The Effectiveness of The Communication Style of Health Cadres Through Local Culture on Awareness of Stunting

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ABSTRACT

Stunting continues to pose a significant public health challenge in Indonesia, particularly in the Kebon Kacang Subdistrict of Central Jakarta. This research is purposed to measure the effectiveness of communication style of health cadres through local culture on awareness of stunting among mothers. The study used a quantitative method of 50 respondents through accidental sampling. The theoretical framework comprised the Communicator Style Theory (Norton), Local Culture (Koentjaraningrat), and the Health Belief Model (Rosenstock). The correlation and linear regression analyses demonstrate that the communication style of health cadres significantly impacts stunting awareness ($\beta = 0.702$), while local culture also exhibits a positive correlation with stunting awareness ($r = 0.628$, $p < .001$). The coefficient of determination indicatess that the model accounts for the dependent variable effectively, as reflected by an R Square value of 0.752. These findings indicate that communication style through local culture can enhance mother's understanding and awareness in efforts to prevent stunting more effectively.

Keywords: *communication style, local culture, stunting awareness, health cadres, culture-based communication*

INTRODUCTION

Stunting continues to be a persistent nutritional challenge in Indonesia, even after numerous intervention programs have been implemented. Data from the 2023 Indonesian Health Survey (SKI), published by the Ministry of Health, indicates that the national stunting prevalence declined to 21.5% (Badan Pembangunan Kebijakan Kesehatan, 2023). In 2024, the rate further declined to 19.8%, moving closer to the National Medium-Term Development Plan (RPJMN) target of 14% (BKPK, 2025). Although the national trend shows a promising decline, significant challenges remain at the regional level, particularly in densely populated urban areas with complex social issues like Central Jakarta.

According to the National Population and Family Planning Agency, the prevalence of stunting in DKI Jakarta was recorded at 14.8% in 2022 (Antara News, 2023). However, conditions differ in Central Jakarta, where the Jakarta Health Department noted a higher rate of 19.1% in 2023 (RM.id, 2023). Kebon Kacang Subdistrict in Tanah Abang District illustrates these challenges, as its dense population and cultural heterogeneity complicate the implementation of public health initiatives. Although a recent media report indicates a 3.3% decline in stunting

prevalence in Central Jakarta (Jakarta, 2024), continuous and community to driven efforts remain essential to sustain and further this progress.

At the community level, health communication conducted by health cadres holds a crucial role in efforts to prevent stunting. The success of this process is largely determined by the style of communication applied in conveying messages. Communication style is understood as the characteristic and consistent patterns of verbal and nonverbal behaviour demonstrated by a communicator. According to Norton (1983), an effective communication style increases the likelihood that health messages will be better received, comprehended, and internalised by the intended audience (Littlejohn & Foss, 2009).

Numerous studies highlight the significance of cultural sensitivity and cultural competence in addressing health issues and reducing health disparities (Littlejohn, Stephen et al., 2017). Furthermore, the success of public health interventions is strongly influenced by the effectiveness of strategic communication that is grounded in social proximity and local cultural values (Aries, 2024). The local cultural context is a critical determinant in influencing the effectiveness of communication at the community level. In societies that maintain strong traditional values, health information tends to be more readily accepted when presented in ways that resonate with cultural norms and practices. So, the culture not only frames people's everyday thoughts and behaviours but also guides how they make health-related decisions (Koentjaraningrat, 1986) , including those related to stunting prevention. Thus, communication strategies grounded in local wisdom hold considerable promise for enhancing mothers' understanding and awareness of the need for early stunting prevention. This perspective also aligns with Indonesia's National Strategy for Accelerating Stunting Prevention, which stresses the role of community-based communication for behavioural change and the integration of local wisdom (Sekretariat Percepatan Pencegahan Stunting, 2019).

