

AN OVERVIEW OF THE ROLE OF INTEGRATED HEALTHCARE CENTER CADRES IN PREVENTING STUNTING IN BABIES TODDLER IN CIKUNIR VILLAGE

Tupriliany Danefi¹⁾, Fenty Agustini²⁾, Erwina Sumartini³⁾, Wuri Ratna Hidayani⁴⁾

Email: tuprilianydanefi07@gmail.com¹⁾, fentyagustini86@gmail.com²⁾,
erwinasumartini5@gmail.com³⁾, wuri.ratnahidayani@gmail.com⁴⁾

^{1,2,3)}Midwifery Diploma Program STIKes Respati, Tasikmalaya, West Java, Indonesia

⁴⁾ Bachelor of Public Health Program STIKes Respati, Tasikmalaya, West Java, Indonesia

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Abstract

The participation of cadres in the execution of the stunting program aligns with the key principle of addressing stunting in Indonesia, focusing on convergence, coordination, and consolidation of national, regional, and community initiatives. Cadres play a crucial role in promoting child and maternal health by serving as primary sources of health information for mothers. The study aims to examine the contribution of cadres in combating stunting in Cikunir Village, employing a quantitative approach with descriptive methods targeting cadre mothers as the population. Findings indicate that 56 individuals (98.24%) displayed good knowledge, while one person (1.75%) exhibited sufficient knowledge. Additionally, 45 individuals (78.95%) received strong spousal support, with 12 individuals (21.05%) lacking sufficient support. Regarding the performance of Posyandu cadres, 51 individuals (89.47%) demonstrated a commendable role, while 6 individuals (10.53%) displayed inadequate performance. Posyandu cadres are expected to lead the efforts in preventing stunting cases effectively.

Keywords: *The role of cadres, Integrated healthcare Center, Stunting*

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Correspondence:

Tupriliany Danefi, Midwifery Diploma Program STIKes Respati, tuprilianydanefi07@gmail.com

1. Introduction

Stunting remains a key nutritional issue in Indonesia and a priority in national development, as outlined in the 2020-2024 RPJMN. It is a condition of impaired linear growth in children due to prolonged inadequate nutrition, characterized by height below age expectations. Stunting can hinder children's growth and development, impacting human resource quality and jeopardizing productivity. Indonesia reported [1], a stunting prevalence of 30.8% among under-fives, contrasting with the 2019 RPJMN goal of a 28% decrease in toddler stunting [2].

Chronic malnutrition, evidenced by high stunting rates, persists in children under

five. The prevalence of toddler stunting decreased from 37.2% in 2013 to 30.8% in 2018, according to Riskesdas data. Despite this improvement, it remains significant, as WHO defines stunting prevalence over 20% as a health concern. [3]. In Cikunir Village, 125 stunting cases were reported in 2024, a village supported by STIKes Respati.

The stunting issue is primarily associated with malnutrition and has traditionally been addressed by health institutions and service providers. However, there has been a shift towards a multisectoral approach since 2017, emphasizing the importance of national, local, and community program coordination to reduce stunting [4].

Efforts to reduce stunting incidence and its impacts must be intensified. Monitoring toddlers' height by age aims to identify stunting early for prompt intervention. The Integrated Healthcare cadres show a solid commitment to health development, which is evident in their activity levels and program goals [5]. The cadres, sourced from the community, assist in identifying local health needs. They are integral to managing the Integrated Healthcare Center voluntarily, serving as key players in executing its activities. Their understanding of community dynamics makes them crucial in enhancing public health. Key duties at the center include registration, height and weight measurements, record-keeping, nutrition education, and healthcare provision. Monitoring height status by age is vital in detecting stunting among children under five. Cadres engage in promotive and preventive tasks, motivating community members to participate actively. Their role is pivotal in the program's success, and their diligence directly impacts the early detection of nutritional issues in children. This, in turn, influences the program's effectiveness in monitoring toddlers' growth and development. Cadres significantly influence child and maternal health outcomes by being mothers' primary source of health information [6].

The involvement of cadres in the implementation of the stunting program aligns with the pillar of addressing stunting in Indonesia under point 3, which emphasizes convergence, coordination, and consolidation of national, regional, and community programs. The empowerment of communities in health promotion and sub-districts is detailed in Regulation No. 19 of 2017 by the Minister of Villages, Development of Disadvantaged Regions and Transmigration, specifically in point 9. The community movement for healthy living involves integrating Integrated Healthcare Center cadres through organized meetings.

Effective cadre knowledge significantly impacts the performance of Integrated Healthcare Center cadres [7]. Research indicates [8] that Integrated Healthcare

Center cadres play a crucial role in preventing stunting cases in Ngijo Village. Their responsibilities include health service provision, acting as health instructors, community mobilization and empowerment, and health monitoring duties.

