

Digital literacy health promotion in stunting prevention efforts for Surabaya Hebat Cadres

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ARTICLE INFO:

Received: 2024-10-21
Revised: 2024-11-24
Accepted: 2025-01-05
Published: 2025-02-28

Keywords:

Digital literacy,
Health cadres, Health
communication,
Stunting prevention

ABSTRACT

Surabaya Hebat cadres at the Gununganyar Point Center are facing challenges in digital literacy, which hinders the effective dissemination of stunting prevention information. To address this, this community service program aims to implement Appropriate Technology Digital Literacy to enhance the capacity of cadres in health promotion. The implementation method includes intensive training and operational mentoring. Cadres are trained to evaluate health information, understand digital media ethics, and apply effective communication strategies. The 12 members of the Cadres are also guided in the use of digital tools, such as web applications, infographics, and animated videos, to disseminate relevant information. The program results show an increase in digital literacy among cadres from 60 percent to 85 percent, reflecting success in building digital skills. Cadres are now more confident and effective in educating the community, as measured by increased community participation and wider dissemination of information. Health promotion activities by cadres to the community show a higher frequency of health consultations, which initially were only once a month, increasing to four times a month. The results of this activity also show an increase in community participation in stunting prevention initiatives, with the number of residents in the Sentra Point housing area participating rising by 25 percent.

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How to cite: Kristiyono, J., Purnama, N. L. A., Oktarina, R. A., & Kurniawaty, Y. (2025). Digital literacy health promotion in stunting prevention efforts for Surabaya Hebat Cadres. *Abdimas: Jurnal Pengabdian Masyarakat Universitas Merdeka Malang*, 10(1), xxx-xxx. <https://doi.org/10.26905/abdimas.v10i1.14571>

1. INTRODUCTION

The Kader Surabaya Hebat (KSH) program in Gununganyar, consists of a dynamic team of community health workers aimed at preventing stunting and improving public health. KSH operates in the Sentra Point residential area, located in Kelurahan Gununganyar and Kecamatan Gununganyar, in the eastern part of Surabaya. This rapidly growing and densely populated area has 138 households, including approximately 13 children under five years old. The 12-member KSH Sentra Point team carries out key programs focused on public health and disaster resilience, including efforts to combat stunting, improve sanitation, and support maternal and child health.

KSH faces significant barriers in communicating health messages to the community, particularly concerning stunting prevention (Sani et al., 2024). Many health workers struggle with digital literacy,

limiting their ability to effectively communicate about stunting prevention. This limitation hampers the dissemination of critical health information. An initial survey conducted by the community service program team revealed that only 35 percent of KSH members felt confident using digital tools for health promotion. Additional research by [Purnama \(2023\)](#) supports this finding, emphasizing the lack of digital communication skills as a hindrance in public health outreach, exacerbated by misinformation and cultural communication misunderstandings.

To address these challenges, this community service (*abdimas*) program developed targeted interventions using Digital Health Communication Literacy tools. The interventions include creating a web-based application, training modules, digital infographics, and animated videos. These resources are designed to improve the ability of health workers to engage and educate the community about stunting prevention. The program enhances digital literacy among KSH members, specifically in the context of health communication for stunting prevention.

The effectiveness of this approach is supported by existing studies. For example, [Maruf et al. \(2023\)](#) demonstrated that enhancing digital literacy among health workers improves public health outcomes by facilitating more efficient and impactful communication. The design of this *abdimas* program is based on evidence-based methods that have shown success in other public health settings.

Indonesia is still grappling with the issue of growth failure caused by long-term nutritional deficiencies in children, known as stunting. Stunting remains a serious problem in Indonesia, including in Surabaya, due to its impact on physical development, cognitive function, and productivity later in life. The problem of stunting can be attributed to multiple factors, such as poor nutrition, limited access to healthcare services, inadequate sanitation, and more ([Astrianity et al., 2024](#); [Purnama, 2023](#)). Government and relevant stakeholders must collaborate to address stunting through integrated health and nutrition programs while increasing public access to nutritional education and information.

