Bio-Power Reproduction By Authority Agents And Apparatuses Of Power In Health Communication: The Analysis Of Health Cadre Discourse As Stunting Cases Preventive Health Care Agent

Monika Teguh[1*], Rachmah Ida[2], Ratih Puspa[3], Kirana Ratu Sekar Kedaton[4]

[123]Doctoral Social Science Program, Faculty of Social Science and Political Science -Airlangga University.
[4]Communication Science Program, Faculty of Communication Science and Media Business – Universitas Ciputra Surabaya.
Email: [1]monika.teguh@gmail.com
*Correspondence writer

ABSTRACT

Stunting is a condition in which a child's growth is stunted due to malnutrition since 1.000 First Days of Life. This condition will not only impact the child's life, but also the country in macro scale. The more the children with stunting condition are, Gross Domestic Products will decrease due to the unproductive human resources. Indonesia is one of the countries which still has high stunting prevalence number. This condition causes the government to take on policy for overcoming stunting, one of which is through health communication programs. One of the regions in Indonesia which has successfully done the stunting prevention program so the prevalence number has decreased significantly is Trenggalek Regency. This success turns out to be encouraged by bio-power reproduction by health cadre. Therefore, in this research, bio-power reproduction by health cadre in stunting prevention health communication will be described. The used research methods are critical paradigm, qualitative research approach, with the research being descriptive. The used method in this research is specifically discourse analysis method based on Foucault concept. The result from the research shows that the forming of bio-power reproduction by health cadre is initiated with bio-politics by the government. Then, the government distributes the knowledge to health cadre, which is then re-distributed by health cadre to the targeted subjects. Health cadre figure as an authority holder who is described to have more knowledge and their suggestions are able to help society, and a figure as preventive health care agent who has autonomy- being not tending, attributed as a cadre validated by the government, and able to convey effective messages in accordance with the needs of targeted subjects also encourages bio-power reproduction. Surveillance by the cadre also becomes an important part in bio-power reproduction. The result from bio-power reproduction can be seen from the similarity of the understanding about stunting, its causes, and how to prevent it, and the change of the behaviors of the targeted subjects. The obstacles for bio-power reproduction come from within the targeted subjects such as the wrong assumptions, unwillingness to interact, and

personal inconvenience, and external factors such as improper information from mass media and social media.

Keywords: Bio-Power, Health communication, Stunting, Health cadre.

1. FOREWORD

Stunting is the child growth and development problem which is caused by malnutrition, mainly calories and protein. The growth failure can happen to a child if they chronically lack nutrition in the beginning of their life. The beginning of a child's life can be counted starting from within the womb and continues until a child is 2 years old. If chronic malnutrition which causes stunting happens, a toddler will appear shorter (dwarf) than other children at their age (Utario & Sutriyanti, 2020). Stunting condition are often too late to be realized although it can actually be traced from 1.000 first days of life (Hari Pertama Kehidupan/HPK). Parents should be cautious if their children suffer from recurring infection, and regularly measure their children's development. In detecting stunting cases, parents and healthcare workers will focus on measuring children's height, to see whether it is normal for their age or not. There are a lot of standardization which can be used to know whether a child's height is in accordance with the standard or not yet. One of the often used standardization is the standard from World Health Organization (WHO), in which a child is said to be stunting if their height is at -2 median deviation standard at the standard of a child's growth (Laksono & Megatsari, 2020).

The common symptoms marking stunting can be seen from the height of a child shorter than the median or average height from the population they are in. The other comparison of height other than population median is the normal height of human according to the health standard. This common symptom can also be accompanied by other characteristics accompanying stunting case. Several characteristics which possibly occur are low motor activities, late motor development, late mental development, and late cognitive development. Those late developments come from late brain development due to malnutrition and chronic infection happening to a child. This late brain development causes a child to find it difficult to respond to raw and soft motor. This causes a child to be seemingly not cheerful and agile compared to the children at their age (Sakti, 2020). Stunting often appears like cracks on a building, but if those cracks unite, the building will collapse. Light symptoms such as light illness, difficulty in eating, and short stature are often missed by parents, babysitters, and even doctors. If the symptoms are combined, they can cause stunting condition. Many people think that stunting can only happen if a child is in poverty and unable to afford food. In reality, many other factors can cause stunting to a child. National Development Planning Agency (Badan Perencanaan Pembangunan Nasional) conducted a research and discovered that there are many other factors causing this lack of nutrition. Those factors are economical problems, environmental conditions, health facilities, and factors related to culture such as norms, beliefs, traditions, and education (Bappenas, 2018). These factors altogether induce a pattern which renders a child unable to get nutrition well. One of the important factors which has a big role is cultural factor. Cultural factors embraced by society often form paradigms and behavioral patterns which are opposed to the health standardization. These factors ultimately causes stunting to children.

Malnutrition in long term is the main cause of stunting condition. This malnutrition typically happens both in macronutrient and micronutrient. Macronutrient is nutrition needed by body in large amount, whereas

micronutrient is nutrition needed by body in small amount. In stunting cases, it is discovered that lack of macronutrient which has the most impact is lack of protein, whereas the lack of micronutrient is calcium, zinc, and iron. Protein is a substance which builds and regulates body cells. Hence, lack of protein clearly has adverse impacts towards a child's growth. On the other hand, calcium functions to form bones, so lack of calcium causes the bone growth to be stunted. Zinc is needed by body to do physiological functions, in which without zinc a child's growth will be stunted (Candra, 2020).

This stunting problem is a global problem, mainly for developing countries. A study conducted in 12 poor and developing countries, showed that stunting prevalence projection will influence more than 127 million children under 5 years old in 2025. This shows that stunting problem still needs to be a concern (Muldiasman et al., 2018). Furthermore, according to the data issued by United Nations Children's Fund (UNICEF), WHO, and World Bank Group, until 2019 there were 144 millions or 21,3% of children under 5 years old who still had stunting. Children with stunting were in Asia the most with the number being 78.2 millions (21,8%) in 2019. Specifically, in Southeast Asia there were 13,9 millions (24,7%) children which had stunting (UNICEF et al., 2020). In Indonesia, this stunting or dwarfism phenomenon is still often found. Based on the data issued by Indonesian Republic Ministry of Health in Indonesian Nutrition Status Study Results (Studi Status Gizi Indonesia/SSGI), in 2021 there were still 24,4% of toddlers who had stunting (Indonesian Republic Ministry of Health, 2021).

One of the regions in Indonesia which becomes the locus of stunting is Trenggalek Regency. The government from the region located in East Java has made integrated efforts to reduce stunting number. These efforts are not fruitless and produce good results, as seen from the decrease of stunting prevalence number on the average of 2% per year starting from 2013. In 2013, when Trenggalek Regency began to make efforts for preventing stunting, its prevalence number was 38,63%. This number gradually decreased until 26,78% in 2019 (Izwardy, 2020). That number continued to decrease until 18,1% at the end of 2021. This was a good achievement, compared to the stunting prevalence number in East Java which was still 23,5% and the national one reaching 24,4% (Trenggalek Communication and Information Agency, 2022).

Until the beginning of 2019, there were still 28 villages/wards in Trenggalek Regency which had stunting with the prevalence above 20%. Those villages/wards were spread in 4 health center (Puskesmas) areas, that were Pucanganak, Suruh, Pandean, and Bendungan. Among those 28 villages/wards, there were 10 village locus with quite awful conditions. Therefore, these 10 villages became the main focuses in overcoming stunting problems (Abidin, 2019). After the Trenggalek Regency Health Agency of Population Control and Family Planning (Dinas Kesehatan Pengendalian Penduduk dan Keluarga Berencana/Dinkesdalduk KB), 5 of 10 villages were successfully suppressed in terms of their numbers. This became a success which gained appreciation from the Government of East Java Province by being given the predicate of the best performance in terms of stunting or malnutrition control. These stunting prevention efforts were from health communication (Sujarwoko, 2019).

In the effort of health communication done by Trenggalek Regency Health Agency of Population Control and Family Planning (Dinkesdalduk KB) in preventing stunting, there are active roles from the health cadre. The presence of health cadre begins with the Ministerial Regulation about Guidelines of the Formation of Integrated Healthcare Center Development Operational Work Team (Peraturan Menteri tentang Pedoman Pembentukan Kelompok Kerja Operasional Pembinaan Posyandu) which all this time is run by the agency under the government, and has to be open to be helped by the work team (kelompok kerja/pokja) from society. This work team consists of cadres. The

roles of a cadre are the advocate, motivator, and instructor of society. A cadre is also a bridge for society in order to be able to communicate further with healthcare workers (Iswarawanti, 2010).

A study about the roles of a health cadre as a preventive health care agent showed that a health cadre has significant roles in encouraging a mother's behaviors for preventing her children from stunting. A health cadre gives instructions and education to mothers about stunting which encourages mothers' motivation to prevent stunting (Wulandari & Kusumastuti, 2020). This shows that a health cadre has social roles in society. An interesting thing from the roles of these health cadres is that they are actually parts of society. Cadres are parts of society who are simply trained by healthcare workers, but they themselves has no "degrees" which can grant them certain powers on others. However, these cadres can precisely approach society and change their behaviors. Therefore, the social roles of these cadres need to be explored and analyzed further.

