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DOI: <https://doi.org/10.53893/asic.v2i1.499>

Proceedings of Academic Seminar and International Conference (ASIC)

The Future of Learning: Education in the Digital Age

Vol. 2 No. 1 January 2026

Strengthening Stunting Prevention in Mothers Household with a Dialogical Approach in Sukaharja Village, Bogor Regency

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ABSTRACT

The prevalence of stunting is a problem that occurs in several regions in Indonesia, including the Sukamakmur District of Bogor Regency. Sukaharja Village was chosen by the Bogor Regency Government to establish the Stunting Prevention House (Rumah Ceting) because, based on existing data, 109 children and toddlers experience stunting and 35 pregnant women experience chronic energy deficiency (KEK), thus requiring empowering interventions beyond mere information. This community service aims to strengthen stunting prevention among housewives in Sukaharja Village through a participatory dialogical approach. The implementation method includes four stages: discussion-based socialization, intensive training with sharing and practice sessions, evaluation using pre-test and post-test instruments (25 questions), and follow-up to the formation of business groups. The activity was carried out on May 26–28, 2025, attended by 22 participants. The results showed a significant increase in participants' knowledge and skills, where the average score increased from 42.5 (poor category) in the pre-test to 86.3 (good category) in the post-test. The dialogic approach proved effective in breaking down one-way communication barriers and increasing material retention by 43.8 points. As a sustainable outcome, a home industry group was formed to produce locally sourced complementary foods (MPASI) with regular mentoring. The conclusion was that integrating health education with a dialogic approach and economic empowerment is an effective, comprehensive strategy to accelerate stunting reduction and create food self-sufficiency at the household level.

Keywords: Stunting; Dialogic approach; Local complementary feeding; Ceting House.

INTRODUCTION

Stunting is a chronic nutritional problem characterized by a child's height or length being too short for their age, caused by insufficient nutritional intake over a long period and a history of repeated infections (Ministry of Health of the Republic of Indonesia, 2022). This condition not



only impacts physical growth but also hinders children's cognitive development, which ultimately has the potential to reduce the quality of human resources and the economic productivity of a nation (Dahlia, Pratama & Julianti, 2025). Recognizing this urgency, the Indonesian government has made stunting prevention a national priority through Government Regulation Number 72 of 2021 concerning the Acceleration of Stunting Reduction, with a target of reducing stunting prevalence to 14% by 2021.

Regionally, West Java Province is one of the highest contributors to stunting cases in Indonesia. The 2023 SSGI data shows that the stunting prevalence in West Java reached 21.7%, a figure that is still significantly higher than the national average of 21.5%, although there was a decrease in 2024 (West Java Public Relations, 2025). This condition also occurs in Bogor Regency, which has a large population and socioeconomic diversity. Based on the 2023 Indonesian Health Survey (SKI), the stunting prevalence rate in Bogor Regency was recorded at around 27.6% and decreased in 2024 to 7.59% (Bogor Regency Secretariat, 2025). Although there has been a decrease in the stunting prevalence rate, when compared to the population and national achievement targets, this figure is still considered high. The high rate in Bogor Regency requires accelerated handling that is not only of a health-related nature.top-down, but also involves direct community empowerment, especially at the village level.

Bogor Regency currently faces the challenge of stunting prevalence that requires immediate action. Based on available data, Sukamakmur District recorded 109 cases. Children and toddlers experiencing stunting, as well as 35 pregnant women experiencing chronic energy deficiency (CED) (Noviansyah, 2024). This situation is a major concern because it is closely related to the extreme poverty rate recorded at 0.73 percent. To address this problem, the Bogor Regency Government has launched the Stunting Prevention House (Rumah Ceting) as a stunting prevention intervention center.

The Stunting Prevention House (Rumah Ceting) provides integrated services, such as health checks to detect the risk of stunting, nutritious food provision for an ideal 30-day period, and education to raise public awareness regarding the importance of nutritional fulfillment.



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Furthermore, Rumah Ceting is also designed to pay special attention to the physical and psychological conditions of beneficiaries, hopefully improving their quality of life. The facility used to support Rumah Ceting's operations in Sukamakmur is the former Village Maternity Hospital (Polindes) building in Sukaharja Village. This building is considered strategic because it is in a location that is easily accessible to the community and already has adequate infrastructure.

Funding for this program comes from the Bogor Regency Regional Budget (APBD) and utilizes existing resources. It is hoped that the program can run efficiently without requiring significant additional costs. In addition to nutritional interventions, Rumah Ceting also plays a role in alleviating extreme poverty in the region. The Bogor Regency Government provides social assistance in the form of necessities to extremely poor families and the elderly. Furthermore, this program also encourages increased family income through the development of micro, small, and medium enterprises (MSMEs) so they can escape the cycle of poverty. With this approach, Rumah Ceting not only provides a solution to stunting but also contributes to creating a more economically independent community.

