

Health Literacy in Overcoming Stunting in Indonesia

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Abstract: Health Literacy is actually very important for every individual to have, because it relates to the ability to obtain health information in an effort to improve and maintain their health. In general, health literacy is said to be able to increase health knowledge and assist individuals or communities in making the right decisions about their health. Individuals should have access to all health information and have the ability to search for information relevant to their health situation. Understanding the existence of stunting prevention program implementing officers in implementing stunting prevention programs, what is actually being focused on is finding conformity of ideas between the Government and the community, regarding the concept of stunting in the same perception. So it is hoped that the stunting prevention program can be carried out jointly with the same perception. Therefore, realizing the problems that surround the implementing officers in the stunting prevention program, we need to examine the seriousness of the implementing officers of this stunting prevention program, in the context of the meaning and motives for carrying out tasks related to health literacy social actions in the stunting prevention program that they are currently carrying out. Thus we try to explore and understand the things that are hidden behind the social action. Because only through this social action, researchers can interpret, identify and clarify the motives of each individual's actions. The author focuses on the study of the meaning and orientation (motive) of social action on health literacy by the officers implementing the stunting prevention program in Kertobanyon Village, Geger District, Madiun Regency. This is so that the authors can find a qualitative analysis of the meaning of the health literacy actions of stunting prevention program officers as well as the process of health literacy actions occurring in carrying out their duties. action of health literacy rationality? (2) How is the process of forming health literacy owned by stunting prevention program officers? The Conclusions are: (1). The meaning of health literacy actions for stunting prevention officers in Kertobanyon Village is an action that is oriented towards instrumental rational action, because it carries out institutional tasks that are structured and measurable. (2). The process of health literacy action occurs when these officers carry out their duties and obligations in various types of activities, including; Posyandu services, Provision of Supplementary Food (PMT), Visits and Assistance to stunted families and counseling in every *dasa* homestead and Neighborhood Association.

Keywords: Health, Literacy, Overcoming, Stunting, Indonesia

1. INTRODUCTION

Stunting is a global issue that must be seriously addressed by the Government and all elements of society. In general, stunting is defined as a developmental disorder experienced by children due to malnutrition, repeated infections, and inadequate psychosocial stimulation. Stunting can occur since the fetus is still in the womb and only appears when the child is two years old (Ministry of Health of the Republic of Indonesia, 2016). The problem of stunting is a public health problem that is associated with an increased risk of morbidity, mortality and barriers to both motor and mental growth. Observing the possible dangers that will result from stunting, the Government is committed to addressing and reducing the prevalence of stunting in all regions of Indonesia.

The discussion about the phenomenon of stunting seems to have happened suddenly. That is, why did the issue of stunting only appear in the 2018 Basic Health Research (Riskesdas)? Were there no stunting cases in previous years? These questions often echo into thoughts that will seek answers. The

response to the problem of stunting among the community must be different. This variety of responses occurs because of differences in status and roles of each person. For the general public, it may not be too intense to respond to this stunting case, but it will be very different from the response among government officials, who have a structured interest in the stunting prevention program.

The current situation, the prevalence of stunting in infants under five years old (toddlers) in Indonesia in 2015 was 36.4%. This means that more than a third or around 8.8 million toddlers experience nutritional problems where their height is below the standard for their age. Stunting is within the WHO threshold of 20%. The prevalence of stunting for toddlers in Indonesia is the second largest in the Southeast Asia region after Laos which reaches 43.8%. However, based on the 2017 Nutritional Status Monitoring (PSG), 26.6% of toddlers experiencing stunting are recorded. This figure consists of 8.8% in the very short category and 17.8% in the short category. Therefore, the Government is carrying out a national stunting prevention movement and conducting multi-sector partnership collaborations. The National Team for the Acceleration of Poverty Reduction (TNP2K) has set 160 priority districts for stunting reduction. Based on the 2013 Basic Health Research (Riskesdas), there are 15 districts/cities with a stunting prevalence above 50% (Bhutta et al., 2010; UNICEF, 2017).

The phenomenon of the COVID-19 pandemic seems to have contributed relatively as one of the causes for the increasing number of families affected economically, including the many cases of layoffs causing changes in the ability to obtain access to food and disruption to access to health services. Referring to this condition, if adequate action is not taken at the right time, the number of malnourished children worldwide is expected to increase by 15 percent in the first year of the pandemic. Then the decline in global Gross Domestic Product (GDP) every one percent will result in an increase in the number of stunted children by 0.7 million worldwide. Of course this situation has an impact on the condition of the Indonesian people where until the end of 2022 there are still 24% of Indonesian children who are infected with stunting.

