

Posyandu Cader Capacity Building: Prevent *Stunting* With Repair Nutrition 1000 HPK

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ABSTRACT

Government Indonesia initiated "Movement 1000 Day First Life (HPK)" For lower prevalence stunting, as well as problem not enough nutrition other. However, it turns out that the general public and Posyandu cadres are still not understand stunting, the 1000 HPK Movement, and stunting screening. Program This community service was carried out in July-August 2018 with method community relations. Participant program is cadre Integrated Healthcare Center in Village Ngara-arap, Ngarangan District, Grobogan Regency totaling 25 people (22 people follow the program to the end). The program includes advocacy activities and self-management, education of posyandu cadres regarding stunting, education of posyandu cadres about 1000 HPK in prevention stunting, training measurement LongBody (PB) and Height (TB) toddlers, and evaluation monitoring. Result of the program includes: 1) 88% of the target is to follow the program to the end, 2) Yes enhancement knowledge cadre about stunting And nutrition 1000 HPK after follow program Which be measured with questionnaire pre-post test (There is enhancement mark the average pre-test and post-test was 0.7 points), 3) 60% of the cadres were presentable to practice how to measure body length (PB) and height (TB) toddlers are measured by observation, and 4) 40% of posyandu cadres are willing make transfers knowledge to society around through Integrated Healthcare Center.

Keywords: HIV, Opportunistic infection, Pregnant women, Stadium

INTRODUCTION

Stunting is marker from malnutrition chronic or low maternal health that can provide short term and long term impact long. (World Health organization, 2013; Lewit and Kerrebrock, 2019). 182 Impact period short from *stunting* One of them is increased risk morbidity, mortality, lateness development motor And Language, as well as increasing financing health. Impact period long from *stunting* among them *stunting* on mature, decline health reproduction, obesity and current morbidity mature, decline performance Work, And decline capacity Work. (World Health Organization, 2013)

Stunting Also impact on state financing. A country that own child stunting will need cost For intervention. Intervention on child *stunting* cost around 2.2 billion dollars – 2.6 billion dollars from the government Country in a manner global every year. (Shekar et al., 2017)

According to National Center for Health Statistics/World Health Organization (WHO) *stunt* based on index Long Body compared Age (PB/U) or Tall Body compared Age (TB/U) with limit (*z-scores*) not enough from -2 SD (World Health Organization Working Group on Infant growth., 1995; Lo et al., 2017). With threshold limit the, data UNICEF pointed out that on year 2014, as much 2/3 from amount child age not enough from 5 year in Country lower middle income experience *stunting* (Unicef et al., 2015). *Stunting* is problem main in field nutrition And health And become priority main program repair nutrition Ministry Health. Intervention framework *stunting* carried out by government Indonesia divided become 2

namely Specific nutrition interventions and intervention nutrition sensitive. Intervention nutrition sensitive done through development in outside sector health, while specific nutrition interventions done with Movement 1000 Day First Life (HPK) (Ministry of People's Welfare, 2013; National Team Acceleration Countermeasures Poverty, 2017) (Ministry of Well-being People, 2013; Team National Acceleration Countermeasures Poverty, 2017). *stunt* reported can characteristic *irreversible* If happen after child aged 2 year. (Lewit & Kerrebrock, 2019) By Because That, the 1000 HPK movement that focuses on early golden age human life during 1000 day (period pregnancy during 270 day until with child 2 years old) is a period that appropriate For prevention/control *stunting*. (Ministry Health RI, 2014) Group target from movement 1000 HPK or Which in a manner global called *Scaling-Up nutrition* (SUN) *Movement* that is Mother pregnant, Mother breastfeeding, babies, and toddlers (Scaling Up Nutrition Movement, 2016; Scaling Up nutrition movement, 2016; Team National Acceleration Countermeasures Poverty, 2017).

Kindly national, based on data Research Health Base Year 2013, prevalence *stunting* in Indonesia around 37% (nearly 9 million children under five). Regency Grobogan including Wrong One regency in Central Java Province which has prevalence *stunting* Which tall (54.97%) or as many as 62847 toddlers experienced *stunting* And become Wrong One priority districts for handling *stunting* (National Acceleration Team Countermeasures Poverty, 2017).

Based on results survey preliminaries conducted in the region Village rapping, Subdistrict light, Regency Grobogan is known that related with *stunting*, whole cadre Integrated Healthcare Center in Village Don't know about *stunting*, period 1000 HPK And the importance of measuring Body Length (PB) and Height (TB) for toddlers For screening *stunting*. Besides That, No There is data tall body toddler in posyandu due to limited facilities and infrastructure For monitoring tall body, as well as limited capacity Source Power Man (HR) in posyandu so that screening of nutritional status *stunting* on toddler Not yet can done in Integrated Healthcare Center. Results screening infrastructure for initial height monitoring Also show that a number of Toddlers are measured, have the height not enough when compared to standard his age. Based on analysis situation It is known that nutritional problems and health Which happen Also relate with lack of knowledge And Skills Cadre Integrated Healthcare Center Which is mover main Effort Health resourceful Public (UKBM) in Village Hope. Cadre Still Not yet know And understand about problem nutrition *stunting* And prevention on period critically life man that is 1000 HPK.

