

# Empowering Posyandu Cadres Through Positive Parenting Psychoeducation to Safeguard Children From Stunting

Tina Afiatin\*, Sofia Nurvita, Annisa Reginasari

Faculty of Psychology, Universitas Gadjah Mada, Yogyakarta, Indonesia

Submitted: December 24<sup>th</sup> 2022; Revised: December 21<sup>st</sup> 2023; Accepted: January 10<sup>th</sup> 2024

## Keywords:

Positive parenting  
Posyandu cadres  
Stunting

**Abstract** Indonesia's demographic bonus for the millennial generation is starting to increase. However, the quality of nutrition and health of Indonesian children is threatened by cases of stunting in several regions in Indonesia without specialized assistance from Posyandu cadres as the frontline educators for parents. This community service research aimed to explore the Posyandu cadres' understanding of the value of positive parenting to prevent stunting through a Psychoeducation Program design. This activity program involved psychoeducational interventions using lectures, discussion, and role-play of positive parenting practices. The Positive Parenting Psychoeducation Activities were carried out involving 39 Posyandu Cadres in Ringu Rara Village, Lamboya Sub-District, West Sumba District, East Nusa Tenggara Province (N = 20) and Posyandu Cadres in Tirtoadi Village, Mlati Sub-District, Sleman District, Special Region of Yogyakarta Province (N = 19). A psychoeducation program evaluation using the open-ended questionnaire was administered before (pre-test) and after (post-test) lecture sessions, discussion sessions, and Positive Parenting training sessions. Subsequently, the trainers continued with Focused Group Discussion sessions for the follow-up stage of the training. Using a qualitative approach to thematic analysis techniques and cross-tabulations, the authors searched for themes that emerged from the questionnaire responses data and recorded focus group discussion transcripts. Besides, the data organization was also carried out with the help of the MAXQDA 2020 Application. The thematic analysis results generated three main themes around Positive Parenting Psychoeducation activities, namely Posyandu Cadres with their tasks and challenges, Positive Parenting to prevent stunting, and Positive Parenting Psychoeducation follow-up plans. The conclusion drawn from the results of this activity was that the family-household factor of parenting patterns can influence stunting. Posyandu cadres need positive parenting psychoeducation to be able to share information with, assist, monitor, and help parents of children with stunting indications.

## 1. INTRODUCTION

A healthy generation is an essential national asset. In 2030, Indonesia will get a demographic bonus with millennial citizens aged 20-35 reaching 24%, equivalent to 63.4 million out of 179 million people of productive age (Badan Pusat Statistik, 2018). The millennial generation's quality determines prosperity or misery for the nation. To achieve national prosperity, Indonesia requires a healthy and

productive generation.

The data, however, showed that one in three Indonesian children is indicated to have stunted growth (Ministry of Health of the Republic of Indonesia, 2018). Badan Pusat Statistik (2023) reveals that the government set a target to reduce the prevalence of stunting among children in Java include West Java, East Java, Central Java, and Banten.

ISSN 2460-9447 (print), ISSN 2541-5883 (online)

\*Corresponding author: Tina Afiatin

Faculty of Psychology, Universitas Gadjah Mada, Sosio Humaniora Bulaksumur, Karang Malang, Caturtunggal, Kec. Depok, Kabupaten Sleman, Daerah Istimewa Yogyakarta, 55281, Indonesia  
Email: [afiatin04@ugm.ac.id](mailto:afiatin04@ugm.ac.id)

Copyright ©2024 Jurnal Pengabdian kepada Masyarakat (Indonesian Journal of Community Engagement)  
This work is distributed under a Creative Commons Attribution-ShareAlike 4.0 International License

In contrast, the data also reported that areas outside Java include East Nusa Tenggara, West Sulawesi, Aceh, West Kalimantan, South Kalimantan, Central Sulawesi, North Sumatra, and West Nusa Tenggara.

Children with stunting show indications of more than two standard deviations below the WHO Child Growth Standards median (World Health Organization, 2015). The growth of an under-five child is considered stunted if it has a z-score value of less than -2 SD and is severely stunted if less than -3 SD (Ministry of Health of the Republic of Indonesia, 2011). The growth failure is due to the accumulation of inadequate nutrition that lasts for an extended period from the fetus to the age of 24 months (Bloem et al., 2013). The short-term effects of stunting include disrupted brain development, reduced intelligence, impaired growth, and metabolic disorders in the body. The long-term effects of stunting include decreased cognitive abilities and academic achievement, reduced immunity resulting in higher vulnerability to getting sick, and a high risk of cardiovascular disease and disability in old age. Considering the impact of stunting, which will harm the quality of life of Indonesian people, efforts are needed to prevent stunting.

The determinant factors of stunting are multi-dimensional. Beal et al. (2018) found that the factors that cause stunting in Indonesia include not receiving exclusive breastfeeding at the age of 0-6 months, premature birth, low birth length, low maternal height, low maternal education, housing with poor sanitation and lack access to clean water, and limited access to health services. Pang (2019) states that the causes of stunting in Indonesia include: a. poor parenting practices (lack of knowledge about health and nutrition before and during pregnancy, failure to provide exclusive breastfeeding to children aged 0-6 months); b. lack of access to nutritious food (1 in 3 pregnant women is anemic, unable to get nutritious food due to financial reasons); c. lack of access to clean water and sanitation; d. limited access to health services, including antenatal and postnatal care services and quality early learning.

Appropriate parenting practices probably have the potential to prevent stunting (Pang, 2019), especially in feeding practices for infants and toddlers as part of parenting styles. The results of the research conducted by Rahmayana et al. (2014) show a significant relationship between feeding practices and the incidence of stunting in children aged 24-59 months. Poor parenting is a family factor that causes malnutrition and stunting (Bella et al., 2020).