Health cadres have more roles in preventive health care because they indeed have no knowledge, skills, and official permission to do curative treatment. In spite of this, preventive health care has a huge role in society health mainly in promotive and preventive efforts. Promotive effort is an effort to improve health through awareness and education whereas preventive effort is an effort to prevent diseases. These efforts are the forms of state investment which provide large benefits for society. Preventive health care succeeds in making positive impacts bigger than other health efforts, so it is important to be performed. The priorities of preventive health care are guaranteeing the availability of health promotion infrastructure, improving the abilities of society in taking care of their health, empowering individuals in taking care of their personal health, increasing investment for health development, and expanding partnership for health (Wibawati et al., 2014).

In preventive behaviors, society make efforts so that they do not suffer from diseases. Such as maintaining healthy diet, maintaining environmental cleanliness, doing physical activities regularly, consuming additional supplements as needed, and checking physical conditions regularly are preventive behaviors to take care of health. However, although having done preventive actions, suffering from diseases, getting injured or getting into an accident is not something unavoidable (Nurhajati, 2015). Meanwhile, health promotion has an important role in giving information and education about health to society. The given information can be the efforts for preventing diseases, treatment ways, instructions of first aid, information about affordable health facilities, health programs from the government, and other things needed to be comprehended by society (Sugyati et al., 2017).

Specifically in Trenggalek Regency, the roles of health cadres are unable to be ignored in stunting prevention efforts. These health cadres can encourage the forming of bio-power or the control over body. Society, mainly pregnant women and mothers with toddlers, can trust the instructions from the cadres and change their lifestyle based on those instructions. This is a phenomenon in which Foucault explained that for forming bio-power, someone commonly has special powers such as education, knowledge, and degrees which are pinned like to a doctor (Foucault, 1978). These things are not owned by health cadres, in which they are commoners who do not have formal health education background. Therefore, for exploring this phenomenon, two other concepts are used, which were also explained by Foucault, that are Agent and Apparatuses of Power.

An agent is someone who lives in certain social contexts, but has creative power based on their own experiences. Hence, an agent can be said as someone who is able to act based on their personal experiences and social

contexts of which they are in (Foucault, 1989). Meanwhile, an authority holder (apparatuses of power) is someone who has an ability to create reality through knowledge distribution (Hannan, 2017). Further in this Foucault's thinking, it is possible for some people who are considered as apparatuses of power to determine right actions through the stipulation of norms, education, and socialization. The ability of apparatuses of power in making a discourse can touch, penetrate, and even control individuals or society in very personal realms, such as sexuality and reproduction (Sundari, 2017). Therefore, in this research, the formation of bio-power by health cadres as agents and apparatuses of power in preventive health care will be studied. The particularly studied case is the prevention of stunting in Trenggalek Regency, where this phenomenon happens.

2. LITERATURE REVIEW

2.1. Bio-Power

Bio-power (bio-pouvoir) is a thinking from Michel Foucault about various ways to reach "body conquering" in society. This bio-power concept was brought up in his book The History of Sexuality - Volume I: An Introduction (Foucault, 1978). In the past, the sovereign rulers (sovereigned power) had power on the life and death of people under his influence. These rulers had "rights of life" of their people, which in reality was "rights of death" of their people. They got power from concluding (deducing) to take lives or let them live. Even more, they had rights to take not only lives, but also wealth, service, workers, and products. The only power on lives was seizing those lives, to end, impoverish, or enslave them; what they did not take was simply left. The right of sovereign rulers on lives was only deduction right, not regulation or controlling right. Therefore, Foucault concluded that sovereigned power is the power of juridical law to kill, but lets the daily lives from the body. The symbol is a sword or death threat. However, if someone does not do something which is against the law, they are free from power. Our body is free, and we have "corporate freedom" except the rulers tie us literally. For instance, home, diet, and child care will not make the rulers swing a sword or sentence them. Therefore, people still has personal body freedom, except if they have been arrested by the rulers (Taylor, 2011).

However, as time goes by, Foucault thought that power no longer asserts itself as "right on death". Now the main interest of power is in life, and how to secure, expand, and improve it. Unlike sovereign power which can "take lives or let them live", new power focuses more on "helping the development of life or giving certain prohibitions until the endpoint which is death". Power no longer not only deals with law subject whose main domination is death, but with living creatures, and the domination which can be done by him/her on them has to be applied on the standard of living itself. This is the taking of the life responsibility, more than the death threat, which gives the power to access even someone's body. For instance, war still exists but is not done in the name of "right of death" from some sovereign rulers, but is done more to secure better ways of living for all folks. Because war becomes more bloody, death sentence becomes rarer. And while death sentence used to be a vengeful act of destruction, death sentence is now seen as pacifier, as a way to eliminate threat in society. Power is now run exclusively for life and used both to encourage life and forbid it (Foucault, 1978).

The new power on this life is called "bio-power" by Foucault. Bio-power can access body because it functions through norms rather than law, as it is internalized by subjects rather than done from above, through violent acts or threats, and because it spreads to all society rather than is in an individual or

the government. While sovereign power can only take lives or kill, Foucault wrote about very deep transformation of this power mechanism, in which "deduction" will be replaced by power which works to incite, strengthen, control, observe, optimize, and manage power below it: a power which aims to produce power, make it grow, and manage it; it is not dedicated to obstruct them, make them submit, or destroy them (Foucault, 1978).

Furthermore, Foucault illustrated prohibitions of stealing and killing to explain the differences between sovereign power and bio-power. In the era of sovereign power, which dominated until the end of 17th century, someone who violated these stealing and killing prohibitions would obey the laws and be punished simply on their crimes; they might be, for instance, executed, exiled or fined. This slowly shifted at the beginning of 18th century, in which disciplinary power existed. In this era, criminals would still obey the laws or be punished, but it no longer only became their criminal problems. On the contrary, this era's power at least would be interested in the characteristics of thieves or killers. It wanted to know the conditions, both in terms of materials and psychological, in which an individual committed crimes. This information would be considered important to anticipate and intervene the high possibility the suspects would violate the laws once again. To predict and control an individual's chance to be a recidivist, a criminal had to undergo psychological examination, unknown rehabilitation supervision and practice under sovereign power. For these reasons, those punishments had small possibility to end the criminal's life, and were more inclined to control their life through tactics such as imprisonment, psychiatrist treatment, parole, and probation. At last, under bio-power, which appeared later in the 18th century, the power's focus and target became the numbers of stealing and killing which happened in society. Power now focuses on whether the crime rate increases or decreases, in which certain crime demographic groups dominates, and how crime rate can be controlled or managed optimally. While many of the same tactics will be used under bio-power like under disciplinary power, its focus now will be on population rather on individuals.

Bio-power is power on bios or life, and life can be managed both individually and in group. Therefore, bio-power manifests in two main forms. First, body disciplinary, in which human's body is treated like machine: productive, useful economically and in society's social life. This bio-power form appears in military, education, workplace, and tries to create more discipline and effective population. Second, the management of population which greatly focuses on the reproductive abilities of human body. This bio-power form appears in demography, wealth analysis, and ideology, and tries to control population in statistic level. Foucault saw bio-power as the cause of capitalism. Human life is seen as an important element in history and politic. How we live becomes a power and knowledge object, something which needs to be understood, managed, and controlled. Law no longer focuses on prohibiting and punishing, but is more interested in normalizing and optimizing life condition. Effectively, new power on life means that human life is under political control. This is then called bio-politics, in which political rationality takes life and population administration as its subject: to ensure, support, and multiply life, and put this life in order.

The manifestation of this bio-power concept is growing in various daily aspects. For example, a study in Sweden showed how bio-power can be used for weight loss program marketing interest. This study showed how contemporary forms of bio-power are related to society daily lives and the influence of the marketing in that process. These study results showed how "health governmentality" program actualized certain bio-politics, in which the behaviors of consumer body is positioned in direct relationship with

macroeconomic performance. In this case, neoliberal marketing managerialism which is descended from this "health governmentality" builds and positions consumer body as more useful and productive commercially. People work hard to consume something so that they can objectify "healthy" individual image. They manage their own food based on health discourse actualized by commercial offering (diet snacks, diet milk, etc.). This health management seems to be okay on the surface, but also accidentally creates consumer subjects who are careful so that they have less weight, by sacrificing worries, anxiety level, and increasing stress. The careful consumers tend to appear as competent consumers through the increasing self-control and self-discipline applied on their bodies. However, that competence is always related to the consumption of certain diet products as the form of increasing responsibility (Yngfalk & Fyrberg Yngfalk, 2015). Therefore, bio-power concept until now is still relevant to be studied in various patterns of life in society, mainly concerning their body and health.

This bio-power concept cannot be separated from the previous Foucault's concept, that is panoptic surveillance (Foucault, 1977). Foucault described this concept based on his observation in a prison, where recidivists serving sentences were controlled through monitoring process. This monitoring process was described like panoptic gaze which makes people in that surveillance carry out certain disciplines, according to the provision from apparatuses of power (Elmer, 2012). In the present, this concept is still relevant in the application in various fields. An example of this is the surveillance in developing countries using open actions like surveillance cameras, but also milder and more invasive ways such as data trawling. The government, companies, and other strong entities can comb large volumes of data about certain people or larger demography for gathering information about them and controlling them (Sheridan, 2016). These surveillance concepts also become bases for bio-power reproduction, in which body conquering as described by bio-power is also formed from the surveillance from the parties whom are given authority for that.

