


INCREASED INVOLVEMENT HEALTH CADRES OF THE STUNTING ACCELERATION TEAM: KASI JENTING (KADER SIAP DETEKSI JEJARING STUNTING)

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<p>Info Article</p> <p>Received : 14 Maret 2025</p> <p>Revised : 07 April 2025</p> <p>Accepted : 13 Mei 2025</p> <p>Publication : 30 Mei 2025</p>	<p>Abstract: According to the World Health Organization (WHO), stunting is a developmental disorder in children caused by malnutrition, recurrent infections, or inadequate psychosocial stimulation. Stunting refers to a condition in which the length or height of an infant is shorter than its age and sex. This community service activity (PkM) was carried out in the Ciherang Health Center Working Area, Karangtengah District, Cianjur Regency to Posyandu Health Cadres. The methods used in this community service activity are counseling, discussion, and evaluation through pre-test and post-test. The results of the activity showed an increase in participants' understanding of stunting. This counseling succeeded in providing insight to participants about efforts to prevent stunting.</p>
<p>Keywords: Involvement, Health Cadres, Stunting</p> <p>Kata Kunci: Keterlibatan, Kader Kesehatan, Stunting</p>	<p>Abstrak: Menurut Organisasi Kesehatan Dunia (WHO), stunting adalah gangguan perkembangan pada anak yang disebabkan oleh kekurangan gizi, infeksi berulang, atau stimulasi psikososial yang tidak memadai. Stunting (kerdil) mengacu pada suatu kondisi di mana panjang atau tinggi badan bayi lebih pendek dibandingkan usia dan jenis kelaminnya. Kegiatan Pengabdian kepada Masyarakat (PkM) ini dilakukan di Wilayah Kerja Puskesmas Ciherang Kecamatan Karangtengah, Kabupaten Cianjur kepada Kader Kesehatan Posyandu. Metode yang digunakan dalam kegiatan pengabdian pada masyarakat ini adalah penyuluhan, diskusi, dan evaluasi melalui pre-test dan post-test. Hasil kegiatan menunjukkan peningkatan pemahaman peserta terhadap Stunting. Penyuluhan ini berhasil memberikan wawasan kepada peserta tentang upaya dalam pencegahan stunting.</p>
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INTRODUCTION

According to the World Health Organization (WHO), stunting is a developmental disorder in children caused by malnutrition, repeated infections, or inadequate psychosocial stimulation. Stunting refers to a condition in which an infant's length or height is shorter than their age and sex as measured by the WHO Child Growth Standards. The presence of growth retardation indicates long-term (chronic) malnutrition. Based on WHO data in 2016, the prevalence of stunting in young children in the Southeast Asia region reached 33.8% ((WHO), n.d.). Cases of stunting in children under five are still a health problem that needs to be watched out for in Indonesia. Data on the prevalence of stunting in children under five collected by the World Health Organization (WHO) (Susanti, Desi Fajar and Tirtonegoro, 2022) states that Indonesia is the third country with the highest prevalence in the South-East Asian Region.

Stunting if quoted from the Presidential Regulation of the Republic of Indonesia Number 72 of 2021 is a growth and development disorder due to chronic malnutrition and repeated infections, characterized by length or height below the standards set by the minister who organizes government affairs in the health sector. Meanwhile, the definition of stunting according to the Ministry of Health (Kemenkes) is a toddler with a z score of less than -2.00 SD / standard deviation (stunted) and less than -3.00 SD (severely stunted) (Susanti, Desi Fajar and Tirtonegoro, 2022). So it can be concluded that stunting is a growth disorder experienced by toddlers which results in delays in child growth that is not in accordance with the standards, resulting in both short and long-term impacts. The direction of the president of the Republic of Indonesia towards accelerating the reduction of stunting in Indonesia has been contained in Presidential Regulation Number 72 of 2021 concerning the Acceleration of Stunting Reduction. This is the main focus of the President, because there are more and more cases of stunting that occur in Indonesia (Lubuksikaping, 2022) . The cause of stunting is the lack of nutritional intake obtained by toddlers from the beginning of the first golden period of life, starting from the womb (9 months 10 days) to the age of two years. Stunting will be seen in children when they reach the age of two, where the average height of children is less than children their age. The main causes of stunting include insufficient intake of nutrients and nutrients that meet the needs of children, wrong parenting due to lack of knowledge and education for pregnant women and breastfeeding mothers, poor environmental sanitation such as lack of clean water facilities and the unavailability of adequate MCK facilities and limited

access to health facilities needed for pregnant women, breastfeeding mothers and toddlers (Waliulu et al . ., 2018)