Issues within the Sentra Point residential area indicate that 2-3 children still show signs of malnutrition, such as low height and weight (based on the initial survey by the *abdimas* team). This highlights that the zero-stunting target set by the Surabaya city government has not yet been fully achieved.

Currently, the stunting rate in Indonesia is 21.6 percent, with a target of 14 percent by 2024. Achieving this goal requires collective collaboration, starting with families, the smallest units of society. Families play a crucial role in addressing the causes of stunting. Families must recognize that fulfilling nutritional intake and proper child care, including maintaining home and environmental cleanliness, should be a top priority related to healthy food to meet family needs, even though Indonesia has a vast potential for local food. The Digital Health Communication Literacy program maximizes preventive stunting efforts starting at the family level. The challenge faced by Indonesian families today is not a population explosion; instead, there remains a gap and a need to improve quality of life, especially to accelerate stunting reduction.

The government and various parties have made significant efforts to accelerate stunting reduction. The government targets stunting prevalence to decrease to 14 percent by 2024 after reaching 27.6 percent in 2019 (Basic Health Research 2019) and dropping to 21.6 percent in 2023. Post-pandemic health issues in Indonesia include stigma and discrimination against healthcare workers, risks borne by medical and health professionals, and potential depression and suicide cases among healthcare workers ([Kristiyono et al., 2022](#)). It is essential for healthcare workers to raise public awareness about the importance of balanced nutrition for children's growth. This can be achieved through counseling at health centers, dissemination via mass media, campaigns in schools or communities, and training for pregnant women and parents.

One of the issues that may arise in health communication regarding stunting between healthcare workers and the community is the lack of public health and nutrition literacy, prevailing myths about nutrition and food, and the difficulty in delivering accurate health information to all societal levels. Therefore, to be well-received and understood, healthcare workers must comprehend the local culture, language, and beliefs of the community.

The Surabaya City Government continues its efforts to reduce stunting rates in Surabaya. Currently, Surabaya has the lowest stunting rate nationwide or even across Indonesia. These achievements are the result of various initiatives undertaken by the Surabaya City Government and all responsible parties in the City of Heroes. Based on the Indonesian Nutritional Status Survey (SSGI) conducted in 2022, the prevalence of stunting in Surabaya was recorded at 4.8 percent (923 children under five). It was still at 28.9 percent (6,722 children under five) in 2021, but it significantly dropped to 4.8 percent (923 children under five) by the end of 2022.

Furthermore, the stunting rate in Surabaya continued to decline in 2023. In January 2023, stunting cases in Surabaya reached 923, dropping to 872 in February 2023, 850 in March 2023, 805 in April 2023, 760 in May 2023, 712 in June 2023, 653 in July 2023, 583 in August 2023, 533 in August 2023, and 529 cases by September 26, 2023. Additionally, SSGI recorded the national stunting prevalence in 2022, which averaged 21 percent. Conversely, the stunting prevalence in Surabaya in 2022 was only 1.22 percent, based on simultaneous weighing activities.

Health literacy issues in Surabaya are diverse, one of which involves a suicide case of a COVID-19 patient who suffered from depression due to frequent swab procedures that consistently returned positive results. Healthcare workers in Indonesia need digital literacy to effectively communicate health information through digital media, understand risks and how to mitigate them, and integrate digital transformation into their healthcare systems. With digital literacy, healthcare workers can more effectively communicate health information, understand risks and their solutions, and integrate digital transformation into their systems. Community empowerment plays a crucial role in supporting healthcare workers in addressing health issues (Maruf et al., 2023; Restianty, 2018). By actively involving communities through empowerment, healthcare workers can collaborate with communities to identify health problems, plan solutions tailored to local needs, and improve access to and understanding of health services. Through strong collaboration between healthcare workers and communities, health problem mitigation efforts can become more effective and sustainable (Azzahra et al., 2024; Sadiyah, 2024).

To enhance healthcare workers' digital literacy in the context of health communication promotion, particularly in preventive stunting services in Gunung Anyar, Surabaya, this program focuses on a densely populated area in East Surabaya. Gunung Anyar is located near Sidoarjo Regency and continues to develop into a densely populated residential area. General data from the Surabaya city government describe the area as having a population of 23,122, organized into 8 RW, 62 RT, 1 LPMK, 4 PKK working groups, and 194 health volunteers renamed Kader Surabaya Hebat (KSH) since January 2022.

