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Development of a Weight-Faltering Flyer as a Strategy to Strengthen Stunting Prevention

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Abstract

Stunting remains a major public health challenge in Indonesia. Educational interventions through visual media such as flyers show promise in improving understanding of early detection of weight faltering, yet many existing materials are not designed participatorily nor tailored to local contexts. To develop, pilot, and evaluate the effectiveness of a weight-faltering–based flyer in improving mothers' knowledge on stunting prevention in Sukaharja Village. This study employed a Research and Development (R&D) design with a mixed-methods approach. The stages included: an FGD to identify learning needs, media design by a multidisciplinary team, expert validation, limited field testing, and impact evaluation using a quasi-experimental design with two groups (flyer intervention vs. lecture control), each consisting of 20 mothers. Data were collected through pre-test and post-test assessments as well as in-depth interviews. Data analysis was conducted using a convergent approach integrating quantitative and qualitative findings. The FGD revealed low community understanding of weight faltering. The developed colored A4 flyer included growth charts, stunting risk indicators, complementary feeding guidelines, and encouragement to visit the posyandu. The trial showed that 90% of respondents agreed on the clarity and attractiveness of the media. Impact evaluation demonstrated a significant increase in the knowledge scores of the flyer group (76.0 → 78.5; p = 0.043), while the lecture group showed no significant improvement (73.0 → 73.5; p = 0.480). Follow-up interviews revealed positive shifts in attitudes and behavioral intentions regarding monitoring children's growth and development.

Introduction

Stunting is a condition of growth failure in children due to chronic malnutrition, recurrent infections, and inadequate psychosocial stimulation during the first 1000 days of life WHO, 2020). In Indonesia, the prevalence of stunting remains high, at 21.6% in 2022, despite a decline compared to previous years. Prevention efforts require a multi-approach strategy, including nutrition education for parents and caregivers (Kementerian Kesehatan RI, 2021; Koyratty et al., 2025; Azupogo et al., 2025; Campbell & Hesketh, 2007; Carey et al., 2023).

One of the main obstacles is delayed early detection. Many families only realize the problem of stunting when their children appear short, rather than from their weight growth patterns. The concept of weight faltering stagnation or weight loss that does not follow the growth curve is

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an important early indicator that is often overlooked (Tang et al., 2021; Jaffe, 2011; Naumenko et al., 2021; Cooke et al., 2023; Meyer, 2024; Naumenko et al., 2021; Nel et al., 2022).

Visual media such as flyers are considered effective in health promotion because they are inexpensive, easy to distribute, and can be used repeatedly (Hasanica et al., 2020; Sushim & Abhy, 2024; Ferraz et al., 2025; Sari et al., 2024). In addition, even though digital technology is popular, simple media-based interventions such as flyers remain relevant, especially in areas without smartphone access. This reinforces the justification for using print media (Free et al., 2013); Evans et al., 2022; Al-Dhahir et al., 2022; Tanrıverdi et al., 2025). Many educational media today only convey general messages without focusing on early detection and local adaptation. Sukaharja Village has a Stunting Prevention House (RCS) as an education center, but there is no specific media available on *weight faltering* (Widiasih et al., 2025).

Therefore, this study aims to: (1) develop participatory *weight faltering-based* flyers, and (2) evaluate their effectiveness in increasing mothers' knowledge compared to traditional lecture methods. Stunting prevention efforts essentially emphasize the importance of continuous and responsive growth monitoring. Health workers at integrated health service posts and community health centers have routinely measured weight and height, but the interpretation of the measurement results is often not understood by the community. Many mothers assume that as long as their children "look healthy," their growth is considered good, even though some growth problems, such as *weight faltering,* are not immediately apparent. This gap in understanding highlights the need for education that is easier to understand and accessible to the general public.

An andragogy-based educational approach is also important to consider because the main target of education is adults mothers, fathers, and caregivers. The principles of andragogy emphasize experience, active involvement, and the relevance of the material to the real needs of the participants. Thus, educational media must be designed to suit adult learning styles, namely informative, concise, visual, and directly applicable. Flyers, as a simple visual medium, can fulfill these principles if they are properly designed and relevant (Solikah, 2023; Rosenberg-Carlson et al., 2025).

In the context of villages in Indonesia, public health literacy still varies. Several studies show that health messages often fail to achieve optimal impact because they are not appropriate to the local context, in terms of language, education level, and community customs. Local adaptation for example, using illustrations of local communities, familiar examples of posyandu activities, and local food recommendations for complementary feeding can increase the effectiveness of message delivery (Yusriadi et al., 2024; Soetjiatie et al., 2025). Therefore, community involvement in flyer development is an important component to ensure that the media is truly contextual.

