

COMMUNITY PARTNERSHIP PROGRAM TO PREVENT STUNTING IN TODDLER THROUGH CADER EMPOWERMENT

Elok Yulidaningsih^{1)*}, Tunik¹⁾, Yuyun Putri Mandasari¹⁾

¹⁾ Poltekkes Kemenkes Malang, Indonesia

Corresponding Author, Email: elok_yulidaningsih@poltekkes-malang.ac.id

ABSTRACT

Background. Stunting is a condition of failure to thrive in children under five (babies under five years) which is caused by chronic malnutrition so that the child is too short for his age. Stunting can be caused by not going through the golden period which begins in the first 1000 days of life, which is the formation of a child's growth and development in the first 1000 days. The stunting process is chronic. In overcoming stunting, all sectors and levels of society need to play a role. This community service aimed to improve kader empowerment to prevent stunting in toddlers.

Implementation Method. This community service method was a counseling and training program with pre and post-tests. Counseling about early detection of stunting to cadres, training to measure anthropometry to cadres, and distribution of anthropometric measuring equipment to cadres. The number of cadres targeted in this community service activity is 25 cadres from several villages in the Suruh Community Health Center working area.

Findings. The results of community service based on observation and evaluation are an increase in cadres' knowledge about early detection of stunting, and cadres have skills in carrying out anthropometric measurements.

Conclusion. Cadres have the motivation to provide information to other cadres and mothers of toddlers to prevent stunting and are willing to carry out appropriate anthropometric measurements for toddlers at posyandu.

Keywords: Cadre Empowerment, Community Health Center, Early Detection of Stunting.

BACKGROUND

Stunting is a condition of failure to thrive in children under five (babies under five years) which is caused by chronic malnutrition so that the child is too short for his age. Malnutrition occurs when the baby is in the womb and in the early days after the baby is born, but stunting only appears after the baby is 2 years old. Stunting can be caused by not going through the golden period which begins in the first 1000 days of life, which is the formation of a child's growth and development in the first 1000 days. During this period, the nutrition that the baby receives while in the womb and receiving breast milk has a long-term impact on life as an adult. If this is exceeded, stunting in children and poor nutritional status will be avoided [1] Ministry of Health. Stunting in children is an indicator of nutritional status that can provide an overview of the overall disruption of socio-economic conditions

in the past. Stunting not only disrupts physical growth (short/stunted stature) but also disrupts brain development, which of course greatly affects ability and achievement at school, productivity, and creativity in productive ages. Symptoms caused by stunting include children being shorter for their age, body proportions tending to be normal but the child looking younger/small for their age, low body weight for children their age, and delayed bone growth. The stunting process is chronic. Based on data obtained from the Suruh Community Health Center, stunting incidents were still found in the Suruh Community Health Center area. The results of the Suruh Community Health Center survey show that the factors that cause stunting in the Suruh Community Health Center work area are economic factors and parenting patterns.

In overcoming stunting, all sectors and levels of society need to play a role. In the first 1000 days of life, both nutrition and external factors that influence stunting must be taken care of. The first thousand days of life are fertilization/pregnancy plus the age of 2 years of the toddler. That's when stunting must be prevented by fulfilling nutrition and other things. If there are indeed unfavorable factors that can result in stunting, it is in the first 1000 days that everything can be corrected. A healthy lifestyle, especially the nutritional quality of food, needs to be considered by applying the concept of half the plate filled with vegetables and fruit, and the other half filled with protein sources (both vegetable and animal) in a greater proportion than carbohydrates. Stunting is also influenced by behavioral aspects, especially poor parenting patterns in feeding practices for babies and toddlers. Good growth is growth in physical size according to standards, be it weight, length, height, and head circumference. Small head circumference affects intelligence because the brain is small. When going to a health service, be it a hospital, community health center, or posyandu, a mother can ask the officer to measure the circumference of the upper arm for 6 – 9 months. This aims to determine whether the toddler is malnourished, mildly malnourished, or normal.