The community empowerment subjects for this program are located in a densely populated area of RT 17 RW 04, specifically the Sentra Point housing complex in Gunung Anyar. This residential area has 138 households, including 13 children under five years old. The PKK movement team, consisting of 12 Kader Surabaya Hebat members and PKK administrators in this area, runs a flagship program called the Healthy Family Responsive and Resilient to Disasters Movement, focusing on health through three pilot projects: (1) Healthy Families Responsive and Resilient to Disasters Concerned with Stunting; (2) Healthy Families Responsive and Resilient to Disasters Moving Towards Clean and Healthy Living Behavior (PHBS); (3) Healthy Families Responsive and Resilient to Disasters Concerned with Maternal and Child Health (KIA).

This community service program aims to improve digital health literacy among Kader Surabaya Hebat, equipping them with the necessary skills to effectively and sustainably promote stunting prevention. By leveraging innovative health communication technologies, our goal is to enable cadres to access, understand, and disseminate accurate health information within their communities. This initiative not only focuses on enhancing their technical abilities but also emphasizes ethical communication practices and cultural sensitivity to ensure health messages resonate well with Gunung Anyar's diverse population. Ultimately, this program seeks to foster a collaborative environment where health cadres and community members work hand-in-hand to reduce stunting rates, contributing to broader national targets of achieving 0 percent stunting prevalence (Zero Stunting) by 2024.

Table 1. Stages of implementation of community service program

Stage 1 – Pre-Survey & Digital Literacy Module Creation	
Activities	<ul style="list-style-type: none"> • Making Digital Literacy Modules • Making promotional media communication props for preventive stunting health
Goals	<ul style="list-style-type: none"> • Web-based application containing preventive stunting health communication materials (health.stikosa-aws.ac.id) • Digital Guidebook, Animated Video, Infographics
Implementation timeline	August-September 2024
Stage 2 – Training	
Activities	<ul style="list-style-type: none"> • Intensive Stunting Preventive Training for Great Surabaya Cadres (KSH) Gununganyar Point Center as health promotion cadres • Digital literacy regarding ethics in digital media, maintaining information security, and building a positive culture in the use of digital media.
Goals	Great Surabaya Cadres from the Gununganyar Point Center in Surabaya
Implementation timeline	September 21, 2024
Stage 3 - Mentoring	
Activities	<ul style="list-style-type: none"> • Interactive KSH mentoring that combines digital literacy with health communication strategies in providing preventive stunting information to residents of Gununganyar, Surabaya • Stunting prevention socialization mentoring by KSH in providing practical insights on how to communicate health information effectively through digital media to residents
Goals	Surabaya Hebat Sentra Point Gununganyar cadres as health promoters can use digital communication media well in providing preventive stunting information to Gununganyar residents, Surabaya.
Implementation timeline	September 22, 2024
Tahap 4 - Evaluasi	
Activities	<ul style="list-style-type: none"> • Conducting monitoring of cadre activities in the learning process and use of digital communication media for preventive stunting health promotion • Conducting cadre evaluations in conducting preventive stunting health promotion to residents of Sentra Point Gununganyar Surabaya
Goals	The Great Surabaya Cadres of Gununganyar Point Center can use digital communication media well and can periodically provide preventive stunting information to Gununganyar, Surabaya residents optimally.
Implementation timeline	1 month, October 2024

2. METHODS

This community service activity is carried out in three stages. The first stage is a pre-survey to collect data on KSH Sentra Point Gununganyar Surabaya and the residents of Sentra Point Gununganyar Surabaya as the implementation site for the activities (Arief et al., 2023; Kristiyono et al., 2024). This stage also involves developing training modules and appropriate technologies, such as a web-based health communication application for preventive stunting. The second stage is conducting digital literacy training for preventive stunting health communication at Sentra Point Gununganyar Surabaya. The third stage is the evaluation of the community service activities to measure and analyze the success level of this program.