In 2018 the Ministry of Health of the Republic of Indonesia again conducted Basic Health Research (Riskesdas) conducted by the Health Research and Development Agency (Litbangkes) on the Prevalence of Stunting. Based on this research, the number of stunting or stunted children has decreased from 37.2 percent to 30.8 percent (Ministry of Health of the Republic of Indonesia, 2018). What's more, the Indonesian Ministry of Health is burdened with a target to reduce the stunting rate from 24% to 14% in 2024. This condition is carried out in the framework of accelerating the reduction of stunting going forward, among others, this can be done by addressing the following problems: a) Pregnant women and toddlers who have not received the Supplementary Food Program (PMT) are still quite high, around 74.8% and 59% respectively. b) The proportion of anemia in pregnant women has increased from 37.1% in 2013 to 48.9% in 2018 (Elan Satriawan, 2018)

On the other hand, empirically the community tends to be less responsive to participation in Government policies in the stunting prevention program. This is due to limited knowledge of the current situation and conditions surrounding the prevalence of stunting. The community tends to be less responsive, because they perceive that stunting is not a crucial problem, both socially and healthily. They think that every child has a different growth process. In a sense, they understand that being underweight is part of the growth and development process of every child, which they believe is not cause for concern. They understand that the growth and development of children is not only measured by physical growth. This kind of understanding is common from a cultural point of view in rural communities, because on average they are more preoccupied with life's struggles, rather than thinking in detail about maternal, child and family health matters, balanced nutritional intake, and so on. What they have in mind is work, work, and work, in order to fulfill the needs of themselves and their families. Health problems are often considered not problematic because they reflect on living conditions that can still take place on a regular basis, without any problems. The concept of health and illness for rural communities tends to be measured based on their condition when they are able to carry out normal daily activities, which means their bodies are in good health. This is where the importance of health education, advocacy and dissemination for ordinary people in rural areas. However, community groups like these are potential sources of stunting. Through educational programs, advocacy, dissemination and campaigns by the hierarchical bureaucratic structure, regarding the dangers of stunting that is currently engulfing people at all levels of social and economic status, it is hoped that this will change people's indifferent attitude to be more concerned with the importance of health.

The important thing that we need to pay attention to in implementing this stunting prevention program is the existence of an institutional officer of the National Population and Family Planning Agency (BKKBN) named Family Planning Extension (PKB). Family planning extension officers are one of the spearheads (officers) in the stunting prevention program according to Presidential Regulation Number 72 of 2021 concerning the Acceleration of Stunting Reduction which is holistic, integrative and of high quality through coordination, synergy and synchronization among stakeholders. This Presidential Regulation is a substitute for Presidential Regulation Number 42 of 2013 concerning the National Movement to Accelerate Nutrition Improvement. Family planning extension workers (PKB), as a representative of the government bureaucracy assigned to the village level, have a role and responsibility as the spearhead of the stunting prevention program in the community, especially in rural areas. Therefore, it is important that we will examine the work of Family Planning Instructors in the context of the meaning of performance according to the regulations that surround them.

In terms of performance regulations, Family Planning Extension Instructors are already structured through operational guidelines and technical guidelines, starting from the Central to the Regions. However, when implemented in the field (at the village level), the implementation is not as easy as what has been programmed. This is very reasonable, because conditions in the field there are bound to be obstacles that have not been thought of when the stakeholders make and determine the program. Some of these obstacles include (Elan Satriawan, 2018): Observing these constraints, when compared to the main tasks of the Family Planning Extension Extension (PKB) function, we can understand that the task of tackling stunting is indeed heavy. This situation is indicated by the role of family planning extension workers who are in direct contact with rural communities who are overwhelmed by the various constraints mentioned above. Moreover, if it is linked to the five pillars of stunting prevention, the role of the Family Planning Extension Instructor in the capacity of their main tasks is very competent with the success rate of the stunting prevention program at the village level. The five pillars of stunting prevention as mentioned by Elan Satriawan (2018).

Currently the prevalence of stunting in Madiun Regency is at 14.76%. This means that there has been a decrease compared to the previous year, even though it is close to the 14% figure which is the national target in 2024. To achieve this target, the involvement of all parties, including the Village/Kelurahan Heads, is needed to coordinate their respective areas. The Madiun Regency Government will provide data regarding which areas need intervention, prevention, and treatment (Journal of Madiun Regency Government, 2022). As explained by local government officials, stunting is not the responsibility of the local government alone, but the responsibility of all elements of society nationally. So all instruments are moving from the Central, Provincial, Regency/City and Village/Kelurahan Governments. The spearhead of handling stunting is in the village so that the institutional or organizational structure of the Team for the Acceleration of Stunting Reduction (TPPS) will strengthen and allocate village budget funds to support stunting reduction.