The importance of culturally aligned health communication in addressing child nutrition issues has been increasingly recognized, yet it remains underexplored in highly urbanised and densely populated settings (Faye & Sow, 2025). Community-based nutrition programmes are more effective when adapted to local social structures and indigenous knowledge, thereby creating opportunities for innovative communication strategies among health cadres in diverse communities (Randell et al., 2024). Furthermore, health cadre communication that is culturally adapted and professionally trained has been shown to significantly enhance public acceptance and engagement in stunting prevention efforts (Othman & Selnow, 2025). This aligns with findings indicating that social and cultural dynamics strongly influence maternal health behaviour, making the integration of local cultural elements into health cadres' communication styles a meaningful and novel contribution to improving stunting awareness (Putri et al., 2024). As such, stunting prevention initiatives become more effective when health messages are delivered in accordance with the community's cultural values and practices, as culturally grounded approaches have been proven to improve understanding, acceptance, and active participation among mothers in stunting prevention behaviours (Chapman et al., 2024). Nevertheless, comprehensive empirical research examining the correlation between local culture culturally grounded communication styles of health cadres and heightened maternal awareness of stunting, particularly in the context of Central Jakarta, remains limited.

Within interpersonal communication, the style of communication serves as a key factor in determining how effectively a message is understood by its recipient. Norton (1983) describes communication style as a consistent pattern of interaction that encompasses verbal, nonverbal, and paraverbal components, all of which signal to the audience how the message should be perceived and interpreted (Littlejohn & Foss, 2009). Therefore, communication style is not solely defined by the substance of the message but also by the manner in which it is delivered, such as tone of voice, facial expressions, gestures, and speech rhythm. This style tends to remain stable over time, reflecting an individual's characteristic way of interacting rather than being shaped only by situational factors.

To further elaborate on this concept, Norton formulated a measurement instrument known as the Communicator Style Measure (CSM). This measurement outlines ten dimensions that represent different forms of interpersonal communication styles, allowing these patterns to be systematically identified and analyzed (Littlejohn & Foss, 2009):

1. Dominant, this style reflects a tendency to take charge in conversations. Individuals with a dominant style usually appear confident, guide the direction of discussion, and demonstrate leadership during verbal exchanges.
2. Dramatic, communicators with this style rely on expressive and vivid ways of speaking. They often use varied intonation, broad gestures, and theatrical storytelling to capture attention and stir emotions.
3. Contentious, this dimension represents people who openly argumentative and willing to disagree. Their style is marked by strong expressions of disagreement and a readiness for confrontation, which may create tension but also show assertiveness.
4. Animated, communicators with this style exhibit high emotional expressiveness. They use dynamic facial expressions, energetic body movements, and varied vocal tones, giving an impression of enthusiasm and involvement.
5. Impression-leaving, this style indicates the ability to leave a lasting mark on the audience. Individuals with this dimension often have a distinctive and memorable delivery that makes their messages stand out.
6. Relaxed, communicators with this style project calmness and confidence. They appear composed and unhurried, creating an impression of professionalism and reliability.
7. Attentive, this style highlights the practice of active listening and thoughtful responses. Attentive communicators show empathy and give full attention to others, fostering mutual respect in interactions.
8. Open, the open style is defined by honesty and clarity. Communicators present their messages transparently, which helps establish trust and connection with their audience.
9. Friendly, this style conveys warmth and approachability. Friendly communicators create a pleasant atmosphere that makes conversations more comfortable and encourages participation.
10. Precise, communicators with this style focus on clarity, order, and structure. They avoid ambiguity and prioritise accuracy, ensuring that their messages are understood as intended.

These dimensions demonstrate that communication style is a multifaceted and varied construct that cannot be applied in the same way to every individual. Each person communicates uniquely, shaped by their personality, life experiences, and the social environment in which interactions occur. This framework has strong relevance in diverse contexts, such as education, organisational settings, and public communication because it improves the clarity of message delivery and strengthens interpersonal connections. Moreover, incorporating local cultural perspectives serves as an effective approach to increasing community awareness of stunting.