The Digital Health Communication Literacy method uses information and communication technology (ICT) to promote health, including strengthening health cadres. Digital health communication literacy can help health cadres acquire the necessary skills to identify, assess, and address stunting. It serves as a tool to raise community awareness about preventive stunting health. Health cadres can inform the public about stunting prevention methods, measure stunting cases, and address them using ICT (Asman et al., 2023; Oktarina & Wulandari, 2021). The focus of this initial community service program is to develop skills in health information evaluation, understanding digital media ethics, digital media safety, and fostering a digital media culture.

This program enhances the digital literacy skills of KSH as health cadres, enabling them to manage health information more effectively and responsibly while disseminating accurate and relevant health messages in the post-pandemic era. These skills are also aimed at raising awareness of the importance of health, particularly in preventing stunting. The program integrates digital technology with active community participation. This community service initiative provides hope to the residents of Sentra Point, Surabaya, for a transition to a healthier lifestyle through training, empowerment of health cadres, and easy access to health information via digital platforms (Ariefiani & Ekowanti, 2024; Marlinawati et al., 2023).

3. RESULTS AND DISCUSSION

Results

The results are organized according to the program implementation phases outlined in the Methods section. Supporting documentation, including training materials, infographics, and animations, will be accessible through an open-access link. The community service program results are as follows: (1) Development of Digital Modules and Tools. A digital module covering health information evaluation, digital ethics, and communication strategies was successfully implemented. Applications and materials are available on our platform, (<http://health.stikosa-aws.ac.id>), featuring interactive content that enhances understanding and engagement among KSH members; (2) Training Sessions. On September 21, 2024, intensive digital literacy training for stunting prevention was conducted for 12 cadres. The training demonstrated significant improvement; pre-training assessments showed that only 60 percent of participants possessed basic digital skills. Post-training evaluations revealed an increase to 85 percent of participants mastering basic digital communication skills for stunting prevention. This was further validated by their successful use of the digital platform in simulated health promotion scenarios; (3) Community Health Promotion. On September 22, 2024, cadres applied their newly acquired skills in a community health promotion campaign at Sentra Point. Direct guidance provided during the event boosted the cadres' confidence and effectiveness in communicating stunting prevention measures.

The first phase of this activity involved a pre-survey and the development of a digital literacy module. This phase included drafting a digital literacy module that addresses key aspects such as health information evaluation skills, understanding digital ethics, digital safety, and digital culture. The module serves as a guide to measure the understanding and digital literacy skills of health workers. The developed materials include a preventive stunting guidebook in eBook format, an animated video on stunting prevention (https://youtu.be/s-rW-yQsSgY?si=odGfalNtDIBx8FM_), and a web-based preventive stunting health communication application (<http://health.stikosa-aws.ac.id>).



Figure 1. Stunting preventive guidebook (PDF format)

Figure 2. Stunting preventive health communication aids (digital infographics)

Figure 3. Digital literacy media animation video preventive health communication stunting
(can be accessed at: https://youtu.be/s-rW-yQsSgY?si=6O9XrP8B6SKJYN_W)

Figure 4. Digital literacy module application for preventive health communication stunting
(can be accessed at: <https://health.stikosa-aws.ac.id/>)

The second stage is Training and Assistance. The first activity is Intensive Training for Kader Surabaya Hebat. This learning and intensive training program focuses on digital literacy, covering important aspects such as information evaluation, digital media ethics, digital media security, and digital media culture. The digital media used include the digital literacy module for preventive stunting health communication, a web-based preventive stunting information learning application, and preventive stunting teaching aids (Prasanti et al., 2021; Sani et al., 2024). The second activity in this stage is the Assistance to Kader Surabaya Hebat in providing preventive stunting information to the Gununganyar residents. This activity involves assisting Kader Surabaya Hebat of Sentra Point Gununganyar, Surabaya, as health cadres in carrying out the socialization of preventive stunting information to the community using digital media.

