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The Influence of Health Workers' Credibility and Communication Style on Mothers' Behavioral Change in Stunting Prevention at Kasemen Community Health Center

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ABSTRACT : This study examines the influence of health workers' credibility and communication style on mothers' behavioral change in stunting prevention at Kasemen Community Health Center. Stunting remains a major public health issue in Indonesia, highlighting the importance of effective health communication. This study employed a quantitative cross-sectional survey involving 176 mothers. Data were analyzed using Spearman correlation, simple linear regression, and multiple linear regression. The results show that health workers' credibility ($\beta = 0.484$, $p < 0.05$) and communication style ($\beta = 0.377$, $p < 0.05$) significantly influence mothers' behavioral change. Simultaneously, both variables explain 68.4% of the variance (Adjusted $R^2 = 0.684$), while 31.6% is influenced by other factors. These findings emphasize the importance of strengthening health workers' credibility and communication skills to improve stunting prevention efforts.

KEYWORDS: *stunting, health workers' credibility, communication style, mothers' behavior*.

I. INTRODUCTION

Stunting remains one of the urgent public health issues that must be addressed, both at the global and national levels. According to UNICEF, approximately one-third of children under five in developing countries experience growth impairment due to chronic nutritional deficiencies (UNICEF, 2023). Approximately 22.3% of children under the age of five worldwide experience stunting representing more than 148 million children due to chronic malnutrition during the critical window of early growth and development (Mulyani et al., 2025). In Indonesia, the results of the Survei Status Gizi Indonesia (SSGI) indicate that the prevalence of stunting in 2022 was 21.6% (Kementerian Kesehatan Republik Indonesia, 2022).

This figure remains relatively high, considering the government's target to reduce the prevalence of stunting to 14% by 2024 (Novrizaldi, 2023). This condition illustrates that the problem of stunting is not solely related to nutritional aspects, but is also closely associated with community behavior, knowledge, and practices particularly those of mothers, who play a primary role in fulfilling children's nutritional needs (Maulida, 2023).

The Indonesian Ministry of Health (2023) emphasizes the importance of behavioral interventions and community empowerment in accelerating stunting reduction at the community level. In line with this, various studies indicate that communication conducted by health workers through posyandu counseling sessions and food demonstrations can enhance mothers' participation in stunting prevention activities (Pangestika & Aisyah, 2024).

In this context, Community Health Centers (Puskesmas) serve as the frontline of primary healthcare services, carrying out not only curative functions but also acting as centers for promotive and preventive education, including efforts to prevent stunting. Institutionally, Kasemen Community Health Center is supported by 49 staff members from various health and support professions, including the Head of the Health Center, Head of Administration, General Practitioners, Dentists, Midwives, Nutritionists, Pharmacists, Medical Records Officers, Sanitarians, Archivists, and operational service operators, who collectively support the delivery of healthcare services to the community.

In the implementation of community-level health services, Integrated Primary Service (ILP) Posyandu activities are supported by at least two healthcare personnel, consisting of one village midwife and one nurse. They are assisted by posyandu cadres who serve as supporting personnel in conducting health education, growth monitoring, and providing assistance in maternal and child health care. In 2024, based on a report from the

Dinas Kesehatan Kota Serang, the number of stunting cases in June 2024 in Kecamatan Kasemen decreased significantly to 132 cases. This indicates a reduction of 182 cases, equivalent to a decline of approximately 57.9% compared to the initial data (*Pemkot Serang Klaim Kasus Stunting Alami Penurunan Di 2024*, n.d.; Rienaldhi, 2024).

However, based on field data in the working area of Kasemen Community Health Center, the number of stunting cases in 2025 increased compared to the previous year. Kasemen Community Health Center recorded 170 cases of stunting, consisting of 20 cases in Banten Village, 66 cases in Margaluyu Village, 32 cases in Kasunyatan Village, and 52 cases in Kasemen Village (Source: Kasemen Community Health Center).

Differences in the characteristics of stunting cases across villages are influenced by various factors, particularly parenting patterns and complementary feeding (MP-ASI) practices that do not yet meet the nutritional needs of toddlers, even though mothers have received nutrition education. The research was conducted at Kasemen Community Health Center because the area still has a relatively high stunting rate and is a priority for maternal and child health program interventions, making it relevant to examine the role of health workers' communication in encouraging behavioral change among mothers in stunting prevention. The characteristics of the Kasemen community dominated by families with lower to middle socioeconomic conditions, diverse educational backgrounds, and the persistence of suboptimal parenting and complementary feeding practices also contribute to this condition.

Moreover, as a coastal area with potential marine food resources particularly fish the high prevalence of stunting indicates that the availability of nutritious food sources has not been fully accompanied by optimal nutritional consumption practices. The waters of Teluk Banten are known to have high fish biodiversity, along with significant capture fisheries and aquaculture activities that serve as important food sources for coastal communities (Farkan et al, 2023; Sulistiono et al., 2022). In the 2025 Supplementary Feeding Program (PMT), the target group includes 1,037 toddlers whose weight did not increase, 30 toddlers who were underweight, and 35 toddlers with undernutrition status. Kasemen Community Health Center has implemented various efforts to prevent and manage stunting, such as stunting and complementary feeding (MP-ASI) counseling, routine weight and height measurements, as well as the provision of supplementary food and PKMK (Recovery Supplementary Feeding Program) for at-risk or stunted toddlers (Puskesmas Kasemen, 2025).