The Rumah Ceting Program is expected to significantly reduce the prevalence of stunting in Bogor Regency, particularly in Sukamakmur District. Furthermore, this program serves as a model for stunting prevention integrated with poverty alleviation and health improvement, income, and community education. Through collaboration between local governments, communities, and various stakeholders, this program has great potential to improve the quality of life of vulnerable communities and create a healthier and more productive generation in the future.

Sukaharja Village, Sukamakmur District, Bogor Regency, is an area requiring special attention in the context of stunting prevention. Based on the community service team's initial observations, the main problem in the field is not just food availability, but also the still-low understanding of housewives regarding parenting practices and balanced nutrition. To date, health education has often been conducted using a one-way method or monologue, where mothers are merely passive listeners and are not well-scheduled with inconsistent material. This method is considered less effective in changing behavior because it doesn't facilitate critical discussion,



exchange of experiences, and resolution of contextual problems faced by housewives in the field (Freire, 2020; Pradikto & Dewi, 2025).

To realize the programs at Rumah Centing, one of the most crucial steps is to educate housewives through educational activities in the form of counseling conducted with a dialogical approach. Counseling activities with this dialogical approach have proven effective, as revealed by Hadiyanti et al. (2024) in their research results, which found that a dialogical approach in counseling activities can contribute to an 80% increase in knowledge about stunting prevention. Education for housewives through counseling activities can be provided, including regarding the provision of complementary foods based on local ingredients. In addition to counseling activities with this dialogical approach, social action activities in the form of free maternal and child health checks can strengthen the existence of Rumah Ceting.

RESEARCH METHODS

This community service activity uses a training method with a dialogical approach as a framework throughout all stages of interaction with partners. This dialogical approach was chosen because it positions the community not as passive objects but rather as subjects possessing knowledge and experience to be explored and developed critically (Freire, 2020). Through this approach, two-way communication is built to foster critical awareness (critical consciousness) for housewives regarding the importance of stunting prevention. The target of this activity is housewives who have toddlers totaling 22 people. Technically, the implementation of the activity is divided into four systematic stages, namely: (1) Socialization, (2) Training Implementation, (3) Activity Evaluation, and (4) Activity Follow-up (Hadiyanti et al., 2024).

Socialization

The socialization stage is carried out using a focused group discussion mechanism (Focus Group Discussion) one-way counseling. The community service team opened a dialogue to explore mothers' initial understanding of stunting and economic or cultural barriers to providing child



nutrition. In this stage, the team acted as facilitators, encouraging participants to share their real-life problems, allowing the community service material to be tailored to the partners' actual needs (Zunaidi, 2024). The results of this initial dialogue served as the basis for developing training modules contextualized to the conditions in Sukaharja Village. The steps taken at this stage were:

- a) Coordination with stakeholder at the location where the activity will take place.
- b) Coordination with the PKK chairperson/chairperson of the Sukaharja Village Ceting House.
- c) From training groups according to training needs, while determining and compiling training materials.
- d) Socializing timeline training to the training groups formed.
- e) Preparation of evaluation instruments in the form of pre-test, post-test, and observation sheets to measure activity achievements

Implementation of Training

The training was conducted with a focus on dialogic interaction between participants and between participants and resource people. Material on stunting prevention and complementary feeding (MPASI) was delivered using the method sharing session, where participants are encouraged to share experiences of success and failure in parenting. This approach allows for social learning (social learning) where mothers learn from the experiences of other mothers, not just from the instructor (Setiawan, 2017). The MPASI preparation practice session is also conducted collaboratively, so participants can directly consult on technical challenges they encounter in the field at that time.

In order for the training to run smoothly, the following steps are required: 1) Pre-condition stage, a pre-test is conducted before the training to determine the participants' understanding of the training and mentoring regarding the material; 2) Interactive discussion stage, namely delivering the material through two-way questions and answers and real case studies in the field rather than one-way lectures; 3) Demonstration and practice stage, namely the facilitator demonstrates the



processing of MPASI based on local ingredients which is then directly practiced by the participants in groups. At this stage the team also acts as facilitator/resource person for specific material and inviting practitioners/experts according to their field of expertise; 4) Reflection stage, which involves discussing action plans to apply experiences on a home scale. Initially, this is done at home, then groups can form and create home industry. At this stage, participants are also trained to use social media as an effort to build communities and promotions.

This approach allows for social learning, where mothers learn from the experiences of other mothers, not just from the instructor (Vygotsky & Cole, 1978). The MPASI preparation practice sessions are also conducted collaboratively, allowing participants to directly discuss any technical challenges they encounter in the field.

