

Empowerment of Posyandu Cadre for Implementation the Policy of Nutritional Prevention and Stunting on Children

Juanita and D. N. Santi

Faculty of Public Health, Universitas Sumatera Utara, Medan, Indonesia

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Abstract: Malnutrition and stunting among under-fives is one of the main nutritional problems in Indonesia, including Medan because of its high prevalence of 8.7%. The cause of malnutrition and stunting in multifactor toddlers so that the handling and prevention of malnutrition must also be multi factor. One of the factors that cause malnutrition and stunting is low maternal knowledge about infant feeding properly. To improve mother's knowledge and mother's good and right behavior can be done through empowerment of health officer and posyandu cadre. The role of posyandu cadres has been helping health workers in posyandu activities every month. Based on this it is very appropriate to increase the role of posyandu cadres as an extension of health personnel in the prevention and handling of health problems including malnutrition in infants. Empowerment of Posyandu cadres by increasing knowledge about correct feeding to under five, skill in measuring body weight and height of children under five and understanding of monitoring growth and development of toddlers and the practice of providing food according to the nutritional needs of children. This community service activity can overcome malnutrition problem in toddlers by empowering posyandu cadres in primary health center.

1 INTRODUCTION

Malnutrition and stunting is one of the main nutritional problems in Indonesia that is characterized by low body weight. The results of basic health research in Indonesia found that the prevalence of malnutrition in infants in Indonesia is high, namely 8.7% and the prevalence of malnutrition is 27.3%. In addition, stunting is also 23% high. Causes of malnutrition and stunting in multi-factor toddlers are low food intake and infection as a direct cause and families economic, parenting, and health care as an indirect cause. Various efforts and programs have been done by the government to eradicate malnutrition and stunting but in fact, until now still found cases of malnutrition of toddlers and stunting in almost all provinces in Indonesia including the province of North Sumatra.

Often cases of malnutrition and stunting are known because mothers of toddlers never understand the meaning of measuring body weight and height or never go to posyandu. In addition, there are still many health workers and also posyandu cadres who are not correct in measuring

their weight and height. This has an impact on determining the lack of nutrition or poor nutrition given, or not understanding correctly the meaning of each periodic measurement of body weight or height. Based on the complex causes of malnutrition and stunting in children under five, the handling of malnutrition and stunting also requires complex efforts involving many sectors and many officers both health workers and non-health workers.

Posyandu cadres are one of the community health volunteers who can be empowered to overcome the problem of malnutrition in children under five. Posyandu cadres with the community have good emotional ties because the cadres live close to the community and are very familiar with all mothers of toddlers. This is very beneficial in increasing the participation of mothers under five if there are health activities or programs. Based on this, posyandu cadres can be considered as an extension of health workers in an effort to overcome the problem of nutrition in the community, including the problem of malnutrition and stunting in children under five.

Puskesmas Medan Tuntungan and puskesmas Medan Johor is a community health center in Medan

which still has malnourished children and stunting when the two puskesmas are located in downtown Medan. Malnutrition and stunting toddlers who generally come from poor families are very at risk of dying if their malnutrition is not immediately addressed or known. Based on this matter, the community service activity with Posyandu cadre empowerment in Medan city is very beneficial for Medan Tuntungan health center and Medan Johor community health center. The objectives of this study are to empower health officer and posyandu cadre in Medan city health center to help accelerate the handling of malnutrition and stunting of toddlers in addition to prevention and handling programs of malnutrition and stunting which has been done by health workers at puskesmas. The benefits of this study are against mothers and toddlers is an effort to achieve better health by preventing and handling malnutrition and stunting through improving nutrition knowledge and maternal behavior of children under five who are right in the care of toddlers, the posyandu cadre is an improved knowledge and skills in helping to overcome nutritional problems and health problems in the working areas of the two puskesmas, and health workers is an effective and useful effort to help accelerate the eradication of malnutrition in infants.

2 METHOD OF APPLICATION OF IPTEKS

2.1 Method of Approach Used in Program Devotion

The method of approach taken during the devotion to partners is by conducting training, guidance and assistance to posyandu cadres, health workers, and under-five mothers who become partners. Measurement of changes to the knowledge and skills of partners can be seen from the knowledge and skills before and after the existence of community service activities. In addition, measurements can also be done by measuring changes in health conditions of children such as the frequency of illness, duration of illness, and mortality in the work area of both puskesmas before and after community service activities.

