

RESEARCH STUDY

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Exploration of the Role of Posyandu Cadres in the Achievements of the Community Health Center Program in Reducing Stunting Incidence

Eksplorasi Peran Kader Posyandu terhadap Capaian Program Puskesmas dalam Menurunkan Kejadian Stunting

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ABSTRACT

Background: Cadre Management is an implementation of the 3rd pillar of handling stunting. The role of good cadres influence the toddlers nutritional status because they become motivators and educators. Through Strength, Weakness, Opportunity, Threat (SWOT) analysis, cadre is an appropriate strategy to reduce stunting.

Objectives: To explore the role of cadres through Lawrence Green Theory in the stunting reduction program in the Wori Community Health Center.

Methods: Qualitative research with a case study approach in the Wori Community Health Center working area. Total informants were 15 and they were selected by using purposive sampling. Data collection techniques used in-depth interviews, Focus Group Discussion (FGD) and observation. The research instrument used interview guides, camera and voice recorders. Data processing used open code.

Results: The predisposing factors are cadre's motivation and skills to reduce stunting rates. The supporting factors are community health centers and village supports. The obstacles are mothers with stunted toddlers received information difficulty and absence in Posyandu, but this problem can be overcome by cadres' communication skills.

Conclusions: The role of cadres is important and strategic to reduce stunting. The internal and external factors support keep cadres enthusiastic in carrying out their duties. The importance of regular training and refreshing can improve their knowledge.

INTRODUCTION

Nowadays, Indonesia still faces the health problem of stunting. Indonesia is one of the countries that has a high prevalence of stunting, namely 30-38% and by 2030 it is targeted that Indonesia can reduce the number of stunting cases in children under five by 50%¹. Indonesia has made various efforts through specific nutritional interventions and sensitive nutrition to reduce stunting. Based on the 2020 Indonesian Nutrition Status Survey, it shows that there is a positive trend of reducing stunting from 2019 from 27.7% to 24.4%². However, reducing stunting is still one of Indonesia's main priorities in achieving world nutrition targets.

Indonesia's seriousness in dealing with stunting is manifested in the National Action Plan on Nutrition and Food Security which focuses on dealing with stunting as a national development priority. The government has designated 100 districts/cities as priority areas for

handling stunting in 2019 and expanded them to 152 districts/cities throughout Indonesia through a Decree from the Minister of National Development Planning³. North Sulawesi Province is one of the provinces that has a stunting rate below the national figure, namely 21.6%⁴ and North Minahasa Regency, which is a stunting priority area, has succeeded in reducing stunting and is in the third lowest number of cases in North Sulawesi at 19.1% in 2021 and is ranked second best in the assessment of the performance of implementing convergence interventions to reduce stunting in the locus districts in North Sulawesi⁵. In the World Health Organization (WHO) framework, it is stated that the causes of stunting in children throughout the world are caused by direct and indirect factors. Direct factors include family factors; providing complementary foods; infectious diseases and breastfeeding. Meanwhile, indirect factors include the

political situation, health services, education, community conditions and the environment⁶.

The role and existence of posyandu cadres in the community has a strategic place in providing education to the community in reducing and preventing stunting. Currently, specific nutritional interventions continue to be promoted involving multi-sectors to handle stunting with the main focus being the First 1000 Days of Life (HPK) by optimizing posyandu. In qualitative research conducted in Bintan, it shows that posyandu cadres in the community have roles that are divided into three groups, namely health motivators, counseling, health services in the community in improving the level of public health⁷. Cadres are able to take an individual and persuasive approach in communicating with the community. They are also able to become a liaison for the community with external parties such as community health centers and district/city governments so that stakeholders are able to understand the community's needs⁷. Other supporting research also shows that the role of cadres can have a direct and indirect influence on mothers in preventing stunting. The large role of cadres in society cannot be separated from the role of health workers at community health centers who are able to act as motivators and companions for cadres in carrying out their duties⁸. Community mobilization through cadres is the right strategy that can be used to reduce stunting. This strategy was obtained after a SWOT analysis was carried out which showed that posyandu cadres are the closest part of the community who have good communication skills even though in implementation they experience various obstacles both from internal cadres and external cadres⁹.