As Weber's expression states that social action is an individual action that can affect other people. Meanwhile, the terms action and social action have different meanings. If action alone means covering all behavior carried out by humans, while social action is an individual action directed at others that has meaning and meaning, both for oneself and for others. This theory is useful for understanding the types of social action behavior of each individual or group in society. Stunting prevention program officers as individuals also have a rationale and interpretation in carrying out their duties. Their actions in carrying out their duties in the stunting prevention program are of course based on interpretive thinking according to their subjective quality in interpreting their behavior according to the role and status they hold. Even though the chronology of these activities has been arranged in implementation guidelines (juklak) and technical guidelines (juknis), their actions in carrying out their duties still have meaning and subjectively rational interpretation.

Meanwhile, on the other hand, stunting prevention program officers are required to have objective capacity in the form of knowledge, understanding and communication skills in conveying stunting prevention program messages, especially all matters related to public health. This objective ability is called health literacy, namely the degree of a person's ability to obtain, process and understand basic health information and services needed to make appropriate health-related decisions. Health literacy has a significant role in the health sector so that its achievement is a shared responsibility at the individual and social levels. Health literacy is used for; establish the active role of citizens in improving their own health, engage successfully with community action for health, and encourage governments to fulfill their responsibilities in addressing health and health equity.

Health Literacy is actually very important for every individual to have, because it relates to the ability to obtain health information in an effort to improve and maintain their health. In general, health literacy is said to be able to increase health knowledge and assist individuals or communities in making the right decisions about their health (Ledford, Cafferty & Russel, 2015). Individuals should have access to all health information and have the ability to search for information relevant to their health situation. Understanding the existence of stunting prevention program implementing officers in implementing stunting prevention programs, what is actually being focused on is finding conformity of ideas between the Government and the community, regarding the concept of stunting in the same perception. So it is hoped that the stunting prevention program can be carried out jointly with the same perception. Therefore, realizing the problems that surround the implementing officers in the stunting prevention program, we need to examine the seriousness of the implementing officers of this stunting prevention program, in the context of the meaning and motives for carrying out tasks related to health literacy social actions in the stunting prevention program that they are currently carrying out. Thus we try to explore and understand the things that are hidden behind the social action. Because only through this social action, researchers can interpret, identify and clarify the motives of each individual's actions.

Based on the description above, the authors focus on the study of the meaning and orientation (motive) of health literacy social action by the officers implementing the stunting prevention program in Kertobanyon Village, Geger District, Madiun Regency. This is so that the authors can find a qualitative analysis of the meaning of the health literacy actions of stunting prevention program officers as well as the process of health literacy actions occurring in carrying out their duties. Departing from the background exposure, we focus on several issues in this research: (1) How What is the meaning of the stunting prevention program officer for the rationality of health literacy? (2) How is the process of forming health literacy owned by stunting prevention program officers?

2. LITERATURE REVIEW

In this study, I wanted to find out how officers interpret health literacy measures in implementing stunting prevention programs. Furthermore, the researchers also questioned how the meaning of the meaning of health literacy actions occurred for officers in carrying out the stunting prevention program? The existence of Officers who are part of the stunting prevention program system, has a big responsibility in realizing the success of the program. As stated by Diana Lisnawati, Zikri FachrulNurhadi and IisZilfah Adnan (2020), that Health Literacy can prevent Stunting (Qualitative Descriptive Study of Health Communication in Community Empowerment Cadres by the Village Innovation Program in Rembuk Stunting, Bayongbong District).

In general, the implementation of the stunting prevention program is a structured social construction (activity), so that it can explain how reality is formed by society (social construction of reality). The facts that occur in the field will be able to describe how the stunting prevention program is able to involve all elements of the bureaucracy and society. As an activity system, all elements involved should have different roles and capacities according to their respective identities. By continuing to refer to Peter L. Berger's opinion cited by Aimi Sulaiman (2016) that reality and knowledge born of social construction of everyday reality are strongly influenced by individuals in understanding something based on their habits (habitus) and stock of knowledge.). Therefore, it is appropriate if the officers implementing the stunting prevention program are required to have quality knowledge (through health literacy social actions) in the context of forming a social construction called stunting prevention.