2.2 Implementation of Activities

The activities carried out for problem solving include:

- a) Socialization of devotion activities. Socialization of devotion activities is provided to all posyandu cadres, mothers and health workers in the work area of Medan Tuntungan and Johor Community Health Center in order to understand about the meaning and purpose of devotion activities. In addition, this socialization will also form an attitude and desire to want to be fully involved in the activities of dedication.
- b) Recruit mothers and toddlers as objects (targets) of service activities. Recruitment is done after the socialization of activities. Some mothers who were motivated to take part in the dedication activity were asked about their willingness and commitment by the team. The mothers who had been recruited at the two puskesmas followed the training. Recruiting cadres and health workers after conducting socialization activities. Several posyandu cadres who were motivated to take part in the dedication activities were asked about their willingness and commitment by the team. Posyandu cadres who have been recruited at both puskesmas subsequently attended the training.
- c) Training of posyandu cadres on prevention and handling of malnutrition and stunting of children under five. Training on Posyandu cadres on prevention and handling of malnutrition and stunting of toddlers such as the method of measuring body weight and height correctly, interpretation of the results of weight and height measurements periodically, the principle of feeding children according to nutritional needs, and management of malnutrition of infants conducted by the team. This training is required to provide a sufficient level of understanding of the purpose and implementation of service activities.
- d) Implementation of malnutrition management activities and stunting of toddlers. Implementation of malnutrition management activities and stunting of children do after the training. Implementation of activities includes measuring the weight and height of all under- fives in both health centers for screening of malnourished children under five and stunting, counseling to

mother about interpretation of weight measurement result and height periodically and the principle of infant feeding according to nutritional needs. The implementation of this activity is carried out by posyandu cadres who have been trained.

- e) Maintenance and management of malnutrition and stunting of children conducted by health officers and posyandu cadres with assistance by a team. Evaluation of activities based on the implementation of community service activities.
- f) Evaluation of activities conducted by the team of devotion based on inputs, suggestions, and real problems encountered by the mother, posyandu cadres and health personnel at Medan Tuntungan health center and Medan Johor health center during the implementation of sweeping movement of malnutrition. If necessary, the results of this evaluation will be submitted to the North Sumatra Provincial Health Office or other relevant agencies with the aim of resolving problems or related recommendations. One example of follow-up is based on an evaluation of activities whether it is proven to improve the health of children and an increase in knowledge and skills in posyandu cadres and mothers.
- g) Follow-up based on evaluation of activities on how to continue activities and how they affect the frequency of illness and duration of illness for children (changes in infant morbidity and mortality).

3 RESULT AND DISCUSSION

3.1 Preparation of Activities

On May 8, 2018, the team conducted a survey to Kelurahan Medan Tuntungan and Kelurahan Medan Johor discussed about community service plan and planned the time schedule to conduct socialization. After that, the teams do the socialization on May 17, 2018. Furthermore, the team cooperation with the head of puskesmas and posyandu cadres invited mothers to attend community service activities.

3.2 Socialization of Community Service Activities

The team performs twice socialization of puskesmas

in Medan Tuntungan sub-district and puskesmas in Johor urban village. Both puskesmas provide positive response. The team describes the plan of the implementation of community service activity that is empowerment of posyandu cadre to increase knowledge and behavior of cadre about prevention and handling of malnutrition and stunting in toddlers. Besides, it was also stated that the team will do counseling to the mother about prevention of malnutrition and stunting as well as supplementary feeding for toddlers.

3.3 Recruit Participant Activities Devotion (May 18, 2018)

After the socialization is done, the team of recipients performs recruitment of recruitment of posyandu cadres who are willing to participate in empowerment training of posyandu cadres in the implementation of prevention policy of malnutrition and stunting in toddlers. The number of cadres and toddlers who are willing to take part in empowerment training are 30 people, 2 cadres at puskesmas of Medan Tuntungan sub-district and 2 cadres at puskesmas of Johor urban village plus mother of toddler. The team together with posyandu cadres and heads of puskesmas undertook agreement on the determination of training schedule on 25 May 2018.