Aside from surveillance, bio-power concept can also not be separated from bio-politics concept (Foucault, 1978). Bio-politics concept emphasizes a situation when species lives are at stake on their own political strategies. In this case, human body is seen from macro point of view, which makes them become population. An individual is seen as part of statistical phenomenon, in terms of collective health and the collective forms of reproduction and life. Therefore, apparatuses of power feel that they need to intervene in each individual's health, as a political effort in regulating population (Wallenstein, 2013). This concept is still relevant until now, for example, when COVID-19 pandemic spread, the government enforced quarantine which described the discipline of the cities and their citizens. The government as an apparatus of power issued regulations, penalties, and reward for controlling individuals as part of population (Lorenzini, 2021). Therefore, bio-power concept can also not be separated from bio-politics, in which apparatuses of power apply certain politics to regulate population.

2.2. Preventive Health Care Agent

The idea about preventive health was initially brought up by Foucault in his book The Birth of The Clinic- An Archaeology of Medical Perception (1973) which described various conditions in modern medical perception in the 18th century. Here, Foucault brought up "death positive reformulation" in which disease treatment shifted to disease prevention. In the 18th century, medical world saw diseases using "nosology" structure, in which diseases were classified based on their essences and ideal forms. Doctors subtracted patients'

diseases by creating two-dimensional mental image. In one dimension, there was an essential room where a disease lived naturally. However, in another dimension, diseases also lived in a patient's body according to the observation from doctors. These two-dimensional image contained two important things, that were the origins of the diseases and the end results of those diseases, which formed medical knowledge so that they could continue to be developed to prevent them from infecting human once again. Unfortunately, this method made the treatment process become one way, in which only doctors who could classify a disease. Therefore, a doctor's power on human body became large. Based on the phenomenon, by exploring the relationship between medical, political, economical, and religion knowledge, Foucault encouraged revolutionary change in the outlook for social freedom and welfare in which human would be completely and definitively healed only if they had been liberated first. Foucault connected this outlook with the hospital and university reformation agenda, which influenced the new form of medical knowledge.

Foucault argued that modern clinics emerged from the basic knowledge reformulation in political, economical, and philosophical environments, which contributed to the change of way of thinking about treating sick people. Hospitals and universities in 1790s were seen as institutionalization of poverty, rooms funded by the government which only functioned to accommodate those who were unable to live by themselves, in which people with certain knowledge had power on others' lives. Therefore, when revolution era started to take place, the forming of clinics became an important structure for the coherence of science, social usage, and political purity from new medical organizations. With the beginning of the development of clinics, a type of medical treatment began to appear, in which communication had an important role in it. This new practice emphasized the promotion of clinical view in which symptoms could be seen and stated. It meant that a disease showed itself in the symptoms seen on body, while patients could also state the symptoms in language or words. Therefore, in medical treatment, communication was important to be able to identify a disease spreading in society. Here, Foucault satirized that with new clinical view, in which doctors analyzed the patients' diseases through communication both from what was seen and what was said by the patients, knowledge could be liberated from the stiff construction which was in nosology structure.

New medical perception developed further from pathological anatomy integration and clinical view called anatomo-clinical perception. Diseases all this time were known as deterioration in life and roads to death. Foucault argued that the combination of pathological anatomy and clinical medic produced a new way of thinking about diseases. This thinking stated that it is not because human fall ill so they pass away, but because human can die so they can get sick. Therefore, death could be seen as slow degeneration process. This caused a shift of thinking known as positive reformulation from death, in which the change of idea from treating diseases to the mission of maintaining patients' health happened.

In the development, Foucault also thought of the roles of agents in social arrangement, including health field. A journal written by Bevir (1999) described Foucault's thinking further about agents based on Foucault's book, Discipline and Punish and Power/Knowledge. Foucault stated that in his researches, he actually focused more on "Subjects", not on power in hope for creating different cultures, in which human became subjects. In his researches, Foucault discovered that subjects were formed through submission practice. This ultimately erased the idea about subjects who could form themselves. Mainly in his researches in his book Discipline and Punish, Foucault discovered that

subjects were products of regimes of power and knowledge. Therefore, an individual was an effect of power working in their life.

How do power and knowledge have roles in constructing subjects? All knowledge emerges from the complex of power: power regime determines what is considered as meaningful words, what topics will be explored, how facts are produced, etc. All power regimes are formed by discursive formation: knowledge regime determines who owns and who does not own intellectual authority to solve problems, how information has to be gathered about who and by whom, etc. Power and knowledge always imply each other: they penetrate each other in certain regimes which provide how to conquer, and freedom, which through them subjects form themselves. Foucault opined that ideas such as subjectivity, personalities, and souls were merely parts of certain discursive formations produced by certain operation of power complex in the body. Society, understood as certain regimes of power/knowledge, define subjects, comprehended in the terms of norms of which we try to obey and techniques of which we try to make sure we do them. An individual is an arbitrary from a social formation. Society gives us values and practices which we do (Foucault, 1980).

In his ideas in his book Discipline and Punish, no society, culture, or practice can be free from power. It is not possible for an individual to be able to be an autonomy free from all power regimes. Even when an individual seems to live according to the commitment of which they have accepted for themselves, they actually only check and manage their life according to the power regime. Furthermore, Foucault opined that the outlook about an autonomy agent emerges because an individual has internalized confession technique, so they feel that they have opened something deepest in their heart. It does not actually come from the heart, but it is about how human mechanism can define themselves based on the social formation. The obligation to confess or open up is delivered through many different points, so it is embedded within someone which makes them no longer see it as an effect from the power limiting them. In contrast, it seems like truth which comes from themselves. Therefore, Foucault basically rejected the idea of autonomy subjects. The idea of autonomy subjects shows an individual who will be able to, at least in principle, have experience, reasons, adopt a belief, and act, outside all social contexts. They can avoid the influence of norms and any technique determined by power/knowledge regime. Foucault strictly rejected this idea of autonomy subjects because according to what he had found in his researches, no individuals had been able to find and manage themselves without being influenced by others. (Foucault, 1977).

Foucault's outlook about subjects obstructed ideas which were often seen as the essences of liberalism, Enlightenment Project, or modernity; it obstructed the idea of an individual as the major one, or stand out of society. This was clearer in his thinking in his book The Order of Things, An Archaeology of The Human Sciences (Foucault, 1989). Modernity represents itself, follows enlightenment, based on worldly knowledge which is universal and objective. Liberal outlook about freedom raises life fields, often determined by rights, in which an individual should not submit to any social limitation. Modernity represents itself, follows liberalism, based on the defense of an individual's freedom against social power. Enlightenment outlook about knowledge and liberal outlook about freedom are bound to each other in imagining that an individual can stand outside society. Therefore, modernity preserves belief in autonomy subjects which can avoid local bias and can be freed from social constraint. Foucault, in contrast, opined that subjects cannot be autonomic, so modernity disguises itself as something which is not it. Studies about archaeology and genealogy reveal modernity self-understanding as an illusion.

Foucault's ideas showed to us that our modern society does not preserve universal reasons or defend individual freedom like we have believed. In contrast, modernity hides the truth of which an individual is actually dominated by logic and modern power itself. Foucault opined that a modern individual is dominated by power regime like their predecessors. The only difference is that the previous power forms were public and disjointed, modern power is local and continuous. Modern power takes form of gaze, in which we are normalized through observation at schools, factories, hospitals, and other places. The confession practices are applied to manage and normalize oneself based on modern power regime. The only effect of all liberationist discourses, with impossible liberal view, is covering how modern power dominates us. The idea of enlightenment from universal reasons actually represents one form of specific reason historically, and by disguising itself as a universal form it successfully delegitimizes other individuals. Foucault's ideas could show us that liberal view about freedom actually represents the power of normalization, and by disguising itself as liberation, it successfully involves us in normalization process.

Based on these Foucault's ideas, an agent can be seen as someone existing in certain social contexts. Although agents have to live in power/knowledge regimes, they also have rooms for experiences of which they can have, their ways can use their reasons, beliefs of which they can adopt, or actions of which they can try to do. Agents are creative creatures; it is just that their creativity emerges in certain social contexts influencing them. Agents always start from social background influencing them. However, even people with same social structure background can adopt different beliefs and do different actions. Hence, there are rooms within an individual who decides which beliefs will be held and what actions which have to be done. Therefore, subjects are agents, although they are not autonomy agents.

2.3. Authority Holders (Apparatuses of Power)

Authority holders (apparatuses of power) are people with an ability to create reality by distributing knowledge (Hannan, 2017). Furthermore, the concept proposed by Foucault enables some people considered as apparatuses of power to determine right actions through the stipulation of norms, education, and socialization. The ability of apparatuses of power to make a discourse can touch, penetrate, and even control individuals or society in very personal realms, such as sexuality and reproduction (Sundari, 2017).

Michel Foucault in his book Power/Knowledge discussed health politics in the 18th century. Here, Foucault raised thoughts about noso-politic, in which diseases were classified and health protocols were formed. These stemmed from the development of medical markets in form of private patients, the expansion of personnel network which offered medical treatment service, the growth of individual and family requests on health treatment, the emergence of clinical medicines focusing on individual health checkup results, diagnosis and therapies, and the exaltation of "private consultation" based on ethical and scientific factors, and although not openly admitted, economical factors. The development of society in dealing with those health conditions ultimately created health politics, in which diseases were considered as political and economical problems from society, of which solutions had to be created in form of policies. In implementing those policies, Foucault opined that the government should not have been the only center in solving health problems. Other parties could also be involved using certain methods. For examples, religious groups, charity organizations, and social organizations could also participate in supervising health conditions, particularly for classes who were unable to protect themselves (Foucault, 1980).