In contrast to growth, development includes gross motor skills, fine motor skills, and spoken language or how to communicate with people (social relations). Regular check-ups at health service facilities are important even if you are not sick to check your child's growth and development. The activity programs at the Community Health Center for preventing and handling stunting have been implemented well, but it is possible that these programs have not yet reached the entire community. Collaboration is needed between health workers and the community in efforts to increase knowledge and prevent stunting.

Posyandu cadres are one of the spearheads of change in society. Posyandu cadres are often empowered to overcome various problems in society. Like health problems. One example is empowering cadres to disseminate health information. The result of this activity is that the cadres have a common perception regarding efforts to improve health status through disseminating health information and strengthening their participation. Structured and comprehensive cadre empowerment activities, can support the realization of increasing the level of public health[2]. Efforts to prevent stunting can be made by providing training on anthropometric measurements [3]. Based on this description, what will be implemented in this Community Service is efforts to prevent stunting in toddlers through Empowering Cadres in the working area of the Suruh Trenggalek Community Health Center.

METHOD OF ACTIVITIES

This community service uses several methods in its implementation. Empowering cadres in achieving the objectives of this activity involves 25 posyandu cadres in the target area. Cadres are given a pretest-posttest related to early detection of stunting, cadres are given counseling about early detection of stunting, and counseling is carried out several times to ensure cadres understand stunting. Apart from that, the method used is cadre training. The training consists of 2 things, namely training in carrying out anthropometric measurements and detecting child development for cadres.

The following are details of community service activities start with the socialization of community service activities was carried out on Thursday, March 17, 2022, which was held at the Suruh Trenggalek Community Health Center, attended by the Head of the Community Health Center, and staff of the Community Health Center holding the Maternal and Child Health and Nutrition program. The next step is counseling. Counseling was held on March 22, 2022, involving Nutrition program holders. Counseling participants include cadres and mothers who have children under five years of age. The media used to support extension activities are in the form of modules, posters, and leaflets. Cadres actively participate in activities and can answer when given feedback.

After the counseling, the next step continues with the training program. Training was given to cadres of babies under the age of five, which was carried out on March 24 2022 in the form of training on how to take anthropometric measurements, which includes checking height, weight, and upper arm circumference. Training was given to 25 cadres of babies under the age of five. The training was carried out by the community service team and also

students. After completing the training activities, the community service team provided anthropometric tools (digital scales, upper arm circumference measuring tools, midline and weight measuring tools), as well as providing educational media to all cadres in the form of modules, leaflets, and posters.

After the training is complete, cadres are allowed to directly carry out anthropometric measurements on babies and children who are undergoing routine examinations. As a result of the training, 50% of cadres can carry out accurate anthropometric measurements but still need further training in monitoring the development of toddlers. The last step was monitoring and evaluating this activity by visiting and assisting cadres during routine examinations once a month for babies under the age of five years to ensure that the cadres can carry out accurate anthropometric measurements on babies under the age of five years. Monitoring and evaluation are carried out during routine examinations once a month for babies under five years of age which are carried out from May to August 2022.

RESULT OF ACTIVITIES

Table 1 Distribution of knowledge about early detection of stunting among cadres in the Suruh Community Health Center Work Area in 2022

Knowledge	Good		Enough		Not Enough		Amount	
	Frequency	Percentage (%)	Frequency	Percentage (%)	Frequency	Percentage (%)	Frequency	Percentage (%)
Pretest	5	20	11	44	9	36	25	100 %
Posttest	11	44	9	36	5	20	25	100 %

Based on Table 1 it can be seen that there is a significant increase in knowledge about early detection of stunting in the Suruh Community Health Center area after being given counseling about early detection of stunting. Evaluation of the results of anthropometric measurement training for infant cadres under five years old shows an increase in skills. Cadres become more careful during anthropometric examinations of targets to obtain precise measurement results.

