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Optimization Of The Role Of Cadres In Germas Management

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Abstract

Background: *Malnutrition that causes stunting, which is a global problem today, requires very serious and comprehensive treatment. One of the efforts made by the government is to launch a Community Movement for Healthy Living (Gerakan Masyarakat Hidup Sehat "Germas") program through a cadre system to improve community empowerment programs. The purpose of this community service activity is to optimize the role of cadres in the Germas application.* ***Methods:*** *Using a total sampling technique (33 cadres), counseling methods using power points and leaflets. The evaluation was carried out by comparing the results of the pre-extension questionnaire (mean = 6.24; post-extension, mean = 7.45).* ***Results:*** *A different test was carried out using the Wilcoxon Signed Rank Test, the Z value was (-5.096[b]).* ***Conclusion:*** *There is an effect of providing counseling using power points and leaflets on the level of knowledge of cadres about optimizing the role of cadres in embodying Germas.*

Keywords: *cadres, germas, stunting;*

1. INTRODUCTION

Health problems are things that need special attention in our country. The triple burden is still a big problem and challenge that must be resolved immediately. One of them is the problem of malnutrition or malnutrition that causes stunting, which is a global problem, including in Indonesia today. Stunting is a condition that requires serious and comprehensive treatment (Bambang, 2022) (Sehat.com, 2020) (Tim Indonesiabaik.id, 2019).

The prevalence of stunting in Indonesia is the fifth-highest in the world. Globally, stunting contributes to 15–17% of all child deaths (Rahayu et al., 2018). Based on the results of the 2019 Indonesian Toddler Nutrition Status Survey (SSGBI), the prevalence of stunting reached 27.67 percent. This means that 3 out of 10 Indonesian children are stunted (Nurhanisah, 2021).

Teja presented national data showing that the prevalence of stunting was still at 24.4% in 2022. Although it has decreased, this figure is still above the limit set by the World Health Organization (WHO) of 20% and the government's target of 14 % in 2024, as stated in the Presidential Regulation of the Republic of Indonesia No. 72 of 2021 concerning the Acceleration of Stunting Reduction in 2021 (Government, 2021). Stunting is a chronic malnutrition condition that results in impaired growth (height is shorter than the standard size for his age) (Kemenkes RI, 2018).

This will have a short-term impact in the form of impaired brain development, motor development, a decreased level of intelligence, impaired physical and mental growth, impaired body metabolism, and an increased risk of illness and death. While the long-term impact can be a decrease in cognitive abilities and learning achievement, decreased immunity, and a high risk of experiencing degenerative diseases (diabetes mellitus, obesity, cardiovascular disease, cancer, stroke, and disability in old age). In the future, stunting can pose a risk of declining labor market productivity levels, which will ultimately hamper economic growth, increase poverty, and widen inequality within a country (Rahayu et al., 2018) (Tim Indonesiabaik.id, 2019).

The problem of stunting is often not realized by the public because there are no early signs and symptoms that appear, such as disease. Therefore, overcoming the stunting problem must begin long before a child is born (100 HPK period) and even with teenage mothers to be able to break the stunting chain in the life cycle (Rahayu et al., 2018). One of the efforts made by the government is the launch of the Healthy Living Community Movement (GERMAS) program to cultivate a healthy lifestyle by increasing community participation and participation to live healthy so that the burden of health costs can be reduced and the degree of public health can be realized optimally.

This program is realized through the 7 steps of GERMAS as a guide to living a healthier lifestyle, including physical activity, eating fruit and vegetables, regular health checks, exclusive breastfeeding, smoking bans, and focusing on stunting. In addition, it is also supported by the implementation of Community-Based Total Sanitation (STBM), which consists of 5 pillars, namely, Stop Open Defecation (SOD), Hand Washing with Soap (CTPS), Household Drinking Water Management (PAM-RT), and Waste Management Households and Household Wastewater Management are supporting facilities in healthy families so that they can prevent stunting (Palupi et al., 2021) (Laksmi, 2019).

To make the GERMAS program a success, cross-sectoral collaboration is needed so that stunting conditions can be handled immediately. One of them is the cadre system for improving community empowerment programs. Cadre is a component of the primary health care system that can reduce the limitations of access to health services, improve sustainable health services, and act as a liaison between health workers and the community.

