed by a group of youth representatives from RT.
4. The cadres post information related to stunting and its prevention on various social media applications. Each of their posts is read from 30 to more than 200, and there is continued dialogue regarding the posted material. There are 15 campaign teams, then their target is also rolling there are those who redistribute campaign materials.

3.5 The Effectiveness of Participatory Campaigns

After two months of implementing the participatory campaign, the second measurement of the community care was carried out. The measurement results show that community care about stunting prevention in the activity locations increased rapidly, while at the comparison locations there was a slight increase, but not significant. These results can be seen in the following diagram (Fig. 2).

The diagram clearly indicates that participatory campaigns are more effective than external campaigns that do not involve citizens and are based on mass media. These

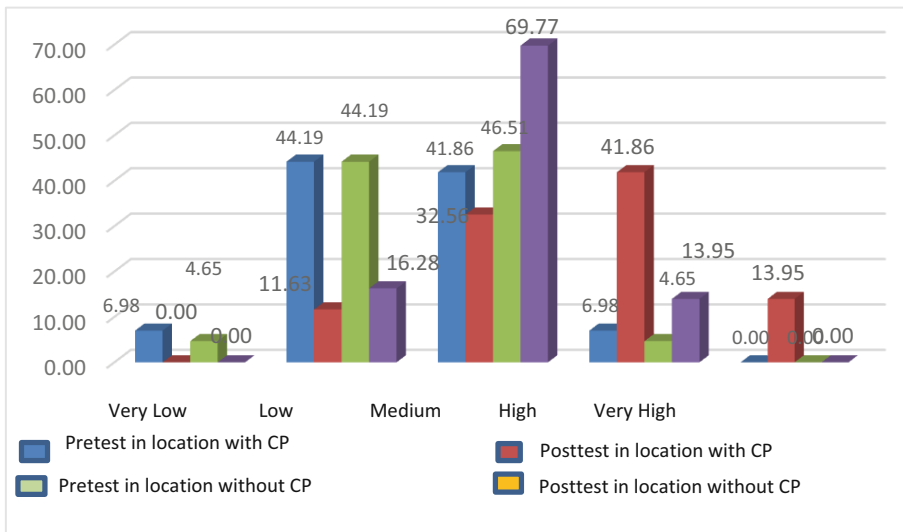


Fig. 2. Diagram of the percentage of respondents by level of care, before and after the participatory campaign period, at and without activities.

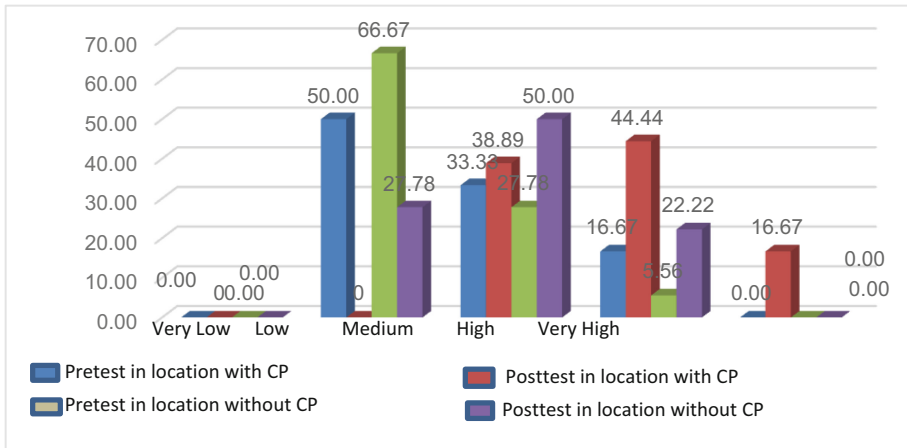


Fig. 3. Diagram of the percentage of primary group respondents according to their level of care, before and after the participatory campaign period, at and without activities.

results are reinforced by the results of hypothesis testing with the Mann Whitney test which tested the null hypothesis "the concern of the respondents after receiving treatment at the treated location with the comparison location was not significantly different". Based on the results of the Man Whitney Statistical test with $t < 0.005$, the asymp value was obtained. Sig.(2-tailed) 0.000 which is less than 0.005. The test results mean that the null hypothesis is rejected. This means that the alternative hypothesis that the respondent's concern after treatment is higher than at the comparison location is accepted. The level of confidence in the conclusion is 95%, so the possibility of error is a maximum of 5%.

Another interesting finding was that the success of participatory campaigns was much more significant in the primary group (pregnant mothers and breastfeeding mothers or those with children under five), than in the secondary group (husbands and adolescents). The results of these measurements can be seen in the diagram (Figs. 3 and 4).

The diagram clearly shows that in the primary group the shift to a high category score is very significant at the location of participatory campaign activities. Although in the secondary group there was also a tendency to shift to scores in the high care category, the increase was far below the primary group.

The results of the study also reveal the impression of change from the research informants. The following are some statements expressed by representatives of the work team and community representatives (Table 1).

