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Overview of Health Cadre Knowledge About Stunting Prevention in Children in Telaga, Tilango, and Limboto Health Center Areas

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Abstract : *Children are individuals who are in an important phase of development, from birth to 18 years of age. In this phase, children experience rapid physical growth and psychosocial development. The quality of nutrition, environment, and attention given to children during their growth greatly influences the quality of their lives in the future to prevent negative impacts that can hinder development. One of the negative impacts that can affect growth and development that often occurs in children is stunting. In supporting stunting prevention programs in the community, it is necessary to involve several parties, one of which is health cadres. Health cadres are very important in supporting stunting prevention programs in the community, because cadres are at the forefront of health services, especially through Posyandu, which is a center for maternal and child health services. This study aims to determine the description of health cadres' knowledge about preventing stunting in children. This study uses a descriptive design. The sampling technique uses simple random sampling with a population of 130 respondents and sample of 100 respondents. The instrument in this study used a questionnaire. The results of the study obtained that the knowledge of health cadres was in the good category of 42 respondents (42%), sufficient of 48 respondents (48%), and lacking of 10 respondents (10%). This study is expected to be a concern and policy by health workers in an effort to improve the knowledge of health cadres about stunting prevention through training on stunting prevention.*

Introduction

Children are individuals who are in an important phase of development, from birth to the age of 18. In this phase, children experience rapid physical growth and psychosocial development. The quality of nutrition, environment, and attention Which given to children during their growth greatly affect their quality of life in the future to prevent negative impacts that can hinder development. One of the negative impacts that can affect growth and development that often occurs in children is *stunting* (1).

Not only that, *stunting cases* remain a global problem that is important to overcome throughout the world, so that *stunting* has been named as one of the main focuses for the target of improving nutrition in the world until 2025. In 2020, as many as 22 % or around 149.2 million toddlers in the world experienced *stunting* (2). Besides That data from *the United Nations Children's Fund* (UNICEF), show that in 2020 the prevalence of babies experiencing *stunting* highest found in Ethiopia at 53.3%, while countries with *stunting prevalence* lowest that is Korea South as big as 2.2%. On year 2022 as many as 148.1 million or 22.3% of children under the age of 5 worldwide are

affected by *stunting*. The prevalence still classified as high when compared to the standards set by WHO, which is 20%. According to UNICEF and WHO data, Indonesia ranks 27th with a figure of 27% *stunting problems*, out of 154 countries that have *stunting data* which causes Indonesia to be ranked 10th among ASIAN countries Southeast with number 31.8%.

Based on data from the 2022 National Nutritional Status Survey (SSGI), prevalence *stunting* in Indonesia at 21.6% or 4,558,899 people. In 2017, the *stunting rate* was 37%. In fact, there has been a decrease in the *stunting rate* (2017-2022), but the government still needs to work to achieve the target of 14% *stunting rate* in year 2024. Based on a national scale, East Nusa Tenggara is the province with the highest incidence of *stunting* at 35.3%. And incident lowest in The figure is 8.0% in Bali Province. Gorontalo Province is ranked 17th highest *stunting* in number 23.8%. This is still relatively high when compared to the government's standard to achieve a 14% *stunting rate* by 2024.

Based on data obtained through the nutrition sector of the Gorontalo Provincial Health Service, the highest incidence of *stunting* in the province is in Gorontalo Regency with a figure of 34.7%, then the second highest is in North Gorontalo Regency with a figure of 34.7%. number 30.5%, in third place is Bone Bolango Regency with a figure of 27.6%, then in fourth place is Gorontalo City Regency with a figure of 23.6%, in fifth place is Pohuwato Regency with a figure of 18.4%, and sixth is Boalemo Regency with a figure of 16.0%.

In addressing several problems of *stunting*, various policies and regulations have been issued. government in framework for overcoming *stunting*. This is proven by Law No. 42 of 2013 concerning the National Movement for Accelerating Nutrition Improvement which was created as a form of responsibility government to increase public knowledge and awareness of the importance of nutrition and its influence on improving the nutritional status of the community. The National Movement for the Acceleration of Nutrition Improvement is effort together between governments And public through participation And planned care And coordinated for acceleration repair nutrition the society that prioritized on one thousand

first day life. With the existence of a program the the government hopes This can overcome various factors Which can cause *stunting* (3).