The effectiveness of communication in social contexts depends on the ability to adapt message exchanges to the cultural backgrounds of the participants. Individuals from diverse cultural settings must continuously adjust to one another. Culture is part of what people think, feel, do, and believe about something (Wood, 2014). Local culture, in particular, reflects a community's identity and social dynamics, transmitted across generations through learning processes rather than biological inheritance. Within the Koentjaraningrat's framework, culture is understood as a system comprising ideas, practices, and human creations that evolve through social interaction (Koentjaraningrat, 1986). This view highlights that culture is not solely a marker of tradition but also serves as a life guide shaping collective behavioural patterns. Koentjaraningrat further identifies seven universal elements of culture; belief systems, social organization, knowledge, livelihoods, technology, language, and art, all of which play vital roles in shaping values, norms, and everyday practices within society. These elements provide valuable analytical tools for examining cultural diversity and social dynamics contextually. In community-based development and communication practices, recognizing and integrating these cultural dimensions is crucial to ensure interventions remain participatory, adaptive, and aligned with local values. Consequently, a culture-based approach not only improves program effectiveness but also cultivates social sensitivity and respect for local wisdom, forming the foundation of sustainable social transformation (Koentjaraningrat, 1986).

The Health Belief Model (HBM) is a theoretical framework that illustrates how individual's perceptions of illness and their responses to it influence health-related decision-making. HBM

suggests that recommended behaviours are more likely in groups that are vulnerable to certain health problems (Donovan & Henley, 2010). The model assumes that individuals are more likely to engage in preventive actions when they perceive themselves as vulnerable to a disease, recognise its severity, understand the advantages of taking action, and believe that any barriers can be overcome. The inclusion of the concept of self-efficacy, as introduced by Bandura, expanded the model's explanatory power, making it a more comprehensive framework for analysing health motivation (Rosenstock, 1974). The six primary constructs of the HBM are perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cues to action, and self-efficacy—serve as the foundation for developing effective health communication strategies (Rosenstock, 1974). By considering these psychological constructs, public health practitioners can create intervention programmes that are better tailored to the needs of specific audiences. Beyond its theoretical contribution, the HBM also functions as a practical guide in designing health promotion initiatives and public policies that remain adaptable to ongoing social and cultural transformations. Consequently, the model continues to hold significant relevance in contemporary public health efforts, serving as both an explanatory framework and a strategic tool for behaviour-focused health promotion (Becker & Maiman, 1975).

RESEARCH METHODS

This research employed a quantitative methodology, with primary data obtained through surveys and brief field observations to support contextual interpretation (Ghozali & Latan, 2015). A survey design was implemented using structured questionnaires administered to the respondents. The purpose of this approach is to generalize observational findings by examining characteristics, behaviours, and relationships between variables in order to test proposed hypotheses (Sugiyono, 2022). This study employed an accidental sampling technique, in which respondents were selected through incidental encounters, as long as they met the established criteria of the target population. This technique is often used in social and health research because of its practical nature, although it has limitations in terms of generalising findings (Sugiyono, 2022). This view is reinforced by Golzar, Tajik, dan Noor (2022), who emphasise that accidental or convenience sampling is widely used in research because it is efficient in terms of time and cost, while also providing an initial overview of the phenomenon being studied, especially in research with limited resources (Golzar & Noor, 2022). A minimum of 30 respondents is generally needed to conduct an initial validity and reliability assessment of research instruments, especially when using Likert scales to measure psychosocial dimensions (Johanson & Brooks, 2009). In line with these considerations, this study determined that accidental sampling was suitable for collecting representative preliminary data. Accordingly, 50 mothers attending the Posyandu were selected as respondents, with the sample criteria focusing on mothers participating in stunting education activities with current residence in Kebon Kacang Subdistrict, Tanah Abang District, Central Jakarta.

The research was conducted in Kebon Kacang Subdistrict, situated administratively within Tanah Abang District, Central Jakarta. The site was selected as it represents the complex dynamics of urban areas, marked by high population density, cultural and social diversity, along with the proactive participation of health cadres and community health posts (Posyandu), which play a crucial role in public health initiatives, particularly in stunting prevention programmes. Based on data from the Jakarta Central Health Profile issued by the Central Jakarta Health Office (2023) indicate that the prevalence of stunting among toddlers in Tanah Abang District reached 12.8% (Pusat Data dan Teknologi Informasi Kesehatan Daerah Dinas Kesehatan Provinsi DKI Jakarta, 2023). This figure is still higher than the national target of 14% established for 2024 (Badan Pembangunan Kebijakan Kesehatan, 2023).

