





Attitudes of Health Cadres in Handling Stunting in the Semowo Community Health Center, Semarang

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Abstract. Health cadres are an extension of health workers to participate in handling stunting in the community. However, not all cadres are supportive of the stunting management program. This condition will affect the stunting program in areas with a high prevalence, such as the Semowo Health Center. Several factors shape the attitude of health cadres that impact the success of the stunting management program. This study aimed to analyze factors related to the attitudes of health cadres in handling stunting at the Semowo Health Center, Semarang. This research is an observational study with a cross-sectional approach. The population and research sample were all Posyandu cadres in the Semowo Health Center area, totaling 185 people involved in the study. The data analysis used was univariate, bivariate, and multivariate. The results of the data analysis show that only knowledge is related (p -value < 0.005) to the attitude of health cadres (p -value = 0.049). At the same time, other variables are not related, namely age (p -value = 0.629), education (p -value = 0.329), occupation (p -value = 0.136), marital status (p -value = 0.645), length of time as a cadre (p -value = 0.180), and training experience (p -value = 0.075). Variables with a p -value < 0.025 were analyzed multivariate with the result that no variables were significantly related to health cadres' attitudes. Primary health care should provide more assistance and education to health cadres to improve the success of the stunting program.

Keywords: Attitude, Health Cadres, Stunting.

1 Introduction

Cases of stunting in children in Indonesia are a strategic issue currently of national concern. The prevalence of stunting in Indonesia is still relatively high compared to countries in the Southeast Asia region, which is around 31% nationally [1]. Stunting is a nutritional problem that threatens the quality of life of the nation's next generation. Stunting is a process of chronic malnutrition with short-term effects in the form of failure to thrive and long-term effects in the form of low productivity in young adulthood and the risk of suffering from degenerative diseases [2].

Stunting occurs in almost all regions of Indonesia, with the lowest prevalence in Bali Province (6.6%) and the highest in Central Sulawesi Province (25%). Meanwhile, the prevalence of stunting in Central Java Province is 17.6%. Semarang Regency ranks 23rd with % stunting prevalence of 18.7% [3]. Semowo Village, Se-

marang Regency, as the research location, is one of the loci for stunting with a prevalence of 9.57% (128 toddlers).

Several government agencies have established policies regarding the handling of stunting. However, the fact is that the policy has yet to be implemented holistically, and several stages of the policy have yet to be fulfilled. Convergent action needs to be carried out consisting of mapping and analysis of stunting prevention programs, preparation of activity plans, discourses, district heads' decrees on village authority, stunting data management systems, assessment and publication, annual performance, and training of health cadres [4].

Health cadres are an essential part of the community who are very close to mothers and the community [5]. Integrated health promotion, prevention, and intervention by health service providers and the community, including health cadres, are needed to prevent new stunting of children in Indonesia [1]. A cohort study in South Lore for three months that focused on the role of health cadres in improving the nutritional status of TB/U showed significant results. These results can be seen in the decrease in the prevalence of stunting from November 2018 to October 2019, namely 35.2% to 16.7%. Continuous cadre assistance needs to be paid attention to by various parties to deal with stunting in an area [6]. The high role of cadres in handling stunting requires information about the attitude of cadres towards the stunting program, which also impacts their participation in the program. Therefore, this study aims to analyze the factors related to the attitudes of health cadres in handling stunting.

2 Method

This research was an analytic observational study with a cross-sectional approach in the Semowo Health Center area, Semarang, Central Java, from June to July 2023. The study population consisted of all 185 health cadres in the area. The sampling technique uses exhaustive sampling. The exclusion criteria set include the respondent who has died and moved to live outside the Semowo area. Research variables consist of age (elderly, if ≥ 45 years; adult, if < 45 years), employment status (full-time worker; part-time worker), education (primary education; higher education), length of work (new; old), training experience (inexperienced, experienced), knowledge (low; high), and attitude (negative; positive).

The research instrument was a structured questionnaire that had gone through validity and reliability tests. Data was collected by the enumerator visiting the respondent directly at his house. Data analysis was performed using statistical software. The Chi-square statistical test was used for bivariate analysis, and the Logistic Regression Test was used for multivariate analysis.

3 Result and Discussion

Most of the respondents in this study were housewives (85.4%), with some of the respondents belonging to the age group of 41-50 years (41.6%). The highest percentage of education is senior high school, and the lowest is uneducated. Most of

the cadres have worked for 2-10 years (62.7%) and have attended training (64.3%) (Table 1).