The involvement of local stakeholders, such as posyandu cadres, village midwives is also a key factor in the success of educational interventions. They are the ones who have been interacting directly with the community and understand the most appropriate communication patterns. FGDs as the first step in developing media for the Prevent Stunting program enable the collection of in-depth information on educational needs, community perceptions of stunting, and the most acceptable ways of delivering messages (Nurhaeni et al., 2024; Fuadi et al., 2024).

In addition, the visual media-based approach is supported by health communication theory, which states that messages packaged in images and graphics are easier to understand and remember than long texts. Growth charts, for example, allow mothers to immediately see whether their child's weight curve is moving along the expected path or beginning to slow down. Providing simple but informative illustrations can help internalize the concept *of weight faltering*, which previously seemed abstract to many caregivers.

Various global studies also show that simple media-based interventions can increase health knowledge and behavior change, even without the use of digital technology. In rural areas with limited internet access, print media such as flyers are actually the most practical option. In addition, flyers can be posted in homes, health centers, and public facilities, providing *repeated exposure*, which is key to behavior change.

In the context of stunting, nutrition-sensitive interventions such as education, sanitation, and health knowledge improvement have been proven to contribute significantly to improving nutritional status when carried out consistently. Education on weight faltering falls under the category of sensitive interventions because it is an indirect effort to reduce stunting by improving parents' understanding and responsive actions. Thus, the development of this flyer is not only a media innovation, but also part of the national strategy to accelerate stunting reduction.

Previous studies have shown that traditional lecture methods are often ineffective in triggering changes in knowledge and attitudes because they are one-way and do not involve participants. Mothers who attend lectures may be physically present, but they do not always understand the material in depth, especially if the material is delivered too quickly or is not interactive. In comparison, flyers provide an opportunity for mothers to reread the material at any time and discuss it with their families.

The implementation of weight faltering-based flyers also has the potential to strengthen collaboration between health facilities and the community. Media that is widely available at integrated health service posts can be a common reference for cadres and health workers when providing growth counseling. With the availability of standard media that is easy to understand, counseling becomes more consistent and does not depend on the delivery style of each individual. This can improve the quality of nutrition education services at the village level.

The development and evaluation of this weight faltering-based flyer is expected to provide empirical contributions to a more effective, participatory, and contextual nutrition education model. The findings of this study can be used as a basis for developing similar media in other regions and enriching the literature on visual media-based stunting prevention interventions in Indonesia. With increased knowledge among mothers, it is hoped that preventive and monitoring actions for child growth and development can be carried out earlier so that the incidence of stunting can be significantly reduced.

Methods

This study used a Research and Development (R&D) design with a convergent mixed-methods approach, in which quantitative and qualitative data were collected in parallel and then integrated in the final interpretation stage (Sugiyono, 2020). The media development process was carried out in several stages. The first stage was a Focus Group Discussion (FGD) to analyze learning needs, involving two posyandu cadres and one health worker to identify knowledge gaps and preferences for educational media. The next stage was media design, where the flyer format was selected based on the FGD results, and the content was compiled by a multidisciplinary team consisting of nutritionists, community education experts, and graphic designers. After the initial design was completed, the media was validated by two nutritionists and one health expert to assess the accuracy, relevance, and feasibility of the material. The media then underwent limited testing on ten respondents to assess aspects of clarity, accuracy of information, visual appeal, and readability. The test results were used as a basis for revision before the media was finalized.

To evaluate the effectiveness of the media, this study used a quasi-experimental design with two groups, namely an intervention group consisting of 20 mothers who received educational flyers and a control group consisting of 20 mothers who received education through traditional lectures. Data collection was conducted through pre-tests and post-tests using a 100-point

knowledge scale, which covered understanding of complementary feeding, the concept of weight faltering, and the role of integrated health service posts (posyandu) in growth and development monitoring. In addition, in-depth interviews were conducted after the intervention to explore further changes in attitudes and behavioral intentions among mothers. Quantitative data analysis used the Wilcoxon test to examine changes in knowledge scores in each group, while qualitative data were analyzed using thematic integration to identify patterns of findings and combine them with quantitative results as a basis for comprehensive conclusions.

Result and Discussion

FGD Results

The majority of research participants indicated that they did not understand the concept of weight faltering. Many of them considered fluctuations in their babies' weight to be normal and not requiring special attention, so that concerns only arose when their children appeared shorter than their peers. These findings emphasize the need for simple, visual, and directly applicable educational media to help mothers recognize the early signs of growth disorders through more careful weight monitoring.

