

Improving Knowledge and Skills of Posyandu Cadres in Identifying Stunting in Sei Glugur Village 2024

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ARTICLE INFO

Keywords: Cadre, Posyandu, KMS Filling

Received : 24, June

Revised : 26, July

Accepted: 28, August

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ABSTRACT

Community service activities aim to increase the knowledge and skills of posyandu cadres how to measure body weight and body length / height of toddlers how to practice filling KMS. The method of community service is counseling on stunting and how to identify stunting infants, toddlers with lectures, discussions, and demonstrations of making KMS filling. And counseling is evaluated pre-test and post-test, and role play and demonstration during posyandu. The results obtained after community service from 36 cadres before training were low knowledge 80.6%, sufficient 13.9% and good 5.5% and after being given counseling the results were good knowledge 88.9% and sufficient 8.3% and less 8.3%. And the skills to fill KMS before being given training the majority of filling is not right 94.4%, the minority is right 5.5%. After the training the majority of cadres were right filling KMS 91.7% and not right 8.3%.

INTRODUCTION

According to WHO, the prevalence of stunting in the world is 22%, the prevalence of stunting under five in Indonesia is 21.6%, which is the second highest (2nd) in Southeast Asia. (databox, 2023). The prevalence of stunting in North Sumatra is 21.1%, in Deliserang Regency in 2022 the stunting rate is 13.7% and this figure has increased from 2021 by 1.4%., Pancurbatu District in 2021 the stunting rate is 0.42% in 2022 to 1.12% and Seiglugur Village is the second contributor to the stunting rate in Pancurbatu sub-district. (Ministry of Health, 2023). In order to resolve the problem of stunting, the Central and Regional Governments are implementing intervention convergence action, which consists of eight stages, including identifying the distribution of stunting. Identifying the distribution of stunting cannot be separated from posyandu activities

Posyandu is a Community Resource Health Effort (UKBM) and is organized from, by, for and with the community in implementing health development, in order to empower the community and make it easier for the community to obtain basic health services to accelerate the reduction of maternal and infant mortality rates and the Posyandu is managed by Posyandu cadres who have received training from midwives on duty at the puskesmas. (Kurniati et al. 2021).

Posyandu cadres must also understand how to fill out the Maternal and Child Health (KIA) book. MCH is a tool for early detection of maternal and child health disorders or problems, a communication and education tool with important information for mothers, families and the community regarding maternal and child health services including references and packages (standards) for MCH services, nutrition, immunization, and toddler growth and development. In the KIA book to see the growth and development of babies, toddlers and pre-school children, it can be seen in filling out the Healthy Towards Card (KMS). The use of KMS for toddlers as an early detection tool for growth disorders in toddlers to screen for and prevent nutritional problems from an early age. For parents of toddlers, by weighing their toddlers every month at the Posyandu or other weighing facilities, parents can find out their child's growth status. (Geomedicine et al, 2022).

Impaired growth and development of children due to chronic malnutrition and recurrent infections, which is characterized by body length or height below the standards set by the minister in charge of government affairs in the health sector. If you can't imagine how children experience stunting (Presidential Regulation No. 72 of 2021).

Monitoring the growth of toddlers is very important to detect growth faltering early. To determine this growth, weighing toddlers every month is very necessary. Weighing toddlers can be done in various places such as Posyandu, Polindes, Puskesmas or other health service facilities. Activities at posyandu generally only involve weighing toddlers and implementing additional food programs. Counseling activities regarding the health growth and development of toddlers are not carried out by cadres, possibly due to a lack of knowledge, motivation and skills of posyandu cadres.

Many Posyandu cadres still lack knowledge, attitudes and skills, some even do not understand new things related to the activity of filling out KIA books, especially KMS. This can be seen in the results of the research of Honusen et al entitled The Relationship between Knowledge and Skills of Posyandu Cadres in Pasar anthropometric measurements (78.2%) and KMS filling (58.7%). Based on the Wilcoxon test results showing a p value of $0.000 < 0.005$, there is a difference in knowledge scores before and after the intervention.

Likewise, Ellyda's research on increasing Cadre Capacity in Using Maternal and Child Health (KIA) Books showed that the results of the activity showed a significant difference based on the t test ($p < 0.05$) on knowledge before and after training as evidenced by an increase in participants' post test scores. Umu Faizah's research with the title Determinants of Posyandu Cadres in the Use of Kia Books in the Working Area of the Singotrunan Banyuwangi Health Center with results: Knowledge was proven to be related to the role of cadres in using KIA books (p value = 0.013), while motivation and length of service were not proven to be related to the role of cadres in using KIA books. KIA book (p value = 0.140).