In order to support the implementation of primary services to level public, Health cadres are expected to be able to meet the basic service needs of the community through the Posyandu program. Based on the regulations issued by the Ministry of Health (2023) Posyandu is active (providing at least 5 cadres) in each region, this is adjusted to the duties of health cadres in carrying out 5-table services through Posyandu, namely registration, weighing, recording, counseling health, And health services (4).

In providing various posyandu services, it is expected to support success in handling *stunting* in the community. Health cadres are also required to have good knowledge in preventing *stunting* in the community. Improving the quality of cadres makes cadres better understand nutritional balance and convey information to the community. For prevent *stunting*. Knowledge is domain which is important for the formation of a person's life behavior. The role of cadres is very important because cadres are responsible for every posyandu program. Wrong One role from health cadres, namely by providing health promotion. Health promotion influences knowledge and attitudes with *stunting prevention actions* by health cadres (5). According to Notoadmodjo, the lack of information, limited information, lack of interest in information is a number of factors that can influence a person's knowledge itself (6).

Implementation *The stunting* program is in accordance with the pillars of *stunting* management in Indonesia at point 3, namely convergence, coordination, and consolidation of national, regional, and community programs. It is stated in Permendes PD TT No. 19 of 2017 at point 9, namely the implementation and empowerment of the community in health promotion. The healthy living community movement which includes *the subpoint* of the involvement of health cadres (5).

Based on the results of a preliminary study conducted, the highest incidence of *stunting* was in Gorontalo Regency in 2024. obtained amount child *stunting* 34.7%, Furthermore, an interview was conducted in September 2024 at the Health Center in Gorontalo Regency with 3 Health Cadres regarding *stunting prevention*, of the 3 cadres,

they only knew that the cause of *stunting* was a lack of nutritional intake and for the prevention of *stunting* only limited to arrange children's diet 4 healthy 5 perfect and providing additional food.

Based on the description above, this is what made the researcher interested in conducting research with the title "Description Knowledge Health Cadres on *Stunting Prevention* in Children in the Health Center Area of Telaga Tilango and Limboto Districts".

Method

This research was conducted in the Telaga, Tilango, and Limboto Health Center areas from November 1 to December 1. year 2024. Study It uses a descriptive design with approach *descriptive Survey* The sampling technique used in this study was *simple random sampling* with population of 130 respondents and the sample in this study was 100 health cadres.

Results

Characteristics Respondents

Table 1 Characteristics Respondents

Category	n	%
Respondent Age		
17-25 Years (Teenagers End)	5	5
26-35 Years (Adult Early)	47	47
36-45 Years (Adult End)	48	48
Type Male		
Female	2	2
Gender	98	98
Work		
Housewife	99	3
Student	1	15
Education		
Elementary	3	
School Middle	15	
High School	71	
Bachelor's/DIII	11	
Long Becoming a Cadre		
< 2 years	30	
> 2 years	70	
Monitored Family		
< 100	83	
> 100	17	
Experience of Following Training Stunting		
Once	73	
No Once	27	

Based on table 1, the characteristics of respondents can be seen based on age Which shared into 3 categories with the largest number of respondents, namely the adult age category End as much as 48 respondents (48%). Based on the research, the average gender with the largest number was female respondents, as many as 98 respondents (98%). Based on the work category with the largest number, namely respondents with the category that profession US housewife as many as 99 respondents (99%). Based on education with the largest number, namely respondents in the high school category as many as 71 respondents (71%). Based on the length of time as a cadre, the category with the largest number is respondents with a category of more from 2 year as much as 70 respondents (70%). Based on the number of monitored families with the largest number of respondents with the category of the number of monitored families less than 100, there were 83 respondents (83%). Based on the experience of participating in *stunting training* with the largest number of respondents who had participated in *stunting training* , there were 73 respondents (73%).

Univariate Analysis

Table 2 Analysis Univariate

Analysis Univariate	Amount	
	(n)	(%)
Good	42	42
Enough	48	48
Les	10	10

Source : Data Primary, 2024

Table 2 shows that most of the respondents in this study had a high level of knowledge. about prevention of *stunting* in children in the Sufficient category as much as 48 Respondent (48%).

