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PRACTICE NOTE



Feminist participatory action research to co-develop localised health promotion in Indonesia

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ABSTRACT

Women's expertise and knowledge can help prevent stunting in impoverished areas with limited resources. Through focus group discussions and photovoice methods, feminist participatory action research (FPAR) explored the perspectives of mothers and community health workers (*posyandu*) in the development of maternal and community health promotion. Six steps of FPAR were applied: the collection of media on stunting health promotion in public health centres; the building of trust and partnerships with *posyandu* cadres and mothers; the conducting of focus group discussions with *posyandu* cadres and mothers of young children to develop local language media through participatory visual methods; the co-designing of media content using online design tools; the dissemination of posters and leaflets to the community through mobile health promotion; and the redevelopment of media content for policy makers. We were able to co-develop effective strategies and solutions for the prevention of stunting that were based on women's lived experiences.

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stunting; malnutrition; feminist participatory action research; health promotion; mothers; Indonesia

SUSTAINABLE DEVELOPMENT GOALS

SDG 5: Gender equality; SDG 17: Partnership for the goals

Introduction

Stunting is a form of chronic malnutrition and has long been a critical issue in Indonesia. Stunting is the condition of children who are short or very short for their age according to the World Health Organization's growth curve. Various factors influence the occurrence of stunting including non-exclusive breastfeeding (the provision of food or fluids in addition to breast milk to infants before the age of six months), food insecurity, low income, small maternal height, lack of access to health services, lack of access to clean water or to a healthy environment needed for healthy food, and other community and societal factors (Beal et al. 2018; Harding, Aguayo, and Webb 2018). Like other forms of malnutrition, stunting has short- and long-term consequences, including permanent impairments affecting future generations (WHO 2023).

According to the Ministry of Health Indonesia (2023), the prevalence of national stunting decreased slightly in 2024 to 21.5 per cent from 21.6 per cent in 2023. However, 15 out of 34 provinces in Indonesia faced an increase in stunting, including in South Sumatra, where there was a slight increase from 18.6 per cent to 20.3 per cent (Ministry of Health 2023). Many programs have been launched to decrease the prevalence of stunting to reach the national target of 14 per cent or less, yet the effectiveness of integrated education programs is still limited (Beal et al. 2018;

Rahmi, Huljannah, and Rochmah 2022). Therefore, there is an urgent need to develop comprehensive and participatory educational programs at the grass roots level.

Mothers, local community health workers (in Indonesia, referred to as *posyandu* cadres), and communities are at the forefront of stunting prevention and control (Beal et al. 2018; Nasution, Zainudin, and Jaya 2022; Sukmawati et al. 2021). Mothers play a critical role in ensuring the health and well-being of children because, due to gender norms, they make most of the decisions about diet, they prepare food, and they decide when to seek health care. Mothers' knowledge, beliefs, and practices have a significant impact on the nutritional status of their children. Based on West et al. (2018), the most common source of mothers' knowledge about stunting in rural areas is from community health posts (*posyandu*), followed by public health centres (*puskesmas*) and the internet (West et al. 2018). *Posyandu* cadres are voluntary community health workers responsible for providing basic health services, including nutrition education and growth monitoring.

Involving mothers and cadres in the development of health promotion media can increase the relevance, acceptability, and effectiveness of the intervention. Some studies have shown that involving cadres in stunting education can improve community knowledge of stunting among mothers of young children and the health cadres themselves (Mutalib and Maqfiro 2022; Simbolon et al. 2021). Other action researchers have developed a village stunting prevention program that is integrated into family planning and early childhood health (called, in Indonesian, *Kampung Keluarga Berencana Bebas Stunting*) to encourage health cadres and mothers to participate in programs (Simbolon et al. 2021). In this practice note, we reflect on the process and effects of co-developing our stunting prevention educational materials using local knowledge with mothers and community health workers in poor neighbourhoods in Palembang, South Sumatra.

Methodology: feminist participatory action research into community involvement in developing health promotion media

Taking the perspective that local people, especially women, mothers, and cadres have contextual knowledge to help prevent stunting, our health promotion media development process applied a feminist participatory action research (FPAR) approach, known as Women, Participation, Action, and Research. This approach positioned women as the real knowers in the development of educational media based on local wisdom in Palembang. Several methods were used to co-develop health promotion media on stunting based on the local context and using the Palembang language with mothers and *posyandu* cadres.

