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Pemberdayaan **Kader Posyandu tentang Penanggulangan Stunting pada Balita** di Desa Mlese, Cepher, Klaten 1. PENDAHULUAN Gizi masih menjadi permasalahan yang cukup tinggi terutama di Indonesia dengan angka kejadian stunting tertinggi ke 5 di dunia (UNICEF, 2018). Menurut WHO Child Growth Standard, stunting didasarkan pada indeks panjang badan menurut umur (PB/U) atau tinggi badan menurut umur (TB/U) dengan batas z- score yaitu kurang dari -2 SD (WHO, 2013). Menurut data **Riset Kesehatan Dasar (Riskesdas)** Kementerian Kesehatan, angka stunting nasional mengalami penurunan dari 37,2 % pada 2013 menjadi 30,8 % pada 2018.

Menurut Survei **Status Gizi Balita Indonesia (SSGBI)** pada 2019, angka ini menurun menjadi 27,7 %. Penurunan angka stunting telah dinyatakan sebagai program prioritas nasional. Saat ini, **Pemerintah terus bergerak menata perangkat pelaksanaan percepatan pencegahan stunting dan menyusun Strategi Nasional (Stranas) Percepatan Pencegahan Anak Kerdil (Stunting) 2018-2024.** Pemerintah melalui **Rencana Pembangunan Jangka Menengah Nasional (RPJMN) 2020- 2024,** juga menetapkan target angka stunting nasional agar bisa turun mencapai 14 %.

Data **dari Studi Status Gizi Indonesia** mencatat, angka stunting di Jateng tahun 2021 tercatat sebesar 20 persen. Jumlah itu turun dari tahun sebelumnya yang sebesar 27 persen. Terdapat 13 kota/kabupaten di Jawa Barat yang menjadi prioritas intervensi stunting, salah satunya adalah Kelurahan Mlese dengan angka kejadian stunting sebesar 34,87%. Selain itu, Kelurahan Mlese juga **termasuk kedalam 100 kota/kabupaten prioritas untuk** intervensi anak stunting di Indonesia (Tim Nasional Percepatan Penanggulangan Kemiskinan, 2017).

Penanganan **stunting merupakan salah satu prioritas pembangunan nasional yang**

tercantum dalam RPJMN 2020- 2024 dengan target penurunan angka stunting sebesar 11,8% pada tahun 2024 (Bappenas, 2019). Fokus utama dalam penanganan stunting oleh Kementerian Kesehatan RI adalah memberikan intervensi gizi spesifik yang diberikan pada 1000 Hari Pertama Kehidupan (HPK). Gerakan 1000 HPK ini merupakan waktu yang tepat untuk pengendalian/penanganan stunting, karena pada waktu ini merupakan periode kritis dalam pertumbuhan dan pengembangan otak (Kraemer et.al, 2018).

Pemanfaatan Posyandu sebagai salah satu bentuk upaya kesehatan bersumberdaya masyarakat (UKBM) dalam pelayanan kesehatan masyarakat dapat menjadi salah satu strategi dalam intervensi penanganan stunting karena berfokus pada ibu hamil sampai dengan balita. (Kemenkes RI, 2013). Posyandu services cannot be separated from the participation of cadres who are the main drivers of posyandu activities. The active role of cadres is important because cadres influence the success of the Posyandu program, especially in monitoring children's growth and development.

The duties of health cadres related to nutrition are to collect data and measure body weight and length/height then record them in the Healthy Way Card (KMS), provide additional food and vitamin A, and provide nutritional counseling. Cadres must also refer to the Community Health Center if there are toddlers whose weight has decreased or not increased for 2 consecutive months (Ministry of Health of the Republic of Indonesia, 2012). The low capacity of cadres and lack of empowerment are the causes of the reduced function of Posyandu, resulting in lower public interest in using Posyandu as a health service (Legi, Rumogit, Montol, & Lule, 2015).