Many mothers have received information about stunting prevention; however, they do not yet fully understand its meaning or lack the motivation to apply it in their daily lives. Research findings by Endah Dwi Pratiwi and Nenogasu (2023) indicate that although mothers of toddlers have frequently received information regarding stunting prevention, their level of knowledge remains relatively low (Pratiwi & Nenogasu, 2023).

This is caused by the way health workers deliver the information, which is often insufficiently detailed, not adjusted to the mothers' educational levels, and still predominantly one-way in nature.

As a result, the information is received but not deeply understood or internalized into behavior. These findings reinforce that the main obstacle in stunting education lies not merely in the availability of information, but in the effectiveness of health workers' communication in explaining, motivating, and building comprehensive understanding among mothers (Pratiwi & Nenogasu, 2023).

This phenomenon indicates that the primary issue lies not only in the availability of information, but also in the effectiveness of interpersonal communication and the credibility of the message source—namely, the health workers themselves. In practice at Kasemen Community Health Center, a gap is often found between medical competence and communication competence among health workers. Some health workers possess strong clinical skills; however, they are still limited in their ability to explain information in a participatory and persuasive manner to the community. For example, the use of complex medical terminology, hurried message delivery, and limited opportunities for mothers to ask questions or share their experiences are commonly observed. Such conditions create the perception that health workers are less responsive to the emotional needs of the community, making health messages more difficult to be effectively internalized.

A similar phenomenon was also found in a study by Rachmawati (2020), which emphasized that health workers at Community Health Centers (Puskesmas) still tend to focus on delivering technical information without paying sufficient attention to effective interpersonal communication aspects (Rachmawati, 2020).

This has an impact on the low level of community participation and understanding of health messages. Meanwhile, a study by Saptyasari (2025) at a Community Health Center in Sidoarjo found that limited interpersonal communication skills caused patients to feel inadequately served and experience difficulty in understanding the explanations provided by health workers (Saptyasari et al., 2025).

Previous studies suggest that the effectiveness of health communication is strongly influenced by the credibility of health workers and the communication style used in message delivery. Health workers who are perceived as knowledgeable, trustworthy, and empathetic tend to be more persuasive and effective in influencing mothers' understanding and health-related behavior (Hovland, Janis, 1953). Conversely, one-way communication, the use of technical language, and limited interpersonal interaction may reduce message clarity and weaken behavioral impact (Norton, 1978). In addition to credibility and communication style, interpersonal communication competence also plays an important role in determining communication effectiveness.

Interpersonal communication varies in terms of the depth, intensity, and breadth of interactions between individuals. The effectiveness of interpersonal communication is strongly influenced by an individual's social and behavioral communication competencies (Gumelar & Prasetya, 2021).

Based on the Stimulus–Organism–Response (SOR) framework, health workers' credibility and communication style act as communication stimuli that affect mothers' cognitive and affective processes, which subsequently lead to behavioral responses related to stunting prevention (Mehrabian & Russell, 1974).

Previous studies indicate that effective health communication plays an important role in improving community participation and behavioral change in health programs. Health education activities and counseling delivered through primary healthcare services have been shown to enhance mothers' participation in stunting prevention, although ineffective one-way communication and limited interpersonal interaction often reduce message comprehension (Pangestika & Aisyah, 2024; Pratiwi & Nenogasu, 2023; Rachmawati, 2020). Other studies highlight that communicator credibility, trust in healthcare providers, and perceived professional expertise significantly influence public acceptance of health programs and compliance with health recommendations (Kosasih et al., 2017; Manurung et al., 2020; Rahmaniah, 2022; Rinenggo & Sudiro, 2024). Interpersonal communication training and empathetic communication approaches have also been found to improve maternal knowledge, attitudes, and preventive health practices (Dearden et al., 2023; Rachmah et al., 2023). However, studies integrating these communication-related factors simultaneously in explaining maternal behavioral change in stunting prevention remain limited.

Although a number of studies have examined health communication in maternal and child health programs, most research has focused primarily on knowledge improvement or general health promotion outcomes without specifically analyzing the combined influence of health workers' credibility and interpersonal communication style on mothers' behavioral change in stunting prevention. Empirical studies that simultaneously integrate Source Credibility Theory and interpersonal communication style within the Stimulus–Organism–Response (SOR) framework in the context of primary healthcare services are still limited, particularly at the community health center level in Indonesia (Hovland, Janis, 1953; Mehrabian & Russell, 1974; Norton, 1978). In the context of Serang City, particularly in the working area of Kasemen Community Health Center, empirical evidence examining communication-related determinants of maternal behavior in stunting prevention remains limited. Understanding how interpersonal communication factors operate at the primary healthcare level is essential to improve the effectiveness of community-based stunting interventions. Therefore, further investigation is required to understand how credibility dimensions expertise and trustworthiness together with attentive and impression-leaving communication styles contribute to shaping mothers' preventive behavior in stunting programs at the local healthcare setting. Accordingly, this study aims to examine the influence of health workers' credibility and communication style on mothers' behavioral change in stunting prevention at Kasemen Community Health Center. This study contributes to the health communication literature by integrating Source Credibility Theory and communication style perspectives to explain maternal behavioral change in community-based stunting prevention programs.