The elements of FPAR are community participation, experiential action, and knowledge research, critical thinking, and women's participation (Ponic, Reid, and Frisby 2010). The production or construction of new knowledge requires the interaction of knowledge, collective consciousness, and the active participation of both researchers and participants (Yoshihama and Carr 2002). The implementation of FPAR requires the ability of facilitators such as researchers to understand that each individual, participant, or community has different experiences and perspectives. In this case, the *posyandu* cadres are equal partners in the activities, and the process of learning and reflection between the participants and the community service team aims to produce educational tools in local languages.

The study involved 40 mothers and 40 health cadres. Purposive sampling was used to identify mothers with young children and health cadres in 11 community health centres (in Indonesia, referred to as *Puskesmas*) along the banks of the Musi River. Following informed consent,¹ the first and seventh authors and three research assistants conducted focus group discussions with mothers and health cadres. Each group consisted of five to six people. Topics explored included the definition of stunting, stunting prevention and feeding practices in impoverished areas with limited resources, and the empowerment of women in stunting screening. We also recruited five community health centre managers to explore their experiences of stunting control. Photovoice, which involves asking participants to take photographs and discuss their meanings, was conducted

to enrich the data about environment, feeding practice, and family. Five themes from the photos were: (1) my environment in Musi Riverbank; (2) food on my plate; (3) motherhood for stunted children; (4) my mothers' and fathers' work; (5) me, my father, my mother, and my grandmother. The photos can be viewed at <https://musisehat.com/> or <https://edukasistuntingdanwasting.com/blogs/photovoice>.

The six main steps of FPAR were carried out in synergy to improve gender equality by empowering women to assist in developing media. First, we discussed social issues and initial plans involving observations of existing educational media; then, improving and co-designing educational media based on local wisdom with *posyandu* cadres and mothers of young children, health workers, and student teams; then further disseminating the media among the community; and incorporating feedback for improvement. Once the media had undergone this process, as the final stage, the jointly developed stunting education media based on Palembang local wisdom was submitted to policy makers in the Palembang City Health Office (Dinas Kesehatan Kota Palembang) (Figure 1).

Step 1: Collecting existing stunting health promotion media in public health centres

We collected different existing media for health promotion from 11 *posyandu*, and public health centres (Figure 2). What we found is that media for education in stunting prevention is mainly disseminated by the central government, the Ministry of Health, Indonesia, and there are limited resources developed by the local government (Figure 2). This can be a problem because a multifaceted understanding of local perspectives on contextual challenges and opportunities for change is

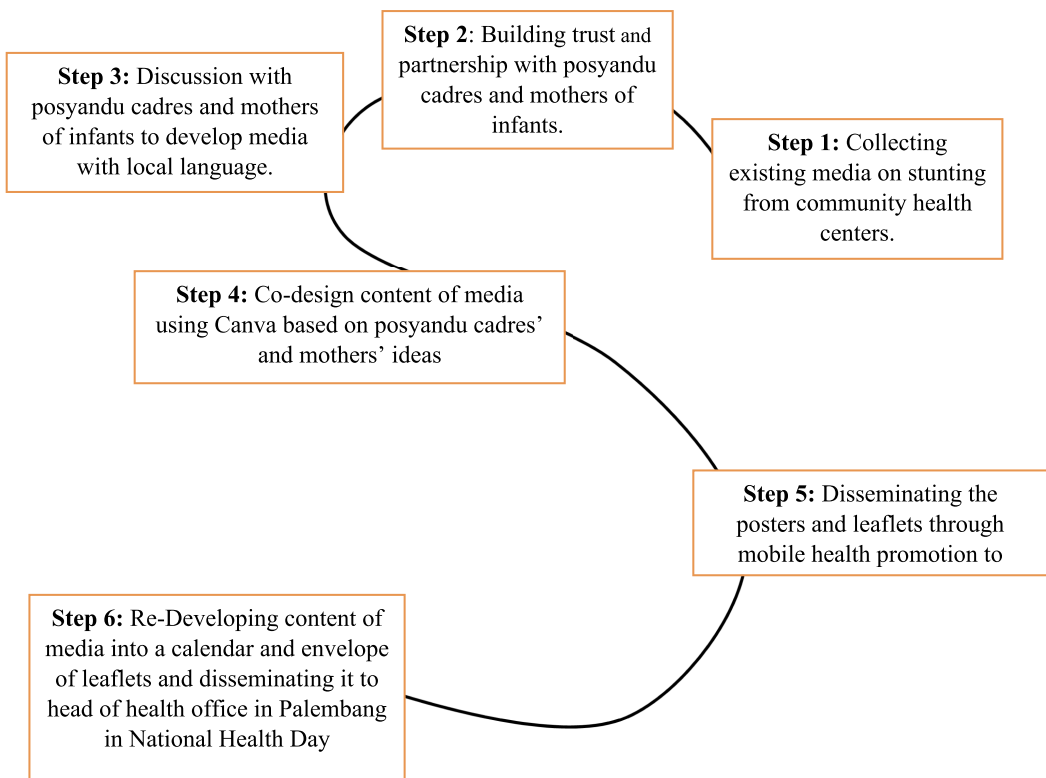


Figure 1. Cycle of feminist participatory action research into community involvement in developing media for health promotion in local languages. Source: Developed by Najmah; adopted from Lykes and Hershberg (2014) and Ponic, Reid, and Frisby (2010).