Enhancement capacity cadre Integrated Healthcare Center become priority Because cadre Integrated Healthcare Center is power volunteer Which own concern Which tall to public in field health. Cadre Integrated Healthcare Center can role in process over information And Skills health to public. Cadre Integrated Healthcare Center can help people identify And answer need health in a manner independent. (Iswarawanti, 2010) Posyandu cadres also took part in this process bring closer service health base, especially related with health Mother And child on period 1000 HPK to public. This program aims to improve knowledge, understanding, And Skills cadre Integrated Healthcare Center about importance period 1000 HPK as effort prevention *stunting* And problem not enough nutrition other as well as increase nutrition And health (IMD practices exclusive breastfeeding, and provision of MP-ASI) in the period the through empowerment cadre Integrated Healthcare Center. Increase cooperation with a number of party related (Head village, village midwives, and posyandu cadres). external from program This is an increase in capacity (knowledge And Skills) cadre Integrated Healthcare Center about *stunting* And prevention with repair nutrition in the period of 1000 HPK (during the period pregnancy And 2 year age child). The mandatory output of this program is in the form of a module training And external addition that is publication.

METHODS

Program This involve group strategic objectives namely:

1. Party Subdistrict light,
2. Head Village rapping, Subdistrict light,
3. Head of PKK and village midwife in Village rapping,
4. Posyandu cadres in 6 hamlets in Village Hope.

This program is implemented in the village rapping, Subdistrict Light. The program starts on the 10th July – 20 August 2018. Method program implementation is *community relation* through 5 activities that is :

1) Advocacy And build atmosphere with meet para *stake holder* For obtain permission And support implementation program;

2) Education about *stunt* on cadre Integrated Healthcare Center;

Covers exposure material about *stunting*, reason *stunting* , factors Which can influential to incident *stunting*, ways *stunting* prevention , and roles cadre in prevention *stunting*. Media used is *slides power point* And poster, method Which used is lecture And discussion group. Before and after activities carried out tests (*pre* and *post test*).

3) Education Importance nutrition on period 1000 Day First Life (HPK);

4) Training measurement Long Body (PB) And Tall Body (TB) toddler.

5) Monitoring And evaluation program with observation And interview to cadre Integrated Healthcare Center related commitment *transfer knowledge* past Integrated Healthcare Center.

RESULTS

Participant program devotion Which follow program until end as much 22 from 25 participant (88%). Participants came from hamlets: Kagok, Jetis, Annual, Benggolo, Krajan I, And Krajan II. Following achievement from the program “Cadre Capacity Building Integrated Healthcare Center: prevent *stunt* with repair nutrition 1000 HPK”:

1. Advocacy and atmosphere building Held with meet para *stake holder* for obtain permission

And support implementation program. *Stakeholders* encountered include: is the District Head of Ngarangan, the Head of the Village Nharap-arap, the village midwife of Ngara-arap, Chairman PKK Village rapping, Posyandu coordinators in each hamlet in Village Hope. Advocacy And build atmosphere walk fluent And get support For implementation education And training for cadre Integrated Healthcare Center in region Village Hope. Evaluation from activity advocacy And build atmosphere based on analysis SWOT that is strength (S) in the form of support from the village side, opportunity (O) ie role as well as from *stake holder* in moving society, but still there is also weakness (W) that is still need presence of stimuli And approach in time Which Enough long And threat (T) that is need caution in convey Meaning And objective program so No There is error interpretation.

2. Education about *stunting* on cadre Integrated Healthcare Center Media Which used is videos, method Which used is lecture, simulation, And discussion group. Participant enthusiastic with material Which be delivered about *stunting*, reason *stunting*, factor- factors that can influence incidence of *stunting* , ways of prevention *stunting*, And role cadre in prevention *stunting*. Besides That, There is distributed training modules participants so that they can be read again And At home.

Education about *stunting* give emphasis on some aspect, especially emphasis that *stunting* No disease descendants as Which believed by public local. Will but, Mother Which

lack nutrition tend have child with nutrition Which not enough. Matter the because, lack nutrition chronic Can happen because of the intergenerational cycle or hereditary. (Aguayo et al., 2016). *Stunting* can be prevented even in people old *stunted*, provided nutrition can optimized.

Level success program is 100% Because has formed agreement with cadre For attend program "Enhancement Capacity Cadre Integrated Healthcare Center: prevent *stunt* with repair nutrition 1000 HPK. In addition, by 100% of participants follow education about *stunting*. Based on analysis SWOT, activity education *stunting* on cadre Integrated Healthcare Center own strength (S) that is exists support from village midwives and availability the willingness of female cadres to listen material Which be delivered, exists chance (O) that is source Power man (cadre Integrated Healthcare Center) Which behave open to learning. Will but, Still there is weakness

(W) that is Still needed stimulus to be able to move the inner cadres activity UKBM besides routine activities in Integrated Healthcare Center And Still there is threat that is worried moms cadre state a child *stunting* only from one factor and forget another factor. Like just looking of height based on age alone without see from factor other, Which Actually tall body based on age as early detection *stunting*.