Discussion

Knowledge Health Cadres on *Stunting Prevention*

Based on table 1 research result knowledge health cadres about prevention of *stunting* in children in Health Center Area Lake, Tilango, and Limboto show that the majority Respondent own level of knowledge as good as much 42 respondents (42%), level of knowledge enough as much 48 respondents (48%) and those who have a high level knowledge not

enough as many as 10 respondents (10%). The measuring instrument that becomes measurement to research result Which obtained in the form of a questionnaire knowledge health cadres about prevention of *stunting* with indicator measurement namely fulfillment nutrition since pregnant, giving breast milk exclusive, mentoring breast milk (MPASI), monitoring growth toddler at the integrated health post, And sanitation Which clean.

Based on results research, as many as 48 respondents (48%) have sufficient knowledge about prevention *stunting*. Results research shows that as many as 48 out of Respondent own sufficient knowledge based on the distribution of respondents' answers, the majority of respondents can answer most of the questions that represent each indicator request, namely correctly above 75% about prevention *stunting* on the indicator of fulfilling nutrition since pregnancy, namely "Health cadres provide counseling on the blood-boosting tablet program for pregnant women, both Which Healthy and also Which "sick". While overall the majority of respondents who have a high level of knowledge Enough answered incorrectly on the Exclusive Breastfeeding indicator as much as 45%,

This is in line with the theory put forward (7) that pregnant women should be given iron tablets to reduce the risk of anemia which can affect growth. fetus And increases the risk of complications during pregnancy. Iron supplements help meet the need for iron and folic acid to prevent iron deficiency anemia. Iron supplements at least given as much as 90 TTD tablets that must be taken during pregnancy The results of (8) showed that iron supplementation in pregnant women can reduce the prevalence of anemia by up to 50%, which directly supports fetal growth and prevents *stunting*. Based on research by Amru et al. (2022), a study in Indonesia found that pregnant women who regularly consume iron-enriching tablets have a lower chance of give birth to child with risk of *stunting* compared to those who do not consume it. So in preventing risk the The role of Health Cadres is very important as educators in the community.

The factors that can influence the knowledge of health cadres about preventing *stunting* are age. Based on the research results, from 48 respondents who were in Late Adulthood (36-45 years), There is 21 Respondent (21%) who

has sufficient knowledge, whereas in late adolescence (17- 25), from 5 respondents (5%), there are 3 Respondent Which knowledgeable enough, 2 others knowledgeable good and no respondents in this category have less knowledge, then for the Early Adult category (26-35) from 47 Respondent In this category, 18 respondents (18%) have good knowledge, 23 respondents (23%) have less knowledge and 6 respondents (6%) have less knowledge. Basic or incomplete knowledge can result in inappropriate *stunting prevention*.

According to (9) in a study on integrated health post cadres, it was found that most big cadre Which active in preventing *stunting* comes from the late adult age group (36-45 years) and early elderly (over 45 years). However, the adult age this is the end it turns out has a positive effect on cadre knowledge. Cadres who are more mature in age tend to have maturity in working and are appreciated by the community because they are considered more experienced, so they are often more effective in conveying information about *stunting* . This is in accordance with the culture in Gorontalo Province which still holds a culture of respect and trusting older people. Another factor that can influence the health of cadres' knowledge about *stunting prevention* is the length of time they have been a cadre. Based on the research results, from 70 respondents Which own old experience become cadre more from 2 years, there were 32 respondents (32%) who had good knowledge, then 33 respondents (33%) had sufficient knowledge and 5 respondents (5%) who had insufficient knowledge. While in the category of those who had long experience as cadres for less than 2 years, there were 9 respondents (9%) have knowledge Good, 19 respondents (19%) had sufficient knowledge, and 2 other respondents had insufficient knowledge. This is in line with Sulastris's theory (2020) which explains that the length of time as a cadre contributes significantly to increasing knowledge, especially in terms of providing maternal and child health information. Cadres who have served longer have greater access to repeated training and guidance from health workers.