Health literacy is defined as the level of individual capacity to obtain, interpret, understand the information needed, and the health services needed to make decisions (Kartono et al., 2019). A simple definition of health literacy is all knowledge related to the health sector, especially those related to a healthy lifestyle. The Institute of Medicine formally defines health literacy as a person's ability to obtain, process, and understand health information and services appropriately. Focusing on the ability to make "well-informed" decisions rather than "right" decisions, stunting prevention program officers are part of an organization that has the responsibility to promote health literacy. From a public health perspective, the existence of formal institutions has a responsibility that health literacy must be connected with efforts to equalize health services. Equitable distribution of health services is the attainment of the highest degree of health for everyone, so that everyone has the opportunity to

achieve the healthiest possible condition (CDC, n.d.), while WHO defines the biopsychosocial model of health literacy as cognitive and social skills that determine individual motivation and ability to access, understand, and use information as a way to improve and maintain their health.

In the case of stunting, people tend to be ignorant, apathetic and unresponsive. Society in general interprets stunting only as limited to the notion of "short stature", or in other terms, for example "dwarf", "midget", "kuntet", "cramped" and "kunthing" as a result of hereditary factors. The public's perception of stunting originates from a purely genetic perspective, meaning that in general most people do not yet have adequate health literacy. Thus we need to understand the social perspective of the community, especially in interpreting stunting. The wrong perspective in interpreting stunting will potentially ignore the risky behavior of stunted children by mothers and hinder community participation in stunting prevention programs (Liem, Panggabean and Farady, 2018).

To strengthen the basis of the analysis, we will use several sociological theoretical concepts, which we will present in sequence. Correct placement and use of theory is expected to prevent unnecessary bias. Talking about cases of stunting which have suddenly become a global issue, it is necessary to have attitudes and behaviors that are based on normative rules and are institutionalized. Therefore, theoretically we will present some of the statements of experts who have expressed their thoughts, so that they can be used as a basis for analysis in the description of this research.

Makhfud Khanafi, quoting Max Weber's opinion (2021) states that Social Action Theory is a theory that concentrates on motives and goals. With this theoretical approach we will be able to examine the behavior of a person or group in taking action. We certainly understand that all actions have different motives and goals. Therefore, we are trying to find an understanding of why someone would want to be involved in a government program on stunting prevention. In this case Max Weber specifically classifies social actions that have a subjective meaning into 4 types (George Ritzer, 2016): (1) Actions of Instrumental rationality. This action is based on the reason/ratio that a person makes of the considerations and choices related to the purpose of the action. (2) Value Rational Action. This social action is related to the basic values that exist and are contained in society, such as ethics, norms, and other values (3) Affective Action This type of social action is dominated by feelings or emotions without conscious reflection or planning. Affective actions are spontaneous, irrational and are individual expressions (3) Traditional Actions. This social action is based on ingrained habits, displaying habitual behavior acquired from ancestors without conscious reflection or planning.

Observing the opinion expressed by Max Weber, if it is implemented in the reality of social actions carried out by stunting prevention program officers, it can be said that the social actions of these officers can be analyzed in various ways. It is possible that the four criteria from Max Weber's theory of rational action can explain all sides of the social actions carried out by these officers. Berger and Luckmann are of the view that reality is socially constructed, in the sense that individuals in society have built society, so individual experience cannot be separated from society. Humans as creators of objective social reality go through 3 (three) simultaneous dialectical moments, namely: (1) Externalization. It is an effort to pour out or express oneself into the world, both in mental and physical activities. This process is a form of self-expression to strengthen the existence of individuals in society. At this stage society is seen as a human product (Society is a human product). (2) Objectivity. It is the result that has been achieved (both mental and physical from human externalization activities), in the form of an objective reality that may confront the producer himself as a facticity, that is, a concept defined by Sartre in Being and Nothingness as being in itself (being in itself) that distinguishes human modality between being and not being. This facticity is outside and different from the human who produces it (is present in a real form). At this stage society is seen as an objective reality (Society is an objective reality) or a process of social interaction in an institutionalized intersubjective world or undergoing an institutionalization process. And (3) Internalization

3. METHODOLOGY

The research paradigm is a frame of mind used by researchers in viewing the reality of a problem and theory or science. Lincoln and Guba (1988) as quoted by Ridwan Karim (2021) define a research paradigm as a way for researchers to understand certain problems with criteria for testing in order to find solutions to problems. The paradigm used in this research is an interpretive paradigm. As stated

by Gibson Burrell and Gareth Morgan (2017) the interpretive paradigm is one of the non-positivist paradigms. This alternative approach focuses research on the role of language, interpretation and understanding in the social sciences. This perspective is used to see social reality as something that is only a label and concept used to build reality and nothing is real. This interpretive nature assumes that individuals see and build social reality actively and consciously, so that each individual must have a different meaning for an event, in other words social reality is the result of a series of interactions between social actors in an environment. In the interpretive paradigm, knowledge is considered as a way to understand an event. There are three basic principles that are owned by the interpretive paradigm. (Soetrisno and Hanafie, 2007), namely: (1) Individuals respond to an event in their environment based on the meaning that the individual makes for himself. (2) Meaning is formed because of the social interaction that is woven with other individuals. (3) The meaning that is obtained or formed will be understood and modified by the individual through an interpretive process which is also related to other things he faces.