This study aimed to ascertain the contribution of Integrated Healthcare Center Cadres in preventing stunting in children under five.

2. Method

The study used quantitative methods with a descriptive approach to investigate the role of Integrated Healthcare Center cadres in preventing stunting among children under five in Cikunir Village. 62 cadres were included in the study, chosen through purposive sampling, resulting in a sample of 57 cadres. Carried out between July and September 2023 in Cikunir Village, the study utilized a questionnaire divided into two sections: one on cadre demographics and the other on their responsibilities. The latter section had 20 questions with binary responses (yes or no). Univariate analysis was used to analyze each variable, providing frequency distributions for a comprehensive understanding of the data.

3. Results and Discussion

a. Characteristic of Respondents

Table 1. Characteristic of Respondents

	N	Min	Max	Mean
Age	57	24	70	41.89
Working Length	57	5 bln	36 th	8.51
Category		f	%	
Education	Elementary School	5	8.8	
	Junior High School	21	36.8	
	High School	28	49.1	
	University	3	5.3	
Total		57	100	

	N	Min	Max	Mean
Occupation	Teachers	1	1.8	
	Employee	1	1.8	
	Entrepreneur	2	3.5	
	Laborer	2	3.5	
	Self-employed	1	1.8	
	Housewife	50	87.7	
	Total	57	100	
Marital Status	Married	54	94.7	
	Single	3	5.3	
	Total	57	100	
Distance from the cadre's house to the Integrated Healthcare Center	< 1 meter	50	87.72	
	1 – 3 meter	6	10.53	
	> 3 meter	1	1.75	
	Total	57	100	

In Table 1, the data indicates that the average age of respondents involved in preventing stunting among infants and toddlers in Cikunir Village in 2023 is 41.89 years. The age ranges from a minimum of 24 years to a maximum of 70 years. On average, the cadres have served for 8.51 years, with some serving for as short as five months and others for as long as 36 years. Most of the respondents have a high school level of education, which represents 49.1% of the group. The majority are housewives, making up 87.7% of the respondents. In terms of marital status, 94.7% of the cadres are married, while only 5.3% are single. Regarding proximity to the Integrated Healthcare Center, almost 87.72% of the respondents live less than one meter away from the center.

b. Cadres' Knowledge Level

Table 7. Distribution of Cadres' Knowledge Level

No	Knowledge Level	f	%
1	Excellent	56	98.24

2	Good	1	1.75
3	Poor	0	0
	Total	57	100

The data presented in Table 7 indicates that out of the total number of cadres, 56 individuals exhibit an excellent level of knowledge, representing 98.24% of the cadre population. Additionally, there is only one person, accounting for 1.75%, who possesses sufficient knowledge.

c. Husband Support

Table 8. Distribution of Husband Support

No	Husband Support	f	%
1	Good	45	78.95
2	Poor	12	21.05
	Total	57	100

According to Table 8, 45 respondents (78.95%) reported receiving substantial support from their husbands, while 12 individuals (21.05%) indicated a lack of support.

d. The Role of Cadres

Table 9. Distribution of The Role of Cadres

No	Cadres' Role	f	%
1	Good	51	89.47
2	Poor	6	10.53
	Total	57	100

Table 9 presented that 51 individuals (89.47%) fulfilled their cadre responsibilities effectively, whereas six individuals (10.53%) exhibited inadequate performance.

In the study on the Role of Cadres in Preventing Stunting in Infants and Toddlers in Cikunir Village in 2023, it was observed that 98.24% of cadres demonstrated excellent knowledge, while 1.75% exhibited good knowledge in stunting prevention. This suggests that the cadres possess a strong understanding of strategies for preventing stunting, enabling them to effectively educate mothers of young children and expecting women.

The researchers hypothesized that knowledge plays a crucial role in shaping cadre attitudes and behaviors concerning public health maintenance, particularly in infant and toddler care for stunting

prevention. The cadre's knowledge positively influences their community engagement, especially in mobilizing support for health initiatives like stunting prevention. The education level of the cadres, with 49.1% having completed high school, 36.8% with junior high school education, 8.8% with elementary school education, and 5.3% with university education, suggests a solid educational foundation among the cadre group.

Nearly all respondents (98.24%) exhibited excellent stunting prevention knowledge, likely attributed to their extensive tenure as cadres, with some serving for up to 34 years. This prolonged experience and knowledge accumulation are further enhanced by diverse information sources such as books, TV programs, and interactions with other healthcare professionals (9, 10). The study also highlights that continuous learning opportunities, like attending seminars and courses, contribute to expanding cadre knowledge, even for those without a health-related educational background [11].