DISCUSSIONS

Based on the results of community service activities carried out in the Suruh Community Health Center work area, the results show that there has been a change in cadres' knowledge about early detection of stunting as shown by the results of pre and post-test evaluations. Apart from that, there was an increase in cadres' skills in carrying out

anthropometric measurements and child development, although this did not happen to all cadres. Cadres felt that training was very helpful and important to increase their knowledge in providing services and managing posyandu. The cadres feel they have benefited from their work, the cadres hope they can understand stunting prevention and receive training material from experts. Iswarawanti[4] said that the training Systematic and consistent is a form of non-financial incentive that can help motivate cadres to carry out their role as volunteers in the health sector. Cadres will feel appreciated if they receive consistent training and they will be proud if the knowledge they have and what they gain from training can be useful for their own families and the surrounding environment. Providing anthropometric measurement tools/media to cadres in the form of scales, midlines, height meters, and LiLa meters is expected to increase cadres' motivation to carry out anthropometric measurements on children. Apart from that, cadres are also given outreach media in the form of modules, leaflets, and posters. Susanto, et al said that Posyandu cadres were provided with a guidebook for providing health services to the community[5]. Training can provide benefits for posyandu cadres. Cadres can provide education and awareness to the community in independent health services in the form of first aid and self-medication in case of diarrhea, nutritional education, education about epidemic diseases, and inviting parents' active participation through home visits, and classes for pregnant women and toddlers. Posyandu cadres can provide education about environmental cleanliness to prevent dengue fever, measles, and elephantiasis. Cadres can provide an understanding of post-immunization follow-up events (AEFI) to parents of toddlers. According to Atikah in Zohri said that the role and function of cadres is to act as community mobilizers which include healthy living behavior and health improvement[6]. Likewise, posyandu cadres for toddlers have a big role in preventing stunting in a promotive and preventive manner. Increasing training-based knowledge for cadres can use various methods, such as lectures, discussions, and practicum methods provided by health workers to cadres. Empowering cadres through training using the lecture method has proven to influence increasing health cadres' knowledge. The results of statistical tests on training conducted by Adistie, Lumbantobing, & Maryam on health cadres using lecture and simulation methods showed a significant influence ($p = 0.000$) on cadres' knowledge in early detection of stunting and stimulation of growth and development in children[7]. Cadre empowerment is similar to the lecture, small group discussion and simulation methods carried out by Nurhidayah, Hidayati, and Nuraeni in Tasikmalaya Regency to revitalize posyandu, showing an increase in cadre knowledge before and after

being given training about posyandu and material related to nutrition detection bad, ARI and family planning to counsel with an average score of 45.1[8]. The results of this community service show an increase in the value of cadres after the counseling was carried out. Judging from the pretest which is lower than the posttest after counseling. This shows that counseling about early detection of stunting has a role in increasing the level of knowledge of cadres in the Suruh Community Health Center area. The theory put forward by Notoatmojo is that health education is a health promotion media that can influence a person's knowledge[9]. Beensley revealed that health education conveys information with the hope that students will learn it and can influence their knowledge[10]. The media used in outreach to increase cadres' knowledge about stunting include LCDs, laptops, PPTs, and leaflets. Learning aids in counseling are tools used by educators in delivering teaching materials. Teaching aids can help target students to receive lessons using their five senses. The more senses used in receiving a lesson, the better the acceptance of the lesson[11]⁽¹¹⁾. According to Dale in the US Institute, learning outcomes achieved through the sense of sight are around 75%, through the sense of hearing around 13%, and through other senses around 12% [12]. This shows that learning will be more optimal if it empowers all the senses through various media used as the team did, namely using leaflets, PPT, and direct practical learning. management of providing nutrition to prevent stunting in toddlers. It is hoped that this empowerment of health cadres can be implemented consistently and continuously so that it can improve the performance of cadres, especially to increase the knowledge and motivation of health cadres in optimal Posyandu services and achieve an increase in the level of public health, especially for toddlers.