The quality of future generations is strongly influenced by family quality, especially in terms of parenting practices (Afiatin, 2018; Afiatin & Handayani, 2017). Parenting is a two-way interaction process between parents and children influenced by internal and external conditions, including the environment, culture, and institutions where the child grows and develops. According to Bradley (2007), there are six basic parenting tasks, namely: (1) ensuring safety and food, including providing food, housing, and clothing; access to health services; and protection; (2) providing

socio-emotional support, including affection, disciplining, modeling; (3) practicing appropriate management, including environmental arrangement, children's daily activities management, and routines management; (4) stimulating and instructing, including providing game and learning materials, training, and improving achievement; (5) monitoring and supervision, including guarding, collecting information, and communicating with children; and (6) providing social connectedness, including connecting with family and friends, forming peer relationships, and joining institutions such as religious institution, sports club, and other associations.

Improving parenting practices includes educating parents about balanced nutrition in families supported by Posyandu. As the community-based integrated service post, Posyandu is one of the Indonesian government's policies to encourage community members to obtain holistic maternal and child health services (BKKBN, 2023). Posyandu informed women about the essentials of pregnancy examinations at least four times during pregnancy. Expectant mothers are provided with a series of information about birth planning and initiation of breastfeeding. They are encouraged to provide the 6-month exclusive breastfeeding, continue until the child is two years old, and also additional breast milk food afterward. Further education includes the importance of monitoring the child's development status by bringing the child to the Posyandu every month for immunizations, growth checking, and consulting with a doctor.

Practitioners and academics have community service opportunities to provide parenting practices and skills improvement of stunting prevention for Posyandu cadres. Posyandu cadres are community members with the will, ability, and time to voluntarily organize Posyandu activities (Ministry of Health of the Republic of Indonesia, 2012). Previous research suggests that positive parenting psychoeducation training programs can be developed by involving village cadres (Afiatin & Handayani, 2017). A local wisdom-based approach is noteworthy work to determine successful psychoeducation programs (Lede, 2023). Based on the previous research results, the authors offered a positive parenting psychoeducation program to improve knowledge of stunting, stunting prevention efforts, and parenting to prevent stunting and provide positive parenting skills training for Posyandu cadres. Through Positive Parenting Psychoeducation, the authors hope that the Posyandu cadres in the two areas will be able to utilize their skills in assisting parents to prevent stunting.

## 2. METHOD

The Positive Parenting Psychoeducation Program for preventing stunting includes providing knowledge about the meaning of stunting and the factors that influence it, preventing stunting through appropriate parenting practices, and positive parenting practices for Posyandu cadres. Positive Parenting Psychoeducation was provided for the Posyandu cadres in Ringu Rara Village, Lamboya, Sumba Barat, East Nusa Tenggara, on July 30, 2022, and for the

Posyandu Cadres in Tirtoadi Village, Mlati, Sleman, the Special Region of Yogyakarta, on September 24, 2022. Positive Parenting Psychoeducation was delivered by a lecturer at the Faculty of Psychology UGM, Prof. Dr. Tina Afiatin, M.Si., Psychologist, the field teams (Annisa Reginasari, S.Psi., M.A. and Sofia Nurvita, S.Psi., M.Psi., Psychologist) and undergraduate students of Universitas Gadjah Mada who were in community service program (Kuliah Kerja Nyata) as facilitators for the Role-Playing and Focused Group Discussion session.

The community health center program in the hamlet or village area has equipped cadres with basic knowledge about health and nutrition issues to then become volunteers who help with health service tasks for community members in their environment. We communicated and coordinated with the head of Ringurara village to gather participants in Sumba. The village head then shared information regarding the list of Posyandu cadres. Furthermore, we have involved Gadjah Mada University undergraduate students who are undergoing a community service program (Real Work Lecture) in Ringurara village to send invitation letters to all Posyandu cadres of Positive Parenting Psychoeducation. We also collaborated with the Head of Tirtoadi Village, Sleman Regency. The Village Head appointed Posyandu cadres from Padukuhan Janturan and Sanggrahan, Tirtoadi, Mlati, and Sleman to participate in Positive Parenting Psychoeducation. We then sent an invitation for Positive Parenting Psychoeducation to all appointed Posyandu cadres.

This community service is expected to produce a Positive Parenting Psychoeducation for Stunting Prevention Module program. In total, there are 225 minutes of training activities for each region with a time allocation of 15 minutes for training participant registration, 120 minutes of lecture, discussion, and role-play sessions, 45 minutes of Focused-Group Discussion sessions for the follow-up stages of the training (Figure 1 and Figure 2). Conventional FGDs usually obtain data from participants by conducting group discussions without intervention. Positive Parenting Psychoeducation is a process that not only provides information but also offers experiential learning through role play and feedback sessions. The participants were also asked to complete an open-ended questionnaire administered 30 minutes before (pre-test) and 30 minutes after (post-test) the psychoeducation sessions. Respondents were asked to answer five open-ended questions during both the pre-test and post-test psychoeducation sessions, such as: What is meant by stunting? What are the factors that cause stunting? What is meant by parenting? What are the essential tasks of parenting? What is meant by positive parenting? The training ends with a 15-minute closing session.

We adopted a six-stage thematic analysis technique (Braun & Clarke, 2006) and combined it using MAXQDA 2020 qualitative analysis tools (Kuckartz & Radiker, 2019; MAXQDA, 2020). We carefully read all open-ended answers and transcripts from focus group discussions (FGD) at the initial stage. We then tabulated all open-

ended questionnaire responses into a table in Microsoft Excel and discussion transcripts in Microsoft Word. In the next stage, we created initial codes for further searching and reviewed the categorization and themes. Subsequently, we built a code system involving different colors in the label and memo feature in the qualitative application tools. In the final stage of thematic analysis, we defined and named the themes into a compilation of themes (code books). In addition to organizing the data using thematic analysis techniques, we combined the results with information from cross-tabulation to obtain descriptive statistics calculated from the frequency of segment units that formed themes or categories. The percentage size shows the appearance of segment units from each participant's answer in the two data sources (FGD and open-ended questionnaire) from the two post- and pre-test sessions in the two regions.