Posyandu cadres play an important role as the front line in service to the community. It is a driving force in implementing clean and healthy living behaviors, particularly in maternal and child health, to strengthen the global health system, in addition to providing health information and education (Palupi et al., 2021) (Amelia, 2016). Promotive and preventive efforts are strategies that can be carried out by occupational therapy to realize the GERMAS program, namely by coordinating with Posyandu cadres to provide refreshment while optimizing the role of cadres in stunting prevention.

Sindon Village, one of the villages in the Ngemplak area, Boyolali, Central Java, has an area of 257.1522 ha, which is divided into 9 hamlets, 4 hamlets, and 9 RW hamlets, which are further divided into 27 RTs. Institutionally, there are 5 Family Welfare Empowerment (PKK) groups at the RT level. The total population of the village as of August 15, 2022, was 5,982 people, consisting of 2,985 men and 2,977 women.

The population is dominated by children, distributed by age group 0–4 years, with a total of 437 people (221 boys and 216 girls). The largest age group is 5–9 years, with 465 people (230 men and 235 women). The majority of the population's last education was high school/equivalent. Most of the female population works as housewives (Pemdes, 2022).

Based on information from cadres, currently, 12 of the 350 children who are active in Posyandu toddlers in Sindon village are still experiencing stunting problems. Therefore, this community service activity aims to focus on refreshing and optimizing the role of cadres in realizing GERMAS, especially stunting prevention. The implementation of activities is carried out through counseling and training cadres.

2. LITERATURE

Stunting

Stunting is a chronic malnutrition problem that can occur from the time the fetus is still in the womb and only appears when the child is two years old. This is caused by a lack of nutritional intake for a long time due to the provision of food that is not in accordance with nutritional needs (Rahmadhita, 2020). According to the Government, (2021) stunting is defined as impaired growth and development of children due to chronic malnutrition and repeated infections, characterized by length or height that is below the standard set by the minister of health.

Stunting is a short body due to chronic malnutrition that can occur as a result of malnutrition, especially during the first 1000 days of life (HPK) (Kemenkes RI, 2018). Based on some of the definitions above, stunting can be concluded to be a condition of chronic malnutrition in children that is characterized by short stature and impaired physical and mental development. According to data on the prevalence of stunting among children under five collected by the World Health Organization (WHO), Indonesia is included as the third country with the highest prevalence in the Southeast Asia/Southeast Asia Regional (SEAR) region.

The average prevalence of stunting among children under five in Indonesia from 2005-2017 was 36.4% (Hindratni et al., 2021). Based on the 2019 report data, it shows that the prevalence of stunting in districts and cities with a prevalence below 20% has increased from 34 to 81 in 2018. If we look at the existing provinces, we get the data that there are 4 provinces in Indonesia with stunting below 20%, including Bali, Riau Islands, Bangka Belitung Islands, and DKI Jakarta. Meanwhile, West Sulawesi and NTT still have figures above 40% (Hadi, 2021).

According to the Ministry of Health's Indonesian Nutrition Status Study (SSGI), the prevalence of stunting among children under the age of five in Indonesia will reach 24.4% in 2021. This means that almost 1 in 4 toddlers is stunted (Kusnandar, 2021). Thus, the prevalence of stunting in Indonesia is included in the moderate group according to the standards of the World Health Organization (WHO). The categories of Stunting Prevalence according to WHO are: very high (≥ 40%), high (30-39%), medium (20-29%), and low (< 20%).

Stunting in the short term can cause disturbances in brain development, intelligence, impaired physical growth, and metabolic disorders in the body. In the long run, the negative consequences can include decreased cognitive abilities and learning achievement, decreased immunity, making it easier to get sick, and an increased risk of diabetes, obesity, heart, and blood vessel disease, cancer, stroke, and disability in old age (Rahayu et al., 2018). Acceleration of Stunting Reduction is any effort that includes specific interventions and sensitive interventions on the target of the first 1,000 days of a child's life up to the age of 6 years and is carried out in a convergent, holistic, integrative, and quality manner through multi-sectoral cooperation starting from the central, regional, and village governments (Government, 2021) (Rahayu et al., 2018).