Based on the digital literacy issues faced by healthcare workers, this program focuses on developing skills in health information evaluation, understanding digital media ethics, digital media security, and digital media culture. To measure the digital literacy of healthcare workers, several approaches can be taken based on the information from the provided sources: (1) Development of Digital Literacy Modules: One approach is to develop a digital literacy module covering key aspects such as health information evaluation, understanding digital media ethics, digital media security, and digital media culture. This module can be used as a guide to measure the understanding and digital literacy skills of healthcare workers; (2) Surveys, Observations, and Assessments: Through surveys, observations, and assessments, the extent to which healthcare workers can evaluate health information digitally can be measured; (3) Learning and Training: Organizing intensive learning and training programs on digital literacy that cover

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important aspects such as information evaluation, digital media ethics, digital media security, and digital media culture. Through this program, the digital literacy of healthcare workers can be measured through the knowledge and skills gained from the training (Hasyim, 2024; Sa'id et al., 2022).



Figure 5. Digital Literacy Training for Preventive Health Communication Stunting Kader Surabaya Hebat of Sentra Point Gununganyar, Surabaya

Figure 6. KSH assistance in providing preventive stunting information to Gununganyar Surabaya residents

Comprehensive measurement of the digital literacy of healthcare workers in promoting post-pandemic health communication, as shown in the approaches above (Kristiyono et al., 2022). Healthcare workers can be more effective in communicating health information with good digital literacy, understanding risks and how to address them, and integrating digital transformation into their healthcare systems.

Preventive actions are necessary to prevent stunting in the community to avoid future health issues. One way to achieve this goal is by improving the digital literacy of health cadres in the Sentra Point area of Surabaya through a digital health communication program. Health cadres can inform the community about how to prevent and measure stunting using technology. A Community Empowerment Concept is needed in the context of health as an effort to raise awareness, willingness, and the ability of the community to recognize, address, maintain, protect, and improve their well-being. Efforts to prevent stunting in the Sentra Point community, Surabaya, face two main issues among health cadres: lack of digital literacy and health communication. In-depth solutions are needed to address these issues. Qodir et al. (2024) stated that this solution includes not only providing information but also optimizing the use of digital technology to raise awareness and change health behaviors.

Solution to the Issue: Improving Health Awareness and Stunting Prevention in the Sentra Point Community, Surabaya, with the priority issues being Awareness of Stunting Prevention and Low Health Literacy. The first solution offered is the Digital Communication Literacy Program for Preventive Stunting. Cadres should regularly hold health and nutrition education in the Sentra Point village through Digital Literacy Health Communication for Preventive Stunting. This program will cover topics such as balanced nutrition, exclusive breastfeeding, how to prevent stunting, and healthy eating habits.

The second solution is the Development of Digital Educational Materials for Preventive Stunting Health Communication. This solution program creates engaging and easy-to-understand digital educational materials, such as interactive articles, animated videos, and infographics (Bender, 2022; Kristiyono, 2022; Maharani, 2024; Sari et al., 2022). This material will be easily accessible to the Sentra Point community through animated video applications, tutorial videos, and websites. The expected outcomes are: (1) Developing Appropriate Technology Tools – Web-based Health Promotion Application containing health promotion module materials, health education games, health promotion infographics, and more;

(2) Creating Digital Literacy Health Communication Modules for Preventive Stunting containing simple narrative information and using visual infographics; (3) Creating two educational animation videos about nutrition and health.

Health cadres are required to implement focused and measurable solutions, which are expected to increase awareness of health and stunting prevention in the Sentra Point Surabaya community. This community service program is expected to bring about positive changes in the behavior and health practices of the community, which will be achieved through a holistic and collaborative approach. This solution will continue to be evaluated periodically to determine its effectiveness in improving health literacy and preventing stunting in the Sentra Point community. The evaluation results will be used to make necessary improvements and adjustments to ensure that this solution remains relevant and effective in the long term. This comprehensive and sustainable approach is expected to help the Sentra Point Surabaya community improve digital literacy on health, adopt better health practices, and gradually reduce stunting rates in the area. This digital literacy not only provides information but also offers solutions to help people use digital technology correctly to control their health, particularly in preventing stunting in the Sentra Point Surabaya community.