Activity Evaluation

Evaluation was conducted to measure the effectiveness of the dialogic approach in improving participants' knowledge and skills. Evaluation instruments included a pre-test and post-test to measure cognitive aspects, as well as an observation sheet to assess participants' level of activeness in dialogue during the training. The success of the dialogic method was assessed by participants' ability to rearticulate the material and their courage in proposing solutions to nutritional problems in their environment (Notoatmodjo, 2018). The target achievement was an increase in knowledge scores and changes in attitudes as seen from the intensity of participation in the discussion. At the end of the training, a written cognitive ability test was administered to measure the level of material achievement with a post-test and a psychomotor evaluation with a demonstration of making MPASI into an economically valuable item. Evaluation of the training process provided to members through direct observation/observation of mothers who participated in the training. Furthermore, awards were given to training participants who actively participated in the training process.



Follow-up Activities

This stage is a sustainability strategy (sustainability) to ensure that the impact of the activities remains felt after the community service program is completed. The core of the follow-up is the formation of a fostered group/home industry MPASI production based on local ingredients. This group is facilitated to produce healthy MPASI that can be consumed by their children or sold to improve the family economy. This stage is implemented through regular mentoring, including production monitoring, product quality evaluation, and marketing consultation (Julita et al., 2025; Hadiwijaya & Prasetya, 2023). This mentoring is carried out through regular visits and online communication to ensure production quality continues to meet food safety standards (Triyono et al., 2025). Through this approach, stunting prevention is not only consumptive, but also productive and economically independent.

RESULTS AND DISCUSSION

Description of Activity Implementation

This community service activity was held over three consecutive days on May 26, 27, and 28, 2025, at the Sukaharja Village Hall and at one of the participants' homes. Twenty-two participants, housewives with toddlers, were selected based on nutritional vulnerability criteria in the area. The entire series of activities was designed using a dialogic approach to ensure active participation from participants as partners.

On the first day, May 26, 2025, outreach and outreach activities were conducted. The activity began with a personal approach through friendly gatherings with village officials, PKK mothers, and training participants. In this session, the community service team did not directly provide material, but rather built familiarity and a sense of trust that this activity would have an impact on the participants and the community. The community service team listened to the mothers' stories about daily obstacles in providing food for their children. They also shared their experiences during the child's growth and development process. This aligns with the initial principle of the dialogic approach, which requires an equal relationship between facilitator and



participants (Freire, 2020). The team had of course long known the results of this approach after observing and identifying community needs over the previous month, but this session served as a direct validation process with the target group while also building closer emotional relationships and instilling a sense of trust so that the training activities would run smoothly. After establishing a friendly atmosphere and fostering a positive, open relationship, the community service team conducted a program outreach program, emphasizing that mothers with toddlers are the experts on their children's food and water needs, and therefore, solutions to stunting must be built on their experiences. The material presented covered a general overview of stunting and a shared commitment to changing behavior. The session also outlined the timeline for the training process.



Figure 1. Extension Activities

On the second day, May 27, 2025, training and evaluation were conducted. This activity included training on stunting prevention and MPASI processing. The material was delivered interactively, including: (1) The concept of the First 1000 Days of Life (HPK), (2) Identification of affordable and nutritious local food ingredients in Sukaharja Village, (3) Hygienic MPASI processing techniques, and (4) Personal and environmental hygiene management. The methods



used were focus group discussions and collaborative cooking demonstrations. Participants were divided into 4 small groups to discuss case studies of malnutrition and design daily menus. On this day, evaluation data collection was also carried out using instruments. *pre-test* (before the material) and *post-test* (after material and practice).

Evaluation Indicators and Instruments

Several Evaluation of the success of activities is measured using the method Pre-Experimental Design with one group pre-test and post-test. The evaluation instrument was a closed-ended questionnaire consisting of 25 multiple-choice questions. The assessment indicators adapted the theory of health behavior change, which encompasses three main domains (Notoadmodjo, 2018):

- a) Knowledge domain (10 questions), to measure understanding of the definition of stunting, causes, impacts, and golden period of growth.
- b) Attitude domain (5 questions), to measure mothers' perceptions of the importance of balanced nutrition and their desire to change parenting patterns related to children's eating.
- c) Skills domain (10 questions), to measure technical understanding regarding the selection of ingredients, processing methods, and hygiene and sanitation of complementary foods.

Data collection was carried out directly (direct filling) by participants accompanied by a facilitator to ensure the questions are understood. Data analysis was carried out descriptively using univariate to see the frequency and percentage distribution, as well as bivariate analysis using uji Paired Sample T-Test (or Wilcoxon if the data is not normal) to determine the significance of the difference in mean values before and after the intervention (Sugiyono, 2019). The assessment criteria are categorized as: Poor (0-50), Sufficient (51-75), and Good (76-100).

