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Empowering the Role of Cadres in Stunting Prevention with Nutrition Counseling

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ABSTRACT

Background: *Stunting is a condition of growth failure in children that can be caused by chronic malnutrition so that children are too short for their age, which is at risk of increased morbidity and mortality, decreased immune system and increased risk of infection. The prevalence of stunting in Indonesia in 2023 is 15.8%, in East Java 13.8% and in Jember 29.7%. This community service activity aims to improve the ability of cadres as educators in reducing the incidence of stunting in organizing posyandu activities.*

Methods: *The activities were carried out in Menampu Village in December 2024 targeting the posyandu cadres. This included the distribution of questionnaires, education on stunting, and practice in determining nutritional status. An evaluation was conducted to assess the improvement in the knowledge and skills of the cadres.*

Results: *The results of the activity showed an increase in cadre knowledge related to stunting, most of which were in the good category (73.33%) and there was an increase in cadre skills in the correct category (100%) in determining nutritional status.*

Conclusion: *Knowledge about stunting and skills to determine nutritional status improved after the counseling and training sessions. It is recommended to have periodic follow-ups and to expand the program to other villages for the prevention of stunting.*

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INTRODUCTION

Stunting is a condition of growth failure in children under five that can be caused by chronic malnutrition so that children are too short for their age. Stunting is a chronic nutritional problem over a long period of time that can be caused by parenting and feeding that is not in accordance with the nutritional needs of the child (1). Children under five (0-59 months) who are stunted are at risk of increased morbidity and mortality, decreased immune system immunity and increased risk of infection (2). Meanwhile, stunted children under five have a long-term effect of causing a child's failure to reach their cognitive potential and physical abilities, which will affect future work capacity and socio-economic status (3).

The prevalence of stunting in Indonesia in 2023 is 15.8%, with East Java at 13.8%, and in Jember Regency reaching 29.7%. This indicates the necessity for

significant efforts to reduce stunting rates. Addressing stunting has become a national development priority implemented through various cross-sector strategies. One important strategy is community empowerment through the strengthening of the role of integrated service posts (posyandu) in efforts to prevent and mitigate stunting (4).

To overcome the problem of stunting is done through the utilization of posyandu through community empowerment including cadres (5). Cadres are voluntary workers under the auspices of regional midwives who play an important role in helping midwives to improve maternal and child health because they understand the problems that exist in the community(6). Cadres can help health workers to provide education and counseling to mothers and families in improving the nutritional status of children and families.

Cadres play a role in assisting early detection of growth and development issues in children. Regular training and supervision are necessary to enhance the knowledge and skills of cadres. Strengthening the role of community health post cadres is expected to support sustainable community-based efforts to prevent stunting (7). The problem in Menampu Village to be solved is the lack of cadres' ability as educators to improve health services for mothers and children, both providing assistance and organizing posyandu activities in the community.

The plan to solve the problems faced by the community in Menampu Village, Gumukmas District is to increase the knowledge of cadres related to the factors that cause stunting, signs of stunting, how to overcome stunting and provide training on how to determine the nutritional status of infants and toddlers. This training can be a strategy to solve the problem of stunting in Menampu Village because by increasing the knowledge of cadres so that cadres are able to carry out their duties as educators who are an extension of health workers. This community service activity takes the form of training for posyandu cadres aimed at improving the independence of the cadres.

As educators, the cadres are expected to play a role in promoting nutrition to prevent stunting. This community service activity supports the community empowerment program in the health sector, particularly in addressing stunting.

METHODS

This service was carried out in Menampu Village, Gumukmas District, Jember Regency in December 2024 with the target being posyandu cadres in Menampu Village. The implementation method of the activity is divided into four stages as follows:

Identification of Initial Knowledge and Skills of Cadres

The initial stage involves distributing a questionnaire to all cadres of the posyandu who participate in the activity. This questionnaire is designed to assess the initial knowledge level of the cadres regarding stunting, including their understanding of the causes, impacts, and preventive measures. Additionally, the questionnaire is also used to evaluate the basic skills of the cadres in determining the nutritional status of children using height-for-age (HAZ) or length-for-age (LAZ) graphs.

Presentation of Educational Material

After assessing the initial understanding level of the participants, the activity continued with the delivery of educational material. The material was presented by health officials who are experts in the field of stunting. It includes the fundamental concepts of stunting, risk factors and long-term consequences of stunting, strategies for preventing

stunting, and guidelines for meeting the nutritional needs of children, especially those experiencing stunting. The presentation of the material was conducted interactively using presentation media and group discussions to enhance comprehension among the cadres.

Training in Nutritional Status Assessment

At this stage, participants are provided with practical skills training to determine a child's nutritional status using anthropometric charts of height-for-age or length-for-age (LAZ). Cadres are taught how to read curves, plot measurement results, and interpret a child's nutritional status based on the obtained results. The practice is conducted directly with case studies and simulations, in order to ensure that cadres can understand and apply these skills independently in posyandu activities.

Evaluation of Training Results

The final stage of the activity is an evaluation aimed at assessing the effectiveness of the training in improving the knowledge and skills of the participants. The evaluation is conducted by having the participants complete the same post-training questionnaire as the initial one. The results before and after the training are compared to measure the improvement in the participants' understanding of stunting and their skills in determining children's nutritional status.

RESULTS

This cadre empowerment service activity was carried out in Menampu village, Gumukmas sub-district. The evaluation results of the attendance of participants in this activity were 15 cadres who were representatives of each posyandu cadre consisting of 15 existing posyandu to take part in the activity well. With this training, it is expected to increase the awareness of cadres as educators to provide health services to the community in reducing and preventing stunting.