Figure 2. Media for health promotion produced by the Ministry of Health Indonesia: leaflet, book, and banner related to stunting. Source: Najmah.

needed to develop communications and health promotion that support the health and well-being of vulnerable communities (Parker and Becker-Benton 2016). **Our first learning** is that dependence on the central government (Ministry of Health-Indonesia) in creating and producing media for health promotion might hamper the creativity of local governments in developing their own media, including using local languages.

Step 2: Building trust and partnerships with *posyandu* cadres and mothers

Directors of community health centres in Palembang are obliged to work together to reduce the prevalence of stunting with a target of 14 per cent (MoH 2022). However, based on our research, it is common for some people working in the health sector to report fewer cases of stunting than the actual percentage if the target is not met. Health workers do this because they feel that this means they are not doing a good job. One of the directors of a community health centre shared:

Since I know you, I want to tell you a secret. You must know that I am in a dilemma whether to report the real number of stunted children or not. Later, when you observe the Musi riverbank, the reality later, you would find more stunting cases than we reported, please don't be surprised.

Mothers may also prefer not to seek help or medical evaluation because they worry society will blame them and accuse them of not caring enough for their children, even though many factors, like poverty, malnutrition, and food security, are beyond their control. Despite considerable attention from the government in recent years, stunting remains socially stigmatised in Indonesia

(Ginting et al. 2023; Najmah 2022). During one discussion, a cadre shared a drawing of a tree and spoke of the challenges of discussing stunting in the community:

When assisting children at risk of stunting, I was not welcomed by the child's family, sometimes scolded by his parents, grandmother. Because I often ask questions about diet, parenting. For example, when asked about diet, the mother said, "Why do you ask about the side dishes we eat, do you want to give us money, or free food, that's fine too?" When we asked about her parenting [she said], "it's like you're a smartass who wants to interfere in other people's family affairs, you don't even take care of your own family". So sad.

Therefore, in our research process, we had to make it clear to participants that our research was aimed at helping to develop media for stunting prevention, not to investigate stunting cases or expose stunting cases to the public, and that we truly valued mothers' knowledge and did not subscribe to stigmatising views. The process of building trust enabled us to obtain rich data during the co-development of educational media (Lykes and Hershberg 2014). This helped us achieve the active participation of women, community health workers, and community health centre directors in this research and highlighted the issues of stigma and shame that need to be addressed in research and activities on stunting. The directors made it easier for us to work with cadres and other health workers to support our project. **Our second learning** highlighted that building trust was an important stage in the development of health promotion media. Trust enabled us to to construct critical knowledge and reflect on the situation with compassion at grassroots level.

Step 3: Discussions with *posyandu* cadres and mothers of young children to develop local language media through participatory visual methods.

We used participatory visual methods to elicit the creativity and knowledge construction of Posyandu leaders and mothers of children under five during a series of focus group discussions (FGDs). Participatory visual methods are seen as modes of inquiry, production, and representation in the co-creation of knowledge. Participants and communities are involved in the production of



Figure 3. Group discussion with mothers with infants and *posyandu* cadres in Musi riverine in sub-district 12 Ulu and 4 Ulu, Palembang. Source: Najmah.



Figure 4. Art and drawings by cadres and mothers turned into digital media for health promotion. Source: Najmah.

evidence about their own health and well-being, as well as modes of dissemination related to knowledge translation and mobilisation (Mitchell, De Lange, and Moletsane 2016). Some outcomes of this process include health promotion videos, posters, leaflets, and a documentary video highlighting mothers' perspectives.

First, we decided to hold the discussions and develop the media in the private residences of the mothers or community health workers (Figure 3). Creating a safe environment and communication space is required to share knowledge and critically examine people's experiences (McIntyre 2008; Najmah 2019). Second, we provided some creative tools to facilitate our discussion, such as mind mapping, developing a collage, or creating a video. This helped to "break the ice" and to familiarise participants with the visual tools. **Our third learning** is that visual methods support participants to gain confidence in expressing their ideas and allow ideas to be shared with the group.