3.4 Implementation of Empowerment Training of Posyandu cadres

After the recruitment of Posyandu cadre empowerment training participants was conducted, the Posyandu cadre empowerment training was held on May 25, 2018 by lecturing, discussion (question and answer), and playing. The training material provided is a method of measuring body weight and height, interpretation of the results of measuring periodic body weight and height, the principle of feeding toddlers according to nutritional needs, and care and management of malnutrition of children. At the time of the lecture and discussion there were also attended by several health center staff. The implementation of the Posyandu community health center cadre training at Medan Tuntungan and Medan Johor health centers was held at Medan Johor health center because of its larger location and adequate training room. The lectures were delivered using flipchart media and distribution of brochures on how to measure body weight and height, interpretation of the results of measuring periodic weight and height, the principle of feeding toddlers

according to nutritional needs, and care and management of malnutrition of children. In the lecture session it was seen that posyandu cadres were very serious and enthusiastic listening and actively inquiring about things that had not been understood. Besides, it also commented on the experiences and phenomena that exist in the community. This training was very satisfying for the posyandu cadres which showed that many posyandu cadres were frankly saying that they had been measuring their body weight and height incorrectly. The presence of this lecture greatly opened up insight and increased knowledge for cadres about the interpretation of measurements of weight and height at regular intervals and the principle of feeding on children as well as the management of malnutrition in children.

3.5 Counseling for Malnutrition Prevention and Supplementary Feeding

After the training held empowerment of posyandu cadres, then the team counseling to the mother. Mothers who are willing to follow the program of devotion then follow the counseling prevention of malnutrition and supplementary feeding properly. This is done in order to further be able to apply supplementary food properly and properly to toddlers. In this learning stage, mothers are very serious about paying attention to every step that is taught and punctuated by asking questions related to measuring nutritional status, prevention of malnutrition, and the principle of giving good and correct supplementary food.

3.6 Monitoring Posyandu Implementation

Monitoring of posyandu implementation was done twice at posyandu at Medan Tuntungan and Posyandu clinics at puskesmas Medan Johor. From the monitoring result, it can be seen that some posyandu cadres are still doing weight weighing or incorrect measurement of height, such as weighing tool which has not really zero position, weighing wears shoes, incorrect toddler's position, or installation of equipment measure the height on the wrong wall. Based on this the team of devotion performs improvement so that the cadres can know the mistake and can fix it while doing the measurement of body weight and height. In the supplementary feeding program at posyandu cadres, it was suggested that additional food items given to

under-fives depend on the budget provided by the head of the puskesmas and the head of the PKK given the budget for the provision of extra supplementary feeding. Added food that is often given is green bean porridge, eggs or milk. In addition the team also evaluated the cadre's understanding of the interpretation of the results of weight and height measurements and found that more than 50% of cadres made improper interpretations. Improper interpretation has an impact on the resulting inadequate policies or nutritional improvement interventions that are not optimal. Based on this the team again gives an explanation and gives an example of how the correct interpretation of some of the measurements of weight and height.

3.7 Evaluation of Community Service Activities

Based on the questioning and observation done by the team to the cadres in the implementation of posyandu, it is seen that there is an increase of knowledge and skill of cadre in measuring body weight and height of children after existence of this devotion activity than before community service activity. Understanding about interpretation of the results of weight measurement and height of children which is very important in following up the improvement of nutrition of children also has greatly increased compared to previous interpretation. Head of puskesmas at Medan Tuntungan health center and Medan Johor health center stated very happy and grateful for the empowerment of cadres because it is very important in the effort to increase the knowledge and skill of cadre in doing their duty in puskesmas. The activeness of cadres at both health centers is also very good during the implementation of this empowerment activity.

4 CONCLUSIONS

1. Empowerment of Posyandu cadres successfully increases cadre knowledge and skills in measuring body weight and height.
2. Posyandu cadres can interpret the results of measuring body weight and height better and correctly than before the community service activities.
3. Activities in cadre empowerment can assist puskesmas heads in implementing policies to prevent and control malnutrition and stunting in children.

4. The interpretation of the results of measuring the body weight and height of a toddler properly and monitoring the nutritional status of children on a regular basis can prevent and overcome cases of malnutrition and stunting in children.
5. It is expected that the head of the puskesmas will always motivate the cadres in carrying out their duties at the posyandu, namely the measurement of body weight and height of children.
6. Cadres maintain and maintain tools for measuring body weight and height of toddlers given by the team.
7. Cadres actively coordinate with health officers in health centers if there are obstacles encountered in measuring the weight and height of children and in supplementary feeding programs.

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