



The Effectiveness of Dasa Wisma Empowerment on Stunting Prevention Behavior with The Approach of Inter Professional Collaboration in Puskesmas Karanganom Klaten

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Abstract. Stunting is still a health problem for infants and children in Indonesia. The 2018 Basic Health Research show that the incidence of stunting still reaches 29.9% and ranks in the top 10 worldwide. One of the districts with a fairly high stunting rate is Klaten. Aim of this study is knowing the effectiveness of *Dasawisma* training in stunting prevention. The respondents were 100 *Dasawisma* members from 10 villages. The effectiveness of the training was analyzed by means of different tests of pre and post-test values using the Paired T-Test. Training on stunting prevention was effective for increasing *dasawisma* knowledge in stunting prevention programs ($p = 0.001$). Age ($p=0.510$), education level ($p=0.302$), employment status ($p=0.116$) was not significantly related to the achievement of training objectives. Effective training increases *Dasawisma's* knowledge in stunting prevention.

Keywords: Dasawisma, Training, Inter Professional Collaboration, Stunting.

1 Introduction

Stunting is a toddler who experiences growth disorders in the form of less length or height (more or equal to minus two standard deviations from the WHO standard) when compared to age. The problem of stunting is still a big challenge faced by the Indonesian nation. Based on the 2018 Global Nutrition Report, the prevalence of stunting from 132 countries, Indonesia ranks 108th, while in the Southeast Asia region Indonesia ranks second highest after Cambodia [1]. This information is of course very worrying, considering that the most valuable resource for a country is human resources (HR) quality. The future of our nation is in the hands of 79.55 million Indonesian children [2]. You can imagine the importance of fulfilling our children's rights at this time for the quality of resources in the future. There are several factors that cause stunting, namely due to poor parenting practices, limited health services, lack of family access to nutritious food, lack of access to clean water and sanitation. For this reason, all parties must optimize nutrition improvements to ensure the fulfilment of balanced

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nutrition for children. The key to success in achieving this goal is to eliminate the factors that raise the risk of stunting according to their respective professions [3][4].

Stunting data in Klaten Regency until the end of 2020 there are still 8407 babies or around 10.6% who are stunted [5][6]. The health office, through the Puskesmas and related agencies, has carried out socialization on how to prevent stunting through direct and indirect health counselling, but in fact there are still many factors that cannot be changed, namely knowledge, attitudes, and public perceptions, all of which greatly influence practice and behaviour. Society and mothers especially in stunting prevention. The determinants of stunting found during interviews also mentioned that parenting styles were inappropriate, breastfeeding and complementary feeding were not good, health problems in mothers and babies, as well as cultural factors in the form of a lack of understanding by mothers about stunting. A total of 19 villages, not all of which have formed *dasa wisma*, only 63.16% (12 villages) have been formed, but their activities have not been optimal, while 36.84% (7 villages) have not yet formed *dasa wisma* [7].

In this research, researchers are trying to find a new strategy to prevent stunting by providing guidance through empowering *dasa wisma*. *Dasa wisma* is a group of people in a certain area with about ten families close to each other whose goal is to increase the active participation of the community in the development of public health. *Dasa Wisma* can be empowered effectively as the spearhead of handling health problems, starting from the smallest scope, namely the family and the closest community. To be able to play an effective role, *Dasa Wisma* must have adequate knowledge and skills related to stunting prevention, for example with early detection of stunting. Early detection of stunting is considered the right step because it can know from the start or early on the risk of stunting in infants [8].

Several early detection studies have shown optimal results, including research by Adistie et al, who examined the empowerment of Health Cadres in Early Detection of Stunting and Stimulation of Growth and Development in Toddlers, concluded that training on early detection of stunting for 1 day showed a positive effect on increasing knowledge, but in terms of skills it was not yet provide a significant effect ([9] Anadarwulan et al's research on the Application of Stunting Early Detection Technology as an Effort to Improve Children's Nutritional Status in the Siwalankerto Village, Wonocolo District, Surabaya, shows that the active role of cadres is very important in providing information about the application. This application can help mothers of toddlers understand stunting during the growth and development of children. Thus there can be changes in behavior in toddler mothers. Mothers of toddlers will pay more attention to the child's condition during the growth and development period [10]. Hanieh et al's research on "The Stunting Tool for Early Prevention: development and external validation of a novel tool to predict risk of stunting in children at 3 years of age" concluded that the application of early detection of stunting in infants aged 6 months provides valid predictions of the risk of stunting at 3 [11]. The use of the "Stunting Early Detection Kit (SEDEK)" is valid for predicting an 80% risk of stunting [12]

