

Family Communication Patterns for Mothers' Resilience in Facing Child Stunting in Pisangan Jaya Subdistrict, Tangerang Regency

Pola Komunikasi Keluarga untuk Ketahanan Ibu Hadapi Stunting Anak di Kelurahan Pisangan Jaya, Kabupaten Tangerang

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Abstrak

Stunting merupakan masalah kesehatan masyarakat yang berdampak jangka panjang terhadap perkembangan fisik dan kognitif anak. Di Desa Pisangan Jaya, Kabupaten Tangerang, kasus stunting masih ditemukan sebesar 7,3% pada tahun 2025. Pemerintah Kabupaten Tangerang menargetkan maksimal 14% (target nasional), dan saat ini berada pada angka rendah sekitar 7%. Persoalan ini menimbulkan pertanyaan bagaimana pola komunikasi keluarga berperan dalam membangun resiliensi ibu dalam mengatasi stunting pada anak. Tujuannya adalah menganalisis pola komunikasi keluarga yang dapat meningkatkan resiliensi psikologis ibu dalam menghadapi dan mengelola stunting. Metode yang digunakan adalah pendekatan kualitatif deskriptif, dengan data primer dan sekunder. Informan terdiri dari ibu-ibu yang memiliki anak berisiko stunting, suami ibu, dan kader Posyandu. Hasil penelitian menunjukkan bahwa pola komunikasi keluarga yang terbuka dan berbasis empati dapat memperkuat resiliensi ibu, dalam mengelola stres, memahami pentingnya gizi anak, dan mengambil keputusan yang tepat dalam pengasuhan anak. Sebaliknya, komunikasi yang tertutup dan otoriter cenderung melemahkan adaptabilitas ibu. Kesimpulannya, pola komunikasi keluarga merupakan faktor kunci dalam meningkatkan ketahanan ibu, yang berimplikasi pada keberhasilan pencegahan dan penanganan stunting di tingkat keluarga. Oleh karena itu, penguatan komunikasi keluarga perlu menjadi bagian dari strategi intervensi stunting berbasis masyarakat.

Kata kunci: *Stunting; Komunikasi Keluarga; Ketahanan Ibu*

Abstract

Stunting is a public health problem with long-term impacts on children's physical and cognitive development. In Pisangan Jaya Village, Tangerang Regency, the prevalence of stunting remained at 7.3% in 2025. The Tangerang Regency Government has set a target to reduce stunting prevalence to a maximum of 14%, in line with the national target, while the current rate has already declined to around 7%. This issue raises the question of how family communication patterns contribute to maternal resilience in addressing child stunting. This study aims to analyze family communication patterns that can enhance maternal psychological resilience in preventing and managing stunting. The study employs

a descriptive qualitative approach using both primary and secondary data. Informants consisted of mothers with children at risk of stunting, their husbands, and Posyandu cadres. The findings indicate that open and empathy-based family communication patterns can strengthen maternal resilience by helping mothers manage stress, understand the importance of child nutrition, and make appropriate parenting decisions. In contrast, closed and authoritarian communication patterns tend to weaken maternal adaptability. In conclusion, family communication patterns are a key factor in enhancing maternal resilience, which in turn has implications for the success of stunting prevention and management at the family level. Therefore, strengthening family communication should become an integral part of community-based stunting intervention strategies.

Keywords: Stunting; Family Communication; Maternal Resilience

INTRODUCTION

Stunting is a chronic health problem that has a wide impact on children's quality of life, ranging from disrupted physical growth and decreased cognitive abilities to decreased productivity in adulthood (Wijayanti, 2024). In Indonesia, stunting is caused by various interrelated factors, including malnutrition, poverty, limited access to health services and sanitation, and low nutritional literacy. Addressing this issue requires a holistic strategy, including nutrition education, empowerment of community health workers, and a multisectoral approach involving the health, education, agriculture, and social protection sectors (Kustanto, 2025).

Information from the National Population and Family Planning Board (BKKBN) regarding the implementation of the National Strategy for Accelerating Stunting Reduction in Indonesia from 2023 to 2024 shows that the national strategy has successfully reduced prevalence from 27.7% (2019) to the target of 14% in 2024 through specific and sensitive interventions targeting families, pregnant women, and toddlers. The reduction in the number of families at risk of stunting from 21.9 million (2021) to 13.5 million (2022) demonstrates the importance of a family-based approach.