It should be comprehended that physical health and welfare in society are the targets of political power. Here, political power not only needs to offer help to some susceptible and problematic society population, but also improve the level of health from "social body" overall. Therefore, apparatuses of power are needed to manage that body. Managing here does not mean they can be despotic to someone, but more like help and if needed restrain society to guarantee their health. Foucault compared these apparatuses of power to "police", but that does not mean they are police from police institution. Police describes a series of service mechanisms in order to keep order. Therefore, these "medical police" have roles in facilitating the growth and preservation of health conditions in general. There are three primary aims of those police activities, that are economical regulation (ensuring the circulation from health product commodities such as medicines and food, manufacturing process from health products, and obedience in buying and selling health products between merchants and clients), keeping public order (supervising individuals who are dangerous or possibly transmit and cause diseases), and encouraging hygiene (checking the quality of food, water, and environmental cleanliness). Based on those ideas, it can be comprehended that physical health and welfare in society become "figures" in political targets, in which police from social body have to have authority on economical and order regulations (Foucault, 1980).

2.4. Agent-Based Perspective in Health Communication

The comprehension about health communication needs reflection on the literal meaning of communication word. Communication can be defined as: information exchange between individuals, for instance, through speaking, writing, or using sign systems and common behaviors; building understanding and sympathetic relationship; and link access between humans. All these meanings can help determine the program modality of well-designed health communication. Like other forms of communication, health communication has to be based on two-way information exchange by using sign and symbol common systems. Those signs and symbols have to be able to be accessed and create mutual feelings, understanding, and sympathy between communication team members and intended audiences (all audiences who want to be influenced and involved by health communication program in communication process; also known as audience targets). Then, communication channel (a medium or path used to reach intended audiences with health and material communication messages, such as mass media) and message are connecting doors which enable health communication intervention to reach intended audiences (Schiavo, 2007).

One of the main goals of health communication is to influence individuals and community. The goal is admirable because health communication aims to improve health results by sharing information related to health. Another important role of health communication is to create receptive and beneficial environment where information can be shared, understood, absorbed, and discussed according to the aim of the program. This needs deep understanding about needs, beliefs, behaviors, lifestyle, and social norms of all main communication audiences. These also require communication based on easy to understand messages (Schiavo, 2007). For transmitting health information effectively, health professionals have to understand the systems of health treatment, and the systems of health treatment which can only be comprehended in those society sociocultural contexts. No two health communication systems is completely similar, with the differences mainly the functions of the contexts in which they are in. Social structure of society, together with its cultural values, stipulates parameter for health system. In this definition, the forms and functions of health service system reflect the forms

and functions of society in which it is in. In the end, the attributes of communication in health treatment reflect the characteristics of the institution and society in which the institution is in. (Thomas, 2006).

Most of society's understanding about health and health policy is not from direct experience. In contrast, most of their understanding is mediated. Discourses about health and diseases spread out in printed media, broadcasting media, and internet. Media channels, including printed journalism, advertising, fictional movies, television programs, documentaries, and computer technology influence the system of health treatment and the individual usage of that system. It is clear that media representation of health and diseases form our understanding about the experiences of diseases, health, health treatment and the influence of health beliefs, health behaviors, the practice of health treatment, and the making of policies (Ahmed and Bates, 2013). Specifically, there are several levels of the influence of health communication (Thomas, 2006):

1) Individual - An individual is the most basic target for change related to health, so individual behaviors influence health status. Communication can influence awareness, knowledge, behaviors, self-efficacy, and skills for behavioral change. Activities in other levels ultimately aim to influence and support individual change.

2) Social network - The relationship between individuals and groups of someone can have significant impacts to their health. Health communication program can function to form information of which a group accepts and may try to change the patterns of communication or contents. The opinion from the leader in a network often becomes the entry point of health program.

3) Organization - Organization includes a formal group determined by structure, such as association, club, and civic group; workplace; school, etc. Organization can bring health messages for its members, support individual efforts, and make change of policy which enables individual change.

4) Community - Community collective welfare can be cultivated by creating structure and policy which support healthy lifestyle and by reducing or eliminating dangers in social and physical environment. The initiative of society levels is planned and led by organization and institution which can influence health such as school, workplace, health service, society group, and government institution.

5) Society - Society overall has many influences on individual behaviors, including norms and values, behaviors and opinions, laws and policies, and physical, economical, cultural, and informational environments.

Healthcare workers are one of those with important roles in doing health communication. There are various healthcare workers such as doctors, nurses, midwives, health cadres, etc. These healthcare workers have big roles in doing preventive and curative health care mainly becoming agents in conveying health knowledge. In the past, healthcare workers focused more on curative health care, in which the treatment of the diseases which have happened is done to suppress the number of death and prolong human life expectancy. However, as time goes by, preventive health care becomes a crucial thing for society. It needs to be understood that curative health care is a "luxurious thing", in which if someone has suffered from diseases, the cost of treatment becomes too high for someone to be healed. Therefore, preventive health care starts to be promoted for preventing someone from suffering from diseases (Wang, 2018). In doing preventive health care, healthcare workers become instrumental agent who help someone in determining the best decision on therapies which will be done to take care of their health. Here, healthcare workers guide individuals in changing their lifestyle, managing their nutrition intake, and doing exercise to maintain physical condition. However, healthcare

workers also face challenges, in which everyone obviously has their own will and limitation. There are people who easily receive guidance, there are also people who tend to have difficulty in changing their health behaviors. Furthermore, there are also people with limitations such as in terms of facilities, support from around environment so they are unable to do the supposed health behaviors. Here, healthcare workers have to use health communication intensely to guarantee that someone can make decisions related to their health based on the right health information, although they have to adjust some things according to their conditions. Healthcare workers take part in complicated balancing actions indirectly influencing individual decisions while simultaneously ensuring them to get accurate information (Holmes et al., 2006).

3. RESEARCH METHOD

In understanding social reality, there are paradigms which are used to see a phenomenon. One of them is critical paradigm. In this paradigm, reality is seen as historical realism in which reality seen from human observation cannot be completely true. Therefore, this paradigm creates dialoguist method for finding essential truth. In its epistimology, this paradigm separates the relationship between researches and researched objects. This critical paradigm aims to do critical process, for revealing real structure from a social phenomenon in order to improve life quality of research subjects (Abadi, 2011). Here, social phenomenon which wants to be seen is bio-power reproduction by health cadres through stunting knowledge distribution. As the derivative of critical paradigm usage, the research approach which will be used in this research is qualitative, with its research type being descriptive. These research approach and type are chosen because their characteristics match the research needs which will be done. Some characteristics needed from this research are natural setting, researchers as the main instruments in the research, the search of meaning from the participants, and the possibility of the development of research design based on the condition at the field (Creswell & Creswell, 2018).

The specific method used in this research is discourse analysis method based on Foucault's concept. This concept was brought up by Foucault in his book Archaeology of Knowledge (Foucault, 2004). This discourse analysis method is known as Foucauldian discourse analysis, with the three key elements in it being discourse, power, and history. Discourse and power are concepts which had been brought by Foucault in his various ideas and writings in the first place, so they become the basics of this method as well. However, specifically in history, Foucauldian method did not shift to theleology, not involving the assumption of progress (or decline). That is why research with this method involves history which never stops. History cannot be said to stop because history cannot be said to go anywhere. Using history in Foucauldian method means using it to help us see that present is just as strange as past, not to help us see that present makes sense or which is desired has appeared or possibly appears. Foucauldian discourse analysis method does not find out how present has appeared from the past. In contrast, the basic is using history as a way to diagnose present (Kendall & Wickham, 2003).

The basic of Foucauldian method is generally divided into three categories, that are archaeology, genealogy, and problematization. Archaeology is the main method for Foucauldian discourse analysis which is then developed with genealogy. Archaeology itself is an analysis of a discourse aiming to describe historical knowledge or more often known as episteme. Then, that analysis is added with genealogy, which explains the roles of power in the discourse analysis. It is then completed once more with problematization which analyzes a subject. Furthermore, this method also enables advanced analysis to be done

such as self-technology analysis and dispositive analysis. Self-technology analysis focuses on subjection and subjectivication, which analyze individuals as objects but also who have independence. Meanwhile, dispositive analysis tries to understand a reality from the view of apparatus and strategic logic (Dhona, 2020).

The used gathering data methods are interview and document study. In this research, data was obtained particularly from 15 key informants consisting Trenggalek Regency Head and Members of Health Agency of Population Control and Family Planning, Head and Staff of Trenggalek Regency Public Health Center, Health Cadres, and mothers and babysitters of toddlers who had stunting. Moreover, documents related to the interviewees were also gathered. As for helping the researchers process the data, Nvivo software was used. This program enables researchers to arrange and analyze various gathered data. Various data which has been gathered, called source, would be categorized based on their kinds through codes process or coding. The results of the categorization would be referred to Node, which is "virtual vessel", or keywords for representing those main data. Nvivo also helps do Classification for categorizing certain files or cases.

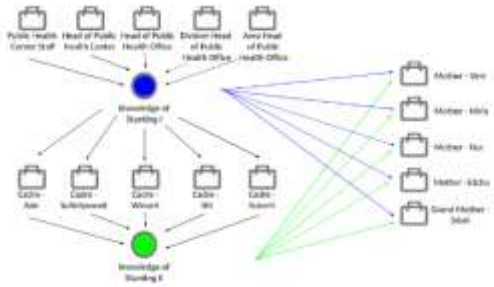
4. RESULTS AND DISCUSSION

4.1. Knowledge Construction About Stunting

Before we can start discussing bio-power reproduction, we nevertheless have to begin with knowledge construction about stunting in Trenggalek Regency health cadres and society. Knowledge construction is a basis of communication happening in bio-power reproduction in which health cadres become communicators, whereas society, mainly babysitters, become communicants.