This study applies three variables: the communication style of health cadres as the independent variable (X), awareness of stunting as the dependent variable (Y), and local culture serves as an intervening variable (Z), functioning as a mediating factor that links communication style with awareness of stunting. The questionnaire in this study is using Likert's Scale..

RESULT AND DISCUSSION

Kebon Kacang Subdistrict, situated within the Tanah Abang District of Central Jakarta, is among the most densely inhabited areas, with a population exceeding 30,000 residents. A large proportion of the population consists of individuals in the productive age group and housewives, who serve as the primary focus of this study (Badan Pusat Statistik Jakarta Pusat, 2023). Kebon Kacang Subdistrict is a densely populated with heterogeneous social and demographic characteristics. This situation makes the Posyandu a vital primary health service, especially in efforts to prevent stunting and monitor child growth and development. Data presented in Tanah Abang District in Figures 2024 highlights various demographic indicators and health facilities that underscore the active role of Posyandu at the community level (BPS Kecamatan Tanah Abang tahun 2024, 2024). The significance of posyandu in Kebon Kacang was further reinforced by the visit of the Head of the Jakarta Provincial Health Office in February 2023, who directly assessed stunting management services at Dahlia RW 09 Posyandu (Dinas Kesehatan Provinsi DKI Jakarta, 2023). Moreover, the Jakarta Provincial Health Profile 2024 establishes stunting as one of the key indicators in provincial health development strategies (Dinas Kesehatan Provinsi DKI Jakarta, 2024). In this regard, Dahlia RW 09 Posyandu is considered a representative site for analysing how the communication styles of health cadres through local culture, contribute to awareness of stunting in highly populated urban areas.

This Posyandu is managed by local community health cadres who consistently carry out educational programs, track the nutritional condition of young children and deliver education on stunting prevention. Beyond demographic characteristics and health facilities, the community continues to uphold strong cultural traditions. Daily practices such as the use of the Betawi language, mutual cooperation, and community-oriented childcare systems that reflect the persistence of local wisdom. These cultural values are essential in improving the acceptance of health messages, especially when communicated using culturally sensitive and context with specific approaches.

Based on the research findings, the respondent characteristics are presented in the table below:

Table 1. Respondents Characteristics

Respondents Characteristics		n	Percentage (%)
Age	18-28 Years Old	19	38
	29-39 Years Old	21	42
	≥ 40 Years Old	10	20
	Total	50	100
Number of Children	1 Child	13	26
	2 Children	27	54
	≥ 3 Children	10	20
	Total	50	100
Occupation	ASN (PNS/PPPK)	7	14
	Housewife	4	8
	Private Employee	11	22
	POLRI	7	14
	TNI	8	16
	Self-employed	13	26
	Total	50	100
Education Level	Diploma	12	24
	S1/S2/S3	16	32
	Elementary School	1	2
	Senior High School	19	38
	Junior High School	2	4
	Total	50	100
Marital Status	Married	30	60
	Widow	20	40
	Total	50	100

Sorce: IBM SPSS Statistics 27

From the Table 1 Respondents Characteristics, it can be observed that most respondents (42%) fall within the 29–39 age group, followed by those aged 18–28 (38%), and the remaining 20% are aged 40 years and above. This age distribution highlights the dominance of individuals in their productive and reproductive years, a stage that is strongly linked to childcare practices, both socially and biologically, and is critical in preventing stunting. Regarding the number of children, 54% of respondents reported having two children, 26% had one child, and 20% had three or more. These differences reflect varying levels of parenting experience, which may shape their awareness and perceptions of stunting. In terms of occupation, 26% were self-employed, 22% worked in the private sector, 16% were members of the Indonesian National Armed Forces (TNI), 14% belonged to the Indonesian National Police (POLRI), 14% were civil servants (ASN), and 8% were housewives. Such diversity in employment status suggests disparities in time availability, resources, and access to health information. For instance, housewives generally have more flexible schedules, whereas those in formal employment often face time constraints that limit direct interaction with health cadres. Consequently, communication strategies should be adjusted in both content delivery and timing to ensure effectiveness.