Cadre knowledge is very important because it can influence cadre performance in preventing stunting (Afifa, 2019). Apart from that, cadre performance is also influenced by cadre motivation in participating in the posyandu program. Motivation forms the character of cadres become more responsible for their duties and obligations as cadres (Akintola & Chikoko, 2016). Empowerment of cadres in the form of training or counseling is needed to increase cadres' knowledge about nutritional problems in the community, especially toddlers so that health cadres are exposed to new information to be applied in Posyandu services.

Penelitian yang dilakukan oleh Megawati & Wiramihardja (2019) di Jatinangor menunjukkan bahwa dengan dilakukannya pelatihan untuk peningkatan kapasitas kader membuat kader lebih memahami tentang gizi seimbang dan deteksi dini sebagai upaya pencegahan stunting. Oleh karena itu, pemberdayaan kader melalui peningkatan pengetahuan dan motivasi dalam pencegahan stunting penting untuk dilakukan. Tujuan kegiatan penelitian ini adalah untuk meningkatkan pengetahuan dan motivasi dalam upaya pencegahan stunting pada balita melalui pemberdayaan kader kesehatan di

Kelurahan Mlese. 2.

**METODE** The population for this activity was health cadres in Mlese Village with a total sample of 30 participants consisting of cadre representatives from all hamlets in Mlese Village. This activity was carried out at the Mlese Village Health Polyclinic on January 10 2022. Materi yang disampaikan dalam kegiatan pemberdayaan ini adalah kebijakan kementerian kesehatan tentang promosi kesehatan, pemberdayaan masyarakat bidang kesehatan, interpersonal communication (IPC), peran dan tugas kader posyandu, orientasi bagi kader posyandu, serta materi tentang pencegahan stunting berupa 1000 Hari Pertama Kehidupan (HPK), sanitasi total berbasis masyarakat (STBM), dan pemantauan pertumbuhan dan perkembangan.

Instrumen yang digunakan untuk mengukur pengetahuan mencakup domain tentang pengetahuan tentang masalah gizi/stunting dan pencegahan stunting. Selain itu, untuk pengukuran motivasi yaitu mencakup 3 domain berupa motivasi, harapan, dan intensif dalam berpartisipasi pada pencegahan stunting. Kriteria tingkat pengetahuan dan motivasi baik bila skor  $\geq 75$ -100 %, pengetahuan dan motivasi cukup bila skor 60%-75%, dan pengetahuan dan motivasi kurang bila skor  $< 60\%$ . 3.

**HASIL DAN PEMBAHASAN** Responden dalam penelitian ini sejumlah 30 orang yang terdiri dari kader posyandu di Kelurahan Mlese. Tabel 1 menunjukkan bahwa sebanyak 93,3% kader tidak bekerja. Pendidikan terakhir terbanyak di jenjang SMA/K sebanyak 43,18% dan semua responden sudah menikah. Tabel 1. Karakteristik Kader di Kelurahan Mlese (n=30) Variabel Frekuensi Persentase (%) Pekerjaan Bekerja 28 93,33 Tidak Bekerja 2 6,67 Pendidikan SLTP 8 26,67 SMA 20 66,67 Diploma/Sarjana 2 6,67 Status Kawin 30 100 Tidak Kawin 0 0 Rata-rata Usia = 38 tahun Tabel 2.

Pengetahuan dan Motivasi Kader di Kelurahan Mlese (n=30) Variabel Persentase (%) Kategori Pengetahuan 77,55 Baik Motivasi 68,26 Sedang Hasil pada tabel diatas menunjukkan bahwa sebanyak 77,5% kader mempunyai pengetahuan yang baik tentang masalah stunting dan pencegahannya di Kelurahan Mlese. Selain itu, diketahui bahwa sebanyak 68,26% kader kesehatan mempunyai motivasi yang sedang dalam berpartisipasi dalam upaya pencegahan stunting di Kelurahan Mlese. Based on the results above, it can be seen that in general the majority of cadres (77.55%) in Mlese Village have good knowledge about nutritional problems or stunting and their prevention.

