

ORIGINAL ARTICLE

Effectiveness of Training for Cadres in Stunting Prevention Efforts in the Bangkalan District Area

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ABSTRACT

Introduction: Stunting is often referred to as dwarfism or short stature. According to the WHO, stunting is the result of inadequate child nutrition due to continuous infections during the first 1,000 days of life. Bangkalan is one of the regions with a high prevalence of stunting. Stunting prevention efforts can utilize promotion and training through existing cadres in Integrated Health Posts (Posyandu). The research aims to analyze the impact of training on cadres in stunting prevention. **Materials and methods:** This study is a follow-up research after the first phase of exploring variables and developing modules. In this research, a module was implemented using a quasi-experimental method with a pretest-posttest design. The research subjects were cadres from Integrated Health Posts (Posyandu) in the Bangkalan District, totaling 100 individuals. **Results:** Training for cadres has a significant effect on increasing knowledge about stunting prevention with a p-value of <0.05 . **Conclusion:** Socialization should be conducted before the module is implemented in training. This research showed an increase in cadre knowledge before and after receiving training using the module.

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INTRODUCTION

Stunting is often referred to as being underdeveloped or short. According to WHO, stunting results from a lack of nutrition in children due to continuous infections during the First 1,000 Days of Life (HPK).⁽¹⁾ Stunting is said to occur when a child's height does not match the standard height for children in the same age and gender group in the normal population.⁽²⁾ The impacts of stunting can be both short-term and long-term. Short-term effects include disruptions in brain development, intelligence, physical growth disorders, and metabolic disruptions in the body. In the long term, stunting can lead to a decrease in cognitive ability, learning performance, and reduced immunity, making children more susceptible to illnesses. Moreover, stunting in Indonesia also affects the economic sector.⁽³⁾

The Basic Health Research (Riskesmas) by the Ministry of Health in 2018 found that 30.8% of children experience stunting. Although the prevalence of stunting has decreased from 37.2% in 2013, it remains high, with two provinces still having prevalences above 40%.⁽⁴⁾ The prevalence of stunting among toddlers in Bangkalan

is still high compared to the prevalence in East Java. Data from the Nutritional Status Monitoring (PSG) of East Java Province in 2015 showed that the prevalence of stunting in Bangkalan was the highest in East Java, at 53.2%, with 27.4% of toddlers being very short and 25.8% being short.⁽⁵⁾ The analysis of stunting prevalence in Bangkalan District involved 12 participants, including the heads of health centers, the Bangkalan District Health Office, IBI, and KIA heads. The discussion revealed that the 1,000 HPK program was already in progress but lacked collaboration between the government, regional health departments, and other educational institutions. All social events should include campaigns to reduce stunting.⁽⁶⁾⁽⁷⁾

Direct factors affecting nutritional status are nutritional intake and the presence of infectious diseases.⁽⁸⁾ Better nutritional intake leads to improved nutritional status and higher immunity, making individuals less susceptible to diseases. Inadequate nutritional intake makes individuals vulnerable to infections, especially infectious diseases, leading to nutritional problems.⁽⁹⁾ The dominant nutritional problem starts within families, and mothers play a crucial role. Therefore, a family-centered approach through health promotion is needed to empower the community to maintain, improve, and protect their health.⁽¹⁰⁾ Posyandu is one of the community-based activities carried out by, with, and for the community to provide easy access to health services

for mothers, infants, and toddlers.⁽¹¹⁾ Cadres play a significant role in organizing Posyandu because they not only disseminate health information but also encourage community participation in Posyandu.⁽¹²⁾⁽¹³⁾

The utilization of Posyandu in addressing stunting issues aligns with the Ministry of Health's vision of creating a healthy, independent, and just society through empowering the community, including the private sector and civil society.⁽¹⁴⁾ Posyandu is one form of Community-Based Health Efforts (UKBM) carried out by, with, and for the community to empower and provide convenience to the community in obtaining health services for mothers, infants, and toddlers.⁽¹⁵⁾

Training or workshops on the use of the Maternal and Child Health (KIA) book and the practice of complementary feeding for breastfeeding cadres have been proven to increase their knowledge. Training or counseling activities for cadres should be carried out periodically and continuously because most cadres have only completed high school education.⁽¹⁷⁾ Cadres should be equipped with good health knowledge, especially regarding stunting prevention, so that when they provide counseling to the community, it can be done effectively. The messages conveyed by cadres should align with those provided by healthcare professionals.⁽¹⁸⁾ This research aims to implement training using a stunting prevention module for cadres, to assess the improvement of cadre knowledge. Knowledge is a key element in every change process. Before conducting pre- and post-research in training using modules that have been consulted with experts. Therefore, the modules used are something new for the cadres.

MATERIALS AND METHODS

Study design

This study is a follow-up research after the first stage, which conducted exploratory qualitative research with a cross-sectional design to identify the dominant factors influencing the prevalence of stunting in Bangkalan District and develop an analytical instrument for the theme.