The respondent's educational background indicates that 38% completed high school, 32% attained a bachelor's, master's, or doctoral degree, 24% held a diploma, while only 4% had a junior high school education and 2% completed elementary school. With over 90% of respondents having at least a secondary-level education, the potential for comprehending health-related messages is relatively high. Nevertheless, the existence of groups with lower educational attainment highlights the need for an inclusive strategy, such as utilizing simple language and culturally relevant visual media that are easier to grasp. Regarding marital status, 60% of the respondents were married mothers, while 40% were widows. This variation influences household decision-making patterns, particularly in areas related to child nutrition and health care. Mothers raising children without a partner often face greater challenges in managing time and resources, thereby requiring communication strategies that are more empathetic, supportive, and empowering.

In general, the varied profiles of respondents highlight the necessity for health cadres to employ flexible communication strategies that are sensitive to both social and cultural contexts. Approaches that consider factors such as age, parenting experience, socioeconomic background, and levels of health literacy are likely to be more effective in enhancing mother's awareness and participation in stunting prevention efforts.

Table 2. Correlation Analysis

		Communication Style of Health Cadres	Local Culture	Awareness of Stunting
Communication Style of Health Cadres	Pearson Correlation	1	.523**	.838**
	Sig. (1-tailed)		.000	.000
	N	50	50	50
Local Culture	Pearson Correlation	.523**	1	.628**
	Sig. (1-tailed)	.000		.000
	N	50	50	50
Awareness of Stunting	Pearson Correlation	.838**	.628**	1
	Sig. (1-tailed)	.000	.000	
	N	50	50	50

**. Correlation is significant at the 0.01 level (1-tailed).
Source: IBM SPSS Statistics 27

The results presented in the Table 2 Correlation Analysis indicate a correlation between the Communication Style of Health Cadres (X) variable, the Local Culture (Z) variable, and the Awareness of Stunting (Y) variable. This is evidenced by the significance value of 0.000 ($p <$ .001), confirming a positive and statistically significant relationship. To further assess the strength of these relationships, the Pearson Correlation coefficient value > r table value (df = 0.3281). The Pearson Correlation score for Communication Style of Health Cadres and Local Culture was 0.523, demonstrating a moderate correlation. Meanwhile, the correlation between Communication Style of Health Cadres and Awareness of Stunting was found to be 0.838,

reflecting a very strong relationship. In addition, the correlation coefficient for Local Culture and Awareness of Stunting was 0.628, which also suggests a strong positive relationship.

Table 3. Regression Analysis

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.867ᵃ	.752	.742	1.43065	.752	71.289	2	47	.000

a. Predictors: (Constant), Local Culture, Communication Style of Health Cadres
Source: IBM SPSS Statistics 27

The Table 3 Regression Analysis indicates that the multiple correlation coefficient (R) is 0.867, demonstrating a strong and positive association between the independent variables (Communication Style of Health Cadres and Local Culture) and the dependent variable (Awareness of Stunting). The R^2 value of 0.752 indicates that 75.2% of the variance in Awareness of Stunting (Y) is jointly explained by the Communication Style of Health Cadres (X) and Local Culture (Z). Additionally, the Adjusted R^2 value of 0.742 demonstrates that the model remains robust even after adjusting for the number of predictors.

Furthermore, the F-test results confirm that the multiple linear regression model is statistically significant, with an F value of 71.289, degrees of freedom (df1 = 2, df2 = 47), and a significance level of $p < 0.001$. This demonstrates that the model as a whole meaningfully explains the relationship between the predictor variables (Communication Style of Health Cadres and Local Culture) and the dependent variable (Awareness of Stunting). The Standard Error of the Estimate, recorded at 1.43065, indicates a relatively low prediction error, affirming that the model reliably estimates the Awareness of Stunting variable.