II. LITERATURE REVIEW

Stimulus–Organism–Response (SOR) Framework

The Stimulus–Organism–Response (SOR) model explains that behavioral change occurs through psychological processes that follow exposure to communication stimuli. In this study, health workers' credibility and communication style function as communication stimuli (S) that influence mothers' cognitive and affective processes (O), which subsequently produce behavioral responses (R) related to stunting prevention (Littlejohn et al., 2017; Mehrabian & Russell, 1974). Thus, effective interpersonal communication is expected to strengthen mothers' trust, understanding, and adoption of preventive health behaviors.

The Stimulus–Organism–Response (S–O–R) theory is highly relevant for explaining the mechanism through which health workers' credibility and communication style influence changes in mothers' behavior regarding stunting prevention information. According to Littlejohn and Foss (2009), S–O–R theory emphasizes that human communication behavior is not merely a direct reaction to stimuli, but rather involves internal processes within the individual, referred to as the organism—namely, a psychological system that cognitively and affectively processes messages before producing a response.

In this context, health workers act as communicators who provide stimuli in the form of messages, communication style, and credibility, while mothers, as message recipients, function as the organism that processes the information through perception, understanding, and evaluation, ultimately leading to a behavioral response in the form of behavioral change (Littlejohn & Foss, 2002).

Source Credibility Theory

Health workers' credibility refers to the extent to which communicators are perceived as possessing expertise and trustworthiness in delivering health information. Health workers who demonstrate a high level of knowledge and professional competence (expertise), as well as honesty and sincerity in communication

(trustworthiness), are more likely to influence message acceptance and mothers' behavioral decisions. In maternal and child health programs, the perception of health workers' expertise and trustworthiness strengthens mothers' confidence in health recommendations and increases their willingness to adopt preventive practices (Hovland, Janis, 1953; Kosasih et al., 2017; Rinenggo & Sudiro, 2024).

Source Credibility Theory, introduced by Hovland and Weiss (1951), emphasizes that the effectiveness of communication is largely determined by the audience's perception of the communicator, not merely by the content of the message delivered. Credibility was initially conceptualized as consisting of two primary dimensions: expertise and trustworthiness. In the context of this study, health workers at Kasemen Community Health Center act as communicators who deliver stunting prevention messages to mothers. The credibility of health workers can be mapped through the following elements:

Expertise (Hovland & Weiss, 1951)

Expertise reflects the communication competence of health workers supported by medical knowledge and professional skills. This dimension is closely related to the credibility variable examined in this study.
The indicators of expertise include knowledge and competence. In health communication activities, midwives are perceived as experts in providing information about nutrition and child growth and development.

Trustworthiness (Hovland & Weiss, 1951)

Trustworthiness refers to the degree of honesty and sincerity demonstrated by health workers when delivering information. Indicators of trustworthiness include honesty and sincerity. In health communication settings, mothers are more likely to accept stunting prevention messages from midwives who show genuine care and sincerity, rather than those who communicate merely as a formality. These two dimensions expertise and trustworthiness collectively form the overall perception of health workers' credibility. The combination of professional competence and sincere communication serves as a fundamental basis for building trust and enhancing the effectiveness of health messages delivered to the community.

Communication Style

Communication style refers to the consistent interaction patterns used by communicators in delivering messages. In this study, communication style is represented by attentive style and impression-leaving style. Attentive style reflects the communicator's ability to show empathy, active listening, and responsiveness, while impression-leaving style refers to the ability to deliver messages clearly, confidently, and memorably. The effective use of both styles enhances the effectiveness of health message delivery and encourages mothers' participation in preventive health practices (Effendy & Surjaman, 2011; Liliweri, 2017; Norton, 1978).

The researcher summarizes communication styles according to Robert Norton in his book (Norton, 1985) and as discussed by Liliweri (2017). Norton identifies ten communication styles, namely: friendly, attentive, relaxed, precise, animated, dramatic, open, dominant, impression-leaving, and communicative. However, not all of these styles are relevant in every communication context.
In the context of health workers' communication, the communication styles considered most appropriate are the attentive style and the impression-leaving style.

Impression-Leaving Style

Impression leaving (the ability to leave a lasting impression) as a communication style variable has received relatively limited attention in research. This concept emphasizes the extent to which an individual can be remembered by others through their manner and style of communication. Individuals who are able to leave a strong impression typically demonstrate a distinctive and memorable communication style. This variable can be considered a general indicator of various forms of communicative behavior and is closely related to the communicator's image, particularly when the positive elements of their communication style are more dominant than the negative ones.