Data collection

Data collection was done through interviews with 12 healthcare workers involved in the stunting prevention program. In this research, a module was implemented using a quasi-experimental method with a pretest-posttest design. The research subjects were Posyandu cadres in the Bangkalan District. The study used consecutive sampling, which involved selecting samples by including subjects who met the research criteria in the study for a certain period, resulting in 100 respondents. Data collection took place from May to July 2022.

Ethical clearance

Ethical clearance for the research was obtained before data collection, This study was approved by Research Ethics Committee, Health Polytechnic Ministry of Health Surabaya No.EA/431/KEPK-Poltekkes_Sby/V/2021.

Data analysis

The statistical data analysis used was the Wilcoxon test because the data were not normally distributed. The measurement tool used was a questionnaire that was validated using Pearson's Product Moment correlation and tested for reliability using Cronbach's Alpha formula. The process began with the socialization of the module created by the researcher. Module Stunting Prevention for Cadres, with copyright number EC00202156561(19) was designed for the cadres. Before training the cadres, they were given a questionnaire as a pretest, then they were provided with training materials gradually and underwent a post-test.

RESULTS

As social beings, humans have an inherent drive for social interaction.⁽¹³⁾ According to Maclever, socialization is the process of learning norms, values, roles, and all other requirements necessary to enable effective participation in social life.⁽²⁰⁾ According to Soejono Dirdjisworo, the understanding of socialization encompasses three meanings: the learning process, habits, and characteristics, and skills.⁽²¹⁾ Socialization can be carried out in four ways: (1) Conditioning: This method of socialization uses rewards or punishments as a means to shape individual behavior. (2) Imitation: Involves copying behaviors exhibited by others. (3) Identification: It involves emulating the behavior of another individual seen as a role model in life. (4) Internalization: This form of socialization originates from an individual's own consciousness.⁽²²⁾ It differs from other methods because individuals voluntarily adhere to the values and norms. This consciousness arises because these values and norms have become a part of the individual.

In This form of socialization originates from an individual's own consciousness. It differs from other methods because individuals voluntarily adhere to the values and norms. This consciousness arises because these values and norms have become a part of the individual's identity.

From Table I characteristics of the 100 respondents who are Posyandu cadres, it was found that the majority of them fall within the productive age group, with 46% of them being between the ages of 30-40 years. In terms of education, it was found that 53% of them have completed their highest education level as high school graduates regarding accupation, 56% of the respondents

work as homemakers.

Table I: Characteristics of respondents

Age	n	%
30 – 40 years	46	46
41 – 50 years	45	45
51 – 60 years	9	9
Education		
Elementary School	4	4
Junior High School	34	34
Senior High School	53	53
Bachelor	9	9
Work		
Housewife	56	56
Private	36	36
Employee	8	8

The Table II above illustrates a comparison of the knowledge scores of the cadres regarding stunting prevention before and after training. From the table, it is evident that there is a significant difference in knowledge between before and after the training. Therefore, the training has an impact on knowledge about stunting prevention with a p-value of less than 0.05.

Table II: Research results with pre and post training on cadres on stunting prevention

	n	Median (minimum-maximum)	Average ± sd	p*
Before training	100	70 (17-80)	60.06 ± 14.78	0.00
After training	100	75 (30-85)	63.90 ± 8.60	

Note: *) The p value is calculated by the Wilcoxon test

DISCUSSION

This aligns with the research conducted by Endah⁽²³⁾, which found that knowledge is the most influential factor in the occurrence of stunting. Activity patterns have a positive and significant direct impact on stunting occurrence with a p-value of 0.048, while knowledge has a negative and significant direct impact on stunting occurrence with a p-value of 0.000. Furthermore, activity patterns also have a positive indirect impact on stunting occurrence through dietary patterns, while knowledge has a negative indirect impact on stunting occurrence through dietary patterns.

According to research conducted by Khitam⁽²⁴⁾, a social approach can also be used to enhance knowledge and information about stunting prevention through cadre training. Training sessions can take the form of seminars with competent speakers to provide knowledge and information about stunting prevention. Focus Group Discussions (FGD) between cadres and stakeholders can be conducted to disseminate the results of the training to the community. Additionally, cadres can engage in non-formal activities as a social approach to stunting prevention. Social approaches can be carried out through activities commonly found within the community, such as religious activities for outreach, digital campaigns

through social media content, and creative non-digital campaigns like cooking competitions for mothers with a stunting prevention theme. Training means changing behavior patterns because training ultimately leads to behavioral changes. Training is a part of education that involves the learning process and is useful for acquiring and improving skills outside the formal education system in a relatively short time, with an emphasis on practice rather than theory.

CONCLUSION

In this study, there was an improvement in the knowledge of cadres about stunting prevention before and after being provided with training using a module, with a p-value of less than 0.05. It is recommended to conduct a socialization session before implementing the module in training, so that the objectives of the training can be understood. The assessment of training outcomes can be maximized if the modules used as instruments are understood by the participants.

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