The flyer was designed in A4 size with color and contained six main sections that complemented each other. The first section contained a growth chart with a red line as an indicator of weight faltering, making it easier for mothers to identify patterns of weight loss or stagnation. The second section presented signs of stunting risk, such as weight loss or no weight gain, infrequent feeding, and recurrent diarrhea. The third section provides guidance on complementary feeding, including food textures appropriate for age, feeding frequency, and essential nutrients such as iron and zinc. In the closing section, the flyer encourages mothers to actively visit health posts to ensure optimal routine monitoring of their children's growth.

Initial Trial Results

Most respondents, namely 90%, stated that the flyer was very easy to understand, with information presented clearly and accessible to the general public. They also considered the visual images on the flyer to be very attractive, capable of drawing attention and facilitating the understanding process. The font size used was considered large enough and comfortable to read, even for older age groups or in suboptimal lighting conditions. The colors chosen were considered bold, contrasting, and supported overall readability and visual appeal. Holistically, respondents stated that the overall design and content of the flyer were good and suitable for use as an educational tool. Minor feedback provided regarding the use of several foreign terms has been revised to ensure clarity of the message in the local context.

Impact Evaluation Results (Quasi-Experiment)

Based on the survey given to both groups, the average basic knowledge was considered sufficient for all mothers (pretest: 76, and post-test: 78). Although basic knowledge was sufficient, awareness of the importance of early detection was still low (61%).

Table 1. Caregivers' infant and young child feeding knowledge and practices

Indicators	Survey		
	n[a]	N[b]	Percentage
Knowledge of Complementary Feeding			
Caregivers knowing the rationale for introducing complementary feeding	38	40	95
Caregivers knowing the appropriate age to start complementary feeding (6 months)	39	40	97.5
Caregivers knowing the types of complementary foods suitable for 6-month-old infants (pureed/mashed)	38	40	95

Complementary Feeding Practices			
Offering age-appropriate food textures for children aged 10–12 months	26	40	65
Practicing gradual introduction of new foods to infants	25	40	62.5
Awareness of and engagement with Posyandu for growth monitoring			
Recognizing the importance of attending posyandu to detect early signs of growth faltering (e.g., stunting)	24	40	61

Table 2. Comparison of Pre-test and Post-test Knowledge Scores between the Flyer and Lecture Groups (n = 40)

Group	N	Mean Pre (SD)	Mean Post (SD)	Mean Difference	Normality Test (p)	Wilcoxon Test (p)
Flyer	20	76.0 (13.1)	78.5 (13.4)	+2.5	0.002	0.043
Lecture	20	73.0 (14.9)	73.5 (15.2)	+0.5	0.003	0.480

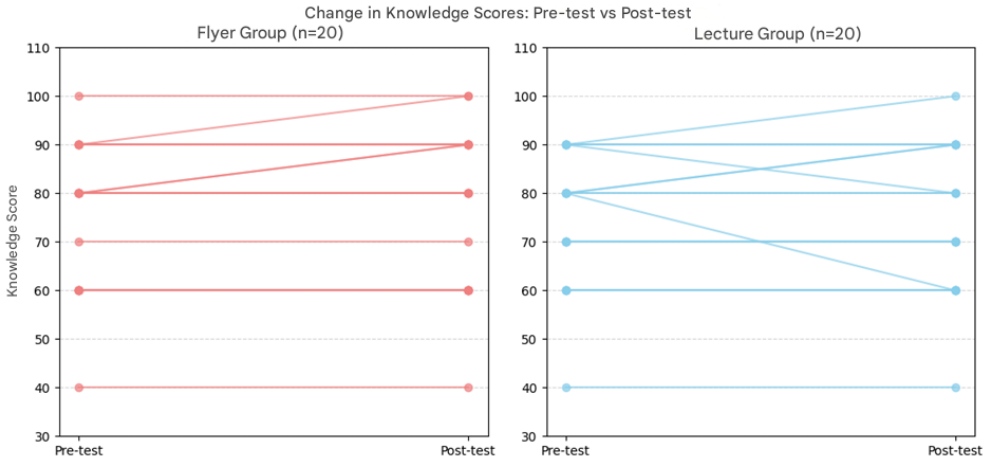

Figure 1. Changes in Knowledge Scores of the Flyer and Lecture Groups

From the figure above, it can be seen that the flyer group tended to experience an increase in knowledge from a score of 80 to 90 and 90 to 100, compared to the lecture group, which experienced a decline in several participants, such as participants with a score of 80 to 60 and 90 to 70, although there were also participants who experienced an increase in scores.