Attentive Style

Interestingly, the attentive communication style contrasts with dominant or dramatic styles. While a dominant style is typically characterized by high levels of verbal activity, such as frequent speaking, an attentive style involves lower verbal activity without diminishing engagement. This does not indicate passivity or indifference, but rather reflects a more reflective and responsive form of communication. Thus, attentiveness can be viewed as an important counterbalance to more expressive and assertive communication styles such as dominant, dramatic, contentious, and animated, as it emphasizes empathetic involvement and emotional presence in interpersonal interactions.

Behavior Concept

Health behavior is influenced by knowledge, attitudes, and practices, which are developed through health education and communication processes. Knowledge reflects individuals' understanding of health information, attitudes represent their perceptions and evaluations toward health practices, and practices refer to the actual actions taken to maintain health. In stunting prevention programs, mothers' knowledge, attitudes, and practices play a crucial role in determining the effectiveness of nutrition, childcare, and health service utilization (Kementerian Kesehatan Republik Indonesia, 2022b; Maulida, 2023; Notoadmodjo, 2012).

Knowledge

Knowledge is the result of knowing, which arises after sensing or perceiving something. Human senses consist of smell, taste, hearing, sight, and touch, all of which are responsible for sensory perception. The ears and eyes serve as the primary sources of human knowledge. Knowledge plays a crucial role in decision-making and in determining actions toward a particular issue or problem (Notoadmodjo, 2012).

Attitude

Attitude is a reaction or response that remains internal (covert) within an individual toward a stimulus or object. Based on these definitions, it can be concluded that the manifestation of attitude cannot be directly observed, but must first be inferred from underlying or hidden behavior. Attitude clearly implies a tendency toward a particular reaction to a given stimulus, which in everyday life often represents an emotional response to social stimuli. Although attitude is not yet an action or activity, it serves as a predisposition that influences an individual's behavior (Notoadmodjo, 2012).

Practice

An attitude does not automatically manifest into an action (overt behavior). To translate an attitude into actual behavior, supporting factors or enabling conditions are required, such as the availability of facilities. For example, a mother's positive attitude toward immunization must be supported by her husband's approval and accessible immunization services in order for her to actually immunize her child (Notoadmodjo, 2012).

The Relationship between Health Workers' Credibility and Communication Style on Mothers' Behavioral Change

Health workers' credibility and communication style are two interrelated factors that play a significant role in influencing behavioral change. From the perspective of the Stimulus–Organism–Response (SOR) theory, both credibility and communication style function as stimuli that affect mothers' internal cognitive and psychological processes as message recipients, which subsequently lead to behavioral responses.

Health workers who demonstrate high credibility and effective communication skills are more likely to build trust, enhance understanding, and encourage mothers to adopt positive behaviors in stunting prevention. Therefore, the combination of strong credibility and effective communication style serves as a key determinant in the success of health communication, particularly within primary healthcare settings.

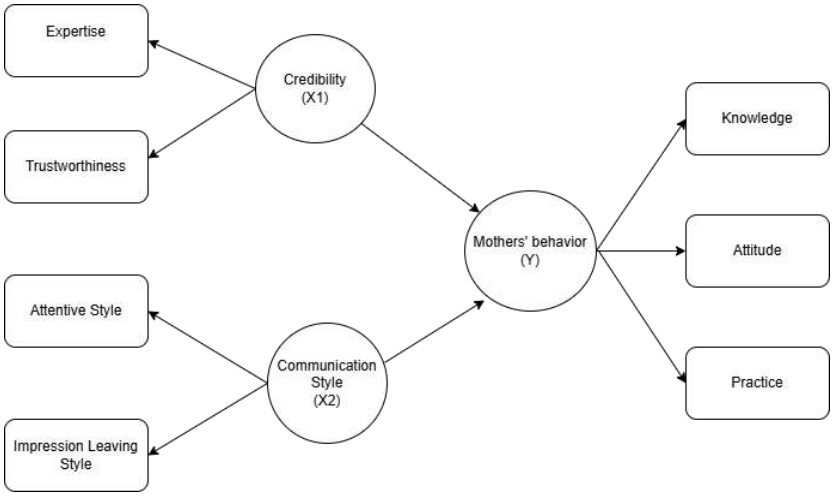

Figure 1. Conceptual Framework Model

RESEARCH HYPOTHESES

1. Health workers' credibility positively and significantly influences mothers' behavioral change in stunting prevention.

2. Health workers' communication style positively and significantly influences mothers' behavioral change in stunting prevention.
3. Health workers' credibility and communication style simultaneously influence mothers' behavioral change in stunting prevention

III. METHODS

Research Design and Study Setting

To achieve the research objective, this study employed a quantitative approach using a cross-sectional survey design to examine the influence of health workers' credibility and communication style on mothers' behavioral change in stunting prevention (Creswell, 2014). The research was conducted at Kasemen Community Health Center, Serang City, Indonesia, between November and December 2025. The location was selected because it represents a primary healthcare facility that actively implements maternal and child health programs, particularly stunting prevention through health education and counselling (Kementerian Kesehatan Republik Indonesia, 2022c).