Based on these three basic principles, there are important assumptions behind them, namely; The first assumption is that individuals can see themselves as they see others. The second assumption is that individuals are not considered passive but rather have the ability to actively understand the situations and conditions around them. The interpretive paradigm emphasizes understanding meaning through the process of individual empathy for an activity and placing an activity in society where there will be a lot of interpretation and analysis from the individual himself. Furthermore, following the identification of research characteristics in the interpretive paradigm (Salim, 2001; 75-76). In essence, the interpretive paradigm places more emphasis on the meaning or interpretation of a person's symbol. The aim of research in this paradigm is to interpret (to interpret or to understand, not to explain and to predict).

Meanwhile, the research approach used is a phenomenological approach. According to Creswell (2014; 105) "a phenomenological study is a research study that seeks to describe the general meaning of a number of individuals for their various life experiences related to concepts or phenomena. Likewise Husserl (in Hasbiansyah, 2005; 165) who is considered the Father of Phenomenology explains that phenomenology is a philosophical study that describes all areas of human experience. Man experiences his life experience in an awareness for him. In essence, human consciousness is always intentional (focused on something), as stated by Husserl: "We understand under Intentionality the unique peculiarity of experiences "to be the consciousness of something" (1931: 223). Consciousness is always fixed on the object, having a reference point which is the reflection of the subject who is aware of it. Intentionality can also be interpreted as an act of the mind to direct itself to an object so that it can translate it into a meaningful experience. (Subandi, 2009:62).

Meanwhile, the main goal of phenomenology is to reduce individual experiences of phenomena into descriptions of authentic essence or meaning (Creswell, 2014: 105). There are two approaches to phenomenological research, namely hermeneutic phenomenology (Van Manen, 1990) and transcendental, empirical, or psychological phenomenology (Moustakas, 1994). Van Manen's Hermeneutic View describes that research is directed at life experiences (phenomenology) and is aimed at interpreting "life texts" (hermeneutics). The role of the researcher in text interpretation is very dominant in hermeneutic phenomenological research. Meanwhile, the view of Transcendental Phenomenology (Moustakas, 1994) states that phenomenological research emphasizes the description of the experiences of the participants. Therefore transcendental means everything is understood fresh (new) as if for the first time. (Creswell, 2014; (2007: 60-62). Through this type of research, it is hoped that researchers can find valid answers to the questions that are built in the problem formulation. To that end, we follow the steps outlined by Creswell (2007: 60-62), in general phenomenological research procedures.

4. RESULTS AND DISCUSSION

Understanding the meaning of health literacy actions for stunting program control officers requires specific discourse to identify the motives for action. Universally, what is meant by social action is an action that is influenced and influences other people when carrying out social interactions. On the other hand, social interaction is a relationship between individuals (actors) which then gives the effect of mutual influence and influence, which is then referred to as social action. Therefore, when social

action occurs, the cause of this action is because there is social interaction. Without social interaction, there will be no social action. Then it can be understood if social action can also be interpreted as a response or reaction that is physically visible after carrying out social interactions.

The stunting prevention program in Kertobanyon Village cannot be separated from programs carried out nationally, starting from the Central Government to the Regional Governments. Therefore, the stunting prevention program, which has become an institutional activity, has the same standardization, both material and non-material aspects. Likewise, the cognitive requirements of officers are also standardized equally, especially in the aspects of knowledge and ability to communicate with the public. Development in stages is carried out in a structured and tiered manner according to the capacity of the main tasks of the function. This is aimed at providing education and training for officers of the stunting prevention program.

In this condition, the researchers observed the social actions of the officers, how well the officers were able to master the material on stunting which was used as a provision to carry out their duties. According to this need, the researcher asked the officers how much their social action was in the process of health literacy. The researchers intensively participated in and observed activities related to the stunting prevention program, starting from the toddler posyandu and scheduled counseling, apart from getting along well socially to be able to conduct informal interviews. The results of the interview regarding how the health literacy measures were carried out were obtained from the Family Planning Extension Officer (Bu Put), interview on 20 May 2023, as follows: "Personally, mastering knowledge about stunting is very important. In addition to preparing me to work, it also serves to teach program service targets. One of the activities in effective stunting prevention is by providing nutrition education to influential parties (posyandu cadres, empowerment cadres, PKK mobilizing cadres, mothers of toddlers, pregnant women and expectant mothers), through forming study groups for mothers of toddlers, and providing food extra for toddlers. This health literacy program needs intervention from all parties continuously. To prevent stunting, we must pay close attention to input and process aspects in order to obtain optimal output, and must involve all parties, from mothers of toddlers to cross-sectoral sectors.