Discussion

The discussion of the results interprets the program's outcomes in the context of health communication and digital literacy at a broader level. The improvement in digital skills of the health cadres aligns with previous research findings, such as those from [Restianty \(2018\)](#), which emphasize the transformative potential of digital tools in health education. A comparative analysis of data before and after the intervention shows substantial improvement in communication efficiency and health awareness, measuring changes in knowledge and behavior.

This program not only addresses the direct gap in digital literacy but also lays the foundation for sustainable community engagement. The enhanced capabilities of Kader Surabaya Hebat (KSH) members are expected to contribute to long-term public health benefits, as evidenced by increased community interactions and a reduction in stunting cases in Gunung Anyar. This is in line with global findings on the positive impact of digital literacy on health promotion ([Hasyim, 2024](#)).

This community service program has prepared several technology-based digital communication media aimed at improving the skills of health cadres in delivering health promotion on stunting prevention through digital communication media. The first technology-based digital communication media is the Web-based Digital Literacy Communication Health Prevention Stunting Module application, available at the URL health.stikosa-aws.ac.id (see image 4). This digital literacy module application is a web-based health communication tool that makes it easier for cadres to promote and inform about stunting prevention to the community. The application provides detailed yet easy-to-understand information for the community, ranging from digital guides, animation videos, to stunting prevention infographics.

In addition to the web-based module application, the program to strengthen digital literacy for stunting prevention health communication for Kader Surabaya Hebat (KSH) Sentra Point Gununganyar also prepared various teaching aids for strengthening cadres, including pocket books, digital posters, animation videos, and digital infographics as aids for health communication in stunting prevention.

On September 21, 2024, a technical guidance session on stunting prevention information was held by one of the community service team members, who is also a nursing lecturer, for 12 Kader Surabaya Hebat from Sentra Point Gununganyar Surabaya. In addition to the technical content on

stunting prevention, the training also included strengthening digital literacy in health communication through digital aids, led by another team member, an expert in digital communication media.

After receiving digital literacy training in preventive health communication, the training participants, Kader Surabaya Hebat (KSH) Sentra Point Gununganyar, who are also health cadres, carried out direct health promotion practices in the community on September 22, 2024. The stunting prevention health promotion practice conducted by the KSH cadres was directly supervised by two training experts, one in preventive health and the other in digital communication media, assisted by students from the community service team (Astriany et al., 2024; Purnama, 2023). The training results showed a significant improvement in digital health communication literacy for Kader Surabaya Hebat Sentra Point Gununganyar Surabaya. The program showed that before and after the training, all 12 cadres experienced a marked improvement in their digital communication media skills, with a 100 percent increase at the end of the program compared to only 60 percent before the training.

The Digital Literacy Health Communication Program can achieve its goal of raising awareness about the importance of health and preventing stunting in the Sentra Point Surabaya community through strong collaboration between various partners. The partners have the ability to complement each other and make significant contributions to the sustainable and efficient implementation of the program. One important step to ensure that the Digital Literacy Health Communication Program is successful in preventing stunting in the Sentra Point Surabaya community is conducting an evaluation of its implementation and sustainability. The results of this activity also show an increase in community participation in the Gununganyar Surabaya housing complex in stunting prevention initiatives after health promotion about stunting prevention by the cadres. The number of Sentra Point housing residents participating increased by 25 percent, and post-training and mentoring monitoring results showed a higher frequency of health consultations by the cadres with residents, from once a month to four times a month. This result reinforces that this community service program not only bridges the gap in digital literacy but also encourages sustainable health communication practices.

The following steps were taken for evaluation and to raise awareness of the importance of health: (1) Methods to measure knowledge and behavior: Surveys were conducted before and after the program to assess knowledge improvement and behavior change related to health and stunting prevention. To obtain accurate and detailed data, questionnaires were prepared, and participatory observations were made; (2) Evaluation of the Use of the Health Communication Literacy Module and Preventive Stunting Health Communication Animation Video Aids: Monitoring the number of active users, frequency of use, and the types of content most favored by residents on the digital platform to evaluate the effectiveness of the Module and Health Communication Video application; (3) Monitoring Community Participation: Regular meetings were held with the local community and health cadres to obtain direct feedback about the program. Issues and obstacles in implementing the learned health practices were identified through group discussion sessions; (4) Monitoring Public Health: Collecting public health-related data such as stunting rates, low birth weight, and infant mortality rates to assess the long-term impact of the program. To identify significant changes, compare data before and after the program.