Figure 1 . Positive parenting training session



Figure 2 . Focus group discussion

### 3. RESULT AND DISCUSSION

A total of 39 Posyandu cadres were involved in The Positive Parenting Psychoeducation, including 20 from West Sumba, East Nusa Tenggara, and 19 from Sleman, Yogyakarta. In Psychoeducation activities, most of the participants are women (only one man). Participants were 18-62 years old (Mean = 37.5, SD = 8.79), and most (45%) were reported from the 29-39 year age cohort. Those who participated in this activity had varied levels of education, from elementary to undergraduate, but most had completed high school.

The results of cross-tabulation analysis using MAXQDA (Attachment Table 1) produced information on how many occurrences of qualitative data participants'

answers form themes and sub-themes of axial coding systems. We analyzed by looking at the contrast between pre-test and post-test responses. All participants from Sleman perceived the theme of understanding stunting in the pre-test as delayed growth. In contrast, participants from Sumba perceived it as malnutrition (35%) or had no insight (15%). After the training (post-test), most of the participants in the two regions had a comprehensive understanding of stunting, not just a separate understanding (Sumba = 65%, Sleman, 73.7%). Nevertheless, all participants generally highlighted that stunting delayed children's growth. Participants from Sumba reported more detailed sub-themes regarding the characteristics of stunted children, such as the consequences of not receiving exclusive breastfeeding.

Most participants in the two regions in the pre-test stated that lack of parenting skills was the cause of stunting (Sumba = 80%, Sleman = 100%). Participants from Sleman mentioned a wider variety of factors that might generate stunting compared to participants from Sumba. Twenty percent of Sumba participants did not have any idea. In post-test responses, Sumba participants mentioned more factors that cause stunting, such as family and household factors such as malnutrition (70%). On the one hand, Sleman participants responded with more possible variations in unique factors that were not reported by Sumba participants, such as infection factors (26.3%), economic factors (10.5%), mental health (5.3%), and adolescent pregnancy (5.3%). Sumba participants reported decreased intelligence (5%), or the child had more leisure time (5%).

Sleman participants varied more sub-themes in answering questions about basic parenting tasks and positive parenting than participants from Sumba on the pre-test open-ended questionnaire. Sixty-five percent of Sumba participants reported a lack of knowledge and understanding regarding basic caregiving tasks compared to Sleman participants (5.3%). A total of 36.8% of responses from Sleman participants perceived parenting as parent-child interaction, while participants from Sumba only had less knowledge about this (5%). Only a few (15%) responses from Sumba participants perceived that the process of constructing relationships with their children was part of parenting practices. In comprehending basic tasks of parenting practices, only 20% of Sumba participants mentioned it compared to 42% of Sleman participants. Sleman participants had understood that basic caregiving tasks included both support and control. In contrast, 30% of Sumba participants' responses showed that basic caregiving tasks focused only on the support dimension of parenting. For example, parents have to provide food for their children; none of the Sumba participants comprehended primary parenting practice as control in the pre-test session.

In the post-test session, Sumba participants mentioned more responses regarding the sub-themes of support and control as basic parenting tasks. The frequency of responses from Sleman participants also increased (to 47.4% from 21.1%) in comprehending the primary parenting practice in a more authoritative way (control and support), such

as providing supervision and guidance for their children. Sumba and Sleman participants also comprehended that caregiving duties include providing social and emotional support (Sleman = 84.2% and Sumba = 25%). We detected unique contrasts in participants' answers in the two areas, especially in the post-test support element parenting task. When 5.3% and 10.4% of Sleman participants mentioned that access to health services and clothing were part of the support elements, no answer emerged from Sumba participants regarding this category. Ten percent of Sumba participants' responses mentioned the primary parenting practice as the relations with children, providing guidance, and a sense of compassion for children. No answers emerged regarding this sub-theme from Sleman participants. Sumba participants' unawareness of their primary parenting practice also decreased in frequency (to only 5%), while Sleman participants reported no responses of "I don't know".

In the pre-test session, sixty-five percent of Sumba participants' responses did not comprehend the concept of positive parenting. Only a few Sumba participants answered that positive parenting includes providing nutritious food, a suitable environment, and access to health services and clean water. On the contrary, Sleman participants reported their initial knowledge about positive parenting as an understanding of appropriate parenting actions for children (57.9%). Sleman participants also had varied answers, such as positive parenting, being supportive and constructive parents, fun parenting, providing an appropriate environment, and avoiding violence.

The post-test analysis showed that Sumba participants have a more comprehensive knowledge of democratic parenting, while more Sleman participants (63.2%) focused on comprehending that positive parenting is being constructive parents. A total of 40% of Sumba participants answered that positive parenting includes providing security and avoiding violence when carrying out parenting practices. Sumba participants reported a 20% comprehensive understanding of positive parenting (at the pre-test, 65% of them responded don't know or didn't respond), and 36.8% of Sleman participants also reported a comprehensive understanding of positive parenting – the thematic analysis generated three major themes around positive parenting psychoeducation activities.

### *3.1 Posyandu cadres, their tasks, and challenges*

Posyandu cadres have four main tasks, including writing monthly reports, monitoring families with children with indications of stunting, educating parents, and making referrals to Puskesmas if there are children with stunting. The Posyandu program in Sleman, Yogyakarta, has an education program that includes education about stunting. Posyandu cadres also provide door-to-door education during the COVID-19 pandemic. The Posyandu cadres have difficulties finding young cadres and are worried that the way their approach to parents with children with stunting indications is inappropriate (e.g., parents are offended when cadres try to educate). The cadres

mentioned the link between parenting and socioeconomic status factors and stunting. Income and cost of living factors also affect the way of parenting.