Step 4: Co-design content of media using Canva, based on *posyandu* cadres' and mothers' ideas.

All the drawings developed by Posyandu cadres and mothers were then digitally redesigned using Canva, an online graphic design tool, involving volunteers from the undergraduate students of the Faculty of Public Health, Sriwijaya University (Figure 4). We involved public health students as participants' assistants in media creation, taking pictures around the research site, and discussing their reflections on the pictures to gain in-depth insight into the challenges of stunting prevention in impoverished areas. This strategy worked well to position the mothers as experts, while the students took on a supporting role.



Figure 5. Mobile health promotion to children and mothers with local influencer, Cek Maria, and public health students. Source: Najmah. Link video: <https://www.youtube.com/watch?v=eC3LzjV9fnl> Link Instagram: https://www.instagram.com/musi_sehat/

Some themes the participants wanted to represent related to stunting prevention, including designing how to create a “zero stunting village”, and developing specific materials for teenagers, newly married couples, pregnant women, breastfeeding mothers, mothers with infants, and even children, such as the “my meal dish” (*isi piringku*) poster. Participants generally knew that to create a village without stunting not only requires nutrition during pregnancy and for infants, but also requires a healthy environment, health-seeking behaviours for babies and mothers, and economic and social support. **Our fourth learning** is that involving the younger generation to develop creative digital media takes the participants’ ideas to a wider audience, in an innovative format, and helps students to understand the realities of impoverished communities.

Step 5: Disseminating the poster and leaflets to society through mobile health promotion

The fifth step was to disseminate the stunting-awareness media to local residents during community health-centre activities held in July 2023. Twenty *posyandu* cadres and thirty public health students conducted mobile outreach in Musi Riverbanks. We also collaborated with local artists, heads of health offices, and community leaders to reach a wider audience during the mobile health promotion. There were two types of mobile dissemination. First, Posyandu cadres and students prepared printed health promotion media, a small gift (milk and eggs), and explained the messages of these media from house to house. Second, a local artist, Cek Maria, worked with public health students to assemble children and mothers in a public space where they explained stunting and other health issues (Figure 5). Effective stunting prevention can be achieved by educating community



Figure 6. Dissemination of stunting education media in a local language to the head of the health office in Palembang on National Health Day. Source: Najmah's.

members (including women, children, men, cadres, mothers of young children, pregnant women, and expectant mothers) about nutrition, setting up study groups for mothers of young children, and providing supplementary feeding for young children (Rahmi, Huljannah, and Rochmah 2022). Our **fifth learning** is that public engagement and working with local artists or public figures can amplify the health promotion impacts.

Step 6: Redeveloping media content into a calendar and leaflets for dissemination to the head of the health office in Palembang on National Health Day

The sixth step, which is the last activity in the design of this FPAR, is the handover of stunting educational media by *posyandu* cadres and the Sriwijaya University Faculty of Public Health team to the Taman Bacaan Community Health Centre, Palembang City, as a joint innovation of local context-based education. This handover was conducted in the presence of the Head of the Palembang City Health Office, the Vice Rector III of Sriwijaya University, and the Head of the Taman Bacaan Health Centre (Figure 6). These educational materials can be used by other health centres in Palembang City for the prevention and control of stunting in the context of local wisdom through education. This will help to ensure that the community is better informed. Furthermore, we took this opportunity to inform government officials about the positive benefits of co-design and FPAR, as well as the realities experienced by mothers and health workers. This may help ensure that they are involved in future programs and policies. The **sixth lesson** is that connection and partnership with policy makers added further mechanisms to bridge localised health promotion media and provide a space to share mothers' and community health workers' concerns, needs, and aspirations.

Conclusion

When community health centres (*puskesmas*) use educational media created and provided by the national government and Ministry of Health, they may be missing an important opportunity to engage with local communities, local health workers, and the people who are the targets of their messages. FPAR was able to bring people together to talk about stunting in an empowering and safe place, opening up discussions about issues of stigma and shame, and raising awareness about the lives of mothers and communities who are struggling with unhealthy environments and poverty. These discussions led to innovations in educational media and new collaborations between students and community members. Mothers learned more about stunting prevention. They also used their own experiences to create media that was more likely to resonate with other mothers. While stunting is a national issue, people appreciated having their own community and local language reflected in print and digital media. Media should be tailored to specific community issues and should mobilise community members using an FPAR approach, and this method can be taken up by government agencies to improve their strategies. We found that by valuing women's voices and experiences, we were able to co-develop effective strategies and solutions to prevent stunting based on the lived experiences and resilience of women in Palembang.

Note

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Disclosure statement

No potential conflict of interest was reported by the authors.

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