Based on observations and personal interviews with regional stakeholders conducted by researchers, there have not been *Dasa wisma* who have played a role in efforts to prevent stunting, including at the research location. Based on this description, research

with Dasa Wisma Empowerment through Dasa Wisma training is needed to answer "Is stunting prevention behavior with stunting early detection training effective for increasing dasawisma's knowledge and skills in carrying out early stunting detection?". The final result expected in this study is the increased participation of Dasa Wisma in preventing and overcoming the incidence of stunting, especially in the Klaten region, Central Java, Indonesia. The purpose of this study was to determine the effectiveness of the Interprofessional Collaboration (IPC) program on the attitudes of mothers and health cadres regarding stunting.

2 Method

The design or method used in this research is experimental research with a quasi-experimental design (quasi-experimental pre-test-post-test design). The population in this study were all 19 villages in Karanganom Klaten District. As samples were taken by purposive sampling and found 10 villages with the main criteria being villages that already have Dasa Wisma and in these villages there are children at risk of stunting. Therefore, this study analyses the effectiveness of Dasa wisma training related to early detection of stunting towards optimizing the role of Dasa wisma in efforts to prevent stunting with an inter-professional collaboration approach, by comparing the knowledge and skills of early detection of stunting prevention before and after the implementation of the Dasa wisma training program. In this training program participants are taught using the lecture method using training modules/materials and skills training in filling out the DDST (Denver Development Screening Test) which is a method of screening for child development abnormalities and how to calculate the Z Score is a measure of deviation in data originating from the average value is measured in units of standard deviation.

3 Result and Discussion

3.1 Respondents Characteristics

Table 1 demonstrates the residents from 10 villages in the working area of the Karanganom Klaten Health Center. The number of representatives for each village was drawn evenly with each village representing the 10 proposed cadres from each village area. The characteristics of the research respondents as shown in Table 2 based on age obtained the most information on the age group being the age category 41-60 years with a total of 64 (64.00%) respondents and the smallest number was the age group > 60 years, namely 4 respondents or 04, 00%. The level of education of respondents can be seen that the most educational categories are middle level (junior high school and high school/vocational high school) 79 respondents (79.00%), higher education (diploma and bachelor degree) as many as 21 respondents (21.00%), while for respondents who have basic education or elementary school there is none (00.00%). The characteristics of the respondents were based on working or not working, the largest number were not working (housewives and retirees), namely 84 (84.00%) respondents, while only 16

(16.00%) worked. The characteristics of Respondents in this study can be seen in Table 1

Table 1. Description of member of Dasawisma

Village	f	%
Blanceran	10	10,00
Brangkal	10	10,00
Dayangan	10	10,00
Jetis	10	10,00
Karangan	10	10,00
Ngabeyan	10	10,00
Ngawinan	10	10,00
Padas	10	10,00
Pondok	10	10,00
Troso	10	10,00
Total	100	100

Table 2. Characteristics of member of Dasawisma

Variabel	f	%
Age		
20 - 40	32	32,00
41 - 60	64	64,00
> 60	4	4,00
Education		
High education	21	21,00
Middle education	79	79,00
Basic education	0	0,00
Profession		
Housewife	84	84,00
Work	16	16,00
Total	100	100

3.2 Knowledge towards Stunting

Table 3. Description of the Dasa Wisma's Knowledge Value in Stunting Prevention Efforts

	Mean	N	Std. Deviation	Std. Error Mean
Pre	50,6000	100	14,82695	1,48269

Post	75,1000	100	17,80903	1,78090
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Table 3 describe of the average value of knowledge of dasa wisma training participants in efforts to prevent stunting before training is 50.60 with a standard deviation of 14.83. This value increased to 75.10 with a standard deviation value of 17.81, so that it can be seen that there was a significant difference in the average value of knowledge before and after the Dasa Wisma training was carried out using the inter-professional collaboration approach. In this study what is measured as Knowledge is about Stunting, child growth which can be measured by Z scores and Child development which is monitored by DDST. Evaluation is done by pre post design using a questionnaire.