Interviewee 1: "... [things that influence parenting are] because of the cost of living, the cost of living doesn't allow it. So I went abroad [because] I needed income for daily living expenses, which is also what makes what we get today [positive parenting psychoeducation] the opposite of the parenting [we usually practice]. That's what makes Sumbanese [parents], from the way they parent, guide, even their education [different from positive parenting programs]." (Psychoeducation focus group discussion in Sumba, Pos. 66).

### 3.2 Positive parenting to prevent stunting

The Sleman participant cadres shared several problems they encountered when interacting with the community to educate about stunting. According to the training participant cadres, mothers find providing food for their children challenging because they have jobs other than full-time mothers. Stunting may occur due to less-than-optimal parenting (feeding) patterns.

(N2): "[child] is raised by his grandmother or someone." (I): "Oh, usually." (N2): "Yes. because [the child's] mother went to work." (N2): "... So the caregiver doesn't pay attention to nutritional intake either. When [it's time to go to] the Posyandu, sometimes the person accompanying [the child is] his grandmother." (I): "Oh, when it was time to visit the Posyandu, the mother was working. ..." (N1): "It may be because the grandma's mindset was still. ..." (I): "Still traditional." (N1): "Yes, that's right." (N1): "So they tend to close themselves off [to receiving the latest information about education from Posyandu]. We [Posyandu cadres] sometimes, for example, want to provide information about [education about stunting] it seems like [the child's grandmother] ignores it." (Psychoeducation focus group discussion in Sleman, 38-62).

(N2): "Mothers reasoned that they were facing children who had difficulty eating [picky eaters]... The child doesn't want to eat fruit or the child doesn't want vegetables." (N3): "[The child's mother] is too lazy to cook." (N3): "Yes, sometimes they'll just buy food." (N4): "They usually use food delivery services (GoFood). ..." (N2): "[indeed] The service already exists, right? That's so that [the job of providing food becomes] simpler [for parents]. ..." (N4): "The mother sometimes just. ..." (N3): "[only...] Buys porridge [for the child]." (I): "Oh, porridge." (N3): "It doesn't contain four stars [complete nutrition] like it doesn't have enough side dishes; There is only one [kind of nutrient]. [The dish] lacks vegetables." (I): "So, the nutritional elements are lacking." (N3): "Yes, that's right. It lacks nutrition." (N3): "Basically, sometimes [the reason is that mothers feel] lazy about cooking or tired due to their parents' busy lives." (Psychoeducation focus group discussion in Sleman, 266-288).

The involvement of extended family members (such as the role of grandmother) also influences parenting practices,

especially regarding feeding practices for children. Apart from that, mothers also complained about their difficulties in applying theories to parenting practices. Regarding the relationship between parenting in the digital era, cadres stated that they lacked awareness of collaborative parenting with partners (parenting by fathers), especially in monitoring children's digital activities, which in turn would disrupt children's eating habits.

Cadres from Sumba reported that reactive parenting is the most practiced parenting style by parents in Ringurara village, Sumba. Parents in Sumba considered the reactive response as the last solution.

"Because, in this area [Sumba], if we don't apply this [assertive-reactive parenting] system, our children will not respond to what we educate, then they will not want to go to school anymore." (Psychoeducation focus group discussion in Sumba, Memo no. 9).

Parents in Sumba adopted reactive parenting practices, such as they have to lash out at their children using rattan.

"My wife and I have studied [about] how to educate children. The person who has the right to do the Rotan Kasih is the father. [For example] if you want to do Rotan Kasih, you don't do it in front of people, [but you have to] call the kid to come into their room, and then you lash the child out [with the intention] not to [injure the kid]. Rotan Kasih should be done in a hidden place, and then they will have a good life." Interviewee 2: "The Rotan Kasih was lash. It is known as Rotan kasih (rattan of love)." Interviewee 1: "The term here is rotan kasih". Interviewee 2: "We lash because we love them, that's how it is." (Psychoeducation focus group discussion in Sumba, Pos. 109-113).

However, parents who tend to engage in reactive parenting practices report that they do not scold their children. Swearing is defective while lashing is a more responsive way to decrease a child's destructive behavior. A cadre of participants from Sumba reported that parents who chose to lash their children were also filled with feelings of sadness and did it while crying.

Interviewer 1: "Have you ever had feelings when you were scolded or hit?" Interviewee 6: "Yes, I have. When mom started to scream, [and then] crying and crying." (Psychoeducation focus group discussion in Sumba, Pos. 100-101).

One of the cadre participants in Sumba said that reactive parenting was the final solution because fathers could recreate a function as rotan kasih enforcers within the family. The rotan kasih term reflected the reactive parenting practices as the response to children's detrimental behavior to themselves and others. Cadre participants in Sumba expressed that parents consider adopting Rotan Kasih due to the child's damaging behavior (such as when their children refused to go to school or were too shiftless to help their parents at work). Parents may have already exhausted from negotiating with a child's destructive behavior. Parents expected that their children would gradually realize and transform their detrimental behavior in a more constructive fashion.

Sumba participant cadres linked parenting practices to religious beliefs and values. Participants highlighted that a sense of closeness to God aligned with parenting goals. The ideal parenting goals included supporting children's personal growth and investing in children's future lived in harmony within society.

Interviewee 1: *"In my personal experience, I was not educated by my parents, but by my spiritual mentor. I have positive views on life and will apply them in the future. I have a bad life history and background from elementary, middle, and high school. However, when I was directed and guided to have closeness to the Creator, I realized that life is more valuable. [It is] more essential when I am close to the Creator. Naturally, I [became more] focused [and] educated. Just like that, there was nothing else. The key is our closeness to the Creator."* (Psychoeducation focus group discussion in Sumba, Pos. 108).