Population and Sample

To determine the sample size, this study applied the Slovin formula with a 95% confidence level and a margin of error of 7.5 %. Based on Kecamatan Kasemen Dalam Angka 2024 published by BPS Kota Serang (2024), the number of households (HH) in the four villages within the working area of Kasemen Community Health Center consists of 5,721 households in Kasemen Village, 2,484 households in Margaluyu Village, 5,126 households in Banten Village, and 2,898 households in Kasunyatan Village (Badan Pusat Statistik Kota Serang, 2024). Therefore, the total estimated population in the study area is 16,229 households. These households represent the population frame from which mothers who met the research criteria were selected as respondents.

N = 5,721 + 2,484 + 5,126 + 2,898 = 16,229 households.

The Slovin formula is expressed as follows:

$$n = \frac{N}{1 + N(e)^2}$$

Where:
n = sample size
N = total population
e = margin of error (error tolerance)
Thus, the calculation is as follows:

$$n = \frac{16.229}{1 + 16.229(0.075)^2}$$
$$n = \frac{16.229}{1 + 16.229(0.005625)}$$
$$n = \frac{16.229}{92.288125}$$
$$n = 175{,}85$$

The sample size was rounded up, resulting in:

$$n = 176$$

A total of 176 respondents were selected using purposive sampling based on inclusion criteria requiring respondents to have received information related to stunting prevention from health workers and to be willing to participate in the study (Sugiyono, 2020).

Data Collection and Research Instrument

Data were collected using a structured questionnaire developed based on communication and health behavior theories. The questionnaire measured three main variables health workers' credibility, communication style, and mothers' behavioral change in stunting prevention. Credibility was assessed through the dimensions of expertise and trustworthiness based on the Source Credibility Theory (Hovland, Janis, 1953). Communication style was measured using attentive and impression-leaving styles adapted from Norton's communication style framework (Liliweri, 2017; Norton, 1978). Mothers' behavior was measured through indicators related to nutritional practices, childcare behavior, and the utilization of maternal and child health services (Notoadmodjo, 2012; World Health Organization, 2018). All items were measured using a Likert scale

Instrument Testing and Ethical Considerations

Prior to analysis, the research instrument was tested for validity and reliability to ensure its accuracy and consistency (Sekaran & Bougie, 2016). The results of these tests indicated that all items were valid and reliable, allowing the questionnaire to be used for further analysis. Data collection was conducted directly during maternal and child health service activities at the Community Health Center. Respondents were informed about the purpose of the study, and informed consent was obtained to ensure ethical research standards in accordance with research ethics guidelines involving human subjects (World Medical Association, 2013).

Data Analysis Technique

Data analysis was performed using the Statistical Package for the Social Sciences (SPSS). Descriptive statistics were used to describe respondent characteristics, while inferential analyses were conducted to test the research hypotheses (Field, 2018). Spearman correlation analysis was applied to examine the relationships between variables.

Furthermore, simple linear regression and multiple linear regression were used to determine the partial and simultaneous effects of health workers' credibility and communication style on mothers' behavioral change in stunting prevention. The coefficient of determination (R^2) was also calculated to identify the proportion of variance in mothers' behavior that can be explained by the independent variables (Hair, J.F., Black, W.C., Babin, B.J., & Anderson, 2019).

IV. RESULT

Respondent Characteristics

Table 1. Respondent Characteristics (N = 176)

Characteristics	Category	Frequency	Percentage (%)
Age	20–29 years	68	38.6
	30–39 years	79	44.9
	≥ 40 years	29	16.5
Education	Primary	34	19.3
	Secondary	102	58.0
	Higher	40	22.7
Occupation	Housewife	121	68.8
	Working	55	31.2

The respondents consisted of 176 mothers with children under five years old in the working area of Kasemen Community Health Center. Table 1 presents the demographic characteristics of the respondents. Table 1 shows that most respondents were aged 30-39 years (44,9%), had secondary education (58,0%), and were predominantly housewives (68,8%).

Descriptive Statistics of Research Variables

Table 2. Descriptive Statistics

Descriptive Statistics					
Variabel	**N**	**Minimum**	**Maximum**	**Mean**	**Std. Deviation**
X1_Mean	176	1.50	4.00	3.3210	.51687
X2_Mean	176	1.40	4.00	3.2398	.53368
Y1_Mean	176	1.42	4.00	3.3584	.47647
Valid N (listwise)	176				

Descriptive statistics were used to provide a general overview of the data tendencies for each research variable, including the minimum value, maximum value, mean, and standard deviation. Descriptive statistics also aim to examine the distribution of respondents' data regarding the variables of health workers' credibility (X1), health workers' communication style (X2), and mothers' behavioral change (Y).