Table 4. Anova Test Analysis

	Model	Sum of Squares	df	Mean Square	F	Sig.
1	Regression	291.822	2	145.911	71.289	.000ᵇ
	Residual	96.198	47	2.047		
	Total	388.020	49			

a. *Dependent Variable*: Awareness of Stunting
b. *Predictors*: (*Constant*), Local Culture, Communication Style of Health Cadres
Source: IBM SPSS Statistics 27

The Table 4 Anova Test Analysis reveals that the ANOVA test produced a calculated F value of 71.289, with degrees of freedom (df1 = 2, df2 = 47) and a significance level of $p < 0.001$. This indicates that the regression model, which includes the Communication Style of Health Cadres and Local Culture as predictor variables, has a simultaneous and significant impact on the Awareness of Stunting variable..

The comparison between the Mean Square Regression value of 145.911 and the Mean Square Residual value of 2.047 results in a high F value, indicating that the model has strong predictive power. The significance level of less than 0.001 further verifies the overall suitability of the regression model, as the two independent variables jointly account for a significant portion of the variation in the dependent variable. Therefore, it can be concluded that this multiple regression model effectively explains the relationship between the Communication Style of Health Cadres, Local Culture, and Awareness of Stunting.

Table 5. Coefficients Test Analysis

Coefficientsᵃ

Model			Unstandardized Coefficients		Standardized Coefficients	t	Sig.
			B	Std. Error	Beta		
1	(Constant)		-1.811	2.481		-.730	.469
	Communication Style of Health Cadres		.434	.053	.702	8.231	.000
	Local Culture		.302	.099	.261	3.062	.004

a. Dependent Variable: Awareness of Stunting
Source: IBM SPSS Statistics 27

The Table 5 Coefficients Test Analysis indicates that the regression analysis shows that both the communication style of health cadres and local culture significantly influence awareness of stunting, as indicated by significance values below 0.05. Among the two predictors, the communication style of health cadres demonstrates a stronger effect ($\beta = 0.702$) compared to local culture ($\beta = 0.261$). This finding highlights that enhancing the quality of communication style of health cadres among mothers is crucial for awareness of stunting.

Based on the findings and discussion, it can be identified that there are unique and specific findings in Kebon Kacang Subdistrict, namely that the communication style applied by health cadres has the most significant influence on mother's awareness of stunting. This is evidenced by the beta coefficient (β) of 0.702, which demonstrates a strong association between open, friendly, and context which appropriate communication and mother's comprehension of the risks and urgency of preventing stunting. Local culture also contributes significantly to strengthening the effectiveness of communication, as indicated by a correlation coefficient of 0.628. These findings suggest that incorporating cultural elements enhances the acceptance and internalisation of health messages among mothers. Furthermore, the regression analysis shows that the communication style of health cadres and local culture jointly account for 75.2% of the variance in stunting awareness, with an R value of 0.867, indicating an extremely strong and statistically significant combined influence on increasing awareness of stunting..

The characteristics of the respondents contributed to strengthening the validity of the research results. The majority of mothers were of productive age (29–39 years), had two children, and had at least a secondary education. These conditions reinforce the argument that the effectiveness of communication style of health cadres will increase if it is delivered in a culturally relevant manner and in accordance with the social background of the audience, particularly in the context of efforts to raise the awareness of stunting.

The findings indicate that the communication style of health cadres is a crucial determinant in influencing mother's awareness of stunting in Kebon Kacang Subdistrict. This finding is consistent with the Communicator Style of Norton (1983), which dimensions such as openness, friendliness, and attentiveness were found to be effective in building positive interpersonal relationships, thereby facilitating the empathetic and participatory reception of health messages by mothers. Communication delivered in an appropriate style not only impacts the understanding of the message content but also strengthens the community's trust in the information source. This aligns with Norton's emphasis that the credibility and emotional involvement of the communicator significantly determine how the audience interprets the message being conveyed (Littlejohn & Foss, 2009). In practical implementation, cadres who appear enthusiastic, communicative, and approachable tend to receive more serious attention from mothers, particularly in the context of education about stunting and its prevention measures.