Various studies that have been presented show that cadres have a role in reducing stunting, but these studies mostly measure the level of knowledge, motivation, performance of cadres in carrying out tasks and also increasing knowledge in supporting their role and the relationship to the nutritional status of children under five. Several other studies related to the role of posyandu cadres have been carried out but are not yet comprehensive and do not focus on reducing stunting. Qualitative research that has been conducted has explored in depth the role of cadres, supporting and inhibiting factors as well as strategies used to revive posyandu but has not focused on stunting management programs⁷. Qualitative research in East Nusa Tenggara (NTT) shows the role of cadres in various health efforts in the community and the obstacles but does not discuss the strategies implemented¹⁰.

North Minahasa Regency, which is a priority area for stunting and is able to rank third with the lowest number of cases in North Sulawesi, has carried out a convergence in reducing stunting by mobilizing posyandu cadres, one of which is in the Wori Community Health Center working area. Posyandu cadres in 10 villages in the Wori Community Health Center working area have been actively involved since 2019 and through Wori Community Health Center stunting reports show a decline from 60 cases in 2020 to 48 cases in 2022. Dealing with the case, the researcher aimed to conduct in-depth research using this method. qualitative to comprehensively explore the role of posyandu cadres in

reducing the incidence of stunting in stunting focus areas. Thus, the formulation of the research question is "What is the role of posyandu cadres in the achievements of the community health center program in reducing the incidence of stunting in the Wori Community Health Center working area?".

METHODS

This research method used qualitative research with a case study approach in the Wori Community Health Center working area. In this study, researcher explored posyandu cadres by looking at the predisposing and reinforcing factors (based on Lawrence Green's theory) faced in carrying out their role in the Wori Community Health Center's stunting reduction program. The informants in this study were posyandu cadres who were selected using a purposive sampling technique, namely in accordance with the inclusion criteria and exclusion criteria set by the researcher. Informant inclusion criteria: Cadres are in good health and willing to become informants, posyandu cadres who have been active in the community health center program for at least the last 1 year and cadres living in villages that have experienced a reduction in stunting for at least the last 1 year. The exclusion criteria for informants were cadres experiencing health problems and cadres who lived outside the assisted villages.

Data collection techniques used in-depth interviews, Focus Group Discussion (FGD) and observation. The research instrument uses interview guidelines for in-depth interviews and FGDs. The interview guide was prepared with open questions based on research questions and then developed using probing techniques. Apart from that, other research instruments use documentation tools and voice recorders to make it easier for research to process data. Validation in this study used triangulation of sources, namely village officials in the people's welfare (kesra) section, services, village funding and community health center officers in the nutrition section. The research stage begins with the preparation stage by searching for previous literature/research studies then determining the problem, conceptual framework and research methods. The implementation stage begins with permits from the National and Political Unity Agency, North Minahasa Health Service and Wori Community Health Center. Researchers also administer the research code of ethics at Aisyiyah University, Yogyakarta, number 2574/KEP-UNISA/II/2023. After that, the researcher took data according to the data collection technique. In this preparation, the researcher himself carried out the data processing and analysis. Transcription was carried out by two enumerators as data collectors to better understand the results of the interview process. Enumerators are given information about research, equalizing perceptions and assistance with data processing first. The processing stage was undertaken by transcribing the interview results in detail first and reading them as a whole to understand the meaning conveyed by the informant. After the transcript was carried out, the second researcher carried out an analysis by identifying each statement with keywords (coding) then grouping the data (categories) according to the conceptual framework.

Researchers structured these stages with a matrix to facilitate categorization. The results of this grouping are concluded and presented with quotes from informants. Data processing was carried out using opencode software. To ensure accuracy in data processing, a cross-check was carried out with the first researcher who had mastered qualitative methods.

RESULTS AND DISCUSSION

Regarding to the research results, the number of main informants in the research according to the criteria was 8 cadres and additional informants were 9 people. Data collection from the main informant stops when the data obtained is saturated or no other answers can be found from the informant. Informant criteria were obtained through community health center officers who assisted cadres in implementing the stunting reduction program. Data collection techniques used in-depth interviews, FGD and observation. The research instrument uses an interview guide.