In 2011, Indonesia ranked fifth out of 81 countries with the highest number of stunted children in the world, with 7,547,000 children. Indonesia is reported to have more stunted children than several African countries, including Ethiopia, Democratic Republic of Congo, Kenya, Uganda and Sudan. From 2007 to 2011, the average prevalence of underweight, underweight and overweight children in Indonesia was reported to be 13%, 18% and 14%, respectively. In 2012, the under-five mortality rate in Indonesia was 152,000. The prevalence of stunting in Indonesia continued to fluctuate from 2007 to 2017 (Rokom, 2023) .

Based on the results of the Indonesian Nutrition Status Survey (SSGI) in 2022, the stunting rate in Indonesia is still quite high at 21.6%. Although it decreased by 24.4% in 2021 compared to the previous year, it is still high. Efforts are needed to achieve the goal of reducing stunting by 14% in 2021 and 2024. To achieve the 14 percent target, the government targets to reduce the prevalence of stunting by 3.8 percent per year until 2024. Meanwhile, in Cianjur Regency, the results of Indonesia's SSGI nutritional status survey in 2022 decreased by 20.1% from 33.7% to 13.6% compared to SSGI in 2021 (Zaleha & Idris, 2022) . The Regent of Cianjur, Herman Suherman, stated that the number of stunting cases in Cianjur is still high or reaches 33 percent. The Government of Cianjur Regency, West Java, targets to reduce the prevalence rate of stunting cases by an average of 3% every year. Thus, by 2024 the prevalence rate of stunting cases can be around 24% or even 20% (Yuliandy et al., 2023) . Given the declining stunting rate in Cianjur Regency, these steps are expected to be able to maintain and prevent an increase in the incidence of stunting.

METHOD

Pre-interaction Stage

This pre-interaction was carried out on June 06, 2024 at the Ciherang Health Center. This stage was carried out by the team to develop a program that would be implemented, including: assessment to the field, preparation of SAP, making permission letters from the campus, media preparation and coordination with the Ciherang Health Center, especially with parties related to the counseling to be carried out. From the results of discussions with the person in charge of the health center, it is known that *stunting* prevention activities in Cianjur Regency have not been carried out optimally as part of

services outside the health center building due to the uncertain number of service targets. Based on this, it was agreed that this activity would be carried out at Posyandu Flamboyan Samolo Desa Ciherang di Wilayah Kerja Puskesmas Ciherang Kecamatan Karangtengah, Kabupaten Cianjur.

Interaction and Follow-up Plan

The implementation stage of community service was carried out on Thursday, June 12, 2024 at 08.00 WIB until completion. The activity of increasing the involvement of cadres in the *Stunting* Acceleration Team (*Stunting* Ready Network Cadres) in toddlers with a total of 45 participants (cadres). This counseling activity was delivered by the Permata Nusantara STIKes community service team consisting of 4 lecturers and 4 students and 1 Puskesmas nurse. The media used is leaflets.

RESULTS AND DISCUSSION

Respondent Characteristics

Characteristics of respondents based on age, education level, number of children and employment status

Table 1. Respondent Characteristics

Variable	Frequency	Percentage (%)
Age		
30-35 years old	9	20
36-40 years old	9	20
41-45 years old	18	40
46-50 years old	9	20
Education		
SD	0	0
SMP	18	40
≥HIGH SCHOOL	27	60
Employment status		
Not working	36	80
work	9	20

Table 1 shows that the average respondent is 41 - 45 years old (40%) with an average of final secondary education (60%) with a non-working status (80%).

Average Difference in Knowledge in *Stunting* Prevention Efforts Before and After Counselin

Table 2. Average Difference In Percentage Of Knowledge In *Stunting* Prevention Efforts

Category	Total	Pretest (%)	Category	Total	Posttest (%)
Less	10	22	Less	4	9
Simply	15	33	Simply	10	22
Good	20	45	Good	31	69
Total	45	100	Total	45	100

Table 2 shows that the knowledge of respondents before counseling and filling out the pretest was less as much as 22%, enough as much as 33% and good as much as 45%. At the time after counseling and filling out the posttest was less as much as 9%, enough 22% and good as much as 69%.