Figure 1. Implementation of Stunting-Related Counseling for Cadres

Furthermore, after counseling related to stunting material, practical activities were carried out to determine the nutritional status of infants or toddlers with the classification of HAZ or LAZ nutritional status on the nutritional status chart found in the Maternal and Child Health (MCH) book.

Figure 2. Practical Implementation of Nutritional Status Determination

After being given counseling related to stunting, an evaluation of cadre knowledge was carried out by giving a post test. The results of the pre-test and post-test are as follows:

Table 1. Results of the Pre-Test and Post-Test on Knowledge of Stunting and Skills in Determining Nutritional Status Among Posyandu Cadres in Menampu Village (n = 15 Cadres)

Variable	Pre-Test		Post-Test	
	n	%	n	%
Knowledge				
Good	3	20.0	11	73.3
Simply	9	60.0	4	26.7
Less	3	20.0	0	0.0
Total	**15**	**100.0**	**15**	**100.0**
Skills				
Correct	10	66.7	15	100.0
Wrong	5	33.3	0	0.0
Total	**15**	**100.0**	**15**	**100.0**

Note: n = number of observations; % = percentage of observations

Based on table 1, it can be seen that most of the participants' knowledge before counseling related to stunting had sufficient knowledge of 60%, while after counseling related to stunting there was an increase in knowledge in cadres by showing 73.33% of cadre knowledge in the good category. In addition, skills improvement was also carried out in determining the nutritional status of HAZ or LAZ in the Maternal and Child Health (MCH) Handbook and then evaluating the knowledge of cadres by giving a post test. It can be seen that the skills of cadres before counseling related to how to determine nutritional status in children have 66.67% correct skills in determining the nutritional status of children, while after counseling related to how to determine nutritional status in children have 100% correct skills in determining the nutritional status of children.

DISCUSSION

In this activity, the service targets, namely cadres in Menampu Village, were all present, which was an effort to increase the independence of cadres so that cadres as educators were useful in promoting nutrition to prevent stunting, which is one of the programs related to community empowerment (8). This is in accordance with the statement that posyandu activities are less than optimal due to the low ability of cadres and lack of guidance which results in low public interest in getting health services at the posyandu (9).

Activities aimed at enhancing the cadres' knowledge about stunting have shown positive results, with 73.33% of the cadres categorized as having good understanding following the counseling sessions. This result indicates that the counseling was effective in improving the cadres' understanding of stunting. These findings support the assertion that public knowledge about stunting can significantly increase through targeted counseling interventions (10). Increased knowledge related to how to serve varied foods can meet the nutritional needs of toddlers so that they do not experience stunting (11).

Meanwhile, stunting is a chronic nutritional problem for a long period of time which can be caused by parenting and feeding that is not in accordance with the nutritional needs of the child (1). So that in providing health services, one of them requires support from health workers (12). Preventing and reducing the incidence of stunting is needed by increasing knowledge related to stunting in the community because stunting can lead to degenerative diseases such as diabetes, hypertension, dyslipidemia, and impaired reproductive function in adulthood (3).

This service also improves the skills of cadres in determining the nutritional status of HAZ or LAZ in the MCH handbook with the result that the cadres have 100% correct skills in determining the nutritional status of children after mentoring skills in determining the nutritional status of HAZ or LAZ. The results of this activity are in accordance with previous research which states that the assessment of nutritional status based on HAZ or LAZ is significantly related to the level of knowledge, meaning that the higher the level of knowledge, the better the nutritional status of children (13). In addition, screening to determine nutritional status is a promotional effort in preventing stunting (14).

The implementation of stunting handling activities is a national development priority through the National Action Plan for Nutrition and Food Security. To overcome the problem of stunting is done through the utilization of posyandu through community empowerment, including cadres being able to determine the nutritional status of each child (5). The activity of determining nutritional status and conducting balanced nutrition education is an effort to increase knowledge and application of daily life to achieve optimal nutritional status (15).

Other research findings indicate that the causes of stunting are influenced by several sequential main factors. These factors include All these factors are interconnected and contribute to the risk of stunting in children. It can be seen that the causes of stunting are based on the most influential factors in order, namely: family income, exclusive breastfeeding, family size, education of the father of the toddler, occupation of the father of the toddler, nutritional knowledge of the mother of the toddler, family food security, education of the mother of the toddler, level of carbohydrate consumption of the toddler, accuracy of complementary feeding, level of fat consumption of the toddler, history of infectious diseases of the toddler, socio-culture, level of protein consumption of the toddler, occupation of the mother of the

toddler, kadarzi behavior, level of energy consumption of the toddler, and completeness of immunization of the toddler (16).

This extension activity has significant implications in enhancing the knowledge of volunteers regarding nutritional fulfillment for infants and toddlers, so that they can act as educational agents in their respective posyandu areas. It is hoped that the increased knowledge and skills of posyandu volunteers will enable them to provide accurate information to families to prevent stunting. To support this, continuous training and regular assistance are necessary.

CONCLUSIONS AND SUGGESTIONS

In this community service activity carried out in Menampu Village, it shows that there are differences in knowledge related to stunting between before and after being given counseling. In addition, there are also differences in the skills of determining the nutritional status of HAZ or LAZ before and after being given counseling related to the skill of plotting nutritional status charts in infants and toddlers. The increase in knowledge and skills of these cadres is expected to reduce and reduce the occurrence of stunting in Menampu Village, Gumukmas District, and Jember Regency. For further community service activities, it is hoped that it can provide increased skills to cadres to provide counseling to every parent who has a child.

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