4 Discussion

4.1 Participatory Campaign Process

Campaigns that are actively carried out by and for the community facilitate, increase the power of influence and accelerate the achievement of change goals. Team building using existing structures streamlines the process. The characteristics of a tenacious team, working sincerely and the qualifications of the driving team, especially with regard to a high

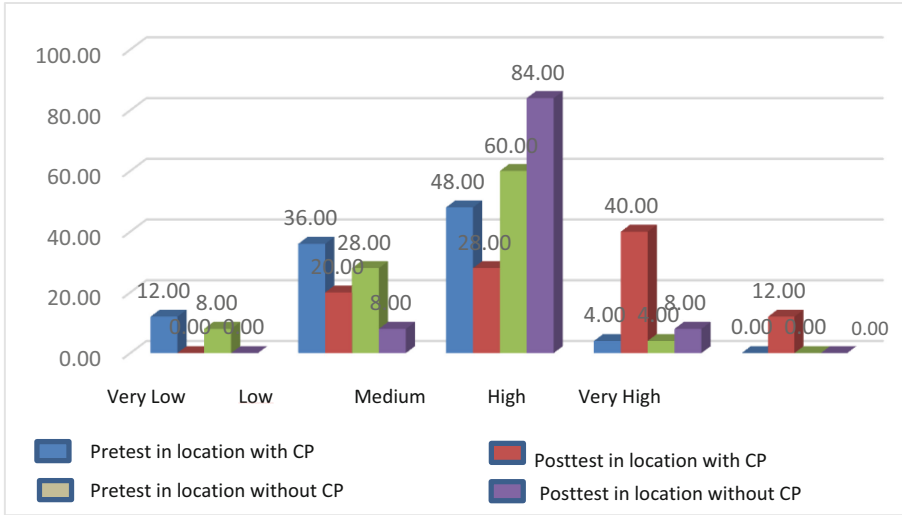


Fig. 4. Diagram of the percentage of secondary group respondents according to their level of care about stunting prevention, before and after the participatory campaign, at and without activities.

Table 1. Statements of impressions of change by work team and residents

Work Team	Residents
<ul style="list-style-type: none"> • Grateful to have assistance • More targeted prevention activities • Activities to increase cadres are more active • More people are exposed to campaign materials through social media (WAG, IG, Facebook, posters, competitions for adults, and teenagers). • Many residents ask or consult about stunting prevention. 	<ul style="list-style-type: none"> • There are posters with photos of activities that make them curious, curious. • Thank God for knowing the problem of stunting • Find out more (especially taking part in competitions) • Disseminate information in the immediate environment • Take precautions, remind others to prevent.

level of education, universities and high schools greatly contributed to the governance process of implementing the campaign. Program synergy, capacity building, mentoring, structured, planned, controlled campaign management, guaranteeing campaign content and processes.

They designed a campaign based on the results of problem mapping and stunting vulnerability and then formulated the expected change goals. They also designed a campaign design that could be more attractive than other campaign messages, which aroused serious attention to the problem of stunting. They identify what material content should be campaigned for, design community groups that are the target of the campaign and media that are considered the most suitable. They choose the words, sentences, pictures, video shows that are considered the most appropriate and appropriate to communicate messages about the seriousness of the stunting problem and calls for preventive measures

to save children. They choose a design by looking at several references so they believe it can produce the expected changes. The process carried out is in line with the important elements of the campaign as stated by Ruslan (2008) [10].

This process produces strong commitment and cooperation within the work team so that they are able to move and produce campaigns as expected. They designed and executed the campaign with great enthusiasm. The progress of the results they monitored strengthened the enthusiasm to continue and expand campaign activities.

There are cultural challenges when it comes to involving men. Culturally, there is still an assumption that child care and protection, including stunting prevention, is more of a woman's responsibility, so that men are less active than women. Another challenge requires hard efforts to involve youth because it is out of the ordinary and challenges the busyness of school and work for beginners.

4.2 The Effect of Participatory Campaign

The research findings are in accordance with the theory of health behavior "Health belief model". Awareness of vulnerabilities & threats of stunting risk, expectations/needs for change, and belief in being able to minimize risks become drivers/determinants of health behavior including stunting prevention. The strength of the relationship between residents, makes participatory campaigns more effective in influencing the increase in citizen awareness of stunting prevention. Thus, participatory campaigns are very strategic because they are proven to be effective in strengthening the formation of factors that have a positive influence on the formation of awareness to realize stunting prevention behavior.

Cultural factors need to be anticipated in designing participatory campaigns. Great efforts are needed to involve men in work teams and campaign activities because there is still a custom and assumption that child care is a woman's business. Therefore, the involvement of influential male leaders is very important to strengthen influence in mobilizing the participation of male citizens in campaign activities.

4.3 The Implication

Participatory campaign strategies can be replicated, enriching practice and accelerating prevention. Dissemination and advocacy are needed to gain political support for the use of this strategy in stunting prevention policies and programs. Social workers or community development facilitators can increase their contribution to national priority stunting prevention programs by implementing participatory campaign strategies.

4.4 Limitations

This research has limitations, it was only carried out in the village area. Similar research can be carried out in the future in other locations with diverse regional and cultural characteristics so that it will enrich the findings.

Another limitation that needs to be anticipated is that the participatory campaign strategy is only one part of the prevention strategy. The acceleration of prevention needs to be complemented by other strategies.

5 Conclusion

The conclusions that can be formulated from the results of this study are as follows.

1. Participatory campaigns have proven to be effective in increasing public awareness of stunting prevention.
2. Strengths of participatory campaigns:
 - Citizen involvement is valued by respect and trust which strengthens commitment and optimism.
 - Involvement of citizens with the strength of relations between citizens accelerates and strengthens the influence of the campaign.
 - Involvement and use of interactive media between citizens strengthens a sense of community, increases interest in messages (which weakens attention to rival messages) which facilitates access to messages and strengthens influence.
3. Integration with relevant programs, capacity building, mentoring, and governance (organized, structured, systematic, planned with clear directions and strategies and based on assessment results, and controlled), ensuring the strength of campaign content and processes.
4. The work team is built by utilizing the system and local leaders who represent or are trusted by various segments of the community, are gender responsive, can have a broad influence throughout the community.
5. Participatory campaigns ensure sustainability.

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