Based on the results of data analysis, Trenggalek Regency Health Agency of Population Control and Family Planning stated that both cadres and society initially had not had knowledge construction about stunting until 2013. Stunting word itself was not familiar with Trenggalek society, until becoming national program, which was also applied in Trenggalek Regency. Before the existence of this national program, the words "short" and "difficult to be tall" were more familiar. However, there is no standardization, either. Children with stunting were generally unknown by society until they checked up to medical personnel. Therefore, preventive health care became more difficult to be done. Society did not have knowledge construction about stunting so they did not do preventive actions.

After stunting prevention health communication program had been implemented by Trenggalek Regency Government since 2013, knowledge construction about stunting started to be formed. The knowledge construction can be seen in the picture below:



Picture 1. Stunting Knowledge Construction in Trenggalek Regency

From the picture above, it can be seen that the knowledge construction about stunting was first formed by Trenggalek Regency Government through related agencies and Public Healthcare Center as communicators. Realizing that both agencies and Public Healthcare Center had limitations in doing knowledge construction to the society, they invited cadres who were parts of society to help do it. The local government and cadres together did knowledge construction to the society, particularly mothers and babysitters. Hence, in this knowledge construction, the local government became a communicator and cadres became communicants first. After knowledge to the cadres had been constructed, cadres and the local government became communicators with society, mainly mothers and babysitters as the communicants.

As seen in picture 1, the blue dot is the initial forming pattern, in which information source fully came from the Trenggalek Regency Government. Trenggalek Regency Government spread information in accordance with the national program planned by the Central Government through the Indonesian Republic Ministry of Health. The main knowledge construction which was carried out was the definition of stunting itself, its causes, and its prevention. From here, society was encouraged to realize that stunting is a problem happening around them, which can happen to their children, and many of them have it. This knowledge construction was also instilled in society's mind in which children with stunting are not okay, this condition is very dangerous, and can destroy children's future. Therefore, stunting has to be prevented and eliminated for the future of children, their families, and nations and states.

Trenggalek Regency governmetn realized that in the effort to construct knowledge about stunting, they were demanded to reach certain numbers by the central government, so the availability of resources mainly communicators for sharing messages about stunting was quite limited. Therefore, they had to expand the roles of communicators to people outside the government structure. This encouraged them to involve health cadres into this program. The health cadres were chosen because of the closeness between Health Agency of Population Control and Family Planning and health cadres. The health cadres had been involved in Integrated Healthcare Center programs which had been implemented since long time ago. Integrated Healthcare Center might be more effective and efficient than recruiting new people. Health cadres are volunteers who are willing to help run Integrated Healthcare Center programs, mainly for encouraging people around their environment so that they want to participate in programs made by Integrated Healthcare Center.

According to the results of the interview with Andiek Muarifin, the Trenggalek Regency Head of Public Healthcare Center, these health cadres had their knowledge constructed through monthly cadre training activity regularly carried out at Integrated Healthcare Center, monthly regular meeting at Public Healthcare Center, and incidental activities done by Public Healthcare Center. For cadres, aside from being given basic knowledge about stunting, they were also given knowledge about how to share information to society. Examples of materials given to the cadres were Promotion and Counseling of Giving Food to infants and Children (Promosi dan Konseling Pemberian Makanan Bayi dan Anak/PMBA), Breast Milk Counselors, Emo-Demo method, and Interpersonal Communication. Below is a photo from one of the training activities done for health cadres:

Picture 2. PMBA Training for Health Cadres

The results from this training ultimately formed knowledge within the cadres about stunting and how to solve it, as pictured as green dot in picture 1.

Knowledge construction to the cadres was more easily formed because the health cadres had had frame of references formed while helping Integrated Healthcare Center programs. They had had got knowledge about the health of pregnant women and child growth in Integrated Healthcare Center regular programs. They had also been heavily involved in educating society about the health of mothers and children. So when stunting prevention acceleration program was carried out, the cadres did not learn from zero anymore. Knowledge about stunting was basically still in line with knowledge about the health of mothers and children of which they had learned and socialized so far. However, they indeed needed to be equipped with new terms familiarized through this national program. This often made the pattern of message formed in the cadres' knowledge construction in tune with what had been shared by the local government. After health cadres' knowledge had been constructed, the cadres were involved in knowledge construction to the society.

Knowledge construction to society focused more on pregnant women, mothers, and babysitters of infants/toddlers. This construction was done sustainably by the local government and health cadres. Based on the results of the interview with the Health Agency of Population Control and Family Planning and Public Healthcare Center, the pattern of its construction began with the government through medical personnel. The government through midwives, doctors, and nurses conducted socialization in Integrated Healthcare Center programs. In this socialization, health cadres have roles as movers and helpers. As movers, cadres have big roles in persuading the program targets to want to attend the socialization. Moreover, cadres also have roles in conducting a survey in order to know the main targets very important for being persuaded to join the socialization program. For example, cadres living in the midst of society will know the conditions of the families with infants/toddlers and pregnant women more easily. These families are approached more intensely so that they are willing to attend socialization. Aside from being movers, cadres are also involved in helping in socialization process as communicators. Cadres can help as visual aids from what has been shared by medical personnel, the leaders of discussion if there is being discussion in groups, and practical companions.

Based on the interview with mothers and grandmothers of infants/toddlers, the existence of cadres in socialization conducted by the government still helps them. If there is an explanation of which they do not really get from healthcare

workers, they can ask health cadres. Asking health cadres is more comfortable for mothers and babysitters because of closeness factor. Cadres is considered more approachable and available when they need them compared to healthcare workers or people from the government.

After having been initiated by campaign programs and health intervention carried out by the government, cadres then have more roles in constructing knowledge from mothers and babysitters of infants/toddlers. Based on the results of the interview with health cadres, they start from approaching the families with pregnant women, infants, and toddlers. The approach is initially very simple, beginning with asking the conditions of pregnant women, infants, or toddlers. Then, it continues with light conversations about pregnancy treatment and child nurturing. The cadres ultimately try to observe the conditions of pregnant women, infants, or toddlers. If there may be incidents which can cause stunting, for examples, pregnant women are unable to eat, it is hard for infants/toddlers to eat, or infants/toddlers are constantly sick, the cadres will try to encourage mothers or babysitters to check up their conditions or children to Integrated Healthcare Center or Public Healthcare Center. In the examination if there are symptoms of stunting, for examples, pregnant women have less weight, and children have less weight and height, health cadres will help by giving knowledge which can be practiced by mothers and babysitters. For instance, telling food recipes and variants which are much preferred by children so that they want to eat more, and also the ideas of nutritious food with affordable prices.

This knowledge construction by the health cadres is an important part in knowledge construction to society. Because even though society follows activities organized by the government, it is not followed by the realization that the campaign and health intervention from the government are not merely spectacles. Based on the results of the interview with the mothers and babysitters of infants/toddlers, they initially were willing to follow activities from the government because they were persuaded. So, it was not purely because they felt like they needed to gain that knowledge. However, it became different when they realized there was something wrong with their children. The first problem often happening was that they hardly ate. Initially, many of them felt like their children hardly eating was merely part of their fussiness, which did not truly need to be worried. However, after knowing that their children had begun to have less weight or height and might have worse stunting if not immediately handled, they just wanted to change their paradigm and parenting.

Based on the results of the interview with the Health Agency of Population Control and Family Planning, Public Healthcare Center, and cadres, in terms of message conveying media for constructing knowledge, the main media used by the government and cadres was direct face-to-face. This media might be more effective because the conveyed message could be more personal, hitting the mark, and in accordance with each need of mothers or babysitters of infants/toddlers. During the pandemic, in which gathering people became difficult, the existence of cadres became larger. Cadres living in the same environment with mothers or babysitters of infants/toddlers could come to their houses to share needed information and observe the conditions of pregnant women and children. This greatly helped the government when general counseling model usually done by gathering in Integrated Healthcare Center and Public Healthcare Center could not be done. The cadres themselves could still visit Public Healthcare Center in limited way to ask for help if the cases needing help from the government had been found in their regions. When there was this request for help, the Public Healthcare Center could try to see whether there was medical personnel visiting the houses, or mothers

and babysitters of toddlers could come to the Public Healthcare Center as needed.

Aside from face-to-face media, another used communication media was printed media such as posters and brochures. These media were used as supporting and reminding media of what had been conveyed through face-to-face. An example of the distributed brochures is below:

Picture 3. Brochure About Stunting

In these printed media, basic messages about stunting which had to be clearer were conveyed. The messages in this media were also general messages provided by the government, so they could not truly answer personal needs from mothers and babysitters of infants/toddlers. Therefore, this printed media was only used to support constructed knowledge about stunting. Another used supporting media was a chatting application - WhatsApp. WhatsApp was used as media for sharing general messages, such as when there would be the activities of Integrated Healthcare Center and Public Healthcare Center, topics which would be discussed in those activities, and other information related to stunting. Besides, this media was also used as discussion media for mothers and babysitters of infants/toddlers with health cadres. If mothers or babysitters of infants/toddlers needed specific help, they could also contact cadres through personal chat in this media.