Table 2 shows that all variables were analyzed from 176 respondents. Health workers' credibility (X1) has a mean of 3.3210, communication style (X2) has a mean of 3.2398, and mothers' behavioral change (Y) has a mean of 3.3584. Overall, these values indicate that respondents' perceptions and behavioral changes are generally in the moderate to high category

Instrument Validity and Reliability Test

Table 3. Instrument Validity and Reliability Test Results

Variable	Number of Initial Items	Valid Items	Cronbach's Alpha	Decision
Health Workers' Credibility (X1)	10	10	0.906	Valid and Reliable
Communication Style (X2)	10	10	0.824	Valid and Reliable
Mothers' Behavioral Change (Y)	15	13	0.870	Valid and Reliable

Prior to hypothesis testing, the research instrument was evaluated to ensure its validity and reliability. The validity test results indicated that all items measuring health workers' credibility and communication style met the required validity criteria. For the mothers' behavior variable, two items that did not meet the validity threshold were excluded, resulting in 13 valid items used in the subsequent analysis. Reliability testing showed that all variables obtained Cronbach's Alpha values above 0.70, indicating good internal consistency.

Correlation Analysis

Table 4. Spearman Correlation Results

Variables	Correlation (r)	Sig.
Credibility (X1) – Mothers' Behavioral Change (Y)	0.585	<0.001
Communication Style (X2) – Mothers' Behavioral Change (Y)	0.574	<0.001
Credibility (X1) – Communication Style (X2)	0.701	<0.001

The correlation analysis indicates that health workers' credibility is moderately correlated with mothers' behavior (r = 0.585), while communication style also shows a moderate correlation (r = 0.574). A strong correlation is found between credibility and communication style (r = 0.701), suggesting that both interpersonal communication factors are closely related in influencing preventive behavior.These findings indicate moderate to strong positive relationships among the study variables.

Simple Linear Regression Analysis

a. The Effect of Health Workers' Credibility (X1) on Mothers' Behavioral Change (Y)

Table 5. Results of Simple Linear Regression Analysis of Health Workers' Credibility (X1) on Mothers' Behavioral Change

Coefficients[a]						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.868	.137		6.355	<,001
	X1_Mean	.750	.041	.813	18.447	<,001
a. Dependent Variable: Y1_Mean						

The results of the regression coefficient test show that the constant value is 0.868, which means that in the absence of the influence of health workers' credibility (X1), the value of mothers' behavioral change (Y) would be 0.868. The regression coefficient for the health workers' credibility variable (X1) is 0.750 with a significance value of < 0.001, indicating that health workers' credibility has a positive and significant effect on mothers' behavioral change.

Thus, the simple linear regression equation obtained is as follows:

$$Y = 0.868 + 0.750\ X1$$

This equation indicates that every one-unit increase in health workers' credibility will increase mothers' behavior by 0.750 units. Based on these findings, it can be concluded that health workers' credibility has a positive and significant influence on mothers' behavioral change in stunting prevention. Therefore, the research hypothesis stating that health workers' credibility affects mothers' behavior is accepted.

b. The Effect of Communication Style (X2) on Changes in Mothers' Behavioral Change (Y)

Table 6. Results of Simple Linear Regression Analysis of Communication Style (X2) on Mother's Behavioral Change

Coefficients[a]						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
	(Constant)	1.026	.139		7.389	<,001
	X2_Mean	.717	.042	.789	16.951	<,001
a. Dependent Variable: Y1_Mean						

Based on the results of the simple linear regression analysis in the Coefficients table, the constant value is 1.026 and the regression coefficient for the health workers' communication style variable (X2) is 0.717. Thus, the simple linear regression equation in this study can be formulated as follows:

$$Y = 1.026 + 0.717\ X2$$

This equation indicates that if the health workers' communication style (X2) increases by one unit, then mothers' behavioral change (Y) will increase by 0.717 units, assuming that other variables remain constant.

Multiple Linear Regression Test

The multiple linear regression test was conducted to determine the effect of the independent variables, namely health workers' credibility (X1) and health workers' communication style (X2), on mothers' behavioral change (Y), both partially and simultaneously.

Table 7. Results of Multiple Linear Regression Analysis

Coefficients[a]								
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics	
		B	Std. Error	Beta			Tolerance	VIF
1	(Constant)	.730	.136		5.367	<,001		
	X1_Mean	.454	.076	.484	5.990	<,001	.276	3.618
	X2_Mean	.343	.073	.377	4.669	<,001	.276	3.618
a. Dependent Variable: Y1_Mean								

The results of the regression coefficient test are as follows:

The constant value is 0.730, which means that in the absence of the influence of health workers' credibility and communication style, the value of mothers' behavior is 0.730. The health workers' credibility variable (X1) has a regression coefficient value of B = 0.454 with a significance value of < 0.001. This indicates that every one-unit increase in health workers' credibility will increase mothers' behavior by 0.454 units, assuming other variables remain constant.

The health workers' communication style variable (X2) has a regression coefficient value of B = 0.343 with a significance value of < 0.001. This means that every one-unit increase in health workers' communication style will increase mothers' behavior by 0.343 units, assuming other variables remain constant.Based on the Standardized Coefficients (Beta) values, the health workers' credibility variable (β = 0.484) has a more dominant influence compared to health workers' communication style (β = 0.377) on mothers' behavior.