In addition, stunting prevalence data in Tangerang City also shows significant dynamics as seen in Table 1:

Table 1. Prevalence of Stunting in Tangerang City

Year	Prevalence of Stunting in Tangerang City	Information
2019	16,4%	Starting to decline
2021	15,3%	Continued decline

Year	Prevalence of Stunting in Tangerang City	Information
2023	17,6%	There has been an increase again
2024	5,5%	Drastic reduction through intervention

Source: (Tangerang, 2024)

Over the past few years, stunting has become an increasingly discussed issue, and the Indonesian government, through the Ministry of Health and the Health Office, continues to actively conduct outreach and evaluation on this issue. Indonesia, as a developing country, faces significant challenges related to stunting. Based on national survey data, the prevalence of stunting in Tangerang City fluctuated from 16.4% in 2019, dropping to 15.3% in 2021, then increasing to 17.6% in 2023, although by November 2024 the figure had decreased to 5.5%. This success represents a significant achievement in reducing stunting prevalence below the national and Banten provincial figures, which were recorded at 21.5% and 24%, respectively, in 2024 (Tangerang, 2024). Table 2 shows the number of Families at Risk of Stunting.

Table 2. Families at Risk of Stunting

Year	Family at risk of stunting	Decrease (Cases)	Decreasing Prevalence
2023	77.608	-	-
2024	51.938	25.670	7,7%

Source: (Tangerang, 2024)

In 2024, Tangerang Regency also recorded a significant decline in the number of families at risk of stunting, with a decline from 77,608 cases in 2023 to 51,938 cases in 2024, equivalent to a 7.7% decrease in prevalence. One key factor in this decline was the success

of various strategic programs, one of which was the Simultaneous Movement for Healthy and Smart Tangerang Children (Gertak Tangkas), which involved more than 77,000 toddlers (Dendy, 2024).

However, despite numerous efforts, such as through integrated health posts (Posyandu), some children still experience stunting, including 12 children in Pisangan Jaya Village. This demonstrates that despite health interventions, nutrition and health issues remain significant challenges. A mother's mental health significantly impacts her role in parenting, particularly in preventing and managing stunting. Mothers experiencing mental distress tend to struggle to meet their children's nutritional and health needs. Therefore, positive and supportive family communication patterns are crucial in building a mother's mental resilience, enabling her to optimally fulfill her parenting role even under stressful circumstances.

Effective family communication and maternal resilience are crucial factors in preventing stunting in children. Open communication enables the exchange of information about nutrition and healthy parenting practices, while maternal resilience ensures that mothers can provide consistent care and nutrition despite challenges. Both elements are essential in creating an environment that supports healthy child growth and development (Rokhaidah, 2022).

Stunting in children is a serious public health problem, characterized by impaired growth and development due to chronic malnutrition (Ayukarningsih, 2024). This condition is often not immediately apparent, resulting in delayed detection and intervention. Symptoms of stunting include delayed physical growth (Oktary, 2023), cognitive and behavioral disorders such as difficulty concentrating and being easily depressed (Mastikana, 2023), and can be identified through routine anthropometric measurements (Utario, 2022). The primary cause of stunting is long-term malnutrition, exacerbated by low socioeconomic status and poor maternal nutrition. Other factors include inappropriate feeding practices, such as not providing exclusive breastfeeding or providing nutritionally deficient complementary foods (Wati, 2023) as well as an unhealthy

environment and children often experience infections (Halim, 2018).

The strategy for handling stunting involves educating parents, especially mothers (Mastikana, 2023) regarding the importance of nutrition and early detection through community programs and counseling (Ernawati, 2022). Nutritional interventions, such as exclusive breastfeeding for the first six months and appropriate complementary foods, are also very important (Noviana, 2023). Support from communities and governments, through community health centers and programs that provide nutritional supplements and improve sanitation, is essential (Wardani, 2023). Collaboration between health workers, educators, and policymakers can create a supportive environment for stunting prevention and management for a healthier and more productive future generation.

Family communication patterns are regularities or habits in exchanging messages between family members that are formed through daily interactions. These patterns reflect how families build relationships, communicate needs, resolve conflicts, and provide emotional support to one another (Galvin, 2015). Communication in the family includes not only spoken words, but also nonverbal expressions, attention, and emotional involvement shown in life together.

In practice, family communication patterns can be formed consciously or unconsciously, and are greatly influenced by the culture, educational background, values, and life experiences of each family member. Open and supportive communication patterns typically create a healthy family environment, where each member feels valued, heard, and empowered (Beebe, 2016).

Conversely, closed, stressful, or one-way communication patterns can create emotional distance and protracted conflict within the family. In the context of childcare, family communication patterns play a crucial role in conveying parenting values, providing understanding about health and nutrition, and supporting mothers' mental resilience in facing challenges such as stunting (Papalia, 2007).