The effect of the knowledge construction about stunting to mothers and babysitters of infants/toddlers at the moment, about 9 years from the beginning of health communication program being enforced, is that the knowledge has been formed as hoped by the government. Based on the results of the interview with mothers and babysitters of infants/toddlers, stunting word is no longer a strange word for them. They have understood that stunting is a health condition in which a child's growth is stunted, which is seen from their shorter height compared to the other children at their age. Moreover, the comprehension about its causes has also been constructed. The assumption that a child being short due to genetic factor and is considered normal have started to disappear. Mothers and babysitters of infants/toddlers have understood that malnutrition is the main cause of stunting in children. The knowledge about its prevention has also been constructed. Stunting prevention can be done since in the womb, in which pregnant women have to pay attention to the food they consume. Food such as chicken liver, eggs, and fish which contain much protein is needed by pregnant women. Moreover, iron tablets for preventing anemia also have to be consumed regularly. For infants, exclusive breast milk is very important as the main nutrition source. Then, after reaching toddler phase, the side dishes of breast milk (Makanan Pendamping Air Susu Ibu/MPASI) continued with solid food become important. The variants of the side dishes of breast milk and food given to the children have to be

balanced, containing macro and micro nutrition needed by children. Therefore, giving food with just one type of nutrition is not enough, such as giving rice with instant noodles as side dish which only contains carbohydrates. Mothers and babysitters of infants/toddlers have also understood the importance of checking the conditions of pregnancy and children regularly to the health facilities like Integrated Healthcare Center and Public Healthcare Center. This effect of knowledge construction helps reduce the number of stunting in Trenggalek Regency.

However, although mothers and babysitters of infants/toddlers have had knowledge construction as hoped by the government, there are still communication hindrance cases happening. In accordance with the results of the interview with health cadres, there are several things which become hindrances. The first is the case in which mothers or babysitters of infants/toddlers have denial. They have understood what stunting is, its causes, and how to prevent and overcome it, but when they face such situation, they choose not to accept the truth. This is often caused by shame and fear of being branded by people around as being unable to take care of children well. Therefore, they choose not to admit that their children are being in stunting condition and need further help. In this kind of case, health cadres have roles in doing personal approach. The first is by not judging or saying things which will hurt those mothers or babysitters. Avoiding using words such as “why are the children so thin” or “the children have stunting” has to be done so that it will not bring down the mental of mothers or babysitters. Approaches such as asking how the children’s conditions are, or what kind of help the mothers need in taking care of their children may be more effective to deal with these cases. With personal approach which is not judgmental, those mothers tend to be more ready to be open and ultimately improve their parenting. The second case which becomes hindrance is neglect due to the personal conditions of mothers or babysitters. It is found that the mothers are not ready to prevent stunting and change parenting because of their personal hardship. For instance, those mothers have to work, so it is difficult for them to prepare various food for their children. Furthermore, household economic problems, in which child care does not become priority because they have to fulfil other needs first. This second case is heavier than the first case because most of the mothers or babysitters with this case choose to close themselves. They choose to avoid if approached, because they actually have known that their parenting is wrong, but they are not ready to change it. One of the solutions for this case is direct intervention. For example, mothers are given food which can be consumed directly by their children, so they are not in rush in preparing food for their children. However, direct intervention is also quite limited because it cannot be done everyday, even though the children’s nutritional needs should be fulfilled daily. In this second case, continuous knowledge construction needs to be considered and done so that they can prioritize their children’s well-being.

The phenomenon of knowledge construction about stunting both for health cadres and society, particularly mothers and babysitters of infants/toddlers, can be explored further with Foucault’s (1980) thinking. Foucault stated that power regime determines what is considered as meaningful words, what topics will be explored, how facts are produced, etc. This happens to the knowledge construction about stunting in Trenggalek Regency. Previously, stunting was not a discourse noticed by society. However, ever since it was made a national program by the central government, the local government promoted socialization about stunting. This was also supported by the targets of stunting number decline done by the government. At last, the discourse about stunting becomes an important agenda for the government, which is spread to the society. The society is encouraged to actively participate so that the number of

stunting can decrease. Their knowledge is constructed so that they know that stunting is a condition which is bad and dangerous, has to be prevented, and cannot be ignored. On one hand, this is a good thing for society because stunting can indeed destroy children's future. However, it should be realized that there is power regime in this case. The success of the declining stunting number becomes demand for the local government, so society has no choice but has to support such achievement, even though there are complex problems which have to be noticed such as denial cases due to the conditions of each individual. This still has to be realized that even though knowledge has been constructed, if there are burdensome personal conditions, they might be still in denial.

4.2. Health Cadres As Apparatuses of Power

In the effort of bio-power reproduction about stunting prevention, the roles of health cadres become crucial. In order for bio-power to be able to reproduced, health cadres as communicators have to have roles as authority holders (apparatuses of power) and agents, particularly preventive health care agent. It needs to be understood that health cadres are ordinary people. They are not professional medical personnel and people with certain official degrees. Therefore, their roles have to be formed so that they can become the helpers of the local government in doing campaigns and health intervention related to stunting prevention.

Foucault in his book Power/Knowledge (1980) stated that society's physical health and welfare are the targets of political power. Here, political power not only needs to offer help to some susceptible and problematic population, but also improves the health level of "social body" overall. Therefore, authority holders (apparatuses of power) are needed to manage that body. Managing here, does not mean that they can be despotic to someone, but more like help and if needed, restrain society to guarantee their health. Here, the roles of health cadres as apparatuses of power are formed. The cadre figure is formed as a helper of society. Therefore, cadres are chosen from the society, who live in the environment of the society of which they will help. Based on the results of the interview with the Health Agency of Population Control and Family Planning, Public Healthcare Center, and health cadres, the chosen cadre figures are generally people with enough time to help and serve society. Therefore, most of them are people who work as housewives. The cadres are chosen based on personal willingness, without being forced. In terms of qualification, there are no special qualifications for the cadres. However, it is hoped that they are people with enough experience in taking care of children and good social skill.

Based on the qualifications and professions, it becomes a question on how someone with background like health cadres can become a figure of apparatuses of power. In the idea stated by Foucault, apparatuses of power has an ability to create reality through distributing knowledge. Knowledge distribution becomes a crucial point for someone to become an apparatus of power. In this case, the cadres themselves have experience in taking care of infants/toddlers. This causes cadres to be able to touch, penetrate, and even control individuals or society. They first gain knowledge about stunting prevention, so they can distribute this knowledge to other mothers and babysitters of infants/toddlers in their environment. They can give suggestions of actions which should be done by a mother or babysitter to prevent her children from stunting.

Based on the results of the interview with mothers and babysitters of infants/toddlers, those knowledge and experience from health cadres can be trusted and they are willing to do the suggestions from the cadres. These are

because the suggestions from the cadres truly help them. In some cases the health cadres are also willing to help directly, such as teaching how to make the side dishes of breast milk (MPASI). The knowledge distributed by the cadres is proven to be able to help and ease mothers and babysitters of infants/toddlers in taking care of their children. Therefore, cadres can become apparatuses of power for mothers and babysitters of infants/toddlers in their environment.

However, according to the results of the interview with the cadres, not all mothers and babysitters of infants/toddlers are willing to obey what they have said. The main cause is they feel like they "know more" than the cadres. There are some mothers and babysitters who feel that they know their children's conditions more, and they can also gain information access from other sources such as social media and internet articles. These become hindrances for the cadres in distributing knowledge. When these happen, cadres rely on their social skill to approach those mothers or babysitters. They still open communication lines with light daily conversations, such as asking how they are doing, what they cook, and other light things. With this approach, there is closeness between cadres and mothers or babysitters. Until one day, when those mothers or babysitters have difficulty in taking care of their children, they start to be open in asking and receive suggestions from the cadres. Therefore, the relationship through good social skill can encourage cadres to get roles as apparatuses of power.

4.3. Cadres As Preventive Health Care Agent

Aside from being an apparatus of power figure, another important role of a health cadre in bio-power reproduction is an agent. Particularly because the handled case is stunting, a cadre has a role as a preventive health care agent. Preventive health care agent is someone who shares health knowledge in order to prevent someone from having a disease. The role of preventive health care agent becomes crucial in stunting prevention, because stunting is a disease which is hard to be treated. If a child has had stunting, even though there are efforts to treat it, there will still be long-term impacts for child's growth and development. Therefore, preventive actions are far more needed than curative actions in stunting cases.

In actualizing their role as an agent, a health cadre has to build their figure to the targets, in this case being mothers or babysitters. According to the idea of Foucault (1989), an agent is someone who lives in certain social contexts, but has creativity based on their own experience, so an agent can be said as someone who is able to act based on their personal experience and social contexts in which they are in. Based on the results of the interview with health cadres and mothers or babysitters, cadres and targets know each other from their environment. A cadre is a figure with good social skill and who is well-known by people in their environment. Their liveliness in taking part in Integrated Healthcare Center programs, and their experience in taking care of children and helping mothers and babysitters in the process of a child's growth and development, make them well-known as figures with knowledge who can be trusted by the targets. This trust is also built from the good relationship between cadres and targets. This relationship building is possible because the cadres understood the social contexts from their environment, so it is easier for the cadres to arrange messages which are easier to be accepted by the targets. Moreover, mothers and babysitters also receive direct benefits from what have been conveyed by the cadres. Knowledge and information given by the cadres are easy to be practiced and greatly help them in taking care of their children.