There are 36 posyandu cadres in Seiglugur village consisting of maternal, child, adolescent and elderly health posyandu cadres who said that they did not really understand how to fill out the MCH book, especially filling in the toddler growth and development charts and early detection of stunting. A Posyandu cadre is a volunteer worker recruited from, by and for the community, whose task is to help the smooth running of health services at the Posyandu. A Posyandu cadre must regularly receive training and refresher Posyandu materials so that they can carry out their duties at the Posyandu well. Training on anthropometric measurements and filling out KMS is very important because it is useful for monitoring the growth of toddlers so that it can prevent stunting in toddlers. For the above problems, community service was carried out with the title 'Increasing the Knowledge and Skills of Posyandu Cadres in Stunting Identification in Seiglugur Village in 2024.'

IMPLEMENTATION AND METHODS

Implementation of Community Service Activities for Cadres

Implementation of PKM activities for posyandu cadres in Seiglugur village is as follows:

Preparation

At this preparatory stage, an inventory of the conditions of Seiglugur village posyandu cadres who have expressed their willingness to cooperate is carried out.

Implementation of activities

The implementation of activities is agreed with the head of the community health center, village head and village midwife referring to the specified implementation time:

- a. Step 1 :
Distributing stunting identification knowledge questionnaires by filling in the KMS (PRETEST)
- b. Step 2 :
Conveying identification of toddler stunting to posyandu cadres.
- c. Step 3 :
Conduct counseling about filling out KMS.
- d. Step 4 :
Demonstrate how to fill out KMS properly and correctly to posyandu cadres.
- e. Step 5
At this stage, each posyandu cadre must practice how to fill out the KMS properly and correctly with fictitious cases.
- f. Step 6
At this stage, after the training session ends, the implementing team and students give a posttest on stunting identification and filling out the KMS. Knowledge assessment refers to Arikunto (2013)
 - Good = 76 - 100
 - Enough = 56 - 75
 - Not enough = ≤ 55

Evaluation and Monitoring

Evaluation and monitoring of activities is carried out periodically and on a schedule involving the Research & Community Service section of the Ministry of Health, Medan Health Polytechnic. The evaluation will be carried out after the activity is carried out to see the achievement of success, then the cadres at the posyandu will measure the height and weight of toddlers and then fill in the baby MCH book. Followed by making reports and writing articles as output.

RESULTS AND DISCUSSION

Diagram 1. Shows cadres' knowledge about stunting identification using KMS, there is an increase between before and after the intervention of community service activities, namely before the intervention, the majority of cadres had low knowledge, 29 cadres (80.6%) and a minority with good knowledge, namely 2 cadres (5.5 %) after the intervention was carried out, the results obtained were that the majority of cadres had good knowledge, namely 32 cadres (88.9%) and a minority of less than 1 cadre (2.7%) and there were still 3 cadres with sufficient knowledge (8.7%).

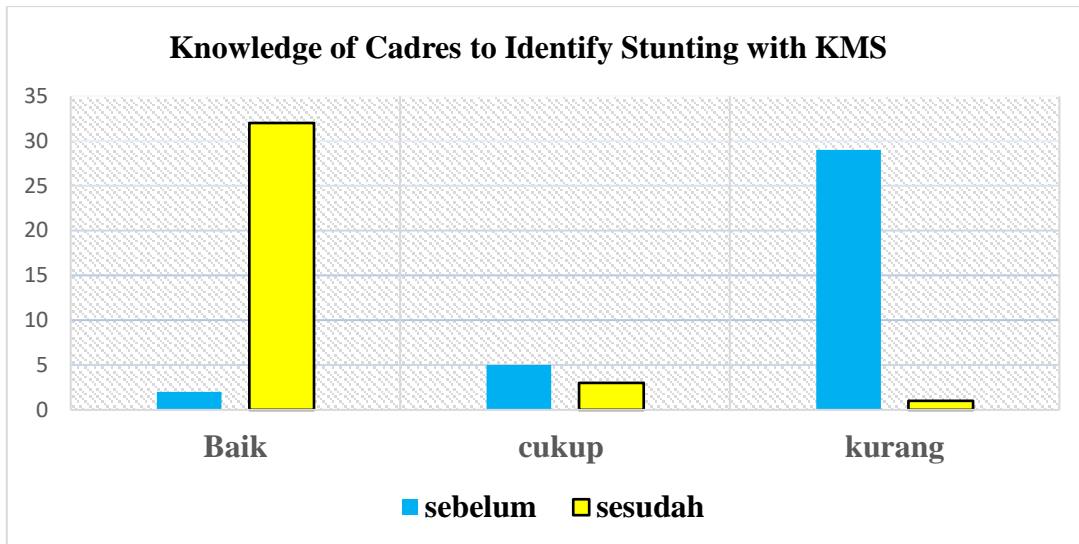


Figure.1 Frequency Distribution of Knowledge Level of Posyandu Cadres Regarding Stunting Identification Using KMS Before and After Being Given Counseling at Posyandu in Seiglugur Village in 2024