Family communication patterns not only reflect how families speak but also reflect power structures, emotional attachments, and shared social values. Family communication is

dynamic, meaning it can change with the age of family members, life events, and sociocultural changes. A family previously accustomed to authoritarian communication, for example, may become more open as they become more aware of the importance of dialogue in parenting.

Maternal resilience is a mother's ability to cope with and adapt to complex life pressures, such as difficult economic conditions, parenting stress, and even child health crises, such as stunting. This ability reflects not only mental resilience but also a mother's readiness to recover, learn, and manage difficult situations in a positive manner. Resilience enables mothers to continue carrying out their parenting role optimally, even amidst limitations and pressures. Maternal resilience is also greatly influenced by their ability to manage their emotions. Mothers with good emotional control tend to be better able to provide stable care, even under high-pressure situations. This is crucial, especially in caring for children with stunting, who require special attention, both nutritionally and psychologically (Ungar, 2011).

Maternal resilience depends not only on individual factors but is also closely related to the social roles and cultural expectations attached to women. In many cultures, mothers are often burdened with the primary role of meeting their children's needs, which can be a source of stress in itself. The presence of social support from partners, extended family, communities, and health institutions is a crucial factor in strengthening maternal resilience (Ungar, 2011).

Mothers with high resilience tend to be more proactive in seeking solutions, communicating with health workers, and consistently meeting their children's basic needs, including nutrition and education. This directly impacts their physical and mental development. Building maternal resilience is not only crucial for their own mental health but also a key strategy in preventing and addressing stunting in children.

The concept of family resilience is very important in addressing stunting in children, because it reflects the family's ability to adapt and thrive despite facing challenges (Marlina, 2023). Family resilience isn't just about surviving adversity, but also about harnessing internal strengths to create a supportive environment for children's growth and development. Resilient families are better able

to meet their children's nutritional and care needs, especially in challenging situations like the COVID-19 pandemic (Rahmadiyah, 2024). This resilience is also related to family functions that remain stable or even improve amidst economic pressure or health problems (Mawarpury, 2017).

From a psychological perspective, one important aspect to consider in cases of stunting is the mother's resilience, both physically and mentally. This is crucial for building a resilient family in the modern era. A resilient family will be better prepared to face life's challenges, including addressing stunting in children from an early age. Resilience itself refers to an individual's ability to survive and thrive despite difficult or stressful situations. This resilience can serve as a core family value, passed down from one generation to the next (Delima, 2023).

One factor that can trigger stunting in children is a mother's low level of resilience in understanding the importance of providing healthy and nutritious food for her baby or child. This is evident, for example, in inappropriate complementary feeding practices, such as giving it too early before the baby is 6 months old, or delaying the introduction of complementary feeding beyond the appropriate age (Quamme, 2022). The lack of resilience of mothers in understanding the importance of providing healthy and nutritious food for their babies or children is often seen in the lack of attention to variety in the food menu provided (Yosephin, 2019).

Maternal resilience, the ability to adapt to stress, plays a crucial role in maintaining family resilience and addressing stunting in children. Mothers with high resilience are better able to manage nutritional intake and optimal child care. Maternal mental health is also a crucial factor in addressing stunting. Studies show that children of mothers with mental disorders are at higher risk of language, cognitive, and motor developmental delays than children of mothers with stable mental health (Indriani, 2024). Depression and anxiety in mothers during pregnancy or after childbirth can negatively impact parenting patterns and child nutritional needs, increasing the risk of stunting.

In Pisangan Jaya Village, many families still lack understanding of the importance of balanced nutrition and how to manage stunting. Therefore, this study aims to analyze family communication patterns to improve maternal

resilience in managing stunting in children. By understanding how communication occurs within families, it is hoped that effective strategies can be identified to empower mothers and raise awareness of the importance of nutrition for children.

Furthermore, this study will identify factors influencing the effectiveness of family communication in the context of stunting management. This is crucial for formulating strategic recommendations that can be implemented in community-level stunting prevention programs. By focusing on maternal empowerment, this study is expected to make a significant contribution to efforts to improve child health in Pisangan Jaya Village and its surrounding areas. This research is expected to foster a better understanding of the relationship between family communication and stunting management, as well as provide a basis for more effective interventions to support the health and well-being of future generations.

LITERATURE REVIEW

Family Communication Patterns

The definition of family can vary depending on the legal, religious, and cultural context. According to Bell (Newman, 2002), families are divided into three types: close relatives (conventional kin), distant relatives (discretionary kin), and people considered relatives (fictive kin). Furthermore, the definition of family can encompass several things, including:

1. Consisting of two or more people, a family is defined as a social group.
2. Living together, which defines a family as a household.
3. United by marriage, which defines a family as a legal entity.
4. United by blood or adoption, which defines a family as a kinship group (Newman, 2002).