Another thing which forms the agency of a cadre is due to agent autonomy. In the case of health cadres, they are volunteers. Therefore, there are no special tendencies from the cadres in conveying messages about stunting prevention. The cadres are different from the local government who has demands to convey certain messages because there are the central government's programs which need to be carried out. Furthermore, cadres also do not receive special remuneration if sharing information about stunting. Based on the results of the interview with the cadres, their reason for still wanting to convey messages about stunting prevention even though there are no certain obligations or rewards is because of personal motivation. This personal motivation is formed from social formation in which they live. By becoming cadres, they get more access to health information. This makes them more well-known and trusted by people around them, so the inner satisfaction they get is more meaningful for their lives, although there is no tangible remuneration they get. Meanwhile, based on the results of the interview with mothers and babysitters, it is discovered that health cadres may have autonomy on what they have shared. Health cadres are considered as parts of the society to help them, so there are no certain tendencies to get profit from society. This trust on autonomy agent is also formed due to personal closeness, in which the targets know the health cadres personally. This makes them feel that health cadres are parts of them who have no special tendencies in sharing information about stunting prevention. However, it should be realized that although cadres have an autonomy as agents, agents are still subjects formed by power. It should be realized that cadres are given training by the local government through Integrated Healthcare Center and Public Healthcare Center, so whether they want it or not, their knowledge is also construction from the government. This also proves Foucault's (1977) idea that no agents are fully free from the influence. Although in the case of health cadres, they also have rooms for the experience they have, the way they convey message, why they share information, the belief they adopt, and the actions they can do.

Aside from autonomy, another thing which builds agency from a health cadre is an attribute from an agent. The attribute embedded to a health cadre begins with the mention of the cadre itself. The "cadre" title is given by the local government and regulated in Ministry Regulation which strengthens the position of the cadres. Based on the results of the interview with mothers and babysitters, they have been used to calling cadres "mother cadres". This shows that the cadre word itself has become an attribute for strengthening agency from health cadres. There is a privilege distinguishing someone with cadre title with non-cadre. This privilege is mainly because someone with cadre title is considered to have been trained and had knowledge verified by healthcare workers. As an addition of the attribute in the form of cadre title, health cadres also have cadre special uniforms. Based on the interview with cadres, these uniforms do not always have to be worn. Cadres do not wear uniforms when doing daily approaches or visiting houses because those activities are informal so it feels redundant to wear uniforms. However, in Integrated Healthcare Center and Public Healthcare Center formal activities, the uniforms are worn. Cadres who help in Integrated Healthcare Center and Public Healthcare Center activities will be immediately known as cadres from this uniform attribute.

Alongside autonomy and attribute, the effectiveness of health cadres in conveying messages about stunting prevention is also important in confirming their role as preventive health care agents. This effectiveness of message conveying is formed from some things that are, the easiness of the used language, the easy to practice real examples, and information in accordance with the needs of the targets. Based on the results of the interview with cadres, mothers, and babysitters, so far health cadres are quite effective in conveying

messages about stunting prevention. Health cadres tend to use Javanese language mixed with Bahasa Indonesia in accordance with the daily conversational habits with the targets. The word choice used by the cadres to explain stunting prevention tends to use common words used in daily conversations. However, cadres also sometimes use terms taught in Integrated Healthcare Center socialization, such as ATIKA which refers to liver, eggs, and fish as protein sources, or BUMIL KEK which is the abbreviation of Pregnant Women with Chronic Lack of Energy (Ibu Hamil Kekurangan Energi Kronis). Those words are used because they are considered to have been known by the targets when being trained in Integrated Healthcare Center. Therefore, they are familiarized once more in daily conversations used by health cadres with the targets. In terms of real examples, cadres often directly help in taking care of children because they live in the same environment with mothers and babysitters. For example, cadre can directly make various the side dishes of breast milk (MPASI) for infants and toddlers. Cadres can also adjust the conveyed messages with the personal needs of each target. For instance, for mothers with newborn infants, health cadres can become breast milk counselors to help mothers give exclusive breast milk. As for mothers with toddlers, food ingredients which can be made into side dishes of breast milk (MPASI) can be explained. Cadres also do not hesitate to receive direct questions and consultation from mothers and babysitters in need, so their effectiveness as preventive health care agents is well-built.

The effectiveness of the health cadre agency is also seen from its impacts for mothers and babysitters. Based on the results of the interview with mothers and babysitters, they experience the change of paradigm and behaviors thanks to the help from the health cadres. In terms of paradigm, mothers and babysitters gain better knowledge about stunting. They who were initially unaware with the symptoms of stunting and did not pay attention to nutrition, have changed since the approach from the cadres. They are more aware of how important the early detection of stunting and its prevention through the management of nutritional intake are. The mothers and babysitters also have their behavioral patterns changed. One of them is that they are more willing to be involved in activities organized by the Integrated Healthcare Center and Public Healthcare Center. They initially tended to be lazy to checkup regularly because they did not understand its urgency. However, because there was persuasion from the cadres, and cadres kept reminding them, they become more enthusiastic to checkup regularly. Likewise in daily lives, because there are suggestions and inputs from cadres about various food, mothers and babysitters, who were initially not really creative in preparing menu, become more diligent in preparing various menu. This is obviously good for their children's nutritional adequacy. Mothers who find it hard to give exclusive breast milk are also helped by the cadres so that they do not give up. Those things show that the role of a cadre as a preventive health care agent has influenced stunting prevention health communication in Trenggalek Regency.

4.4. Bio-Power Reproduction by Health Cadres

Bio-power reproduction is the last impact of a cadre's role in the effort of stunting prevention health communication in Trenggalek Regency. Bio-power is an idea from Michel Foucault (1978) about various ways to reach "body conquering" in society. This society body conquering starts from macro importance which becomes concern for the government or ruling regime. Society cannot be fully permitted to have freedom on their bodies, such as how and how many times someone wants to reproduce, how someone takes care of their children, or how someone wants to manage their healthy lifestyle. This is because the things which are seemingly the rights and privacy of each person,

if joined in macro way, will impact the rulers. For examples, if many people have many children, there will be population explosion which can result in the lack of food and low society welfare. Those things will burden the government or rulers, so they with various efforts have to "conquer their bodies" so that the society arrangement is kept in order.

In the efforts of more effective bio-power reproduction, the targeted subjects have to internalize norms designed by the government. This internalization is formed through the mechanisms of persuading, strengthening, controlling, observing, optimizing, and managing the targeted individuals. Of course in running those mechanisms, many parties are involved. These also happen in Trenggalek Regency. In order to prevent stunting, bio-power reproduction is done to the targeted subjects, who in this case are mothers and babysitters of infants/toddlers. The interesting thing in this bio-power reproduction is the role of a health cadre. All this time bio-power reproduction tends to be done by the government officials, and the chosen figures with certain power such as healthcare workers. However, health cadres who are parts of society, not government officials, and not power owners due to certain degrees, turn out to have crucial roles in bio-power reproduction in stunting prevention health communication. Bio-power reproduction in an effort of stunting prevention health communication in Trenggalek Regency can be seen in the picture below:

Picture 4. Bio-Power Reproduction by Health Cadres in Stunting Prevention

As can be seen in the chart above, bio-power reproduction by health cadres in an effort of stunting prevention in Trenggalek Regency begins with the presence of bio-politics. Bio-politics concept emphasizes a situation when species life is at stake at political strategies. In this case, human body is seen from macro point of view, which makes them become population. Individuals are seen as one part of statistical phenomena, in terms of collective health and the collective forms of reproduction and life. Therefore, the apparatuses of power feel that they need to intervene in each individual's health, as a political effort in regulating population (Wallenstein, 2013).

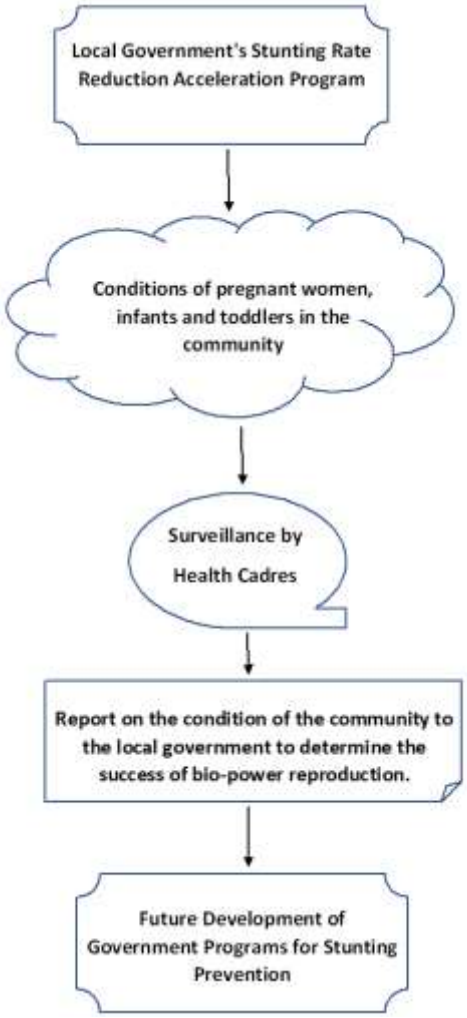
In bio-power reproduction in stunting prevention health communication, bio-politics start from the high number of stunting in Indonesia. In 2013, the prevalence number of toddler stunting in Indonesia was still 37,2%. This was problematic because stunting cases were estimated to reduce gross domestic products (produk domestik bruto/PDB) around 3% per year. Therefore, the