Table 4. Effect of Dasa Wisma Training in Stunting Prevention Efforts

	Mean different	Std. Deviation	t	df	Sig. (2-tailed)
Pre	-24,50000	16,24466	-15,082	99	,001
Post					

Table 4 shows that the stunting prevention training given to Dasawisma is effective in increasing dasa homestead knowledge in the stunting prevention program, as evidenced by the results of the Paired T-Test obtained mean different value = -24.50 and $p = 0.001$.

3.3 Skills in conducting early detection of stunting

Table 4 provides information the effect of Dasa Wisma Training in Stunting Prevention Efforts. The results of the the Paired T-Test obtained mean different value = -24.50 and $p = 0.001$ proved that there was a significant difference between pre and post training, and it can be concluded that the training in Dasawisma is effective in changing the skills of Dasawisma's member in stunting. The skills referred to in this study are the competence of the participants in measuring DDST and Z scores. Evaluation is done by observing and making a checklist of the steps in measuring the DDST and Z score.

3.4 Discussion

The results showed that training on stunting prevention given to dasa homestead was effective in increasing dasa homestead knowledge in stunting prevention programs, as evidenced by the results of the Paired T-Test, which obtained a mean different value = -24.50 and $p = 0.001$. The average value of the participants' knowledge regarding stunting and its prevention efforts before the training was 50.60 with a standard deviation of 14.83. This value rose to 75.10 with a standard deviation value of 17.81.

Training comes from the word train which is given the prefix *pe-* and the suffix *-an*. According to the Big Indonesian Dictionary, the basic word practice means to learn and get used to being able or able to do something. If the word gets a prefix and a suffix *-s*, it means process, method, act of training, activity or training work [3]. Training in English is synonymous with the word training which is defined as any effort to improve the performance of the person employed at the job currently held or related to it. This usually means a change in knowledge, skill, attitude, or behavior. To be effective, training must involve experiential learning, be a planned organizational activity, and designed in response to identified needs [13]. In this study, the intervention given to Dasa Wisma was stunting prevention training using the Inter Professional Collaboration approach. If related to the concept or definition of training, what is meant by the stunting prevention training given to dasa homestead are all processes and efforts to make dasa homestead aware of stunting prevention efforts [14] [15].

The training was carried out for 2 (two) days, approximately 10 hours. Dasa Wisma consists of Dasa and Wisma. Literally the meaning of Dasa means ten and Wisma means house or residence. So Dasa Wisma is a group or organization of mothers consisting of ten adjacent households. Dasa Wisma is the smallest community unit formed from organized civilians that is managed in a transparent manner and provides information to each other regarding shared life, and is a forum for community activities that has a very important role in the implementation of government programs in the health sector which are under the auspices of community activities. the PKK movement at the village level [16] [17].

The Dasa Wisma training program began with coordination between the research team and the person in charge of the program or stunt prevention stakeholders at the Karanganom Klaten Health Center. This training program is a continuation of the results of phase 1 (one) research that was carried out by researchers in the previous year, to follow up on findings from 19 villages, which found that a total of 12 villages had ten guest houses. There is data on dasa homestead in the 12 villages, as material for discussion which eventually found agreement on the training program to be implemented, related to how to empower dasa homestead. really did not participate operationally. This is done to ensure the objectivity of the training results. Participants were recruited from 10 villages in the working area of the Karanganom Health Center with the criteria that the assigned residents were willing, in good health, able to read and write, and had a commitment to take part in the training until it was finished. Recruitment is carried out by stakeholders from the Karanganom Health Center by considering the benefits of further training. The residents appointed by each village were fully appointed or elected by the residents without any coercion or intervention from the Puskesmas staff or the research team, without prejudice to the benefits of the activity.

After 10 delegates were elected, so that the total number of participants or respondents was 100 participants, the Dasa Wisma training was carried out in an effort to prevent stunting. The main topics or materials for the training are the scope of stunting, growth & examination with a Z score, development & examination with DDST, and M PASI according to the age of toddlers. The resource persons or presenters involved all professions related to the incidence of stunting, so the researchers used the

Inter Professional Collaboration/IPC approach. Professions related to the activities of doctors, nurses, midwives, and nutritionists. Profession Doctor provides material about the scope of stunting. The midwife profession provides material related to growth and examination with a Z Score. The nursing profession provides material related to development and examination of development with the Denver Development Screening Test (DDST) instrument. The profession of a nutritionist provides material related to the provision of complementary food / MP ASI according to the age of children under five, or more especially for children under two, before a stunting diagnosis is actually made [18].