The diversity of family definitions ultimately also results in diverse understandings of family communication. Broadly speaking, Art Bochner (Runtiko, 2022) states that "family communication can be understood as an activity that shapes values and focuses on meaning, as well as being a channel for learning and teaching about life and the things considered important in life." This definition can be considered quite broad and opens up space for various perspectives on meaning (Runtiko, 2022).

Littlejohn (Adi, 2022) explains that in the concept of family communication, the family is viewed as a system consisting of various elements. The first element is the parents, including the father and mother, followed by the child, who often acts as an object within the system. If any of these elements in the family system is missing, it will affect the harmony and unity of family members (Adi, 2022).

One model that focuses on family function is the Olson Model, which identifies two main dimensions of family behavior: adaptability (the family's ability to respond to situations and stresses) and cohesion (the level of emotional attachment between family members). The third dimension is communication, which is considered crucial within the family. This communication serves as a prerequisite for the formation of adaptability and cohesion within a family unit. Therefore, in the Olson Model, family communication is a key dimension that helps family members develop adaptability and cohesion (Adi, 2022).

Family Communication Patterns Theory (FCPT)

According to the Family Communication Patterns Theory proposed by Mary Anne Fitzpatrick and colleagues, family communication is shaped by two main dimensions: conversation orientation and conformity orientation (Koerner & Fitzpatrick, 2002).

1. Conversation Orientation refers to the extent to which family members communicate openly and frequently on a variety of topics. In families with a high conversation orientation, members feel free to share thoughts and feelings, creating an environment that supports openness and discussion.
2. Conformity Orientation refers to the extent to which the family emphasizes uniform values and beliefs. In this context, parents often define social realities and expectations for their children, creating a hierarchical structure in communication.

Conversational orientation refers to the extent to which a family encourages members' participation in open discussions about various issues. Conformity orientation, meanwhile, refers to the extent to which a family emphasizes uniformity of values, beliefs, and attitudes among family members. Based on the combination of these two dimensions, the FCPT

divides family communication patterns into four types:

1. Consensual families have high levels of conversational orientation and conformity. In this family type, open communication is encouraged, but remains within the framework of established family values and norms. Discussions in consensual families are active and involve all members, but are still directed toward reaching mutual agreement and maintaining harmony. Parents in these families act as communication facilitators but retain authority in final decision-making.
2. Pluralistic families are characterized by a high conversational orientation and a low conformity orientation. This type encourages the free exchange of ideas without demanding consensus among family members. Differences of opinion are considered a normal and healthy part of the learning process and personal growth. In pluralistic families, children are given space to express their opinions, think critically, and make independent decisions, without pressure to conform absolutely to parental values.
3. Protective families have a high conformity orientation but a low conversational orientation. In this pattern, communication is one-way, with parents being the center of decision-making and demanding obedience from children without allowing much room for discussion. Protective families tend to prioritize adherence to rules, family hierarchy, and value homogeneity, while restricting the expression of opinions by younger family members. As a result, children in these families are less likely to develop critical thinking skills or express their views openly.
4. Laissez-Faire families have a low orientation toward conversation and conformity. Communication patterns in these families tend to be minimal, both in frequency and depth of interaction. Relationships between family members are relatively loose, with little emotional involvement and guidance. Children in laissez-faire families typically have a high degree of freedom in decision-making, but often lack adequate guidance, supervision, or support from their parents. This can result in weak family bonds and a lack of internalization of shared values.

Communication patterns can influence family dynamics, decision-making, and individual development. For example, in the context of child health, open communication patterns can enhance understanding of nutrition and health, while authoritarian communication patterns can limit discussion of important issues. Using this theory, interventions can be designed to enhance positive communication within families, thereby supporting the mental and physical health of family members, including efforts to prevent stunting in children.

Based on the previous review, the authors conclude that family communication is a process that forms and maintains relationships between family members through the ongoing exchange of meanings, values, and norms within specific social and emotional contexts. This communication plays a crucial role in the formation of family structure, the instillation of values, decision-making, and the psychosocial development of individuals within the family.

Through the FCPT framework, family communication can be understood in two main dimensions: conversational orientation and conformity orientation, which then form four communication patterns: consensual, pluralistic, protective, and laissez-faire. These four patterns have different impacts on family dynamics, including aspects of openness, authority, and emotional support between members.

Thus, communication is not only a means of exchanging information but also serves as a foundation for building cohesion and adaptability within the family, which ultimately can contribute to the well-being and health of family members, including in the context of preventing health problems such as stunting in children.