3. Education Importance nutrition on 1000 Day First Life (HPK)

Material education given Because based on research results intervention at 1000 HPK will support the process human development until the age of 2 year in a manner effective, whereas failure grow flower on period of 1000 HPK will result in Power stand body child Which weak, tend to be less active growth And development Which not enough optimal, And can caused in metabolic disorders (Tim National Acceleration Countermeasures Poverty, 2017; Chang et al., 2010; Grantham-McGregor et al., 2007). Participant enthusiastic with material about 1000 HPK and the importance of 1000 HPK in prevention *stunting* on toddler.

Level success program can be seen from the data: by 88% (22 of 25 participants) attended education 1000 HPK and there is an increase in knowledge cadres regarding *stunting* and nutrition 1000 HPK after follow program Which measured by questionnaire pre-post test. Results testing show There is difference meaning knowledge before And after run program. Comparison mark pre test And post test show exists increase in the average value of the pre test and post test as big 0.7 _ point. Results This show that cadre Integrated Healthcare Center have better knowledge about the importance of the 1000 HPK period as an effort to prevent *stunting* and problem not enough nutrition other as well as increase nutrition And health (practice IMD, ASI exclusive, And gift MP-ASI) after done education. Education about 1000 HPK based on analysis SWOT own strength (S) that is exists support from midwife And cadre Integrated Healthcare Center Which enthusiastic, chance (O) that is easy get permission and support from party device village And midwife village in carry out program, weakness (W) that is the need for practice more carry on as output direct (example practice making MP ASI in accordance age, storage ASI milk, etc). Several female cadres (3 people) were not present in counseling 1000 HPK, And threat (T) level ability target activity Which different in catch information worried may cause misperceptions or even No can understand The same very.

4. Training measurement Long Body (PB) And Tall Body (TB) under five, as well as determination of status nutrition toddler

Training measurement long toddler's weight and height walking with lancer, activity followed enthusiasm participant training. Moms Posyandu cadres of Ngara-Arap village to be the majority participant (> 60%) has able to practice the method measurement long body (PB) And tall body (TB) toddler be measured with method observation. Will but, determination status nutrition use table status nutrition Not yet Can done by part large number of participants.

Evaluation use analysis SWOT show exists strength (S) namely support from village

midwives and mothers Mother cadre Which enthusiastic in measurement long body and height in children under five, there is an opportunity (O) namely activity This can become step beginning know stunting on child toddler, but Still there is weakness (W) is the scale on the microtoise is visible small so that can happen discrepancy in read If No/ not enough thorough, And There is threat (T) namely there are several female cadres who consider method measurement too complicated, and still lack of awareness community to come to Posyandu so that measurement tall body nor long body on toddler Still Not yet can filter whole toddler (only toddler Which come to Integrated Healthcare Center).

5. Monitoring and evaluation (monev) program

Held during program until One Sunday next For know impact program post held. Monev held with observation And interview to cadre Integrated Healthcare Center. as big as 40% cadre Integrated Healthcare Center willing And committed apply knowledge Which obtained And do *transfer knowledge* to public around past Integrated Healthcare Center. There is a commitment from the cadre Integrated Healthcare Center This have mark positive to continuity program. Matter the as study earlier Which report that credibility from cadre Integrated Healthcare Center will impact on community participation to program health. Character And Power Pull cadre Integrated Healthcare Center in a manner a real impact on participation society. (Goddess & Anisa, 2018)

CONCLUSION

Has formed agreement between team devotion with party Ngara-arap village, and posyandu cadres For attend program "Enhancement Capacity Cadre Integrated Healthcare Center: prevent *stunt* with repair nutrition 1000 HPK. 88% target follow The "Cadre Capacity Building" Program Integrated Healthcare Center: prevent *stunt* with nutrition improvement 1000 HPK" until the end. There is enhancement knowledge cadre regarding *stunting* and nutrition 1000 HPK after following the measured program with questionnaire pre-post test. As many as 60% of the cadres present were able practice method measurement long body (PB) And tall body (TB) toddler be measured with method observation. As much 10 cadre (40%) willing and committed apply knowledge Which obtained And do *transfer knowledge* to public around past Integrated Healthcare Center. For guard continuity program, should There is enrichment material (knowledge updates) to cadres health regularly. implementation screening *stunting* on toddler in Posyandu should also be monitored by Midwife Village/staff health the other. Besides That, need done accompaniment Mother pregnant And Mother breastfeeding for support optimization movement 1000 HPK.

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Nita Dwi Astikasari et.al (Posyandu Cader Capacity Building: Prevent *Stunting* With Repair Nutrition 1000 HPK)

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