Based on Presidential Decree No. 42 of 2013 concerning the National Movement for Increasing the Acceleration of Nutrition with a focus on the age group of the first 1000 days of life, namely as follows: a. Pregnant women receive a minimum of 90 tablets of blood booster (TTD) during pregnancy; b. Supplementary feeding (PMT) for pregnant women; c. Fulfillment of nutrition; d. Delivery with an expert doctor or midwife; e. Giving early initiation of breastfeeding (IMD); f. Exclusive breastfeeding for infants up to 6 months of age; g. Providing complementary feeding (MP-ASI) for

infants over 6 months to 2 years; h. Provision of complete basic immunization and vitamin A; i. monitoring the growth of children under five at the nearest posyandu; and j. Implementation of Clean and Healthy Lifestyle (PHBS). The government also organizes a Community-Based Health and Nutrition Project (PKGBM), which is comprehensively and continuously implemented in certain areas to prevent stunting (Rahayu et al., 2018; WHO, 2002).

Germas

Germas is a movement that aims to promote a culture of healthy living and leave unhealthy habits and behaviors in the community by way of promoting healthy, clean living behaviors through the support of community-based infrastructure programs. The focus on basic infrastructure development, which is the foundation of Germas includes the development of access to meet clean water and drinking water needs, public health installations, and the construction of livable settlements. By adopting a healthy lifestyle, Germas also supports efforts to prevent stunting.

Germas is a strategy that can be used to make people care about stunting (Palupi et al., 2021) (Kemenkes, 2017). One of the promotional and preventive efforts in the context of tackling various nutrition and health problems in society, the Ministry of Health has launched 3 focus activities for Germas, namely: increasing physical activity, consumption of vegetables and fruit, and early detection of disease (Kemenkes RI., 2018). In addition, Germas is suspected of the government's efforts to reduce the main risk factors for communicable diseases, non-communicable diseases, maternal mortality, infant mortality, and stunting—both biological, behavioral, and environmental factors—are suspected.

As for the organization, the main activities of Germas are formulated into 6 groups, which include: 1. Increasing physical activity; 2. Improvement of healthy living behaviors; 3. Provision of healthy food and accelerating the improvement of nutrition; 4. Improving disease prevention and early detection; 5. Enhancing environmental quality; and 6. Increasing education on healthy living (Udiani & Hikmandari, 2019).

Cadres

Posyandu cadres are defined as community members elected by the community, willing and able to work together and participate voluntarily in various community activities (Nita & Bait, 2020). Posyandu cadres, according to Admin, (2019) are community members who volunteer to manage the posyandu on behalf of the puskesmas. So it can be concluded that posyandu cadres are community members who voluntarily help manage health in the community and act as the main pillar and front line of defense in improving the health status of the community because they are the ones who best understand the characteristics of the community in their area.

Posyandu cadres play a role in monitoring children's nutrition by conducting early detection if there is a suspicion of stunting. The cadres are tasked with collecting data, measuring weight and length/height, then recording that information in the Card Towards Healthy (KMS), providing additional food and vitamin A, as well as conducting nutritional counseling. If the cadres find a toddler who has decreased or has not gained weight within 2 consecutive months, then they must refer them to the puskesmas or hospital (Ramadhan et al., 2022).

If there are children who have the potential for stunting, of course, all elements of the posyandu will conduct an evaluation to look for the causes and risk factors. Cadres,

of course, also conduct evaluation analysis through home visits to assess risk factors, one of which is the feasibility of sanitation.

3. METHODS

This community service activity was carried out on Saturday, October 15, 2022, starting at 13 o'clock WIB until it finished at the Sindon Village Hall. The target audience for counseling and training was 33 participants, consisting of the chairman and posyandu cadre members of Sindon Village. The instrument used was a questionnaire containing nine closed questions. The activity was carried out once face-to-face by implementing the health protocol.

Counseling and training of cadres aim to refresh knowledge and understanding of the role of cadres in the manifestation of Germas, especially stunting. The evaluation method used is in the form of a questionnaire assessing the understanding of pre- and post-activity counseling materials. Counseling begins with the distribution of pre-test questionnaires. Then proceed with the delivery of material using PowerPoint media and leaflets about the cadres' duties in motivating, monitoring, facilitating, and evaluating residents in programs to reduce the prevalence of stunting. After that, the distribution of post-test questionnaires was carried out.