Based on (8), it shows that cadres with experience more from 5 years have level knowledge which are more Good compared to with new cadres . This study also found that field experience provides practical insights that are not obtained through formal training alone. According to (10), she found an influence of the

length of time as a cadre on knowledge about balanced nutrition. The results showed a correlation positive, in where cadre with more than 3 years of experience have understanding Which more both in terms of material compared to cadres with less than 1 year of experience .

Researchers assume that cadres who have sufficient knowledge and skills will be able to be empowered to implement health programs in the community. With the level of knowledge cadre Which Well, cadres will apply this knowledge in carrying out their duties as an effort to prevent *stunting* .

Based on the research results, as many as 42 respondents (42%) had good knowledge about prevention. *stunting*. Results research shows that as many as 42 out of Respondent own Good knowledge based on the distribution of respondents' answers, the majority of respondents can answer most of the questions that represent each indicator request, namely correctly above 75% about prevention *stunting* in the MPASI Monitoring indicators, namely "Giving food "Additional food by health workers such as green bean porridge can prevent *stunting* ."

This is in line with the theory that put forward by (11) education about The right MP- ASI can reduce *stunting cases* . Increasing mothers' knowledge about how to provide MP- ASI according to WHO standards is very important in supporting children's growth and development. Based on study Rahmah et al. (2020) to put forward the relationship between the provision of complementary feeding and the nutritional status of children aged 6-24 months. This study shows that the provision of appropriate complementary feeding has a significant impact on preventing malnutrition and *stunting* , especially in ensuring adequate energy and protein. Giving MPASI Which inappropriate too early, less frequency and type of MPASI are not consistently related to the incidence of underweight, and *stunting* in children aged 6-24 months. Insufficient MPASI energy intake is related to poor nutritional status of children, but MPASI protein intake is not consistently related to poor nutritional status.

Stunting prevention are gendered. The results of the study showed that female respondents had sufficient knowledge as many as 49 Respondent (48%) while 41 Respondent

(41%) knowledgeable Good And 10 respondents (10%) others are knowledgeable less. While the various sex men numbering 1 Respondent (1%) have knowledge Enough.

Results study (12) showed that 85% of Posyandu cadres were women, and 75% of them had knowledge Good about prevention of *stunting* . On the other hand, male cadres who involved trend have knowledge Which not enough Good due to lower participation in posyandu training and education activities.

Factor others which influences knowledge about *stunting* prevention, namely work. The results of the study showed that respondents with sufficient knowledge is mostly dominated by work as a housewife as many as 92 respondents (92%), those with good knowledge as many as 41 respondents (41%), Then 48 respondents (48%) have sufficient knowledge and 10 respondents (10%) have insufficient knowledge. Whereas Which his job as a student is in the category knowledge Good as much as 1 respondent (1%).

According to (9) in their research, it was shown that work as housewife (Mother House Ladder) by cadres health can affect their knowledge regarding health issues such as *stunting* . A study show that cadre who work as housewives tend to have a better level of knowledge after receiving training and counseling related to *stunting detection and prevention* , because role they Which active in managing family and child health. This knowledge is related to social interactions and information they get in their daily lives. In addition, work Which allow cadres interact with others or receive training can enrich their knowledge about health problems such as *stunting* .

Researchers assume that a person's gender and job can influence knowledge, this is based on several theories that have been explained, women tend to have knowledge. Which more Good about *stunting* prevention compared to men. This can be explained by the more active social role of women in activities related to child and family health, so they are more often exposed to information and training on *stunting prevention* while working can also influence knowledge This is because work provides the opportunity to obtain information through social interactions within the family and community.

The results of the research on the next knowledge level category show a number of 10 respondents (10%) had insufficient knowledge about *stunting prevention* by answering incorrectly the question in the Exclusive Breastfeeding indicator questionnaire, namely " *Health workers do not need to regularly provide counseling on exclusive breastfeeding for children who are 3 months old*" . This shows that some respondents do not yet know that exclusive breastfeeding should be given to children until they are 6 months old.