The approachment through local culture has also proven to play an important role as a mediating variable in effectively conveying the message of stunting. The study indicates that when cadres use an approach that utilises local languages, religious forums, or social activities,

the delivery of messages becomes easier to understand because it aligns with the customs of the community in Kebon Kacang Subdistrict, Tanah Abang District, Central Jakarta.

The cultural approach proves the emphasizes that recognizing local values and norms enhances message acceptance among mothers in Kebon Kacang Subdistrict. In this study, the role of culture in shaping communication style effectiveness is evident in the correlation coefficient of 0.628 between local culture and awareness of stunting. This suggests that the more closely stunting messages are aligned with the community's socio-cultural context, the greater the level of understanding achieved.

Measurements of mother's awareness of stunting issues used the Health Belief Model (HBM) show that mothers who strongly recognize the risks and consequences of stunting are more receptive to the information delivered and more inclined to engage in preventive actions. The dimensions of perceived benefits and self-efficacy emerge as crucial factors, as health cadres who clearly communicate the advantages of preventive practices, such as providing nutritious complementary foods and also strengthen mother's confidence in adopting healthier behaviours.

The regression analysis demonstrates that the integration of communication style and local culture approaches accounts for 75.2% of the variance in mother's awareness of stunting in Kebon Kacang Subdistrict, with a multiple correlation coefficient (R) is 0.867. This finding highlights that the combination of psychosocial strategies and cultural sensitivity plays a vital role in effectively delivering stunting prevention messages to the community. Consequently, training for health cadres should emphasize not only the substance of health education but also the enhancement of interpersonal communication skills and a deeper understanding of the local cultural context as part of a values-based communication framework. The Communicator Style, local culture, and the Health Belief Model (HBM) collectively provide a comprehensive explanation of how communication effectiveness is achieved. A culturally attuned, context-responsive approach, reinforced by strong interpersonal communication, proves to be the most effective approach in promoting long-term awareness of stunting among mothers in Kebon Kacang Subdistrict.

The expressive, supportive, and directive communication styles employed by health cadres are positively associated with enhancing mother's knowledge and attitudes toward stunting prevention. Incorporating local culture as a communication framework helps simplify complex health information, making it more accessible and acceptable to the broader community. Health education delivered through personalized and contextually relevant social media further supports mother's comprehension of stunting issues while promoting behavioural change (Pratiwi & Kurniasari, 2024). These findings align with the evidence that expressive, supportive, and directive communication strategies are highly effective in strengthening mother's understanding and attitudes toward stunting prevention. Additionally, culturally grounded communication approaches significantly improve various dimensions of stunting awareness, with knowledge rising from 6.1% to 63.6%, attitudes reaching 81.8%, and practices increasing to 90.9% (Marni et al., 2024). This reinforces the conclusion that leveraging local cultural elements, such as the use of local languages, enhances the effectiveness of communication style of health cadres.

Enhancing cadre's knowledge of balanced nutrition during the first 1,000 days of life has been shown to improve the effectiveness of stunting education (Pipitcahyani et al., 2024). Adopting an open and responsive interpersonal communication style further increases the success of conveying health messages (Allyreza & Jumiati, 2023). Other studies highlight that incorporating symbols and local language in communication within the Bugis community significantly boosts message acceptance (Lallo et al., 2025). These results are derived from external studies and are presented as contextual references rather than findings from the current research, in order to reinforce the hypothesis that the effectiveness of communication styles of health cadres is primarily influenced by their ability to adapt stunting-related messages to the local cultural context, thereby improving mother's awareness of stunting.

CONCLUSION

The study concludes that the effectiveness of communication style of health cadres on awareness of stunting among mothers is strongly shaped by their interpersonal communication

skills when combined with local culture sensitivity, making health messages more accessible and acceptable. The results further demonstrate that, despite the varied social and demographic characteristics of respondents, culture-based communication effectively strengthens the bond between the message and its audience. Therefore, ongoing training for health cadres, the creation of educational materials that reflect local language and traditions, and the strategic use of digital media alongside the involvement of community leaders are essential. For future advancement, qualitative research is recommended to gain deeper insights into how local culture influence the development of adaptive and sustainable communication strategies in support of stunting prevention.

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