Resilience

Resilience refers to a person's ability to adapt and bounce back after facing adversity, stress, or trauma. In the context of mothers facing the challenge of stunting, resilience includes the ability to cope with the emotional and psychological stress arising from their child's health problems, as well as finding ways to improve their child's nutrition and care.

Resilience is an individual's ability to adapt well to stressful situations, allowing them to recover and function optimally, and overcome adversity. In general, resilience refers to factors

that reduce negative stress-related behaviors and generate adaptive responses despite adversity or suffering (Gray, 2003). Thomsen (Mashudi, 2016) states that every individual has the potential for resilience within themselves. According to Corner (Missasi, 2019), every individual inherently possesses the ability to be naturally resilient. Many factors influence resilience, one of which is self-esteem. Self-esteem refers to a person's overall view of themselves. Burns and Covington (Missasi, 2019) add that self-esteem serves as an individual's shield from the impact of stress and helps them overcome various life challenges. This thinking suggests that individuals with high self-esteem tend to have more socially acceptable and responsible attitudes. This makes them more resilient in facing life's changes, achieving higher achievements, and being emotionally stable. Based on this explanation, it is important to study the factors that influence individual resilience (Missasi, 2019).

According to various resilience theories proposed by Albert Bandura, Richard Lazarus, and Ann Masten, resilience is influenced by several internal factors, including intelligence, temperament, coping strategies, self-efficacy, optimism, self-esteem, and spirituality (Bandura, 1997; Lazarus & Folkman, 1984; Masten, 2014):

1. Intelligence, the ability to adapt to situations and utilize abstract concepts effectively. Individuals with high intelligence tend to have higher resilience.
2. Temperament, an individual's disposition that influences reactions to stimuli. Basic temperament can determine whether someone is more inclined to take risks or be cautious.
3. Coping Strategies, the ability to face problems and use effective problem-solving strategies. Resilient individuals often use a problem-focused approach to overcome challenges.
4. Self-Efficacy, an individual's belief in their ability to achieve goals, which contributes to resilience.
5. Optimism and Self-Esteem, a positive outlook on the future and a strong sense of self-worth can enhance an individual's ability to persist in difficult situations.
6. Spirituality, a connection to spiritual beliefs can provide emotional support and meaning in the face of adversity.

These factors demonstrate that resilience is the result of a complex interaction between an individual's internal aspects and external support from the social environment. Understanding these factors is crucial for designing interventions that can enhance resilience, particularly in the context of addressing health challenges such as child stunting.

It can be concluded that the resilience theory used in this study serves as a foundation for understanding how family communication patterns can contribute to improving mothers' emotional and psychological resilience in facing the challenge of child stunting. Through positive communication support within the family environment, mothers are expected to develop adaptability skills, manage stress, and make appropriate decisions regarding child care and nutritional needs. Therefore, family communication patterns are a crucial factor in fostering maternal resilience as a sustainable effort to prevent stunting.

METHOD

This study employed a constructivist paradigm with a descriptive qualitative approach. This paradigm views social reality, particularly family communication patterns and maternal resilience, as dynamic and shaped through interactions between individuals within a social and cultural context (Sugiyono, 2016). Therefore, meaning and knowledge are not considered singular and objective, but rather constructed through the experiences, dialogue, and interpretations of participants (Creswell, 2016). The constructivist paradigm was chosen because it is appropriate for gaining a deeper understanding of how family communication contributes to the development of maternal resilience in addressing stunting.

This research employed qualitative methods with a descriptive design. This approach allows researchers to comprehensively understand social phenomena through exploring the experiences, perspectives, and communication practices that occur within families. The data collection techniques were as follows:

1. In-depth interviews were conducted with six mothers of stunted or at-risk toddlers as primary informants, along with their husbands and integrated health post (Posyandu) cadres as supporting informants. Questions focused on daily communication

- experiences, problem-solving strategies, emotional support, and strategies for meeting children's nutritional needs.
2. Participatory observation involved directly observing family communication interactions and Posyandu activities. These observations aimed to obtain factual data related to communication patterns, the roles of family members, and field conditions.
 3. Documentation, collecting supporting documents such as stunting case data in Pisangan Jaya Subdistrict, integrated health post reports, and records of community health activities.

The data analysis technique used a qualitative descriptive approach through the following stages:

1. Data reduction by filtering and categorizing data from interviews, observations, and documentation based on research themes (communication patterns, maternal resilience, family support, barriers, and solutions).
2. Data presentation by displaying data in narrative form, tables, and thematic categories to facilitate interpretation.
3. Conclusion drawing/verification: connecting field findings with family communication patterns theory and resilience theory (Reivich & Shatté, 2002).