Table 1. Informant Profile from Research Results at the Wori Community Health Center, North Sulawesi

Informant	Age	Group
R1	26 years old	Cadre
R2	33 years old	Cadre
R3	48 years old	Cadre
R4	56 years old	Cadre
R5	27 years old	Cadre
R6	34 years old	Cadre
R7	25 years old	Cadre
R8	33 years old	Cadre
R9	33 years old	Village Apparatus
R10	48 years old	Village Apparatus
R11	56 years old	Village Apparatus
R12	43 years old	Village Apparatus
R13	46 years old	Village Apparatus
R14	42 years old	Village Apparatus
R15	33 years old	Village Apparatus
R16	42 years old	Village Apparatus
R17	38 years old	The Nutrition Staff

The results of the analysis have indicated that the role of cadres in carrying out their duties in reducing stunting is influenced by several factors based on Lawrence Green's theory. However, in findings in the field, cadres also experienced obstacles so researchers included inhibiting factors as part of the cadres' role in carrying out their duties.

Predisposing Factors

Predisposing factors are factors that make it easier for a person or society to do something. The findings in the field show that cadres can carry out their duties well because of motivation that comes from themselves and others. Self-motivation includes the desire to provide services to society,

"... itu memang dari torang pe hati, tapi yang torang rasa tertarik karna apa eh, biasanya bagini torang pe pemberian diri itu pelayanan, pengabdian itu misalnya memang dianggap kecil sebenarnya cuman berikan ini, tapi dampakkan besar toh." (R4)

(...it really comes from our hearts, but what makes us interested? Usually this is a form of self-giving, namely service, dedication, for example. It's actually considered small, but it has a big impact, right)

Another informant said that the motivation to become a cadre initially helped because there were no posyandu places available or the old cadres were old so they rarely attended.

"Ya supaya membantu anak-anak kasiang karena di sini kebanyakan kader-kader yang tuh lama-lama so tua tua." (R6)

(Yes, to help, it's a pity because most of the old cadres here are old)

Apart from that, other informants also said that becoming a cadre was because there was health knowledge that could be obtained to be applied in the community as well as in their families.

Cadres continue to carry out their duties because they maintain the trust of senior cadres or elder law (village heads) who have been entrusted as cadres. This offer came because of their activeness in the community who were considered capable of providing good health services in the community as cadres.

"Kalau ibu memang aktif sih di desa dek soalnya ibu kan jaga bawa orang saki sih, orang melahirkan ibu yang urus samua jadi mungkin karna itu hukum tua lihat ada aktif didesa mungkin itu dia lia dari segi itu dia angkat menjadi kader" (R7)

(If you are really active in the village because you like taking care of sick people, people giving birth, maybe the village head saw your activity so he appointed you as a cadre)

The village also revealed that there were conditions imposed on the appointment of cadres.

"sesuai dengan pendidikan, lalu kinerja, orang-orang yang suka berkerja dorang dipilih melalui kepala-kepala jaga, lalu kumtua dibuatkan SK." (R14)

Other findings also show that cadres also feel that the motivation to continue being a cadre is due to the influence of their mothers or grandmothers who have been cadres for many years. They have seen how mothers or grandmothers carry out their duties as cadres by providing health services to the community.

Other findings in the field show that cadres experience obstacles in providing education to mothers who have stunted or malnourished children. Mothers deny that their children are malnourished or stunted due to societal influences, one of which is that short children are considered normal because their parents are short. Apart from that, in the field it was also found that parenting patterns were still inappropriate, such as low levels of exclusive breastfeeding and a balanced nutritional diet. This is why cadres must have communication skills to educate mothers.

"... torang mo anjurkan musti deng ambe hati jangan deng soo to supayah dorang boleh mo iko torang mo tunjung dang, kadang so marah torang ini nimboleh molayani musti deng..kelembutan sedang torang tegur saja deng lembut masi dorang mo abaikan tu mo semakan kua bagini" (R1)

(I recommend that you have to be able to win over mothers so that they join the posyandu, sometimes they want to be angry but they have to serve with heart, with gentleness. It's just a gentle way of reprimanding them, sometimes they still ignore it)

"kalau ibu kan depe pengaturan dari cara bicara, cara merayu mereka itu bu Jadi dorang kalau ibu yang pigi dorang pasti turun itu." (R7)

(I control how to talk, how to seduce so that if I say the word they will definitely come to the posyandu)

Apart from that, these cadres also took the initiative to go to homes to provide education to mothers about attending posyandu or providing balanced nutrition for their children. The findings show that consumption of vegetables and animal protein is still low for children, so cadres try to provide education about balanced nutrition regularly both at posyandu and when they come to homes.