Based on reports from participant cadres, the parenting practices implemented by parents in Sumba differ greatly from positive parenting characteristics but reflect more reactive parenting practices. Sleman participant cadres said there were more similarities with the indicators of positive parenting. The contrast between culture-based parenting style and accessibility to public services probably explained the finding of two areas of cadre participants of the psychoeducation.

The parenting process is essentially not value-free. Individual flourishing is affected by parenting quality, the environment, and the interaction of these two factors produce values (personal, social, and cultural values) within society (Hartono, 2011; Muchlisah & Afiatin, 2019). The multicultural characteristics of Indonesian society vary parenting practices according to the region (Daulay, 2023). Javanese people generally manifested the parenting practices in valued children to have *hormat* (respect), *rukun* (harmony), behavioral control, *nrino* (acceptance), discipline, honesty, and *tresno* (love) (Etikawati et al., 2019a; Etikawati et al., 2019b). When the husband (man/father of the child) adores his wife (woman/mother of the child), so the wife respects her husband; such a couple relationship reflects the principle of harmony and respect for the Javanese family (Afiatin, 2018). Patriarchal culture is modest in Javanese families. Couples consider the more flexible role of the caregiver for their children (Afiatin et al., 2023). Cadre participants also highlighted the essential awareness about commitment to create constructive communication within the family (e.g., parents initiate the conversation as part of parental monitoring of their children's digital activities).

Misunderstanding the meaning of Patriarchy may be related to more reactive parenting in Sumbanese society. Patriarchal culture is salient in some Sumbanese people (Here, 2017). Men have a superior role and position compared to women because men are the head of the family and the primary breadwinner. Women have a more inferior position with domestic duties (kitchen needs and childcare). Sumbanese women realize that obedience to customs (including patriarchal culture) produces a harmony of order and balance to ensure safety and happiness in

society (Here, 2017). Furthermore, Here (2017) states that in the context of Sumbanese society, women also have a fundamental duty and role in maintaining the sacredness of customs (e.g., being involved in customary preparations and decision-making regarding marriage matters) (Here, 2017). It means that women's roles and duties also have a place of honor in Sumba's traditional practices and customs.

The results of this psychoeducational activity reflect the need to re-understand the concept of patriarchal culture, especially regarding the essence of the role involvement and contribution of fathers in helping mothers raise children. Stereotypes about settling down and rigid patriarchal relations in Sumbanese families may create a false gap, even though husbands and wives have the opportunity to work together and complement each other (Here, 2017). Here (2017) revealed that for the people of Sumba, the role and presence of women (wives) is very meaningful for men (husbands) as a source of strength and enthusiasm to work harder. This reinterpretation may help reduce the burden of parenting tasks that mothers have to bear alone. The Positive Parenting Psychoeducation program supports all family members in contributing responsibility and practicing constructive parenting based on local wisdom. Therefore, parents' tendency to practice violent parenting will decrease.

People living in Yogyakarta have more manageable access to parenting education service (Harniati & Dinni, 2023). In contrast, the people of Sumba face more disputes about adopting positive parenting practices due to psychosocial and demographic factors. The people of Sumba had limited access to public services, such as the distance from the school and the inadequate or unavailability of learning facilities that may affect the individual's ability to absorb knowledge and skills (Lede, 2023). In turn, psychosocial factors may burden mothers because they have to actively manage time, energy, and financial resources to accomplish the parenting tasks. Parents (mothers) in Sumba are more likely to become exhausted in managing their household, thus triggering them to enforce reactive rather than more time-consuming parenting practices.

### 3.3 Positive parenting psychoeducation follow-up planning

The trainees felt happy and grateful to participate in the positive parenting psychoeducation activities because they could get additional insights (i.e., education should be based on reliable references, cadres do not need to be self-taught by seeking education on the internet) and be a means of catharsis for them. This positive parenting psychoeducation program for Posyandu cadres increases the opportunity for the Sumbanese community to widely access previous parenting education programs (DKIPS Sumba Barat, 2022).

Posyandu cadres have improved their knowledge of positive parenting to support their duties of assisting parents of children with stunting symptoms. The cadres in the two regions expected Puskesmas and Posyandu to be shelter agencies, including supervisors, evaluators, and moderators of cadres' aspirations. Cadres assisted parents in enhancing

### Thematic Analysis

### Cross-Tabulation

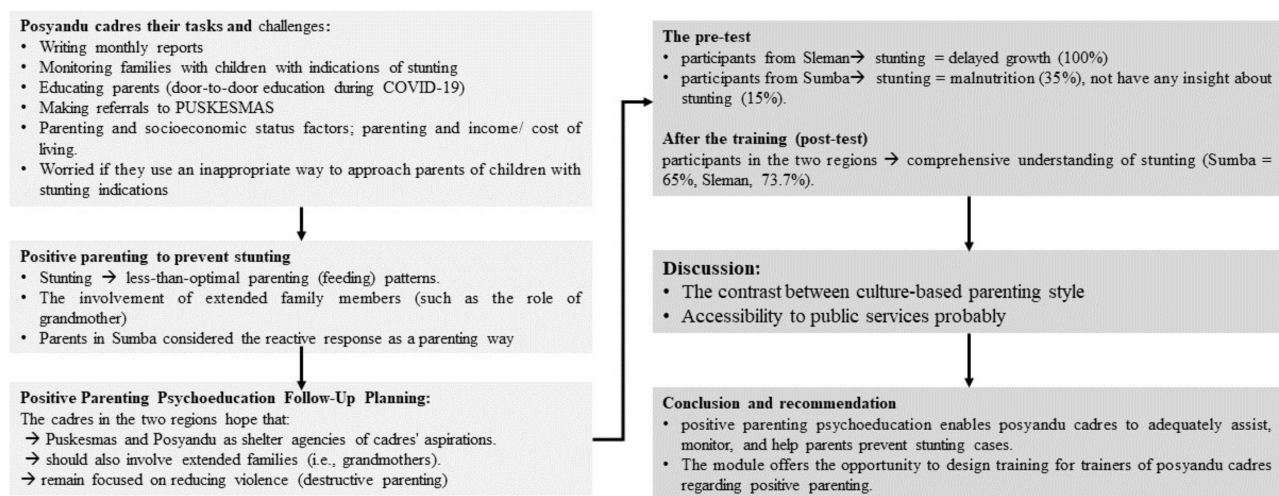


Figure 3. Flowchart of results of psychoeducational analysis of positive parenting to prevent stunting for Posyandu cadres