Multiple Linear Regression Equation

Based on the analysis results, the multiple linear regression equation in this study is as follows:

$$Y = 0.730 + 0.454X_1 + 0.343X_2$$

This equation indicates that both health workers' credibility and communication style have a positive influence on mothers' behavioral change.

Coefficient of Determination

a. The Effect of Health Workers' Credibility (X1) on Mothers' Behavioral change (Y)

Table 8. Model Summary of the Effect of Health Workers' Credibility (X1) on Mothers' Behavioral Change (Y)

Model Summary[b]				
Model	**R**	**R Square**	**Adjusted R Square**	**Std. Error of the Estimate**
1	.813[a]	.662	.660	.27794
a. Predictors: (Constant), X1_Mean				

b. Dependent Variable: Y1_Mean

Based on the Model Summary, the correlation coefficient (R) value of 0.813 indicates that the relationship between health workers' credibility (X1) and mothers' behavior (Y) falls into the very strong category. The R Square value of 0.662 shows that 66.2% of the variance in mothers' behavior can be explained by health workers' credibility, while the remaining 33.8% is influenced by other factors outside this research model.

b. The Effect of Communication Style (X2) on Mothers' Behavioral Change (Y)

Table 9. Model Summary of the Effect of Communication Style (X2) on Changes in Mothers' Behavioral Change (Y)

Model Summary[b]				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.790[a]	.623	.621	.29327
a. Predictors: (Constant), X2_Mean				
b. Dependent Variable: Y1_Mean				

Based on the results of the simple linear regression analysis presented in the table above, the correlation coefficient (R) is 0.790. This value indicates a strong relationship between health workers' communication style (X2) and mothers' behavior (Y).

The R Square value of 0.623 indicates that the health workers' communication style variable explains 62.3% of the variance in mothers' behavior, while the remaining 37.7% is influenced by other factors outside this

c. The Effect of Health Workers' Credibility (X1) and Communication Style (X2) on Mothers' Behavioral Change (Y)

Table 10. Model Summary of Health Workers' Credibility (X1) and Communication Style (X2) on Mothers' Behavioral Change (Y)

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.829[a]	.688	.684	.27243
a. Predictors: (Constant), X2_Mean, X1_Mean				

Based on the results of the multiple linear regression analysis, the Adjusted R Square value is 0.684. This indicates that health workers' credibility (X1) and health workers' communication style (X2) simultaneously explain 68.4% of the variance in mothers' behavior (Y) in stunting prevention. Meanwhile, the remaining 31.6% is influenced by other factors outside the variables examined in this study.

Partial Significance Test (t-Test)

The t-test was conducted to determine the partial effect of each independent variable on the dependent variable, namely mothers' behavior in stunting prevention.

The results of the analysis indicate that:

1. Health Workers' Credibility (X1) on Mothers' Behavioral Change (Y).

   The calculated t-value is greater than the t-table value with a significance level of < 0.05. This result indicates that health workers' credibility has a positive and significant effect on mothers' behavior. The higher the level of expertise and trustworthiness of health workers, the better the mothers' behavior in stunting prevention.
2. Health Workers' Communication Style (X2) on Mothers' Behavioral Change (Y).

   The calculated t-value is also greater than the t-table value with a significance level of < 0.05. This means that an effective, empathetic, and impression-leaving communication style significantly improves mothers' behavioral change in stunting prevention.

Thus, both independent variables are proven to have a partial effect on mothers' behavior. Therefore, the research hypotheses stating that health workers' credibility and communication style partially influence mothers' behavior are accepted.

Model Significance Test (F-Test)

The F-test was conducted to determine whether the independent variables, namely health workers' credibility (X1) and health workers' communication style (X2), simultaneously have a significant effect on mothers' behavioral change in stunting prevention (Y).

Based on the results of the multiple linear regression analysis, the calculated F-value is greater than the F-table value with a significance level (p-value) < 0.05. This indicates that the regression model used in this study is statistically fit and can be used to explain the relationship between the independent variables and the dependent variable.

Therefore, it can be concluded that health workers' credibility and communication style jointly have a positive and significant effect on mothers' behavior in stunting prevention at Kasemen Community Health Center.

This result is further supported by the Adjusted R Square value of 0.684, which indicates that 68.4% of the variance in mothers' behavior can be explained simultaneously by both variables, while the remaining 31.6% is influenced by other factors outside the research model.

Based on these findings, the hypothesis stating that health workers' credibility and communication style simultaneously influence mothers' behavior in stunting prevention is accepted.