Logical Framework for Research

This research is based on the primary problem of persistent stunting among toddlers in Pisangan Jaya Village, despite a significant decline in the overall stunting prevalence rate in Tangerang Regency. This indicates that public health interventions have not fully addressed challenges at the family level, particularly in parenting and communication patterns.

Based on this problem, the research focused on examining how family communication patterns can build and strengthen maternal resilience in facing the challenge of stunting in children. This focus was chosen because mothers play a central role in meeting nutritional needs, providing child health care, and making family decisions.

Based on this focus, the research established its objectives: to analyze how communication within families, whether between mothers, husbands, or other family members, can strengthen mothers' ability to adapt, manage stress, and consistently provide the best possible

care for children experiencing or at risk of stunting.

To achieve these objectives, the study employed a descriptive qualitative method, with data collection techniques including in-depth interviews, participant observation, and documentation. This approach enabled researchers to explore the subjective experiences of mothers and families and understand the dynamics of communication that occur in everyday life.

Next, the data was analyzed using descriptive qualitative analysis through the stages of data reduction, data presentation, and conclusion drawing. This process aimed to uncover family communication patterns, strategies used to build resilience, and obstacles and solutions encountered in the field.

The expected outcome of the analysis is a deep understanding of the relationship between family communication and maternal resilience in the context of stunting prevention. This understanding is not only descriptive but also provides a practical overview of communication strategies that can be implemented at the family level.

Ultimately, this research yielded strategic recommendations for household-based family communication models or patterns that can strengthen maternal resilience. These recommendations are expected to be utilized by local governments, health workers, and communities in designing more participatory, effective, and family-oriented stunting prevention programs.

RESULT AND DISCUSSION

This study shows that healthy communication within the family, both between mothers and husbands, as well as with other family members, plays a crucial role in strengthening mothers' psychological resilience. Emotional support provided through empathetic and open communication has been shown to help mothers deal with stress, develop coping strategies, and maintain consistency in childcare. The data from this study will be described thematically in the following sub-chapters based on key indicators: family communication patterns, maternal resilience (intelligence, temperament, coping strategies, self-efficacy, optimism and self-esteem, spirituality).

Family Communication Patterns in Increasing Mothers' Resilience

In the process of family communication, especially between mothers and other family members such as husbands, it was found that open and supportive communication has a significant impact on increasing maternal resilience. Mothers who receive support through positive interpersonal communication tend to have better emotional resilience, are better able to manage stress, and make important decisions regarding their children's health, such as nutritional needs, immunization schedules, and care for children with growth disorders. Based on the results of field observations and in-depth interviews, it was found that communication between mothers and other family members occurs in various ways, both verbally and nonverbally. For example, mothers discuss nutritious food with their husbands, or express their desire to take their children to the integrated health post (Posyandu) despite pressure from their extended family who have differing views.

Emotional support from partners, open communication, and providing a space for mothers to express their opinions and concerns are important factors in increasing their mental resilience in dealing with stunted children.

Family communication plays a crucial role in shaping the dynamics of relationships between husband and wife, as well as between parents and children. Each family has unique communication patterns, depending on their values, socio-cultural background, and daily experiences. This study examines how family communication patterns are formed in three different families, focusing on four main categories according to the Family Communication Patterns (FCP) typology: Consensual, Pluralistic, Protective, and Laissez-Faire Families.

The following table 3 shows the description of communication patterns that occur in each family, taking into account the interactions between husband and wife and their approaches to child-rearing. This analysis provides an overview of the extent to which openness, depth of discussion, dominance of decision-making, and emotional involvement shape the structure of communication within the household. This description is expected to provide a foundation for understanding the differences in communication characteristics and their impact on family relationships and the formation of

children's values and behaviors in the context of everyday life. The results of the study indicate that family communication patterns are closely related to the level of maternal resilience in dealing with stunted children. This study indicates that each family has a dominant tendency towards one or more communication patterns, but in practice, a dynamic combination of patterns often occurs depending on the relationship context and decision-making within the household. Of the three families studied, several points can be concluded. Family one demonstrates the strongest characteristics of a consensual pattern, characterized by open two-way communication between husband and wife, joint decision-making, and consideration of input from the extended family. However, there is a tendency for mothers to still consider external norms (e.g., from in-laws), indicating a combination with protective elements. Meanwhile, Family 2 tends to adopt a pluralistic pattern, primarily due to open communication between partners and the involvement of children in daily discussions. Although the husband and wife relationship is conducted long-distance, the wife remains active in maintaining two-way communication, including with the children, thus strengthening communication patterns based on reciprocity and autonomy. Then, the dominant tendency is a protective pattern, characterized by one-way communication, dominance of decision-making by parents, and minimal involvement of children in family conversations. Apart from that, there are characteristics of a laissez-faire pattern, where communication is very limited, supervision of children is low, and limits on the use of digital technology are not actively enforced.