their knowledge of executing positive parenting (non-violence), providing quality time, and paying attention to the children’s nutritional needs. Cadres need to be involved in adding insights into how to educate and counsel rather than being tasked with administrative reporting only. The results of the focus group discussions also revealed that the cadres suggested that positive parenting psychoeducation for stunting prevention should also involve mothers, fathers, and caregivers from extended families (i.e., grandmothers).

The implication of the psychoeducation program is the adoption and modification of some of the positive parenting for stunting prevention by Posyandu cadres aligned with local wisdom’s parenting needs. Positive parenting psychoeducation requires to remain focused on reducing violence (destructive parenting) so that parents gradually embrace more positive parenting practices. The stages of the analysis process, results, and conclusions are presented in Figure 3.

### 4. CONCLUSION

Based on the community service of positive parenting psychoeducation in two areas, we concluded that positive parenting psychoeducation enables Posyandu cadres to adequately assist, monitor, and help parents prevent stunting cases. Posyandu cadres reported enrichment about positive parenting practices and experiential learning rather than solely the task of administrative reporting. This positive parenting psychoeducation program is advantageous for Posyandu cadres as a cathartic space to express ideas and refine the interpretations of parenting practices. We suggested practical implications for Posyandu Cadres, policymakers, and researchers to support and adopt a positive parenting psychoeducation module. The module offers the opportunity to design training regarding positive parenting for trainers of Posyandu cadres. Furthermore, cadres who had received training before were conditioned to train parents in positive parenting skills.

### ACKNOWLEDGMENT

The authors would like to thank the Faculty of Psychology of Universitas Gadjah Mada for providing the grant to finance this activity (Funding Number: 6812/UN1/FPsi/UP4/PM.02.02/2022).

### CONFLICT OF INTERESTS

The authors declare there is no potential conflict of interest in this community service activity.

### REFERENCES

Afiatin, T. (2018). *Psychology of marriage and family: Strengthening the family in the digital era based on local wisdom (Psikologi perkawinan dan keluarga: Penguatan keluarga di era digital berbasis kearifan lokal)*. Kanisius.

Afiatin, T., & Handayani, A. (2017). Parenting in fisherman families: An action research. *The Social Sciences*, 12(11), 2096–2104.

Afiatin, T., Subandi, M. A., & Reginasari, A. (2023). The dynamics of flourishing Indonesian muslim families: An interpretative phenomenological analysis. *Psikohumaniora: Jurnal Penelitian Psikologi*, 8(1), 1–18. <https://doi.org/10.21580/pjpp.v8i1.14382>

Badan Pusat Statistik. (2018). *Statistik gender tematik: Profil generasi milenial Indonesia*. Kerjasama Kementerian Pemberdayaan Perempuan dan Perlindungan Anak dengan Badan Pusat Statistik.

Badan Pusat Statistik. (2023). *Laporan indeks khusus penanganan stunting kabupaten/kota 2021-2022 volume 2*. Badan Pusat Statistik. <https://www.bps.go.id/id/publication/2023/12/19/7d87599450712cf4bab879f2/laporan-indeks-khusus-penanganan-stunting-kabupaten-kota-2021-2022.html>