The methods applied to the community service activity program include the following activities:

a. Pre-test: assesses participants' initial knowledge of cadres' roles and responsibilities in dealing with stunting.
b. Conduct counseling and training: Cadres' responsibilities include motivating, monitoring, facilitating, and evaluating residents in stunting prevention programs.
c. Post-test: re-measurement of participants' knowledge about the role and duties of cadres in handling stunting.

The results of the pre-test and post-test were then tested for normality using SPSS, which produced a significance value of 0.00. These results indicate that the data is not normally distributed because the results are <0.05.

4. RESULTS

This community service activity has been carried out well and smoothly, and the objectives of the activity can be achieved. Cadre counseling activities, the distribution of leaflets, and the provision of additional food have been carried out in accordance with health protocol standards. Cadres have shown an increase in knowledge and understanding of their roles and duties in the success of the Germas program in reducing stunting rates in the community.

Based on the results of interviews and discussions conducted with cadres, the results obtained in the form of strategic steps that will be taken in the community include: analyzing the causes of stunting, educating and motivating couples of childbearing age in preparing for pregnancy, childbirth, and environmental health; facilitating children with growth and development disorders and malnutrition to receive treatment by involving various related sectors, monitoring the health condition of the community environment, as well as evaluating and reporting the condition of the healthy development of rural communities consistently. The documentation of activities can be seen in Figure 1. Counseling activities for Dk Sawit and Ds Sindon cadres.

Figure 1. Counseling activities for Dk Sawit Ds Sindon cadres

While the data from counseling results can be observed in Table 1. Questionnaire Data on Understanding Counseling Materials for Optimizing the Role of Cadres in the Embodiment of Germas.

Table 1. Characteristics of Respondents Counseling on Optimizing the Role of Cadres in the Embodiment of Germas

Age (years)	Category	Frequency (f)	Percentage (%)
26-35	Early adulthood	6	18.2
36-45	Late adulthood	16	48.5
46-55	Early elderly	5	15.2
56-65	Late elderly	5	15.2
> 65	Seniors	1	3
Total		**33**	**100**

Based on the age grouping of cadres, the majority of cadres aged 36–45 years are in the late adult category, namely 16 people (48.5%). While the minority age group is over 65 (elderly), one person (3%). Changes in the knowledge of cadres can be observed in Table 2. Frequency Distribution Based on the Level of Change in Knowledge below.

Table 2. Frequency Distribution Based on Level of Change in Knowledge

Knowledge level	n	Min	Max	Mean	Std. Deviasi
PRE	33	4	8	6.30	1.015
POST	33	6	9	8.45	0.869
Total	**33**				

Based on Table 2, it can be seen that the average level of knowledge of cadres before counseling is 6.30, with a minimum value of 4 and a maximum of 8. Meanwhile, the average level of knowledge after counseling is 8.45, with a minimum value of 6 and a maximum of 9. Changes in the knowledge of cadres on each of the question items can be observed in Table 3. The frequency distribution of answers to the following pre-test and post-test questions

Table 3. Frequency Distribution of Pre-test and Post-test Responses

Question	Pre-test (%)	Post-test (%)	Ascension (%)
The cadres understand stunting and always remind the public about the importance of a healthy lifestyle	81.82	93.94	12.12
Cadres always invite the public to serve a menu of healthy and balanced nutrition	75.76	93.94	18.18
Cadres are always present at each posyandu	78.79	96.97	18.18
Cadres always carry out periodic checks on children and pregnant women at the posyandu	75.76	87.88	12.12
Cadres teach the community to always maintain the health of themselves and the home environment	81.82	93.94	12.12
Cadres have always been a driving force for the community to adopt a clean and healthy lifestyle	66.67	96.97	30.30
Cadres provide education to the community in implementing Germas	72.73	96.97	24.24
Cadres always report the health condition of children and pregnant women to the village midwife	57.58	90.91	33.33
Cadres always look for and provide solutions to the problems of children and pregnant women	36.36	75.76	39.39

Table 3 shows an increase in cadre knowledge before and after counseling using PowerPoint media and leaflets. The biggest increase occurred in question number 9 at 39.39%. While questions numbers 1, 4, and 5 show an increase of 12.12%. Based on the calculation method used in the Wilcoxon signed rank test formula, it was found that there were differences in the knowledge of pre-test and post-test counseling cadres. This can be observed in Table 4 below.