Table 1. Characteristic of Respondent

Characteristics	Frequency	Percentage (%)
Age		
<20 year	2	1.1
21-30 year	22	11.9
31-40 year	52	28.1
41-50 year	77	41.6
51-60 year	24	13
>60 year	8	4.3
Employment Status		
Full housewife	158	85.4
Private employee	7	3.8
Businessman	9	4.9
Others	11	5.9
Marital status		
Married	181	97.8
Not married	4	2.2
Education Level		
No education	2	1.1
Elementary school	32	17.3
Junior high school	64	34.6
Senior high school	77	41.6
Length of working		
≤1 year	16	8.6
2-10 year	116	62.7
11-20 year	40	21.6
21-30 year	10	5.4
31-40 year	3	1.6
Training experience		
No experience	22	11.9
1-5 times	119	64.3
6-10 times	36	19.5
11-15 times	6	3.2
16-20 times	2	1.1

The bivariate analysis showed that only knowledge (p -value = 0.049) had a significant relationship with the attitudes of health cadres in handling stunting at the Semowo Health Center, Semarang. Although the other variables are not statistically related, some data follow the existing theory. In the group of respondents with a posi-

tive attitude, respondents tend to have a higher percentage in the group of adults and are highly educated. Some data contradicts the theory used: respondents with a positive attitude tend to work full-time, are married, have just become cadres, and have no training experience (Table 2). Variables that have a p-value <0.25 are analyzed for multivariate. The analysis results show that no variables are significantly related to the attitude of health cadres in handling stunting at the Semowo Health Center, Semarang (Table 3).

Table 2. Bivariate Analysis

Variable	Attitude				Total		P-value
	Negative		Positive		N	%	
	n	%	n	%			
Age							
Elderly	44	61.	2	38.9	72	10	0.62
		1	8			0	
Mature	65	57.	4	42.5	11	10	
		5	8			3	
Employment status							
Full-time worker	14	46.	1	53.3	30	10	0.13
		7	6			0	
Part-time worker	95	61.	6	38.7	15	10	
		3	0			5	
Education							
Basic education	61	62.	3	37.8	98	10	0.32
		2	7			0	
High education	48	55.	3	44.8	87	10	
		2	9			0	
Marital status							
Married	10	58.	7	41.4	18	10	0.64
	6	6	5		1	0	
Not married	3	75	1	25	4	10	
						0	
Length of working							
New	9	45	1	55	20	10	0.18
			1			0	
Long	10	51.	6	48.7	19	10	
	0	3	5		5	0	
Training experience							
No experience	9	40.	1	59.1	22	10	0.07
		9	3			0	
Have experience	98	60.	6	39.1	16	10	
		9	3		1	0	

Knowledge							
Low	16	44.	2	55.6	36	10	0.04
		4	0			0	9
High	93	62.	5	37.6	14	10	
		4	6		9	0	

In this study, knowledge has a significant relationship with the attitude of health cadres in handling stunting. Most respondents have high knowledge about stunting, which becomes the basis for forming a positive attitude. This condition is also the same for health cadres in West Java Province, who show that excellent knowledge of stunting prevention affects their motivation [7]. Knowledge of cadres can be increased through various activities, such as training, as cadres in Surakarta who were given training on anemia using electronic booklets showed increased knowledge [8]. Other research shows increased cadres' knowledge about the meaning of stunting, stunting management programs for pregnant women, what is on my plate, and how to cut food after being given educational interventions [9]. There is a clear difference in knowledge for cadres who have attended training compared to those who have not [10].

The majority of respondents have attended training 1-5 times. Respondents who attended the training may have impacted the respondents' high knowledge about stunting, as seen in the high number of respondents who had high knowledge. Participants exposed to education showed increased knowledge of stunting prevention [2]. Health cadres who were involved in educational activities showed a significant difference in the knowledge level of cadres before and after being given stunting training. The cadres are directed to provide a forum for communication and discussion for pregnant women to monitor their health and prevent stunting [5]. However, the statistical test results showed no significant relationship between training experience and the attitude of health cadres toward stunting management. The percentage of respondents with a positive attitude is higher than those without training experience. This result is a remarkable finding in this study. This condition is possible because the time working as a cadre tends to be high (2-10 years), so they feel they have a responsibility to be positive in handling stunting in their area.

Table 3. Multivariate Analysis

Variable	OR	95% CI		P-value
		Lower	Upper	
Employment status	0.47	0.197	1.122	0.089
	0			
Length of working	0.75	0.221	2.561	0.650
	3			
Training experience	0.55	0.158	1.978	0.367
	9			
Knowledge	0.20	0.243	1.978	0.202
	2			

Length of time as a cadre did not show a significant relationship in this study. This condition is reinforced by the percentage of cadres with length of service ≤ 3 Years which are higher than >3 years. This was made possible due to the high enthusiasm of the new cadres, which was seen by the high participation of the cadres in the training to form a more positive attitude of the cadres. Other research also shows that the time being a cadre does not affect the performance of integrated service post cadre. This condition is due to the time being a cadre is not matched by regular increases in knowledge and skills. Moreover, the activities of cadres tend to be monotonous in implementing integrated service posts [11].

4 Conclusion

The bivariate analysis showed that only knowledge (p -value = 0.049) had a significant relationship with the attitudes of health cadres in handling stunting at the Semowo Health Center, Semarang. Although the other variables are not statistically related, some data follow the existing theory. In the group of respondents with a positive attitude, respondents tend to have a higher percentage in the group of adults and are highly educated. Some data contradicts the theory used: respondents with a positive attitude tend to work full time, are married, have just become cadres, and have no training experience. Variables that have a p -value < 0.25 are analyzed for multivariate. The analysis results show that no variables are significantly related to the attitude of health cadres in handling stunting at the Semowo Health Center, Semarang.

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