Evaluation Results



Based on the results of processing questionnaire data from 22 participants, a picture of changes in the capacity of housewives was obtained after participating in training using a dialogic approach. Recapitulation of values pre-test and post-test presented in Table 1.

Table 1. Frequency Distribution of Participants' Knowledge and Skills Scores

Category	Score Range	Pre-test (f)	Pre-test (%)	Post-test (f)	Post-test (%)
Less	0 – 50	15	68.2%	0	0%
Sufficient	51 – 75	7	31.8%	4	18.2%
Good	76 – 100	0	0%	18	81.8%
Total	—	22	100%	22	100%

Table 1 shows a significant increase in the good category. The results of data interpretation indicate that before the activity, most participants (68.2%) had knowledge and skills in the poor category with an average score of 42.5.(pre-test) This situation illustrates that information about stunting had not been conveyed effectively before. After the intervention using a dialogic approach, a significant transformation occurred, with 81.8% of participants in the good category, with an average score jumping to 86.3. This average increase of 43.8 points indicates that the dialogic method was effective in accelerating knowledge transfer. No participants remained in the poor category post-test, which indicates that the material can be accepted by all levels of participants without having to differentiate their educational background.

Discussion

The success of this activity was marked by a significant increase in evaluation scores and the formation of business group institutions. These results align with those expressed by Ariesta et al. (2024) and Kapadia et al. (2022), who stated that a participatory approach results in 40% higher knowledge retention. compared to conventional lecture methods for mothers with toddlers. In Sukaharja Village, a dialogic approach successfully broke down the hierarchical communication barriers that often arise between health workers, education counselors, and the community.



Mothers felt their opinions were valued, allowing their internal motivation to change nutritional behavior to arise from their own awareness, not from coercion.

In terms of utilizing local ingredients, this activity demonstrates that economic constraints are not the primary barrier to stunting if managed with the right knowledge. This supports the findings of Rahajeng & Khotimah (2020) and Irma et al., (2025), who found that food diversification based on local resources (such as river fish and tubers in Bogor) can meet children's animal protein needs at an affordable cost. Through practical training, mothers realized that expensive ingredients are not always necessary, but rather the right combination of nutrients.

The sustainability of the program is ensured through the formation of groupshome industry Complementary feeding (MPASI). This strategy integrates health and economic aspects, which are key to the success of sustainable nutrition programs. Elisa, Suryani & Dharma (2025) emphasize that sensitive interventions involving women's economic empowerment have a dual impact, increasing family income while ensuring the availability of nutritious food at home. The hope is that providing hygienic, affordable, and safe complementary feeding materials with market value will have an impact on growing entrepreneurial motivation in rural communities, while simultaneously empowering them economically.

The services provided are not limited to transfer of knowledge. However, it can provide consulting services to village communities regarding entrepreneurship, enabling them to become professional and sustainable entrepreneurs. Planned periodic mentoring will ensure this group doesn't stagnate, unlike community service programs that stop at the training stage (Karim, 2025; Sofino et al., 2026). Although the results post-test show high numbers, challenges remain in consistent implementation in everyday households. Therefore, the role of established health cadres and group mentoring is important. According to Priastuti et al., (2025) and Solikha, Suryarini & Wahyudin (2018), it is suggested that mentoring. Periodic monitoring at least once a month is necessary to prevent a return to old behaviors. Therefore, a combination of community education, health education, practical skills, and economic incentives through business



groups is a comprehensive measure recommended for replication in other areas with similar characteristics.

CONCLUSION

The dialogic approach used in this community service activity effectively increased the capacity of housewives to prevent stunting, as evidenced by a significant increase in the average knowledge, attitude, and skills score from 42.5 to 86.3, and a shift in the understanding category to good. In addition to the educational aspect, this activity successfully formed a foster group. Home industry Complementary feeding based on local ingredients is a sustainable strategy that integrates nutritional and economic aspects. A dialogic approach is recommended as a sustainable education strategy within the Rumah Ceting program, with regular mentoring support to ensure the continued positive impact on reducing stunting prevalence and improving family well-being.

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How to Cite: Hadiyanti, P., Mawardi J., M., Herawati BR.D., H., Dewi, I. P., Khoiriyah, F., Nahibah, A. S., & Putra, N. H. (2026). Strengthening Stunting Prevention in Mothers Household with a Dialogical Approach in Sukaharja Village, Bogor Regency. *Proceedings of Academic Seminar and International Conference*, 2(1), 134–147. <https://doi.org/10.53893/asic.v2i1.499>