Dasa Wisma training is carried out over two working days, the first day is theory, the second day is hands-on practical training, how to recognize children who are at risk of stunting, how to carry out growth and development checks, and understand how children's nutritional needs are related to MP-ASI which are in accordance with balanced nutritional needs child according to his age. The first and second day of training were handled by the four professions in accordance with the research plan that had been previously coordinated with the stakeholders of the Karangnom Klaten Health Center. This is in accordance with the concept of Inter Professional Collaboration, namely good and mutually beneficial collaboration between two or more organizations or professions to achieve certain goals. The relationship includes a commitment to a relationship definition and shared goals, co-developed structures and shared responsibilities, shared authority and accountability for success, and sharing of resources and rewards. Collaborative processes have distinctive characteristics, including cooperation, coordination, sharing, compromise, partnership, interdependence and togetherness [19].

Efforts to reduce stunting rates are efforts that are carried out continuously, continuously, structured in the long term and are not instantaneous. This is because stunting is a complex condition that can be caused by a variety of conditions, even starting from the time the baby is not born. The condition of the mother, both from adolescence, age of marriage, first pregnancy, during pregnancy to delivery and then entering the puerperium simultaneously will affect the growth and development of the next baby. The factors that cause stunting are closely related to the conditions that underlie the incident. The conditions that influence the factors that cause stunting consist of: (1) the political economic conditions of the local area, (2) educational status, (3) community culture, (4)) Agriculture and food systems, (5) water, sanitation, and environmental conditions. These conditions will directly or indirectly contribute to cases of stunting [20]. Reflecting on this, the role of the sub-district and sub-district governments is very important in efforts to prevent stunting, for example with policies allocating sub-district budgets and village funds in improving environmental sanitation, infrastructure development, economic improvement and so on. These programs can run or materialize properly if there are supportive village government policies.

The incidence of stunting is heavily influenced by the behavior of the mother's nutritional intake, even starting when the mother is a teenager, married, and during pregnancy. Inadequate nutritional intake during adolescence often causes anemia in adolescents, which if the adolescent later marries and becomes pregnant, there will be a risk of postpartum hemorrhage, low birth weight, and premature babies [10]. The

behavior of prospective mothers and mothers needs to be changed in relation to nutritional intake and to eliminate other factors that influence stunting. Dasa Wisma is one of the vehicles for fostering and empowering community participation in the health sector independently at the family level which is directly controlled by the PKK team at the village level. One of the family members in the tenths group is selected to be the group leader or liaison with the coach. Dasa Wisma is the spearhead of the Family Welfare and Empowerment group, hereinafter referred to as the PKK Movement. PKK is a movement in community development that grows from, by, and for the community, towards the realization of a family that believes and fears God Almighty, has noble and virtuous character, is healthy, prosperous, advanced and independent, gender equality and justice, and awareness law and the environment [21]. Reducing stunting is a noble task and a challenge for Dasa Wisma as a partner of the Puskesmas which acts as the spearhead and front guard closest to the community.

Seeing the strategic role and function of Dasa Wisma, therefore, understanding all members of Dasa Wisma about good stunting is absolutely necessary. Dasa Wisma members or cadres who master the concept of good knowledge about stunting are expected to be able to make efforts to prevent stunting not only for themselves or their families, but also for the closest neighbors around them, so that if this can run in a structured manner then the whole community will be able to play a role. in efforts to reduce stunting. Efforts to add to and increase the knowledge of Dasa Wisma members about stunting can be done with training, one of which was carried out by the researchers for these two days.

The results of this study are in line with the results of previous studies which concluded that training programs are effective in increasing the knowledge of cadres [8];[22]. Dasa Wisma training on stunting and stunting prevention efforts have been well planned and programmed. The method used by the resource person to provide information was felt to be appropriate according to the characteristics of the training participants, who on average were housewives and the private sector such as tailors, traders who live in rural areas in the working area of the Karanganom Klaten Health Center. During the training the participants were quite active and able to absorb and understand the information provided by the resource person. The resource persons used power point media supplemented with pictures and videos so that they could attract and focus the attention of the training participants on the topics provided by the resource persons.