Figure 1: Documentation of Community Service Activity

RESULTS

The results show that there is a mean difference in knowledge and efforts to prevent *stunting* before and after counseling.

DISCUSSIONS

Extension is a form of non-formal education to individuals or community groups that is carried out systematically, planned and directed in an effort to change sustainable behavior in order to achieve increased production, income and improved welfare. Extension is an effort to change human behavior through an educational approach. The educative approach is defined as a series of activities carried out systematically, planned, and directed with the active participation of individuals, groups, or communities to solve problems by taking into account local social, economic, and cultural factors. Extension is an effort to disseminate new things so that people are interested, interested and willing to implement them in their daily lives. Counseling cannot be separated from how the target of counseling can understand, understand, be interested, and follow what is advised properly, correctly, and on their own awareness try to apply new ideas in their lives. Therefore, counseling requires a mature, directed, and sustainable planning (BP3KSDMT, 2023).

Health counseling is a health education activity carried out by spreading messages, instilling confidence, so that people are not only aware, know and understand, but also want and can do a recommendation that has to do with health (Frathidina, 2019). Addressing *stunting* has become a top priority in public health strategies in many countries. *Stunting*, defined as a physical growth rate that is less than 60% of the normal growth rate, can result in reduced quality of life and increased risk of disease. To address this issue, governments and health organizations have developed various strategies, including increasing access to balanced nutrition and nutrition, improving the quality of drinking water and sanitation, and increasing access to health services (Harizal, Neherta, 2021). In addition, educational efforts and campaigns have been conducted to raise public awareness about the importance of nutrition and health, and to reduce practices that can lead to *stunting*, such as the use of unsafe and insufficient water.

In efforts to deal with *stunting*, the role of the community is also very important. Communities can participate in *stunting* management efforts by increasing awareness about the importance of nutrition and health, and by changing behaviors that can cause *stunting* (Waliulu *et al.*, 2018). For example, communities can improve access to balanced

nutrition and nutrients by consuming a balanced diet and avoiding unbalanced or unhealthy foods. In addition, communities can also improve the quality of drinking water and sanitation by using safe and sufficient water, and by improving the quality of sanitation in households (Rochmatun Hasanah *et al.*, 2023)

The role of the government is equally important. The government can participate in efforts to tackle *stunting* by increasing access to balanced nutrition and nutrition, and by improving the quality of drinking water and sanitation. In addition, the government can also improve access to health services by increasing the number and quality of health facilities, as well as by increasing the number and quality of health workers. (Rosmalina *et al.*, 2018)

Potential causes of *stunting* currently range from inadequate diet, poor hygiene, and recurrent infections. *Stunting* is a complex condition that may be caused by multiple etiologies, particularly poor, unbalanced diets and insufficient vitamin/micronutrient intake. It also involves social factors, including family resources and configuration, as well as the broader political and economic conditions in which children live. To date, while there is evidence of social and other risk factors contributing to *stunting*, the pathophysiological mechanisms remain elusive. As a consequence, there are still no appropriate interventions to cure *stunting*, and the most effective interventions address one-third of the observed linear growth delay (Vonaesch *et al.*, 2018). There is global agreement on the critical period - from conception to the first 2 years of life (0-23 months) where 70% of *stunting* occurs. This linear growth deficit continues to worsen up to the age of five due to persistent exposure to environmentally modifiable adverse factors related to feeding, infections and psychosocial care. Continued linear growth decline in the first 5 years of life can lead to severe irreversible physical and neurocognitive damage that accompanies growth retardation and poses a major threat to human development (Akombi *et al.*, 2017)

Based on the causes of *stunting*, one of the early prevention steps to prevent *stunting* is to diligently check the womb and monitor the growth of toddlers at Posyandu. Early prevention is one of the best ways to reduce the prevalence of *stunting* for all communities. Early detection of *stunting* is done through measuring height in toddlers. Therefore, mothers play an important role in everything related to child nutrition. One of them is family nutrition, which includes everything from food preparation, selection of food ingredients to the food menu. Mothers who have good nutrition absorption will have well-nourished children. A mother's level of nutritional knowledge affects her attitude and

behavior when choosing food, which in turn affects the nutritional state of her family. Parenting has an impact on nutritional status because good nutrition leads to better child development. Because providing knowledge or education to mothers about *stunting* is very important, health education and counseling are provided. Counseling in the form of public understanding, such as the importance of food nutrition, must be carried out in a long-term and dominant (Rochmatun Hasanah *et al.*, 2023)