Based on these findings, follow-up interviews were conducted to explore the mothers' experiences. Based on post-intervention interviews, most mothers stated that flyers were easier to understand than verbal counseling and could be taken home as personal references. Some of them expressed their intention to take their children to the health center more regularly to monitor their growth and development. In addition, there was a new awareness that weight loss in children was not normal, but should be watched as an early sign of growth disorders.

The findings of this study indicate that weight faltering-based flyers were not only successfully developed in a participatory manner but were also more effective than traditional lectures in increasing mothers' knowledge about early detection of stunting. The significant increase in knowledge scores in the intervention group (p=0.043) supports previous findings by Ernawati (2022) and Putrianti et al. (2024), who emphasized that visual media has higher absorption because it combines cognitive and affective elements through a combination of text and images (Ernawati, 2022; Putrianti et al., 2024). The advantage of flyers as a print medium is their tangible nature, which allows them to be stored, reread, and shared important factors in the context of communities with limited internet access (Aurelya et al., 2025).

The integration of the concept of weight faltering provides significant added value. As emphasized by Heri Yusuf (2025), early detection is crucial for timely intervention. Knowledge related to routine monitoring through Posyandu and comprehensive growth and development detection is very important as an early intervention strategy to prevent growth failure in early childhood (Muslihin et al., 2025). This flyer transforms medical concepts into practical messages that are easy to understand, such as the use of red lines on growth charts as "early warnings." This is in line with the principle of health literacy, which emphasizes the need to simplify information to suit the reading and comprehension abilities of the community (Nutbeam, 2000).

The active participation of posyandu cadres and health workers in the FGD stage ensured cultural relevance and local learning needs, supporting the principle of community-based health education (Akbar et al., 2025; Meilasari et al., 2025). The color design and illustrations were deliberately chosen to appeal to young mothers.

Although basic knowledge of complementary feeding is high (97.5% know that it starts at 6 months), knowledge of advanced practices such as gradual texture and introduction of new foods is still low (62.5-65%). This indicates a knowledge-practice gap, which was also reported by Olatona et al. (2017), where knowledge does not automatically change behavior (Olatona et al., 2017; Owais et al., 2019). This study mentions that socioeconomic factors, food availability, and family support also influence compliance with nutritional recommendations. Therefore, although flyers are effective in increasing knowledge, a holistic approach involving support systems (family, health posts, village government) is needed to encourage real behavioral change.

Post-intervention interviews revealed positive attitude changes: mothers felt more confident in monitoring their children's growth and development and intended to be more active in bringing their children to the health center. This shows that flyers not only increase knowledge but also strengthen intrinsic intentions and motivation the initial stage in the behavior change process according to the Health Belief Model (Arikpo et al., 2018). The presence of posyandu cadres in the education process is also important, as they act as mediators between information and practice in the field.

Methodologically, these results support the effectiveness of quasi-experimental designs in the context of limited field research. Although not randomized, the comparison between the flyer and lecture groups provides strong evidence that well-designed print media has significant advantages. These results are in line with studies suggesting that visual information media should be an integral part of public health education programs (Aurelya et al., 2025).

This study has several limitations that need to be considered in interpreting the results. The relatively small sample size and the limited research location to one village mean that these findings cannot be fully generalized to other regions with different social and cultural characteristics. In addition, the short duration of the intervention only allowed for an assessment of knowledge improvement in the short term, so it could not describe real behavioral changes in feeding practices or child growth monitoring. Therefore, further research with a longitudinal design is needed to evaluate whether the knowledge gained through the flyers actually influences daily behavior and ultimately has an impact on reducing the risk of stunting.

Conclusion

This study successfully developed a flyer based on the concept of weight faltering through a participatory process involving posyandu cadres, health workers, and a multidisciplinary team. The resulting media has been validated by experts and tested on users and has been found to have good clarity, accuracy of information, and visual appeal. The results of the evaluation using a quasi-experimental design showed that these flyers significantly increased mothers'

knowledge about stunting prevention, especially related to early detection through weight monitoring, compared to traditional lecture methods. Although the participants' basic knowledge about complementary feeding was already quite good, the findings confirmed that awareness and understanding of the early signs of weight faltering were still low and required more focused educational interventions.

In addition to increased knowledge scores, qualitative data from in-depth interviews revealed positive changes in mothers' attitudes and behavioral intentions in monitoring their children's growth and increasing the frequency of visits to health posts. This shows that the flyer is not only useful as a source of information but also has the potential to encourage more responsive preventive actions. With its simple, easy-to-understand, and accessible characteristics, this weight faltering flyer is worth considering as a strategic educational tool in stunting prevention programs, especially in areas with limited access to digital technology. Further research with a broader scope and longer duration is recommended to assess the long-term impact on parenting behaviors and children's nutritional status.

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