Observing the expressions of the subjects of this study, it can be explained that family planning extension workers as the leading sector in the stunting prevention program have understood the importance of health literacy. Personally, he obtained this knowledge through service in fulfilling the career path phase as a civil servant. After having enough knowledge, he then distributes this knowledge to PPKBD which is carried out on an ongoing basis through training, seminars or informal discussions. This is an absolute requirement for stunting prevention program officers, especially in areas that have direct contact with the community, namely rural areas. When the question continued on the aspect of meaning (motive) of her literacy actions, Bu Put answered: "Personally, I feel responsible for the success of this stunting prevention program in all the work areas that I have to live in. Therefore, I need to equip myself with sufficient knowledge, especially knowledge related to family development, including the problem of stunting. So, my main goal in increasing knowledge (literacy) is not only to make the stunting prevention program successful, but also to carry out my duties properly according to applicable regulations."

Observing these answers, a sign can be captured, that as an officer (especially with PNS status) stating that literacy (health) is the main requirement in carrying out work assignments. That is, health literacy actions are interpreted as an obligation to do work institutionally. This is reflected in the behavior that we observed regarding work behavior carried out by stunting prevention program officers in Kertobanyon Village, namely always using the basic implementation guidelines and technical instructions (juknis) in carrying out their duties. In other words, the officer does not dare to carry out tasks outside of the operational guidelines and technical guidelines that have been given by the institution that oversees him.

This is in accordance with the theory of social action presented by Webber (in Johnson, 1994; 214), who sees that social reality is something that is based on the motivation of individuals (actors) in social actions. Weber also stated that social action contains three main concepts, namely action, purpose and understanding. Furthermore, Weber discusses the empirical forms of social action and between social relations by distinguishing two basic types of understanding of social action, which are

related to their respective connections, which are called rational or emotional actions. The first type is direct understanding, namely understanding an action by direct observation. Second, understanding is explanatory.

In this case, the types of actions of stunting prevention program officers are included in the category of social actions that have an impact on other people. We need to explain that health literacy actions carried out by stunting prevention program officers are included in the type of instrumental rational action. That is, he (as an individual officer, actor) acts on a role that has been determined by the social system that surrounds him, considered as a rational action, especially in order to achieve system goals. The Village Midwife (Bu Me) gave a different answer but had the same nuance when asked about health literacy social action, as follows:

"I directly obtained knowledge about health and stunting since I was in college. However, from an applicable perspective, I gained additional knowledge while attending education and training according to the stages of my career at the Madiun District Health Office. I consider that health literacy is very important for myself, apart from improving my own quality, it is also to carry out my duties as a servant of the state, namely educating the public and providing health services wherever I am assigned."

Observing the narrative of one of the subjects of this study, the researcher can explain that health literacy for him is a must in carrying out his duties and obligations at work. Mastery of material on health literacy will greatly help smooth work as servants of the State (PNS) who must have direct contact with the community. In the case of implementing stunting prevention, he is of the opinion that the community really needs sufficient education in terms of health education as well as access to adequate services. Therefore, with a passion for the success of the stunting prevention program, he obliges himself to master material on health literacy, not only for himself, but also for the community as beneficiaries of the stunting prevention program.

Based on this expression, the researcher captures the meaning of the social actions of stunting prevention program workers regarding the importance of health literacy, especially in the demands of building a career according to where he works. The rest he feels that the act of health literacy does not only have an impact on himself, but also affects other people (society) where he carries out his duties. Referring to the officers' expressions like this, researchers can take the understanding that health literacy measures are interpreted as a tool for doing work with goals that have been set institutionally.

It is different with non-PNS officers, as conveyed by PPKBD" Before I became PPKBD, I didn't want to know about stunting, because I worked to help my mother open a stall. After I was accepted as PPKBD, I gained knowledge about stunting from training conducted by Family Planning Extension Workers in the District. Knowledge of health literacy is very useful for me personally as a housewife, as well as a Village Family Planning Extension Assistant. With this knowledge, I carry out my duties to assist Family Planning Extension Extensionists and Village Midwives to provide Posyandu services, assist stunting families and provide counseling to mothers of toddlers, pregnant women and prospective mothers in Kertobanyon village. I always try to increase my knowledge about stunting through training and social media (via Google).