Not only that, holistic management also plays an important role in efforts to overcome *stunting*, this approach involves integration and balance to overcome the problem of growth failure in children. Holistic management is an approach that focuses on the comprehensive care of the body and mind. This approach not only considers physical aspects, but also mental, emotional, and social aspects in achieving optimal health (Ambarita *et al.*, 2007). In an effort to overcome *stunting*, holistic management plays a central role in integrating various aspects related to this problem, also involving various sectors and *stakeholders* to achieve more effective goals. Health-based holistic education is also one of the effective strategies in improving parents' knowledge about *stunting*. This method involves *screening*, lectures and discussions to provide holistic health education on *stunting* (Ndiok, Akon Emmanuel Oyira & Ncama, 2020).

Nutrition education related to *stunting* is one of the programs that has been carried out by the government to reduce *stunting* rates in Indonesia. This nutrition education is included in specific nutrition interventions that target pregnant women, nursing mothers, adolescent girls and women of childbearing age. However, there is no program to strengthen educators, namely cadres (Astuti Anggraini & Ekawati, 2020). *Stunting* prevention can also be done by forming study groups. Activities in this study group are in the form of discussions conducted by mothers of toddlers accompanied by a facilitator. The discussions carried out have certain topics around *stunting* such as the impact of *stunting*, recognizing and providing nutritious food to toddlers. In this activity, mothers of toddlers will discuss with the facilitator to conclude (Budiana, 2023)

This is in line with research (Mimi *et al.*, 2021) the results showed that the respondents in this study were most at the age of 40 - 49 years as much as 36.7% of the category of productive age, at the age of 31 - 39 years as much as 20% of the age category was adult. Based on the results of this study, it can be seen that the most cadres with high school education are 50%. Education is one of the most important elements related to the work of a cadre, meaning that differences in education contribute to the implementation of posyandu activities. Of the 30 respondents there were several cadres whose knowledge

level was moderate 26.7% and low 20%. These results also show that the length of time a cadre has been working as a cadre at the posyandu does not necessarily have good performance. This study is located in the Lapadde Health Center working area of Parepare City. Based on this research statement, as well as considering the analysis and discussion of the results in the study. Researchers concluded that several factors can influence good performance, because the level of education is related to the ability to receive information, both in the mass media and health workers to the community. The higher the level of education, the easier it is to receive information that can increase knowledge about the posyandu picture. Thus, it can be concluded that through data collection conducted using a questionnaire consisting of demographic data (age, education level, and employment status), knowledge and *stunting* prevention efforts by parents. That is, the data shows that the average respondent is 41 - 45 years old (40%) with an average of final secondary education (60%) with a non-working status (80%). The data was taken from data collection of 14 counseling participants. With the difference in average knowledge and efforts to prevent *stunting*, it shows that the knowledge of respondents before counseling and filling out the pretest is less than 40%, and good as much as 40%. At the time after counseling and filling out the posttest is less than 0%, and good as much as 80% which shows that there is a difference in mean knowledge before and after counseling. And also the data shows that some cadres already understand *stunting*. However, it is hoped that after this activity the cadres' knowledge will continue to increase.

Based on the results, theories and related research, the researchers argue that *stunting* prevention efforts must be carried out comprehensively and sustainably to reduce the level of stunting in an area. Improving access to health services is also very important in *stunting* prevention efforts. This can be done by increasing the number and quality of health facilities, as well as by increasing the number and quality of health workers. In addition, the government must also increase public awareness about the importance of balanced nutrition and health by conducting effective campaigns and counseling.

CONCLUSION

Community service that has been carried out at Posyandu Flamboyan Samolo has shown that stunting is a complex health problem and requires an integrated approach. It is hoped that this counseling can become a component of community service programs

by teachers and students in an effort to prevent stunting, and it is hoped that this research can be studied more deeply in the future. This counseling is also expected to be a useful knowledge bridge for the community, especially toddler health cadres at Posyandu Flamboyan Samolo Ciherang Village in the Ciherang Health Center Working Area, Karangtengah District, Cianjur Regency.

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