Regression and Hypothesis Testing Result

Table 11. Regression and Hypothesis Testing Results

Relationship Between Variables	Beta (β)	Sig. (p-value)	R^2 / Adj. R^2	Decision
Credibility (X1) → Mothers' Behavioral Change (Y)	0.813	<0.001	$R^2 = 0.662$	H1 Accepted
Communication Style (X2) → Mothers' Behavioral Change (Y)	0.789	<0.001	$R^2 = 0.623$	H2 Accepted
Credibility (X1) & Communication Style (X2) → Mothers' Behavioral Change (Y)	—	<0.001	Adj. $R^2 = 0.684$	H3 Accepted

Table 11 shows that health workers' credibility and communication style significantly influence mothers' behavior in stunting prevention, both partially and simultaneously. Credibility explains 66.2% of behavioral variance, communication style explains 62.3%, and both variables simultaneously explain 68.4% of the variance in mothers' behavioral change.

V. DISCUSSION

Effect of Health Workers' Credibility on Mothers' Behavioral Change

The results of the partial test (t-test) indicate that the calculated t-value is greater than the t-table value, with a significance level lower than 0.05. This finding suggests that the higher the level of health workers' credibility reflected in their expertise, trustworthiness, and professional attitude the better the mothers' behavior in efforts to prevent stunting. The results of this study demonstrate that health workers' credibility and communication style significantly influence mothers' behavior in stunting prevention, both partially and simultaneously. The finding that credibility shows a stronger standardized effect indicates that mothers are more likely to follow health recommendations when they perceive health workers as competent, trustworthy, and professional. This result is consistent with studies showing that perceived credibility of health information sources strongly predicts behavioral compliance and public trust in health programs (Ebru, 2025; Kosasih et al., 2017; Rinenggo & Sudiro, 2024; Sbaffi & Rowley, n.d.; Stasiuk et al., 2021)

Effect of Communication Style on Mothers' Behavioral Change

Furthermore, the significant effect of communication style confirms that interpersonal interaction quality plays a central role in shaping behavioral responses. Effective communication characterized by clarity, empathy, and engagement improves mothers' understanding and encourages participation in maternal and child health services. Previous research has shown that interpersonal communication training for health workers significantly improves community knowledge and preventive practices, particularly in maternal and child health programs (Craig, 2009; Liliweri, 2017; Maulida, 2023; McCroskey & Teven, 1999; Rachmah et al., 2023; Saptyasari et al., 2025)

Simultaneous Effect of Credibility and Communication Style on Mothers' Behavioral Change

The simultaneous influence of credibility and communication style found in this study supports behavioral change perspectives that emphasize the importance of both informational trust and interactional effectiveness in shaping health behavior. Studies on health promotion programs indicate that improved communication quality, combined with professional competence of health workers, strengthens public participation and enhances preventive health outcomes (Framanik, 2020; Pangestika & Aisyah, 2024; Purba et al., 2020; Siahaan, 2022; Widyastuti, 2014; Zulfikar et al., 2023)

In addition, the substantial proportion of behavioral variance explained by the model suggests that communication-related factors represent key determinants of maternal preventive behavior in community-based stunting programs. Evidence from population-level health interventions shows that effective communication strategies integrated with maternal education programs significantly improve knowledge, attitudes, and child

nutrition practices (Adam et al., 2024; Marchianti et al, 2022; Mulyani et al., 2025; United Nations & UNICEF, 2013; Wardah, 2022)

Overall, these findings confirm that strengthening both professional credibility and interpersonal communication competence of health workers is essential to improve the effectiveness of stunting prevention interventions at the primary healthcare level. Communication-centered intervention approaches have been shown to accelerate behavioral adoption when supported by structured counseling, trust-building strategies, and consistent health messaging in community health services (Effendy & Surjaman, 2011; Karimuddin et al., 2022; Kim, 2001; Liliweri, 2017; Littlejohn et al., 2017; Rachman, 2024)

VI. CONCLUSION

The findings confirm that health workers' credibility and communication style significantly influence mothers' behavior in stunting prevention at Kasemen Community Health Center. Regression results indicate that credibility explains 66.2% of behavioral variation, communication style explains 62.3%, and both variables simultaneously account for 68.4% of the variance, demonstrating the substantial role of interpersonal communication factors in shaping preventive health behavior.

Credibility shows a slightly stronger effect, suggesting that mothers are more likely to adopt recommended practices when health workers are perceived as competent and trustworthy. Effective interpersonal communication further enhances message clarity, emotional engagement, and mothers' participation in health services, indicating that both communicator credibility and communication style are essential determinants of behavioral change.

This study highlights the importance of strengthening professional credibility and interpersonal communication competence among health workers through targeted communication training to improve the effectiveness of maternal health education and support sustainable stunting prevention programs. Future studies are recommended to involve broader geographic areas to enhance the generalizability of the findings.

Recommendations and Future Research

This study recommends strengthening health workers' credibility and interpersonal communication skills through training programs focusing on empathy, clarity, and participatory communication. Health promotion strategies should shift from one-way information delivery to interactive and persuasive approaches to effectively influence mothers' behavior in stunting prevention. Future studies are suggested to include additional variables such as knowledge, self-efficacy, and social support, apply mixed-method approaches, and expand research settings to enhance generalizability. Longitudinal designs are also recommended to better capture behavioral changes over time.

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