"Nah skarang so makanan empat bintang jadi da terangkan makanan empat bintang itu bagaimana, ta bilang nyanda usah dang jao-jao torang kan dikintal-kintal banyak sayur, banyak yang boleh torang mo gunakan, he'em. Ada katu berapa-berapa ibu so iko noh, so bekeng apa yang torang da bilang, dong bilang "ihh iyo, tong pe anak jadi bagus mo makang begini-begini" (R5)

(Well now it's a four star menu so I explained that. I said no need to go far. We all have land where lots of vegetables are grown, well that can be used. There was a mother who followed my advice and made the menu and then said oh yeah yeah Our children will be healthy if they eat like this."

To support the stunting reduction program, cadres also took the initiative to submit a proposal to the Food Service to support the existence of a stunting garden. The garden is managed by a group of parents who have stunted children. The village assisted in submitting this proposal and received funds of 20 million. These funds were used to buy vegetable seeds and for maintenance. Apart from that, seeds were also distributed to the wider community for each of them to plant.

"sudah so ada noh, so panen, dorang kase bantuan jadi itu suruh tanam pa dorang, supaya ngoni ada makanan di rumah for ngoni mo biar cuma mo sayur-sayur" (R6)

(There is already assistance and the harvest has already been harvested. The Department is providing assistance so they are asked to plant it so that people have food at home, even if it's only vegetables)

Strengthening Factors

Strengthening factors are factors that encourage or strengthen cadres to continue carrying out their roles and duties in society in reducing stunting. The findings in the field show that cadres receive support from the community health center by providing regular training, workshops and refreshments so that cadres claim to gain new knowledge in carrying out their roles.

"Yes, there's a lot of training, there's how to provide food for additional rice, YCF, I've also taken part in training about exclusive breastfeeding, but there's also a lot of other training." (R4)

"We provide training or refreshments every year. For example, there is training in districts or provinces and they can be asked by cadres to send which ones are active, which ones are suitable, that's where you send them." (R17)

The Public health centre also held training for cadres with financial assistance from the World Bank in 2017. Every year the Puskesmas holds refreshments for cadres to update their knowledge and recall material about weighing toddlers, filling out KMS, and MPASI.

Based on findings from the field, the community health center held training for new cadres, but along the way there were many changes in cadres, so the training was held by the village involving the community health center as a facilitator.

"We were once funded by the World Bank to hold training in this place. What we regret is that when the seniors change, they change, well, when they change, the bingo people are taken to provide more training for new cadres, but in 2020 there will be 1 village that provides training" (R17)

This was also revealed by the village that the village also budgeted funds for training for new cadres.

"Village funds once budgeted for training and it was facilitated by a competent community health center, then if the village handled it, it was providing additional food which was managed by cadres, never without coordination from the mother, the menu was based on instructions from the community health center." (R13)

The findings show that the village provides support to cadres to optimally carry out their duties by providing incentives. This incentive provision has increased compared to previous years. There are villages that initially had 50,000 and then grew to 300,000. However, there are also those who have received 250,000 or 300,000 from the start and continue to give it every year. Cadres admit that having incentives makes cadres more enthusiastic in carrying out their duties because they feel appreciated.

"Jadi intensif sebulan kade Rp.250.000 jadi itu lagi jadi dorongan sedangkan waktu belum ada kan torang so rajin apalagi so ada intensif tambah semangat." (R5)
(So a month's intensive for cadres is IDR 250,000 so that's an encouragement, whereas when we didn't have one, we were diligent, especially if there was an intensive, it added enthusiasm)

This was also expressed by the village that providing incentives was also an encouragement and expression of thanks.