central government initiated the National Movement of Nutritional Improvement Acceleration (Gerakan Nasional Percepatan Perbaikan Gizi/Gernas PPG). As part of National Movement of Nutritional Improvement Acceleration/Gernas PPG, the government published the Framework of Policy and Guide of Planning and Budgeting of National Movement of 1000 First Days of Life (Kerangka Kebijakan dan Panduan Perencanaan dan Penganggaran Gernas 1000 Hari Pertama Kehidupan). The indicators and targets of stunting prevention had been included as targets of national construction and in the National Plan of Mid-Term Construction (Rencana Pembangunan Jangka Menengah Nasional/RPJMN) 2015-2019. However, according to Global Nutrition Report 2016, at Southeast Asia, Indonesia was still noted as the country with the second highest stunting prevalence after Cambodia. Therefore, the central government held the Ministerial Meeting on July 12th 2017, which was led by the Vice President. In that meeting, it was decided that stunting prevention was important to be done by multi-sector approach through the synchronization of national, local, and societal programs in central and region level. In advanced Ministerial Meeting on August 9th 2017, the Vice President decided Five Pillars of Stunting Prevention, that were: 1) The highest state commitment and leadership vision; 2) National campaign focuses on the understanding of the change of behaviors, political commitment, and accountability; 3) Convergence, coordination, and consolidation of national, local, and societal programs; 4) Encourages the policy of nutritional food security; and 5) Observation and evaluation. Then, all the policies were included in the National Strategies of Stunting Prevention Acceleration (Strategi Nasional Percepatan Pencegahan Stunting) Period 2018-2024 (Indonesian Republic Secretariat of Vice President, 2018).

Those national programs from the central government was then also organized in local level by each local government, mainly for areas with high prevalence numbers of stunting. One of them was Trenggalek Regency. Based on the results of the interview with the Health Agency of Population Control and Family Planning, in 2013 National Program for stunting prevention was initially conducted, with Trenggalek Regency becoming one of the stunting locus areas. This caused the local government of Trenggalek Regency to also apply bio-politics in order to prevent stunting. Besides in order to build better national generation, the local government was demanded by the central government in order to reduce stunting numbers. Therefore, it was important for them to do bio-politics so that that aim was achieved. The forms of bio-politics done by the local government of Trenggalek Regency were through the stipulation of multi-sector programs, budget provision for stunting prevention programs, health intervention, and health campaigns.

As political steps and policies related to stunting prevention had been stipulated, the local government of Trenggalek Regency started to organize various stunting prevention programs. For example, the involvement of health cadres as the helpers of the government. The health cadres had their knowledge and skills built through knowledge distribution by healthcare workers. Then, their roles were developed as apparatuses of power and preventive health care agents as having been explained in the previous sub-chapters. Moreover, in the effort of bio-power reproduction, the health cadres were also given roles in doing surveillance to the targeted subjects.

This surveillance is a crucial aspect done by the cadres in the process of bio-power reproduction. Based on the results of the interview with the Health Agency of Population Control and Family Planning, Public Healthcare Center, health cadres, and mothers and babysitters, the surveillance channel done by the health cadres can be seen in the picture below:



Picture 5. Surveillance Channel by Health Cadres

In the chart above, it can be seen that the health cadres observe the conditions of the society who has been exposed with stunting decline acceleration program by the local government. It is easier for health cadres to observe periodically because they live in the same environment with the target subjects. This renders them able to observe if there are potency and stunting cases happening in their areas. From the results of the observation, the health cadres can give reports to the local government, generally through Integrated Healthcare Center and Public Healthcare Center. From here, the local government can know the success rate of bio-power reproduction. How far the target subjects are willing to "submit" to the norms being penetrated by the government, in this case is stunting handling. From the results of this report, the development and improvement of the programs can be formed in the future.

So far, bio-power reproduction by health cadres has been proven to show results. Health caders can have roles as apparatuses of power, preventive health care agents, and supervisors in bio-power reproduction for stunting prevention. This can be seen from the decreasing number of stunting which was quite significant in Trenggalek Regency, where in 2013 the number was still 38,63% and kept decreasing until 18,11% in 2021. Aside from being seen from the numbers, bio-power reproduction is seen from the change of knowledge and behaviors of the target subjects. Based on the results of the interview with all informants, it can be known that before there was health

communication program, the knowledge about stunting was still very limited for Trenggalek society. After the programs involving health cadres had been initiated, the society's knowledge about stunting and its prevention began to be formed. The society's understanding about stunting and how to prevent it had been in accordance with what had been designed by the government. Based on the results of the interview with the targeted subjects, they at the moment had understood that stunting is a condition of growth failure due to malnutrition, and this condition cannot be ignored. From the results of this understanding, they were also willing to do what have been suggested by health cadres such as giving exclusive breast milk, making various food with balanced nutrition, and check their children's conditions regularly to the health facilities. These show that bio-power reproduction has happened within the targets.

Although the target subjects in Trenggalek Regency have shown the happening of bio-power reproduction initiated by health cadres, that does not mean there are no hindrances in the process. Based on the results of the interview with the cadres, there are various hindrances while doing bio-power reproduction to the target subjects. Those hindrances can come from within and outside of target subjects. The hindrances from within the target subjects include the thought that they understand the conditions of themselves and their families more, the relationship which has not yet been formed with the cadres so they are reluctant to interact, and refusal to change behavioral patterns because they feel uncomfortable. Meanwhile, the hindrances from outside are found from the influence of mass media mainly internet and social media. The information which has been accessed through internet and social media makes the information given by cadres comparable. If what has been said by the cadres is in accordance with what has been discovered by the target subjects in other media, the process of bio-power reproduction can be strengthened. However, if there are different things which give different perceptions, they can hinder bio-power reproduction because of the refusal from the target subjects. For example, if there are target subjects who follow influencers in social media, who provide certain feeding patterns to children, and the target subjects want to follow those patterns. These sometimes cause debate with the cadres, because those influencers come from other cities of which lifestyle is different with Trenggalek Regency. If those mothers insist on following the patterns from the influencers, the cost incurred becomes big and ultimately gives good nutrition just in the beginning. Then, after the fund is not enough, they will carelessly give their children food with not enough nutrition. However, if this happens, the health cadres can choose to not force their opinions and let the target subjects do it. Later, if there are obstacles encountered, the health cadres will still be willing to give suggestions and help, while simultaneously continuing to observe the conditions of those families.

5. CONCLUSION

Based on the results of the research, it can be concluded that bio-power reproduction by health cadres has happened in an effort of health communication for stunting prevention in Trenggalek Regency. This bio-power reproduction begins from bio-politics by the central government, in which the number of stunting condition in Indonesia has been worrying and will impact gross domestic products. This causes child nurturing since the first 1000 days of life to become the affair of the government and no longer only individuals' obligations and rights. The target subjects, in this case particularly mothers and babysitters, have to be "conquered" for larger benefits, that are state benefits. Therefore, national stunting prevention programs are made, which are passed to the local government. When until the local government, this political agenda

becomes one of the main agendas which is urgent to be carried out with the targets having to be achieved. This also causes the local government to move to organize stunting prevention programs, including Trenggalek Regency government. However, because they realize that human resources are limited in carrying out the programs, health cadres who are parts of society are involved for carrying out this bio-politics agenda.

After bio-politics agenda has been created in the rules and programs by the local government, knowledge distribution is done to the health cadres so that health cadres can reproduce bio-power. Bio-power reproduction channel begins from knowledge distribution through periodical and incidental training done by Public Healthcare Center and Integrated Healthcare Center. Then, it continues with the cadres approaching the target subjects, who are pregnant women, mothers and babysitters of infants/toddlers in their environment. From this approach, knowledge distribution and surveillance can be done for supporting the formation of bio-power, in which the target subjects are willing to change their paradigm and behaviors as hoped by the government.

In an effort of this bio-power reproduction, the forming of health cadres as apparatuses of power and preventive health care agents cannot be forgotten. As apparatuses of power, health cadre figures are formed as people with more knowledge and experience than the target subjects. Furthermore, the health cadres also appear as people who want to help the target subjects so that their lives and family become better. Therefore, what has been suggested by health cadres can be trusted and followed. As for preventive health care agents, the health cadres appear as figures who bring good change. Stunting cases have long-term impacts which are hard to improve, so preventing is better than treating. Here, the agency roles of the health cadres are shown. Appearing as figures with autonomy because they are not parts o the government so they do not have certain tendencies, figures who can be trusted with the naming attribute “cadre” validated by government officials, and figures who understand the conditions of the target subjects so they can give right suggestions, make the agency from the health cadres encourage bio-power reproduction.

The results of bio-power reproduction have started to appear from the similarities of the understanding of stunting, its causes, and how to prevent it between the target subjects and government political agenda. Moreover, the willingness of the subjects to change their parenting behaviors for preventing stunting has also started to appear so the prevalence number of stunting in Trenggalek Regency has decreased significantly from year to year. Even so, there are still hindrances in bio-power reproduction, that consist off hindrances within the target subjects and outside of the target subjects. The hindrances within the target subjects include the thought that they understand the conditions of themselves and their families more, the relationship with the cadres which has not yet been formed so they are reluctant to interact, and refusal to change behavioral patterns because they feel uncomfortable. Meanwhile, the hindrances from the outside can be found from the influence of mass media, mainly internet and social media. These still have to be noticed and solved so that bio-power reproduction in preventing stunting will be more effective in the future.

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