CONCLUSION & SUGGESTION

The implementation of empowering health cadres regarding the prevention of stunting in toddlers at the Suruh Community Health Center can be carried out smoothly, thanks to the support and active participation from various parties at the Suruh Community Health Center and its staff. Through this activity, in general, the results show that the knowledge and skills of the cadres have increased, although the cadres' knowledge has increased more than the skill level of the posyandu cadres after being given training on efforts to prevent stunting in toddlers. The next recommendation for community service activities is the need for a specific cadre empowerment program in the management of providing nutrition to prevent stunting in toddlers. It is hoped that this empowerment of

health cadres can be implemented consistently and continuously so that it can improve the performance of cadres, especially to increase the knowledge and motivation of health cadres in optimal Posyandu services and achieve an increase in the level of public health, especially for toddlers

REFERENCES

- [1] Kementerian Kesehatan RI. *Warta kesmas; gizi investasi masa depan bangsa*. Jakarta:Kementerian Kesehatan RI. 2017
- [2] Rodiah, Saleha, Lusiana Elnovani dan Agustine Maryam. 2016. Pemberdayaan Kader Pkk Dalam Usaha Penyebarluasan Informasi Kesehatan Di Kecamatan Jatinangor Kabupaten Sumedang. *Jurnal Aplikasi Ipteks* . ISSN 22302875
- [3] Isni, Khoiriyah dan Dinni, Sitti Mutia. 2020. Pelatihan Pengukuran Status Gizi Balita Sebagai Upaya Pencegahan Stunting Sejak Dini Pada Ibu Di Dusun Randuginting, Sleman DIY. Panrita Abdi; Lembaga Penelitian dan Pengabdian Kepada Masyarakat Universitas Hasanudin ISSN-2580-3786
- [4] Dwi Nastiti Iswarawanti. *Kader Posyandu : Peranan dan Tantangan Pemberdayaannya Dalam Usaha Peningkatan Gizi Anak Indonesia*. *Jurnal Manajemen PelayananKesehatan*, 2010, 13(04), 169– 173.
- [5] Susanto, F. *Peran Kader Posyandu Dalam Pemberdayaan Masyarakat Bintan*. *Berita kedokteran masyarakat (BKM Journal Of Comunity Medicine And Public Health)*. Volume 33 nomer 1. 2017
- [6] Atikah, P dan Erna.2011. Ilmu untuk Keperawatan dan Gizi Kesehatan. Yogyakarta: Nuha Medika
- [7] Adistie, F., Lumbantobing, V. B., & Maryam, N. *Pemberdayaan Kader Kesehatan Dalam Deteksi Dini Stunting dan Stimulasi TumbuhKembang pada Balita*. *Media Karya Kesehatan*, 2018, (2); 173-184.
- [8] Nurhidayah, I., Hidayati, N. O., & Nuraeni, A. *Revitalisasi Posyandu melalui Pemberdayaan Kader Kesehatan*. *Media Karya Kesehatan*, 2019, 2(2); 145-157
- [9] Susila, Wahyu Dini Candra, et al. "PEMBERDAYAAN REMAJA MELALUI PROGRAM GENRE-SMART (GENERATION OF REPAIR-SEHAT MANDIRI AKTIF RESPONSIF TANGGUH)." *Community Development in Health Journal* (2024): 38-47.
- [10] Bensley, J 2008, *Community Health Education Methods: A Practical Guide*, 2nd Ed., Alih Bahasa oleh Apriningsih & Indah, Nova.S 2008, *Metode Pendidikan Kesehatan Masyarakat Edisi 2*, Jakarta: EGC.
- [11] Herawani. 2001. *Pendidikan Kesehatan Dalam Keperawatan*. Jakarta: EGC
- [12] Dale, Edgar. 1969. *Audio Visual Methods in Teaching*. New York: Holt, Rinehart and Winston Inc. The Dryden Press.