Moreover, the acquisition of excellent knowledge by cadres is facilitated by a robust support network involving collaboration with healthcare professionals, particularly midwives in their locality [12]. Research suggests that beyond knowledge, behavior change requires a multifaceted and time-consuming process. Therefore, enhancing stunting prevention efforts necessitates equipping cadres with additional skills to complement their knowledge. Cadres who are dedicated to reducing stunting play a crucial role in mitigating the risk of stunting by undergoing training to enhance their knowledge and skills, thereby offering valuable support in stunting prevention. Aligning with Robertson's perspective, strengthening the cadre's responsibilities involves regular mentoring and structured evaluations, which foster a sense of support and encouragement among cadres. The performance of cadres is influenced by various factors, notably the support extended by their husbands, as evidenced by the data indicating that a majority of husbands provided substantial support (78.95%),

whereas a minority offered less support (21.05%).

The study illustrates that 51 cadres (89.47%) demonstrated commendable performance in their roles, whereas six cadres (10.53%) exhibited subpar performance at the Posyandu. The researchers posit that cadres in Cikunir Village play a pivotal role in reducing stunting among children under five years old. As outlined in previous literature, the role of Posyandu cadres in addressing stunting entails delivering health and nutrition counseling services to enhance mothers' awareness and knowledge, promoting positive behavioral changes.

The engagement of Posyandu cadres is imperative in tackling stunting cases. Their active involvement is crucial in promoting nutrition improvements for mothers and young children, and they bear significant responsibility in executing activities at the Integrated Healthcare Center. Cadres are essential in undertaking early detection of toddlers' nutritional status, a key factor in the success of stunting prevention initiatives. The utilization of the Integrated Healthcare Center for stunting mitigation aligns with the Ministry of Health's goal of fostering healthy, self-reliant, and equitable communities through community empowerment, involving collaboration with the private sector and civil society [14]. Integrated Healthcare Centers operate under the Community Resource Health Effort (UKBM) framework, emphasizing community participation in accessing health services, particularly for mothers, infants, and children [15]. These centers target specific communities for tailored nutritional interventions to address stunting, providing services such as maternal and child health monitoring, vitamin A supplementation, deworming treatment, supplementary feeding, and family planning guidance. The implementation of Integrated Healthcare Centers is supported by dedicated officers known as cadres.

The successful operation of Integrated Healthcare Center activities relies on effective collaboration among cadres, health workers, and the community. It is crucial for cadres to fulfill their role optimally; failure to

do so can have direct and indirect repercussions. Neglecting their duties impacts children directly, hindering the monitoring of growth and development and leading to various issues like malnutrition, a prevalent problem (Ministry of Health of the Republic of Indonesia, 2012) ([16]. Cadres play a crucial role in enhancing the nutritional status of children under five, supporting government initiatives to combat stunting. Despite their importance, cadres face numerous challenges in the field while addressing stunting.

According to Cadres, activities at the Integrated Healthcare Center are hindered by frequent movement, hampering the provision of information. Addressing this issue is crucial due to the significance of health information from healthcare workers. Enhancing Posyandu cadres could be achieved by providing basic and refresher training at the Integrated Healthcare Center, as current training methods are limited to traditional approaches involving lectures and Q&A sessions, with counseling also being conducted conventionally [16].

Cadres are key players in executing activities at the Integrated Healthcare Center. They have a vital role in carrying out these activities by being active in promotive and preventive measures and serving as motivators for community members. The significance of cadres lies in their responsibility for the program's execution at the Integrated Healthcare Center. Without active cadres, the Center's operations are likely to face challenges. This can lead to delays in identifying nutritional issues in infants and young children. Consequently, the program's success, particularly in monitoring the growth and development of young children, may need to be improved. Cadres contribute to child well-being and maternal health by promptly ensuring mothers receive health information [6]. Research findings indicated that the Integrated Healthcare Center plays a crucial role in preventing stunting cases in Ngijo Village through health services, instruction, community mobilization and empowerment, and health monitoring. Cadres, supported by field officers or Sekaran Community Health Center staff, need more training and

knowledge to fulfill their roles effectively. Challenges hindering cadre performance include lack of motivation, inadequate facilities, and limited funding. More cadre motivation stems from voluntary participation and bureaucratic processes. Inadequate facilities and equipment across healthcare centers impede the success of stunting prevention efforts. Additionally, funding constraints affect cadres, who rely on resources for activities like providing supplementary food for toddlers (PMT) to enhance nutrition [8].

4. Conclusion

According to the findings, a majority of cadres exhibited a high level of knowledge, with 56 individuals (98.24%) demonstrating good knowledge and only 1 person (1.75%) possessing sufficient knowledge. In terms of spousal support, 45 individuals (78.95%) received adequate support from their husbands, while 12 individuals (21.05%) reported inadequate support. Moreover, the research indicated that 51 cadres (89.47%) fulfilled their roles effectively, whereas 6 individuals (10.53%) demonstrated a lack of engagement in their cadre responsibilities.

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