These three families reflect the importance of balancing parental authority, open communication, and emotional involvement in maintaining family harmony. More open communication patterns (consensual and pluralistic) tend to support harmony, emotional support, and positive child involvement in household decision-making processes. Families with open and collaborative communication demonstrate parenting patterns that are more participatory and responsive to children's needs. Conversely, protective and laissez-faire patterns have the potential to undermine the development of children's autonomy and the quality of emotional interactions within the family.

Table 3. Family Communication Patterns

No.	Family Communication Patterns	Family 1 (Wife and Husband)	Family 2 (Wife and Husband)	Family 3 (Wife and Husband)
1.	Consensual Family	Communication between husband and wife is open and two-way. The mother discusses the child's health issues with her husband, but also listens to the in-laws' advice. Decisions are made jointly, taking into account the opinions of the extended family. The husband is actively involved emotionally and logistically	While not dominant in this pattern, the husband also demonstrates respect for his wife's decisions. Discussions still occur, but mostly through long-distance communication. There's no pressure to agree on a common view, but the partner's opinion is still taken into consideration	Communication between the couple is quite good, but discussions don't involve much intensity. The husband helps when needed, but the wife makes most decisions. While there isn't complete consensus, there is emotional support from the husband
2.	Pluralistic Family	The pluralistic element is evident when the mother begins to involve her child in conversations, even though she is not yet dominant. There is no imposition of views, and communication is open	Mothers give their children space to express their opinions, especially regarding food choices and routines. Husbands fully support their wives' decisions without imposing control. Two-way communication with their children and partners is active	The husband doesn't exert too much pressure or force his will. The wife makes decisions by considering the child's experience and circumstances. There is flexible communication between mother and child, although not particularly in-depth
3.	Protective Family	Mothers tend to make decisions on their own without much discussion with their extended family, feeling overwhelmed by the overwhelming input. Husbands act more as technical support. Communication is one-way	The lack of open discussion in this family is evident in the husband's attitude of completely handing over parenting to his wife. The mother rarely involves the children in decisions and emphasizes adherence to house rules	Parents make decisions alone without much discussion with their children or other family members. Conversation is low, but conformity is high. Husbands display passive dominance. Vertical communication patterns are strong, and children are not involved
4.	Laissez-Faire Family	Not yet fully included in this pattern, but if it is not balanced with active communication, the potential to move towards laissez-faire can occur, especially in daily routines	Don't fall into this pattern, because even though the husband is far away, the wife remains proactive and maintains two-way	This family exhibits typical laissez-faire characteristics: minimal communication, children left to their own devices without direction. There are no clear limits on cell

			communication with the children and partner	phone use, and parents rarely actively monitor their children
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Source: (Research, 2026)

Maternal Resilience in Handling Stunting

Resilience, or psychological resilience, is an individual's ability to recover, survive, and adapt positively when faced with life's stresses or challenges. In the context of parenting, maternal resilience is a crucial factor determining the quality of parenting and the family's psychological well-being. This study explores how resilience manifests in the lives of three mothers facing dual role dynamics, emotional stress, and limited external support.

The following table presents field findings based on six key indicators of resilience (Bandura, 1997; Lazarus & Folkman, 1984; Masten, 2014): intelligence, temperament, coping strategies, self-efficacy, optimism and self-esteem, and spirituality. Each indicator

describes the strategies and internal strengths used by mothers to manage the challenges of parenting. While each mother exhibits different characteristics in responding to difficult situations, they generally develop unique adaptive mechanisms, whether through cognitive, emotional, social, or spiritual channels.

This presentation aims to gain a deeper understanding of how resilience is shaped by life experiences, environmental support, and personal strengths. Through this approach, it is hoped that patterns of resilience can be identified that can inspire other mothers facing the complex challenges of parenting in the modern era. Table 4 shows the resilience indicator used in this research.