Table 4. Wilcoxon Test Results for Knowledge Level of Cadres

POST - PRE	N	Mean Rank	Sum of Ranks
Negative Ranks	0[a]	0.00	0.00
Positive Ranks	33[b]	17.00	561.00
Ties	0[c]		
Total	**33**		

POST < PRE
POST > PRE
POST = PRE

Table 5. Calculation results of the Wilcoxon Signed Rank Test

Test Statistics[a]	POST - PRE
Z	-5.096[b]
Asymp. Sig. (2-tailed)	0.000

Wilcoxon Signed Ranks Test
Based on negative ranks.

The results of the Wilcoxon test showed that the average posttest score for all cadres was higher than the pretest score (17.00). These results prove that counseling has a positive effect on cadres' knowledge before and after the activity is carried out. Meanwhile, based on the calculation results of the Wilcoxon Signed Rank Test, the Z value obtained is -5.096[b] with a ρ-value (Asymp. Sig 2 tailed) of 0.000, which is less than the critical research limit of 0.05, which means there is a significant difference between the pretest and posttest groups.

This means that there is an effect of providing counseling using power points and leaflets on the level of knowledge of cadres about optimizing the role of cadres in the embodiment of Germas. The results of the calculation of the Wilcoxon Signed Rank Test are presented in Table 5.

5. DISCUSSION

The majority of cadres in this community service are aged 36–45 years (48.5%). According to Dewi et al., (2022), age can affect one's knowledge. As we get older, the ability to catch powerful patterns of thinking and knowledge will increase. Meanwhile Pasorong, (2020) argues that there is a relationship between age and level of knowledge, but it is not certain that those who are more mature have better knowledge because there are other factors that can affect the level of knowledge, namely experience, work, level of education, and environment.

Community service activities are carried out at integrated health post-service social organizations through a program to optimize the role of cadres in the embodiment of Germas as a means to improve the function and role of posyandu cadres in reducing stunting in children. This is in accordance with the presentation by Rahayu et al., in 2018, which states that one of the efforts to prevent stunting can be done by strengthening the capacity of health services by increasing the capacity of officers and cadres and the introduction of nutritional interventions. The same thing was expressed by Teja, (2022): Posyandu cadres are one of the keys to achieving the stunting target of 14% in 2024.

This effort to reduce the stunting rate was carried out by reactivating the Posyandu function, which during the COVID-19 pandemic had stopped because Posyandu was a center of activity. Monitoring the growth and development of children under five in the community. The implementation of this community service program is carried out offline while still implementing health protocols according to standards. The media used are in the form of power points and leaflets.

The Z value in the Wilcoxon Signed Rank Test calculation results, amounting to -5,096[b] in this community service, indicates that the counseling technique using PowerPoint media and leaflets is very effective for counseling participants because they can directly listen to presentations from resource persons with existing visual media. This is supported by the results of the study by Sabarudin et al., (2020) which state that leaflets are a more effective medium for strengthening communication models when

compared to the use of video media. The use of leaflet media can be a means of changing behavior and helping participants better remember the information that has been conveyed (Sepang & Patandung, 2021).

In line with the results of Purnomo et al., (2015) who explained that some respondents liked brochures as a medium for conveying information because they could be stored and viewed again at any time, besides that, respondents also liked direct counseling methods in the form of field schools, field meetings, and demonstration plots because respondents felt that the material could be agreed upon and the respondents could simultaneously participate directly, the material could be demonstrated directly, procedures could be followed in stages, and they could directly practice in the field. The counseling method is a practical action that can effectively change the behavior of individuals, groups, communities, and society so that they have the knowledge, ability, and willingness to solve the problems they face (Wahyuni & Prasetyaningsih, 2020).

6. CONCLUSIONS & SUGGESTION

Based on the outcomes of the community service activities, it is possible to conclude that the cadres receive refreshment in understanding and carrying out their roles and functions optimally in order to realize the Germas program. The cadres have formulated a strategy for action to be taken to increase citizen awareness about reducing stunting rates. This community service activity requires follow-up, namely: cadres and regional stakeholders (hamlet, RT) are expected to work together to continue the program that has been designed even though community service activities have ended.

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