Taking into account the results of interviews with officers with non-PNS status, it can be explained that health literacy social actions are more interpreted as a means of developing self-quality in order to succeed in the goals of the stunting prevention program that have been set by the Government, as well as increasing self-worth as officers in society. One of the reasons is, when he spoke at the counseling forum he felt that many people cared about him. This situation is very proud because previously it was never imagined that he would be able to speak in public, even if only at the village level. The rest, by increasing knowledge about health literacy and being able to carry out their duties properly, means that they also get material rewards in the form of rewards according to what has been set.

Based on the description above, the discussion about health literacy social actions for officers, it can be understood that the important value of health literacy social actions, is interpreted not only to function as a capital in doing work, but more importantly to succeed in the system's objectives, namely the program to reduce stunting rates in villages. Kertobanyon. On the other hand, this health literacy act is also interpreted individually as a means to increase self-existence in society. This is in

sync with the social definition paradigm explained by Max Weber (1864-1920) that individual action is subjective according to motives and goals that can be identified through their social actions, as shown by stunting prevention officers so that others see and appreciate them, when carrying out task.

Health literacy social action is one of the important pillars in dealing with health service problems in the community. Especially in the stunting prevention program which is currently one of the priorities of the development program, the main capital is health literacy for all officers. What's more, the importance of health literacy can be socialized to all levels of society in order to make it easier for people to obtain health services as expected. Without exception, the prevention program implemented in Kertobanyon Village provides a real picture, that as long as the stunting prevention program is in progress, it shows the fact that currently there is a symptom of a new culture, especially in line with the implementation of the stunting prevention program.

In general, the people of Kertobanyon village are starting to realize the importance of knowledge to improve the quality of themselves and their families. The assignment of roles and tasks to Village Family Planning Extension Assistants (PPKBD), who incidentally are indigenous people, turned out to be quite effective in promoting health literacy social action. Structuring scheduled activities accompanied by adequate budgeting has made the stunting prevention movement a means of creating association between elements of society towards intersubjective experiences. This is in line with the opinion of Aimi Sulaiman (2016) which states: "These social symptoms are found in social experience which is continuously in process, internalized in social life as a whole with all its aspects (cognitive, psychomotor, emotional and intuitive). In other words, social reality is implied in social interaction, expressed socially in various social actions such as communicating through language, cooperating through forms of social organization. This kind of social reality is found in intersubjective experience. that is, pointing from the dimensions of the structure of general consciousness to individual consciousness in a special group that is integrating and interacting with each other.

Based on Aimi Sulaiman's statement, he added to the statement conveyed by the research subject (Bu HS) which stated; "In carrying out the tasks of the stunting prevention program, I carried out several activities according to the schedule set by the Government, through the district, sub-district and village governments. These activities, among others; provision of PMT periodically through posyandu activities, home visits for assistance and counseling. Within three months, the Supplementary Feeding Program was carried out alternately by the Madiun Regency PPKBPPA Service, the Madiun District Health Office and the Village Government. The rest are stunting family facilitation activities and counseling which is carried out in each dasa homestead group as well as the neighborhood association (RT) group. In this activity, we officers provide guidance in the form of knowledge about health, child care and parenting to mothers with toddlers, pregnant women and expectant mothers, so that they realize and understand how important health knowledge is in building a healthy family.

Referring to Mrs HS's statement, the researcher can explain that in carrying out the stunting prevention program, there is a knowledge transfer process between officers and the beneficiary community, namely through intensive communication in the form of mentoring and counseling. This fact shows that there are points that intersect (data source triangulation) with the results of researchers' observations and statements by Mrs. Sur and Mrs. Kas (as informants) regarding the objective reality that occurred in Kertobanyon Village, namely the growth of individual awareness in special groups that integrate and interact with each other . Under these conditions, the special group forms that were built in Kertobanyon Village were groups or organizational activities that were very effective for constructing health literacy social actions, including: Posyandu toddlers, dasawisma, RukunTetangga and Rukun Warga associations, which periodically always held activities once a month alternately. In these activities, there is an intense process of interaction that builds continuous communication and interaction between individuals, thus providing an intersubjective experience in the process of social integration.