According to theory (13) state that an individual's understanding of the world develops through experience and interaction with others. its environment. In matter this, knowledge the less Can occurs when individual No own enough opportunity or experience to assimilate new information. Research from (14) shows that many Posyandu cadres do not provide counseling related to exclusive breastfeeding due to their limited knowledge. This emphasize the importance of continuous training for cadres to keep their knowledge up to date. Posyandu cadres sometimes also face obstacles from myths that develop in society about exclusive breastfeeding, such as the perception of the inability of breast milk For sufficient need baby or preferences to milk formula. Thing This influence quality the education they provide.

Another factor that can affect knowledge about *stunting prevention* is education. The results of the study showed that respondents with less knowledge were mostly dominated by high school education levels or equivalent, as many as 71 respondents. Of the 71 respondents, 30 respondents had good knowledge. (30%) 36 respondents (36%) have sufficient knowledge and 5 respondents have insufficient knowledge (5%).

According to (8), education cadre Posyandu is very related with incident rate *stunting* on child because of the level education cadre Posyandu greatly influences the behavior of Posyandu cadres in his ability to detect early *stunting* in children/toddlers in integrated health post. Education that The higher the level, the greater the insight and knowledge of a person also in field health and Finally will behave active in activity integrated health service post especially in early detection of *stunting* in children.

Program integrated health service post walk in optimal naturally understanding is needed And public knowledge so that can participate active in the program that live. Increased knowledge with coaching and training very important performed on cadre with education low for increase cadre capability in detect early *stunting*.

In addition to education, another factor that can influence knowledge about *stunting prevention* is the number of families monitored. The results of the study showed that respondents with less knowledge were mostly dominated in the category of the number of families monitored less than 100, from 83 Respondent as much as 12 respondents (12%) have less knowledge, 31 respondents (31%) have good knowledge and 40 respondents (40%) have sufficient knowledge. Then for the category of number of family members Which monitored more from 100 families, from 17 respondents 1 respondent (1%) was in the less knowledge category, 5 respondents (5%) were in the knowledge category Enough And 11 other respondents (11%) have good knowledge.

Cadres who are responsible for monitoring a large number of families usually face challenges in absorbing And apply information. High workload can cause time constraints for cadre For follow training, reading new materials, or exploring information relevant to the program being run. The number of families monitored affects the frequency of cadre interaction with the community. The more families monitored, the higher the possibility of cadres to face diverse situations that expand experience their practice.

Based on Research by (5) found that cadres with the responsibility of monitoring more than 10 families had a lower level of knowledge compared to cadres who monitored 5-10 families. This is due to the high workload and limited time to attend training. Meanwhile, research by Mardiana (2024) showed that cadres who monitored too many families tended to experience a decline in service quality due to lack of focus, which also affected their level of knowledge.

Apart from education, the number of families Which monitored as for other factors that greatly influence knowledge cadre health about *stunting prevention* , namely the experience of participating in *stunting* training . The results of the study showed that respondents

with less knowledge of 73 respondents who took part in *stunting training*, there were 5 respondents (5%) who had less knowledge, 37 other respondents had sufficient knowledge. And 31 others well-informed. Meanwhile, for respondents who have never attended training *stunting*, from 27 Respondent 5 Respondent (5%) less knowledgeable, 10 respondents (10%) others are knowledgeable Enough And 12 respondents (12%) others are well informed.

Training stunting gives access cadre direct to the latest information on the causes, impacts, and prevention strategies for stunting. Material Which given often designed by experts and based on the latest scientific evidence. Thus, cadres not only gain basic knowledge but also a deep understanding of the various interventions relevant to addressing the problem. This.

Based on research by (15), it was shown that cadres who took part in training experienced a significant increase. in knowledge them about early detection of stunting, with the average knowledge score increasing from 45.9 before training to 89.2 after training. The researcher's assumption is that candidates with insufficient knowledge about exclusive breastfeeding cannot effectively overcome the obstacles or myths circulating in the community regarding breastfeeding, such as the assumption that breast milk is not enough. or myth about giving formula milk. Incomplete cadres understand breast milk exclusive may not have the ability to correct misinformation or provide appropriate solutions to the community.

Conclusion

Based on the research results it can be concluded that knowledge cadre Health information regarding the prevention of *stunting* in children in the Telaga, Tilango, and Limboto Health Center areas was found to be in the good category for 42 respondents (42%), Enough as much as 48 respondents (48%), And not enough as much as 10 respondents (10%).

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