After being given education and information about stunting, the majority of cadres answered questions correctly above 75% of all questions about stunting such as the definition, causes and impacts of stunting, the importance of monitoring KIA and KMS

books and monitoring **weight and height measurements**. The cadres' lack of knowledge, with less than 75% correct answers to questions, is in the aspect of providing nutrition to babies and toddlers, such as nutrition for pregnant women, giving exclusive breast milk, giving proper MP-ASI.

Lack of knowledge in this aspect of providing nutrition can be a consideration for holding it further cadre empowerment program regarding the management of providing nutrition **in efforts to prevent stunting in** Mlese Village. Providing material before the knowledge measurement is carried out increases cadres' knowledge about stunting and its prevention because cadres have been exposed to the information. Apart from that, looking at the characteristics of the cadres, the majority of whom have high school and diploma/graduate levels of education, **it shows that the** higher the level of education and the amount of information a person obtains, the broader their level of knowledge will be (Notoatmodjo, 2007). This shows that empowering cadres through training can increase cadres' knowledge.

In **line with the training conducted by Kosasih, Purba, & Sriati (2018), it shows that there is an increase in health cadres' knowledge before and after training about** nutritional disorders and early detection of nutritional disorders. Increasing training-based knowledge for cadres can use various methods, such as lecture, discussion and practicum methods provided by health workers to cadres. Empowerment of cadres through training The lecture method has been proven to have an influence on increasing the knowledge of health cadres.

The results of statistical tests on training conducted by Adistie, Lumbantobing, & Maryam (2018) on health cadres using lecture and simulation methods showed a significant influence ( $p = 0.000$ ) on cadres' knowledge in **early detection of stunting** and stimulation **of growth and development** in children. Cadre empowerment is similar to the lecture, small group discussion and simulation methods carried out by Nurhidayah, Hidayati and Nuraeni (2019) in Tasikmalaya Regency in an effort to revitalize posyandu, showing an increase in cadre **knowledge before and after being given** training about posyandu and material related to nutrition detection bad, ARI and family planning counseling with an average score of 45.1.

Apart from knowledge, optimal cadre performance is also influenced by high cadre motivation (Mpembeni et.al, 2015). **Based on the results** above, it is known that more than half of the cadres have a moderate level of motivation **in efforts to prevent stunting** after training. This motivation shows the willingness of cadres to prevent stunting based on self-awareness or from external parties (extrinsic) such as positive support from village level government, **community health centers and** the community which will

influence cadre activity. in carrying out stunting prevention programs in the community (Sardiman, 2011).

The measurement of motivation in this research includes aspects of the motivation that cadres have to participate in overcoming the stunting problem, the hopes of the cadres and the intensity they get after participating in overcoming the stunting problem. Although the majority of cadres have a moderate level of motivation, from the measurement results it is known that there is a lack of motivation. motivation is in the intensive aspect. One form of intensive care that can be provided by health workers is the holding of consistent training for cadres as an effort to increase their knowledge so that posyandu services can be more optimal (Iswarawanti, 2010).

This training is a form of non-financial incentive for cadres because they feel self-esteem and cadres feel that the knowledge they gain can be useful for themselves and their families. Research conducted by Husniyawati & Wulandari (2016) in the city of Surabaya shows that cadres have high confidence and interest in the rewards they receive as volunteer officers in the health sector. These rewards are in the form of incentives or transport money, praise for work success, recognition and appreciation as well as opportunities to develop oneself.

This makes cadres more motivated so that cadre performance increases in efforts to prevent stunting (Afifa, 2019). 4. KESIMPULAN Pelaksanaan penelitian tentang pencegahan stunting pada balita di Kelurahan Mlese dapat dilaksanakan dengan lancar, berkat dukungan dan partisipasi aktif dari berbagai pihak di Kelurahan Mlese dan jajarannya. Melalui kegiatan ini, secara umum hasil menunjukkan pengetahuan dan motivasi Pelaksanaan kegiatan pemberdayaan ini tidak terlepas dari kontribusi semua para kader mengalami peningkatan meskipun pengetahuan kader lebih meningkat dibandingkan tingkat motivasi kader posyandu setelah diberikan edukasi tentang upaya pencegahan stunting pada balita.

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