Observing the phenomenon that occurs, the researcher triangulates through observation as well as engaging directly in association with the community, so it is obtained that currently there is a process of health literacy action taking place, especially through the social actions of individual officers who are oriented towards job functions, and on the other hand interact actively with beneficiary communities. This fact proves that health literacy actions are urgently needed as a collective value system in the process of reducing stunting rates. The concrete evidence is that each activity group or

organization is always facilitated in the WhatsApp group, where posyandu cadres, PKK mobilizing cadres, empowerment cadres and PPKBD are members of the group, informing each other about health literacy in the form of written information or in video form, although it is also interspersed jokes and jokes. This is a sign that each individual in Kertobanyon Village is consciously starting to need health literacy, even through social media. This phenomenon that occurs in Kertobanyon Village, can also be assessed that society as an objective reality also implies involvement in the legitimacy of activities that function to make institutionalized objectivation make sense subjectively.

In principle, health literacy has become a social construction that is built collectively in various activity groups. This is in accordance with the statements of Novia Ul Haq and F.X. Sri Sadewo citing Prasanti's opinion (2021) that health literacy is an important variable in empowering individuals to increase people's ability to access information effectively. Therefore, the need for health literacy to form a community construction that has the habit of seeking information from reliable sources so that problems do not occur in the future. From the perspective of the officer implementing the stunting prevention program (PPKBD), when asked about an effective socialization method to socialize the information he obtained, the answer was: "The way I do to disseminate information about stunting that I get from the District PKB is I convey it through counseling at posyandu, dasawisma meetings, RT and RW meetings and also through the WhatsApp group which I participate in various activity groups and community groups. The goal is for residents to get used to receiving clear information from where the information comes from."

Based on the answers from PPKBD, the researcher can explain that health literacy has been formatted into a collective value system, which is to familiarize citizens with always getting used to seeking information about stunting or other health information. However, if people get used to receiving and managing information properly, they will be able to change their perspective and social actions, especially in building accessibility to obtain health services. Through this method it is expected to maintain the low achievement of stunting sufferers in Kertobanyon Village. Even when PPKBD was asked about the possibility that if in Kertobanyon Village there were fewer (almost finished) stunting sufferers, what would be done with the stunting prevention program? here is the answer: "If there are fewer stunting sufferers in Kertobanyon Village, then the stunting prevention program (Posyandu) must still be carried out, mainly to increase the population's knowledge of health (literacy). This is related to the absorption of Supplementary Food Assistance (PMT) which is always given periodically. As has been happening for the past three months (June-July-August or 90 days), there is PMT assistance for stunting sufferers every day, from the District Health Center. Then the next 90 days, there is additional PMT assistance from BKKBN in the form of 1 kg of eggs and meat each and the next 90 days there is assistance from the village government in the form of SGM milk and fruits. Frankly, the PMT program has been very effective in reducing the stunting rate, from ten people, now there are only four people. Likewise the dissemination of information (health literacy) about stunting, must still be carried out. This is intended to be able to maintain the condition of people who have reduced stunting, as well as prevent (new) stunted people from appearing again.

Paying attention to the expression from PPKBD, the researcher can explain that in principle, the stunting prevention program is a symbol of activity that becomes an institutional social construction. The Central Government to the Regional Governments as policy makers have formatted a stunting prevention program followed by an adequate budget, which is channeled through various agencies. So that villagers who suffer from stunting will receive regular assistance. Meanwhile, officers (PNS and non-PNS) only carry out according to the implementation instructions and technical instructions.

An important value that is a tough task for stunting control program officers (especially at the village level) is inviting the community to build habits in terms of health literacy. This habit is then referred to as a collective value system. That is, if from the start the community is accustomed to attending activity group meetings, which are then given counseling as a means of transferring knowledge about health literacy, then in the course of the stunting prevention program, it is hoped that this will be a good stimulus to create social construction (collective value system) about literacy. health. In a sense, the community (families with stunted children) in Kertobanyon Village can respond to the stimulus provided by the implementing officers of the stunting prevention program to improve self-quality through independent search and management of information. This is in line with the statement of Peter L. Berger and Luckman (1990) stating that in the perspective of constructivism, knowledge is a

product of social interaction. Social construction theory sees society as an objective reality, where there is institutionalization of the actions taken by the community repeatedly or it is called habituation. These actions create patterns and are always reproduced as actions that they understand to be a collective value system.

5. CONCLUSION

Based on the description of the presentation and analysis of the data previously, as well as adjusting the formulation of the research problem in Chapter I, we draw the following conclusions: (1) The meaning of health literacy actions for stunting prevention officers in Kertobanyon Village is an action that is oriented towards instrumental rational action, because it carries out institutional tasks that are structured and measurable. (2) The process of health literacy action occurs when these officers carry out their duties and obligations in various types of activities, including; Posyandu services, Provision of Supplementary Food (PMT), Visits and Assistance to stunted families and counseling in every desa homestead and Neighborhood Association.

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