"Kalo dari dulu amper 15 tahun itu nda ada insentif, kemudian naik sekitar 2 tahun itu sekitar 50rb dan itu kami terima diakhir tahun, kumtua yang kase sebagai ucapan terima kasih." (R11)
(For almost 15 years there was no incentive, then it increased to around 2 years, namely 50 thousand and we received it at the end of the year, the village head gave it as a thank you..)

Apart from providing incentives, the village is also involved by including cadres in team 7. This team was formed to participate in preparing the village's intermediate development plan. Cadres include stunting reduction programs and other health programs in the village budget. The stunting reduction program initiated

by the village is providing additional food for stunted children. This program runs within a period of 14-90 days. The length of the program depends on each village based on available funds. This program also involves cadres to cook food and encourages the community to get involved in it. The food menu distributed was also consulted with the health center nutritionist.

"Kalo program stuntingdesa, jadi kita ee liat anak yang masuk apa to yang di kategorikan stuntingatau kurang gizi to, dorang pe mama atau dorang pe anak di kasi program stuntingsupaya pemberian makanan tambahan dari desa dapat ari dana desa, cuman yang kelola baru tau depe kesejahteraan di desa" (R1)

(If the village stunting program is seen from the category of children who are stunted or malnourished, their parents are given an additional food program from village funds. The village welfare department manages the activities)

" tiap taong itu ada, misalnya pemberian makanan tambahan bagi bayi balita dan juga eh ibu hamil, itu dalam 1 tahun ada 4 kali." (R4)

(every year there is, for example, provision of additional food for toddlers and pregnant women, that's 4 times in 1 year)

"In previous years, supplementary food was given every day, for a period of time, some were 14 days but some were more" (R13)

"Since 2020, apart from the activity of providing additional food for 14 days, they have had 1 activity that they invited me to do, the doctor, eh, providing outreach from parents for 0-6 months, for pregnant and stunted mothers, providing outreach, reminding mothers to provide education. , people understand that R17)

The village budget allocated for health, especially stunting, is 3% every year. Apart from providing additional food, the village also organizes training for new cadres.

"Nah itu biasa dari desa, desa bikin untuk dorang, kalo torang kwa skarang ini untuk pembahasan akan ada pemberdayaan untuk kader" (R10)

(well, usually from the village, the village provides training for them, if we are discussing it now there will be empowerment for cadres)

This training was budgeted by the village to facilitate new cadres replacing old cadres. The training involved the community health center as a resource person. The community health center also revealed that now several villages have organized cadre training and cadre refreshing using village funds.

"Well, depending on the village and the incentives are different, there are also villages where all

their cadres are replaced, we are invited for 3 days to provide training" (R17)

Village funds are also used to support posyandu activities by providing additional food such as green beans, chicken porridge and others. Apart from that, village support is also provided by providing a place for holding posyandu. This village support is very meaningful for cadres in carrying out their duties to help reduce stunting rates because they feel appreciated and show that the village cares about stunting cases.

"Yes, basically every time there is a posyandu there is a PMT so you can get milk, every child is not just stunted." (R5)

The results of this qualitative research show that the predisposing factors that influence the role of posyandu cadres in carrying out their role in reducing the incidence of stunting in the Wori Community Health Center Work Area, North Sulawesi are cadre motivation and skills. Posyandu cadres' own motivation is based on 2 factors, namely internal factors (self) and external factors (other people). The higher the level of motivation possessed by cadres, the better their performance will be. This is in line with other research which explains that high motivation can increase cadre activity better which also influences the quality of their performance compared to cadres who have low motivation.¹¹.

The high social enthusiasm of the cadres creates motivated cadres to inspire, enthuse, activate, stimulate, mobilize and motivate people to live healthier lives.¹². With an altruistic spirit, namely empowering oneself for the benefit of others, cadres are able to work optimally.¹³. Apart from that, motivation from external factors, namely other people, is a predisposing factor that influences the role of posyandu cadres, including the history of parents as previous cadres, being offered senior cadres, motivation from grandmothers, being appointed by elder law. The law elder is the traditional head of the local village. Family support is external motivation and is a process that occurs throughout life and influences the stages of the family life cycle. External motivation by the family can come from parents, close family who play the main role as cadres, where this has a positive impact on the perspective of taking roles in life. This support can also make a cost cadre feel more meaningful in carrying out their duties and functions as a posyandu health cadre. Based on Maslow's theory, an individual needs meaningfulness in his life to be able to actualize himself to become a better person¹⁴.