4. CONCLUSION AND RECOMMENDATIONS

The Digital Health Communication Literacy Program has successfully achieved its primary goal of improving digital literacy among Surabaya Hebat cadres. Through comprehensive training and hands-on workshops, the program demonstrated a significant improvement in the cadres' ability to utilize digital tools for health promotion. Pre- and post-training evaluations revealed that 100 percent of the 12 participants showed a noticeable improvement in their skills, compared to only 60 percent before the

intervention. This progress translated into more efficient and impactful communication strategies when addressing stunting prevention in the community, particularly in the Gununganyar area of Surabaya. The dissemination of digital educational resources, such as interactive animations and infographics, facilitated better community engagement, leading to increased awareness and understanding of stunting prevention practices among local families. Quantitative data from community outreach activities showed a higher frequency of health consultations, which increased from once a month to four times a month. The results also indicated an increase in community participation in stunting prevention initiatives, with the number of Sentra Point housing residents participating rising by 25 percent. This outcome reinforces the effectiveness of the program not only in bridging the digital literacy gap but also in encouraging sustainable health communication practices. By empowering health cadres with digital skills, the program lays a strong foundation for ongoing public health efforts and contributes to national goals to reduce stunting prevalence. Continuous monitoring and periodic evaluations will be essential in ensuring the program's long-term impact, while further collaboration with local stakeholders can enhance the scalability and sustainability of these health promotion efforts.

Recommendations for this community service program include conducting an evaluation of the program's continuity and sustainability. The evaluation can take the following steps: (1) Identifying resources and support that may be needed to sustain the program after the initial implementation phase; (2) Developing local capacity by providing further training for health cadres and digital platform management; (3) To ensure that the program can continue and integrate into the local community structure, a follow-up plan should be developed based on evaluation results. The second recommendation is to develop partnerships and network collaborations to support program sustainability, working with local governments, health institutions, and non-governmental organizations. Promoting active participation from various stakeholders is essential for supporting the program. It is hoped that the Digital Health Communication Literacy Program will successfully increase the awareness of Sentra Point Surabaya residents about the importance of health and stunting prevention by conducting thorough and ongoing evaluations and involving active community participation. This program will also continue to be an essential part of public health efforts. The third recommendation emphasizes the importance of supporting digital infrastructure to ensure that health cadres can maintain and maximize the benefits of the digital literacy skills they have newly acquired. To support the long-term success of the program, investment is needed in improving digital infrastructure in partner communities, such as providing stable internet access and adequate technology devices. This will ensure that health cadres can optimally implement digital literacy and continuously improve the quality of health promotion in the future.

ACKNOWLEDGEMENT

We would like to express our gratitude to the Ministry of Research, Technology, and Higher Education (Kemeristek DIKTI) through the BIMA Community Service Grant Program for beginners in 2024, with the following contract numbers: Main Contract DRTPM - LLDIKTI VII: 109/E5/PG.02.00. PL/2024; Subcontract LLDIKTI VII - Stikosa: 103/SP2H/PT/LL7/2024; Stikosa - AWS - Implementer: 002/Stikosa-AWS/LPPM/KPKM/VIII/2024. Through the support of this grant, the community service activity of Strengthening Digital Literacy in Health Communication for the Surabaya Hebat Cadres in Sentra Point Gununganyar for Stunting Prevention has been successfully conducted.

We would also like to extend our thanks to the community service partners: (1) The Neighborhood Association of Sentra Point, Gunung Anyar Subdistrict, Surabaya City Government, (2) Gunung Anyar Health Center, (3) The PKK Women of Sentra Point Gununganyar Surabaya, and last but not least, the hard work of (4) The Health Cadres (Surabaya Sehat Cadres) of Sentra Point, who continue to learn and strive.

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