Table 4. Resilience Indicator

No.	Resilience Indicators	Mother 1	Mother 2	Mother 3
1.	Intelligence	Quickly learn and sort information from cadres, create meal schedules, and set childcare priorities	Creatively adapting children's diets, absorbing information from various sources. Able to analyze and adapt strategies	Relying on personal experience and guidance from older siblings, she maintained consistent feeding and childcare schedules despite high pressure
2.	Temperament	At first I was easily panicked and emotional, but now I'm starting to be patient and think clearly before acting	Calm and reflective. Able to control emotions with simple and spiritual techniques	Her temperament is sensitive, but still adaptable. She calms herself and prefers silence to explosion
3.	Coping Strategies	Transform stress into positive action by actively attending integrated health posts (Posyandu), attending counseling sessions, and managing your child's meal schedule. Reduce distractions like gadgets to focus on your child	Using spiritual and social coping strategies. Prayer, self-talk, and discussions with friends or your husband via phone can help manage the stress of raising children alone	Coping is done contemplatively. When stressed, my mother isolates herself, listens to lectures, and relies on her older sister to share her thoughts

4.	Self-Efficacy	Confident in her ability to care for her child even under pressure. She's starting to make her own decisions and educate others	Stay confident even when alone at home. Able to manage time between work and childcare, and feel supported by her husband's trust	Confident in her ability to take responsibility as a mother, even though she often cries in secret. Relying on her sister's experience and help as her primary support
5.	Optimism & Self-Esteem	Don't be easily offended by other people's judgments. Focus on constructive feedback and trust that you know best	Feel appreciated and loved by your children and husband. Stay motivated and don't be afraid to ask questions and learn	Turn negative comments into encouragement, not a burden. Confident in proving herself to be a strong mother
6.	Spirituality	Praying and sharing stories with other mothers as a form of calming the heart and strengthening the soul	Prayer and self-affirmation as ways to cope with stress. Trust that God is with you in your struggles	Finding peace in prayer. Prayer is a place to lean on when you feel alone or mentally exhausted

Source: (Research, 2026)

The research results show that family communication patterns have a significant influence on maternal resilience in caring for children with stunting. From Mother 1, consensual communication patterns fostered strong resilience. Two-way communication with her husband, along with emotional and practical support, helped the mother recover from adversity and take concrete steps such as attending counseling and improving her child's diet. Meanwhile, Mother 2 demonstrated high resilience in a pluralistic family. Despite her husband's distant work, communication remained intense, and she was able to balance her roles as caregiver and breadwinner with a reflective, spiritual, and open approach to information. In contrast, Mother 3 grew up in a family with protective communication patterns that tended toward *laissez-faire*. Her husband's support was minimal, and she was left to care for her child alone. Despite demonstrating strong efforts and adaptive strategies, the lack of open communication exacerbated her emotional burden. These three cases demonstrate that the better the communication within the family, the greater the mother's resilience in facing the challenges of stunting.

Overall, this study shows that the more open and participatory the family communication patterns, the stronger the mother's resilience in

facing the challenges of raising stunted children. Mothers who have healthy communication support tend to be better able to manage stress, make rational decisions, and remain optimistic in the face of adversity. Conversely, closed or one-way communication patterns tend to burden mothers emotionally and hinder healthy adaptation processes. Therefore, interventions focused on strengthening family communication can be an important strategy in increasing maternal resilience and successfully managing stunting in children.

4. CONCLUSION

This study shows that family communication patterns significantly influence maternal resilience in addressing child stunting. Open and supportive communication patterns, such as consensual and pluralistic communication, strengthen mothers' ability to manage stress, make parenting decisions, and maintain childcare consistency. In contrast, protective and *laissez-faire* patterns tend to increase emotional burden and limit adaptability. The findings also indicate that resilience is shaped by the interaction between personal strengths and communicative support from family members. Therefore, stunting prevention efforts should not only focus on nutrition and healthcare but also strengthen

family interpersonal communication as part of community-based interventions.

This research also presents scientific innovations in two aspects: the integration of Family Communication Patterns and Maternal Resilience in the context of stunting. Unlike previous studies that tended to separate aspects of family communication from child nutrition or health factors, this study integrates Family Communication Patterns (FCP) theory with indicators of maternal psychological resilience. This approach yields a more comprehensive understanding of how communication structures within the household play a direct role in shaping maternal mental resilience in raising children at risk of stunting.

Furthermore, this study provides local empirical evidence from families in Pisangan Jaya Village, Tangerang Regency, where stunting cases still persist despite declining prevalence rates. The findings contribute to the development of a maternal resilience model based on family communication patterns, highlighting that stunting interventions should combine medical approaches with interpersonal communication strategies that consider family dynamics and maternal emotional support.

RECOMMENDATION

Future research is recommended to expand the scope of the study area to make the results more representative of family conditions in other areas. Furthermore, a quantitative or mixed-methods approach could be used to more objectively measure the influence of family communication patterns on maternal resilience in the face of stunting. Future researchers could also explore the social, cultural, and economic factors that influence the effectiveness of family communication in stunting prevention.

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