A person's communication skills can influence the acceptance response to communication targets. In this research, it was found that communication skills became the capital for cadres to inform mothers of stunted toddlers even though they received rejection of information from several communities. The communication carried out by the cadres was adapted to the conditions of society at that time so that it did not seem forced. Communication can be defined as the exchange of thoughts, messages or information through words, signals, writing or behavior¹⁵. Communication can take the form of verbal and non-verbal communication

such as how to dress and body gestures. Effective communication can be carried out if the person communicating understands the meaning of effective communication, the process of effective communication and the elements of effective communication¹⁶.

Support from the Community Health Center in terms of increasing cadres is the main provision in the role of cadres in providing IEC to the community. The most important implementation of this support from the Community Health Center is in the routine activities of the Posyandu. The role of posyandu in preventing stunting in Indonesia is very important, especially efforts to prevent stunting during the toddler years. Through monitoring the growth and development of babies and toddlers which is carried out once a month by filling in the KMS curve, toddlers who experience growth problems can be detected as early as possible, so that they do not fall into chronic growth problems or stunting.¹⁷.

Village support is also a factor in strengthening the role of cadres in efforts to reduce the incidence of stunting. In accordance with Permendesa Number 19/2017 concerning priorities for the use of village funds in 2018, it is stated that the use of village funds can be used for stunting handling activities through village meetings. Participatory mapping was carried out first on residents at risk of stunting by village empowerment cadres. Then all stakeholders in the village formulate the necessary steps in efforts to deal with stunting, including collaborating with related service agencies¹⁸. The support of the Ministry of Villages is also realized through the Ministry of Villages and PDPT Regulation Number 19 of 2017 concerning Priority Use of Village and Transmigration Funds in efforts to reduce stunting as well as the latest regulations that apply, namely the Regulation of the Minister of Villages, Development of Disadvantaged Villages and Transmigration Number 7 of 2021 concerning Priority Use The 2022 Village Fund states, among other things, that "The use of Village Funds for national priority programs in accordance with village authority is to prevent stunting to create a Healthy and Prosperous Village¹⁸.

The findings in the Wori Community Health Center working area show that the village provides support to cadres to optimally carry out their duties by providing incentives. This incentive provision has increased compared to previous years. One of the strongest influences on a person's achievement in carrying out an activity is the existence of incentives. Apart from that, incentives or awards can also be used as an attraction in recruiting members of an organization. Because this attention leads to a sense of responsibility, ownership, autonomy and courage in maintaining the achievements that have been achieved¹⁹. Apart from incentives, the village supports the development of cadres through cadre training in the Wori Community Health Center working area. This training was budgeted by the village to facilitate new cadres replacing old cadres. The training involved the community health center as a resource person. The community health center also revealed that now several villages have organized cadre training and cadre refreshing using village funds.

Efforts to prevent stunting require community empowerment by increasing the role and function of existing posyandu cadres. Increasing knowledge about stunting prevention for posyandu cadres is very useful in conveying health messages to the community and monitoring the stunting status of children under five, so that it is hoped that stunting incidents can be identified early. Posyandu cadres' knowledge and skills can be influenced by several things such as frequency of training, formal education, cadre courses, activity and length of time as a cadre. The results of the research show that there are still 23.48% of cadres who are not skilled in weighing babies and toddlers, which is due to a lack of cadre training. This emphasizes that cadre training in cadre self-development efforts is very important²⁰

The advantage of this research is that it uses two types of data collection methods, both main informants and supporting informants, so that the information obtained is more diverse and in-depth. However, the limitation of this research is that researchers were unable to obtain information from old cadres due to age and communication constraints. Information from old cadres is considered to be deeper because they have been working since the posyandu was organized.

CONCLUSIONS

The role of cadres is very essential and strategic in supporting community health center programs to reduce stunting. Predisposing and reinforcing factors originating from within and outside the cadre have an influence on carrying out their duties so that they can face obstacles with good communication skills strategies. The importance of regular training and refreshing can improve their abilities and knowledge in dealing with society.

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