- Beal, T., Tumilowicz, A., Sutrisna, A., Izwardy, D., & Neufeld, L. M. (2018). A review of child stunting determinants in Indonesia. *Maternal and Child Nutrition*, 14(4), 1–10. <https://doi.org/10.1111/mcn.12617>
- Bella, F. D., Fajar, N. A., & Misnaniarti, M. (2020). Hubungan pola asuh dengan kejadian stunting balita dari keluarga miskin di Kota Palembang. *Jurnal Gizi Indonesia*, 8(1), 31. <https://doi.org/10.14710/jgi.8.1.31-39>
- BKKBN. (2023). Posyandu. *BKKBN*. <https://kampungk.b.kkkbn.go.id/kampung/3986/intervensi/608632/posyandu>
- Bloem, M. W., de Pee, S., Hop, L. T., Khan, N. C., Lailou, A., Minarto, Moench-Pfanner, R., Soekarjo, D., Soekirman, Solon, J. A., Theary, C., & Wasantwisut, E. (2013). Key strategies to further reduce stunting in Southeast Asia: Lessons from the ASEAN countries workshop. *Food and Nutrition Bulletin*, 34(2), s8–s16. <https://doi.org/https://doi.org/10.1177%2F15648265130342S103>
- Bradley, R. H. (2007). Parenting in the breach: How parents help children cope with developmentally challenging circumstances. *Parenting: Science and Practice*, 7, 99–148. <https://doi.org/10.1080/15295190701306896>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp0630a>
- Daulay, N. (2023). Pengasuhan berbasis agama dan budaya. *Prosiding Temu Ilmiah Nasional IPPI Ke XIII HIMPSI*. Sekretariat Musyawarah Nasional dan Temilnas IPPI 2023 [in press]
- Dinas Komunikasi dan Informatika Persandian dan Statistik Kabupaten Sumba Barat. (2022). Program parenting dalam keluarga mendorong orang tua membentuk karakter anak sejak dini. *DKIPS Sumba Barat*. <https://sumbaratkab.go.id/program-parenting-dalam-keluarga-mendorong-orangtua-membentuk-karakter-anak-sejak-dini/>
- Etikawati, A. I., Siregar, J. R., Jatnika, R., & Widjaja, H. (2019a). Pengembangan instrumen pengasuhan berbasis nilai budaya jawa. *Jurnal Ilmu Keluarga dan Konsumen*, 12(3), 208–222. <https://doi.org/10.24156/jikk.2019.12.3.208>
- Etikawati, A. I., Siregar, J. R., Widjaja, H., & Jatnika, R. (2019b). Mengembangkan konsep dan pengukuran pengasuhan dalam perspektif kontekstual budaya (Developing parenting concepts and measurements in a cultural contextual perspective). *Buletin Psikologi*, 27(1), 1–14. <https://doi.org/10.22146/buletinpsikologi.41079>
- Harniati, Y., & Dinni, S. M. (2023). Stunting Prevention: Optimizing The Family Approach With Parenting Psychoeducation. *Psikostudia: Jurnal Psikologi*, 12(4), 531–537.
- Hartono, A. (2011). Pengasuhan anak berbasis kearifan lokal. *Jurnal Akrab*, 2(2), 44–51.
- Here, Z. (2017). *Perempuan dan rumah adat: Studi tentang posisi dan peran perempuan dalam perspektif rumah adat Sumba di Suku Loli, Kampung Tarung, Kabupaten Sumba Barat, Nusa Tenggara Timur* [Skripsi]. Universitas Kristen Satya Wacana. <https://repository.uksw.edu/handle/123456789/14716>
- Kuckartz, U., & Radiker, S. (2019). *Analyzing qualitative data with MAXQDA: Text, audio, video*. Springer Cham. <https://doi.org/10.1007/978-3-030-15671-8>
- Lede, Y. U. (2023). Umma Pande sebagai ruang edukasi dalam membangun SDM di Pulau Sumba. *Ideas: Jurnal Pendidikan, Sosial, dan Budaya*, 9(1), 73–78. <https://doi.org/10.32884/ideas.v9i1.1097>
- MAXQDA. (2020). *MAXQDA 2020 manual*. VERBI: Software-consult-Sozialforschung GmbH.
- Ministry of Health of the Republic of Indonesia. (2011). *Indonesian basic health research 2010 (Riset kesehatan dasar Indonesia tahun 2010)*. Ministry of Health of the Republic of Indonesia.
- Ministry of Health of the Republic of Indonesia. (2012). *Kurikulum dan modul pelatihan kader posyandu*. Ministry of Health of the Republic of Indonesia. [https://promkes.kemkes.go.id/pub/files/files43996Kurmod\\_Kader\\_Posyandu.pdf](https://promkes.kemkes.go.id/pub/files/files43996Kurmod_Kader_Posyandu.pdf)
- Ministry of Health of the Republic of Indonesia. (2018). *The 2017 toddler nutrition status monitoring results (Hasil Pemantauan Status Gizi (PSG) balita tahun 2017)*. Ministry of Health of the Republic of Indonesia. [https://kesmas.kemkes.go.id/assets/uploads/contents/others/Buku-Saku-Nasional-PSG-2017\\_975.pdf](https://kesmas.kemkes.go.id/assets/uploads/contents/others/Buku-Saku-Nasional-PSG-2017_975.pdf)
- Muchlisah, & Afiatin, T. (2019). Nilai budaya dalam pengasuhan: Upaya menyandingkan karakter tradisional dan modern dalam menghadapi era digital. In D. R. Suminar, A. T. Septa, R. Fuaturosida, & S. Amalia (Eds.), *tantangan psikologi perkembangan dalam optimalisasi perkembangan manusia di era revolusi industri 4.0 menuju revolusi peradaban 5.0*. Psychology Forum.
- Pang, E. (Ed.). (2019). *Bersama perangi stunting*. Direktorat Jenderal Informasi dan Komunikasi Publik. <https://indonesiabaik.id/public/uploads/post/3662/Booklet4-Stunting-09092019.pdf>
- Rahmayana, R., Ibrahim, I. A., & Damayati, D. S. (2014). Hubungan pola asuh ibu dengan kejadian stunting anak usia 24-59 bulan di Posyandu Asoka II wilayah



- pesisir Kelurahan Barombong Kecamatan Tamalate Kota Makassar tahun 2014. *Al-Sihah: The Public Health Science Journal*, 6(2).
- Sumba Integrated Development. (2022). “Waktu” adalah pemberian terbaik orang tua untuk anak. *Sidsumba*. <https://sidsumba.org/waktu-adalah-pemberian-terbaik-orang-tua-untuk-anak/>
- World Health Organization. (2015). Stunting in a nutshell. *World Health Organization*. <https://www.who.int/news/item/19-11-2015-stunting-in-a-nutshell#:~:text=Stunting%20is%20the%20impaired%20growth,WHO%20Child%20Growth%20Standards%20median>