The use of appropriate educational methods and media will affect the achievement of learning objectives [23], which in this case is training related to stunting and prevention efforts using the Inter Professional Collaboration approach which at least involves the profession of doctors, nurses, midwives, and experts. nutrition, which keeps the trainees from getting bored, and always progressing well [24][25].

The achievement of learning objectives included in the training program is influenced by internal and external factors [26]. Cadres' knowledge of stunting can be influenced by age, education level, and occupation [27]. In this study, the increase in knowledge was measured by analyzing the range or difference between the post-test scores and the pre-test scores. The difference in negative values (-) up to 50 is categorized as poor, 51-75 is categorized as moderate, and > 75 is categorized as good

or high. In contrast to this concept, the results of this study provide an overview in terms of training for Dasa Wisma cadres on stunting and prevention efforts. In fact, there is no significant relationship between the age of the respondent and the knowledge score ($p=0.510$). Likewise with the respondent's education (0.302) and employment status (0.116). In the study, it was seen that the progress of the scores before and after the training was carried out in the old adult age group (41-60 years) showed a high percentage of increase ($> 75\%$) at most, namely 17 respondents, but for the low progress category the increase ($<50\%$) was also the most mostly in the older adult age group. Statistical test results with Chi Square $p = 0.510$ which means there is no relationship between age and the success of stunting prevention training. Age indicates how long a person lives, starting at birth. During this life, the respondent will be in contact with various information. Trainees who have sufficient prior knowledge will find it easier to understand the information provided during the training. In this study, the age of the respondents was relatively balanced or on average the same, so that in general they had the same information provision, so that the achievement of the training objectives, namely increasing knowledge, was not significantly affected by age.

Respondents' employment status was categorized into two, namely working and not working. The results showed that the employment status variable was not significantly related to training success, where the statistical test results with Chi Square obtained $p = 0.116$. The highest and lowest percentages of progress were in the non-working group, namely 84%. Occasionally work will hinder or become an obstacle in the speed of receiving and understanding new information. Especially if the job is not directly related to the field or information obtained at this time. In this study, the job status of the respondents was generally relatively equal, those who worked on average were not full time, namely tailors, traders or selling at home, so that they could work together with the work of housewives. Unemployed status is a mother or trainee whose main task is as a housewife or retiree who does not have full responsibility for work assignments. This condition allows employment status not to be directly related to increased post-training knowledge [28] .[29]

The education level of most research respondents was middle level (junior high school and high school/vocational high school) 79 respondents (79.00%), higher education (diploma and bachelor degree) as many as 21 respondents (21.00%), while for there are no respondents with elementary education or elementary school (00.00%). The results of the statistical test using Chi Square showed that there was no relationship between education level and training success ($p=0.302$). A person's level of education in general can be a marker of a person's formal academic abilities. Individuals with higher education levels are relatively better off academically than individuals or groups with lower levels of education. In this study, the majority had secondary education at the junior high school, high school or vocational level. This condition makes it possible to achieve the training objectives, namely increasing Dasa Wisma's knowledge about stunting, which is not related or not directly related to the education level of the participants. In addition, the topic or material provided by the resource person is relatively considered the same as something new, so that there is no difference in the ability to accept new information and based on the level of education [30][31].

4 Conclusion

Seeing the importance of Dasa Wisma, this research is to empower Dasa Wisma by providing Dasa Wisma training related to early detection of stunting for 2 (two) days on how the Dasa Wisma is able to know and understand efforts to prevent stunting with an inter-professional collaboration approach. Professions that collaborate on the Dasa Wisma training in providing material, both theory on the first day and practice on the second day are doctors, midwives, nurses and nutritionists. Improving cooperation and communication with stakeholders and health cadres in the Karanganyom Klaten Health Center Work area, to support the implementation of direct dasa wisma assistance in efforts to prevent stunting. Several factors related to the incidence of stunting, such as Dasa Wisma's knowledge related to stunting, knowledge of growth and development, as well as complementary feeding for toddlers, have all been included in the Dasa Wisma training material that has been implemented in this research, however, it remains the core material in mentoring.

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