Based on diagram 1 above, it is known that the skills of cadres regarding filling out KMS have increased between before and after the intervention of community service activities, that is, before the intervention, the majority of cadres were not skilled in filling out KMS, amounting to 34 cadres (94.4%) and the minority were skilled at filling in KMS, namely 2 cadres (5.6%) after the intervention was carried out, the results obtained were that the majority of skilled cadres were good, namely 33 cadres (91.7%) and the minority were not quite 3 cadres (8.7%)

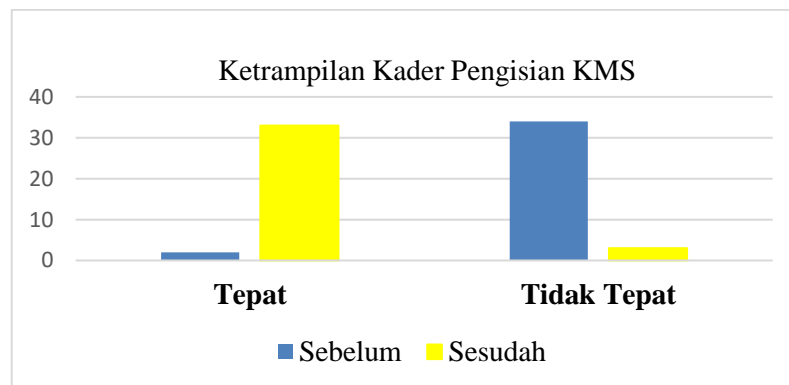


Figure.2 Frequency Distribution of Posyandu Cadre Skills in Filling Out KMS Before and After Being Demonstrated at Posyandu in Seiglugur Village in 2024

The results of counseling and training on Stunting identification among cadres in Sei Glugur village were carried out for two days and evaluated.

Counseling Regarding Charging KMS for Toddlers to Cadres



Figure.3 Cadre Documentation: Identification of Toddler Stunting in Cadres



Figure.4 Cadre Assistance During Posyandu

After one month of training to determine the abilities and motivation of cadres towards training. During the evaluation of each posyandu in all hamlets, all cadres were active in weighing and measuring body height and head circumference and filling in the KMS and the average cadre was able to identify stunting in toddlers who were measured and the KIA book in the KMS was filled in properly and correctly, cadres carried out counseling to mothers or parents who brought toddlers and the cadres seemed enthusiastic in carrying out their duties.



Figure.5 Evaluation After Training on how to Measure and Fill in KMS

This activity was carried out in community service for 2 days and was evaluated after one month. The cadres' knowledge about stunting identification using KMS showed an increase between before and after the intervention. And the results are in line with opinions. This can be seen in the results of the research of Honusen et al entitled The Relationship between Knowledge and Skills of Posyandu Cadres in Pasar anthropometric measurements (78.2%) and KMS filling (58.7%). Based on the Wilcoxon test results showing a p value of $0.000 < 0.005$, there is a difference in knowledge scores before and after the intervention.

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The role of cadres is very important because cadres are responsible for implementing health programs. So, to become a cadre, the requirements are required, namely coming from the community, being chosen by the community itself and being able to work voluntarily, having the trust of the community and having good credibility where their behavior is a role model for the community, having a high spirit of service, having a steady income, being clever. read and write, able to develop the surrounding community. Health cadres have a big role in efforts to increase the community's ability to help themselves to achieve optimal health. Cadres must also be able to mobilize the community to participate in routine Posyandu activities and be willing to work voluntarily, have the ability and free time so that activities can be carried out well (Ministry of Health of the Republic of Indonesia, 2011). These results show that cadres who are able to mobilize and increase community participation will help achieve success in health programs. Cadres who have sufficient knowledge and skills will be able to be empowered to implement health programs in the community. With a good level of cadre knowledge, cadres will apply this knowledge in monitoring and carrying out their duties. Good cadre knowledge and skills. influenced by formal education, activeness of cadres at the posyandu and length of time as a cadre (Wilis & Hendra Al Rahmad, 2018). Research in Sidoarjo Regency found that 87.3% of cadres did not complete the KMS (Ariyanti et al., 2016). The results of research in Karawang Village explain that cadres need refreshing. The more frequently cadres attend training, the better their skills will be. These results show the need for cadre empowerment.

CONCLUSIONS AND RECOMMENDATIONS

The results of community service show an increase in cadres' knowledge and skills in stunting detection after 2 days of training at each activity location. The media used can be an alternative educational media in health facilities such as community health centers and posyandu in identifying stunting in the toddler group.

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