## ATTACHMENT

Table 1 . Results of cross-tabulation analysis using MAXQDA

Thematic code system	East Nusa Tenggara (Sumba)	Yogyakarta (Sleman)
<b>A. The understanding of stunting</b>		
<b>Pre-test</b>		
Delayed growth	70.00%	100.00%
Malnutrition	35.00%	15.80%
Dietary factor	5.00%	0
No answer	15.00%	0
<b>Post-test</b>		
Comprehensive understanding of stunting	65.00%	73.70%
Not receiving exclusive breastfeeding	10.00%	0
Quiet	5.00%	5.30%
Few eye contacts	5.00%	0
Delayed child growth	65.00%	94.70%
Premature birth	5.00%	0
Lower length, height, and weight	15.00%	10.50%
Younger face	5.00%	5.30%
<b>B. Causing factors of stunting</b>		
<b>Pre-test</b>		
Infections	0	5.30%
Premature birth	0	21.10%
Frequent illness	0	10.50%
Low-quality health services	0	10.50%
Dirty environment	5.00%	5.30%
Lack of access to clean water	0	15.80%
Poor parenting	80.00%	100.00%
No answer	20.00%	0
Genetic	5.00%	5.30%
Short maternal height	0	5.30%
<b>Post-test</b>		
Environmental factors		
Lack of access to clean water	10.00%	21.10%
Child factors		
Low body length	10.00%	21.10%
Decreased intelligence	5.00%	0
Premature birth	35.00%	31.60%
Infection	0	26.30%
Economic factors	0	10.50%
Mental health	0	5.30%
Family and household factors	5.00%	31.60%
Malnutrition	70.00%	47.40%
Adolescent pregnancy	0	5.30%
Low maternal height	15.00%	26.30%
Lack of nutritious food intake	55.00%	63.20%
Not receiving exclusive breastfeeding	50.00%	84.20%
Parents' lack of nutrition	15.00%	26.30%
Having more leisure time	5.00%	0
Parenting factors	15.00%	15.80%
<b>C. Understanding of parenting, basic tasks of parenting, positive parenting</b>		
<b>Parenting (Pre-test)</b>		
Parent-child actions and interactions	5.00%	36.80%
Leading the child to adopt appropriate behaviors	5.00%	10.50%
Paying attention to the child	5.00%	5.30%
Affection	5.00%	21.10%
Environmental arrangement	5.00%	0

Continuation of Table 1

<b>Thematic code system</b>	<b>East Nusa Tenggara (Sumba)</b>	<b>Yogyakarta (Sleman)</b>
Child supervision	0	5.30%
Ensuring safety	0	15.80%
Providing care for the child	55.00%	10.50%
Educating the child	20.00%	21.10%
Guiding the child	0	15.80%
Parental behavioral aspects	5.00%	15.80%
No answer	15.00%	0
Parenting	10.00%	5.30%
Diet	10.00%	10.50%
<b>Parenting (post-test)</b>		
No answer/" I don't know"	15.00%	0
Control aspects	5.00%	5.30%
How to educate children	5.00%	5.30%
Support aspects	15.00%	10.50%
create happiness	5.00%	0
Fulfilling the child's needs	5.00%	5.30%
Feeding the child	5.00%	10.50%
Paying attention to the child	5.00%	0
Parent-child action and interaction processes	45.00%	63.20%
Building family resilience	5.00%	0
Harmonious family	5.00%	0
Playing together with the child	5.00%	0
<b>Basic tasks of parenting (pre-test)</b>		
Parenting tasks as a process		
Providing care for the child	5.00%	0
Educating the child	20.00%	42.10%
Supervising the child	10.00%	21.10%
Control element		
Environmental arrangement	0	21.10%
Discipline	0	5.30%
Giving instructions	0	10.50%
Support elements		
Meeting the child's basic rights and needs		
Providing nutritious food	30.00%	47.40%
Providing clean water	5.00%	0
Ensuring the child's safety	5.00%	42.10%
Providing shelter	0	10.50%
Providing cloths	0	10.50%
Ensuring the child's health	0	15.80%
Playing together with the child	5.00%	0
Caring about the child	0	15.80%
Stimulation	0	10.50%
Social and emotional support	0	47.40%
No answer/" I don't know"	65.00%	5.30%
<b>Basic tasks of parenting (post-test)</b>		
Authoritative or democratic parenting	5.00%	10.50%
Control elements		
Being responsible	0	5.30%
Arrangement (of the environment)	20.00%	21.10%
Child supervision	25.00%	47.40%
Providing instructions	35.00%	47.40%
Managing the child's activities	5.00%	5.30%
Support elements		
Fulfilling the child's needs	20.00%	0
Stimulation	10.00%	36.80%
Ensuring the child's safety	35.00%	52.60%

Continuation of Table 1

<b>Thematic code system</b>	<b>East Nusa Tenggara (Sumba)</b>	<b>Yogyakarta (Sleman)</b>
Providing nutritious food	55.00%	42.10%
Access to health services	0	5.30%
Providing cloths	0	10.50%
Social and emotional support	25.00%	84.20%
Interaction process with children	5.00%	5.30%
Guiding the child	10.00%	0
Understanding the child	10.00%	0
Caring the child	5.00%	5.30%
Educating the child	20.00%	15.80%
No answer/No idea	5.00%	0
<b>Positive parenting (pre-test)</b>		
Providing good environment	5.00%	5.30%
Providing nutritious food	15.00%	0
Avoiding violence	0	5.30%
Being supportive	0	26.30%
Being constructive	0	21.10%
Fun parenting	0	21.10%
Access to health services and clean water	5.00%	10.50%
Parenting the child appropriately	20.00%	57.90%
No answer/no idea	65.00%	0
<b>Positive parenting (post-test)</b>		
Democratic parenting		
Understanding the child	5.00%	5.30%
Parent-child interaction	5.00%	0
Encouraging the child to study	5.00%	0
Being a friend of the child	5.00%	0
Reducing the amount of playing to be healthier	5.00%	0
Guiding the child	5.00%	0
Leading and educating	5.00%	5.30%
Good sanitation and environment	0	5.30%
Being careful about the child's diet	5.00%	10.50%
Being constructive	25.00%	63.20%
Enabling a sense of security and avoiding violence	40.00%	5.30%
Being supportive	50.00%	78.90%
Being fun	50.00%	57.90%
Comprehensive understanding of positive parenting	20.00%	36.80%
Family resilience	5.00%	0
<b>N = Documents/Speakers</b>	<b>20 (51.3%)</b>	<b>19 (48.7%)</b>