THE CORRELATIONAL STUDY ON CADRES KNOWLEDGE AND READINESS FOR PREGNANCY STUNTING PREVENTION

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ABSTRACT
Stunting is a condition of growth failure in children under five due to malnutrition, so their height is below average. Stunting incidence in Kampung Dadap in October 2023 reached 70% of cases. Data collected from Kutai Health Center states that there are 18 pregnant women, four of whom are at high risk of stunting. The number of active cadres is 69, and five are at Posyandu Dadap. During the data collection, the stunting prevention program for examining pregnant women in Kampung Dadap had not yet begun, as it is scheduled to commence in early 2024 The program that will be carried out in early 2024 is the examination for pregnant women stunting prevention. Objective: This study aimed to determine the correlation between knowledge and readiness of cadres towards implementing a pregnancy stunting prevention program in Kutai Health Center. Method: This study uses a correlational quantitative research method with a cross-sectional approach. The sample was selected using a total sampling technique where the sample size was 69 cadres. The instrument used two types of questionnaires with 30 questions that had been tested for validity and reliability. The data analysis technique uses bivariate analysis, which has been tested using the Chi-Square test. Results: This study indicates no significant relationship between knowledge level and cadres readiness (p-value = 0.702). Conclusions: Future researchers are advised to examine other variables such as length of service, motivation, and level of education, and they can expand the population and sample in the study by using several health centers as research targets.

Keywords: cadres; knowledge; pregnant women; prevention; readiness; stunting

INTRODUCTION
Stunting, also known as stunting or shortness, is a growth disorder in children under five. This condition occurs due to chronic malnutrition and repeated infections, especially during the first 1,000 days of life, starting from the fetal period until the child is 23 months old (Secretariat of the Vice President of Republic Indonesia, 2019). Children who experience stunting cannot reach their optimal height, their brain development is also inhibited so they do not reach their full cognitive potential. As a result, they start life with limitations that continue into adulthood, such as learning difficulties at school, lower income as adults, and barriers to participation in their social environment (UNICEF et al., 2023).According to UNICEF et al. (2023), in 2022 approximately 148.1 million children under 5 will be stunted, equivalent to 22.3% of the population. Most cases of stunting occur in Asia (52% of the global total) and Africa (43%). Asia accounts for 52% of global stunting cases by 2022, with varying prevalence across countries. Southeast Asia has the second-highest prevalence of stunting, with an incidence rate of 30.1%. According to WHO data, the prevalence of stunting in Indonesia in 2022 is 22.3%. Based on data from the Tangerang City Government, the prevalence of stunting in children under five years old has increased to 17.6% in 2023, after previously reaching 11.8% in 2022. Nevertheless, the stunting prevalence rate in Tangerang City is still below the Banten Province average of 24% (Tangerang City Government, 2024).

To address this issue, the Indonesian government has implemented a program that includes six antenatal examinations for pregnant women as a strategy to reduce the stunting rate (Indonesia Ministry of Health, 2022). The National Basic Health Research (2019) indicates that while 96.1% of pregnant women received at least one antenatal check-up, only 74.1% received the recommended four check-ups.

In the Puskesmas Kutai area, there were 18 pregnant women, and four of them were at high risk of pregnancy in October 2023. Based on the statement of the village midwife at Kutai Health Center, the program of examining pregnant women, such as examining LILA (upper arm circumference), Fundus Uteri Height (TFU), and hemoglobin levels check in pregnant women at Kutai Health Center, will be implemented in early 2024, so it requires assistance from cadres in implementing the program. Cadres are community leaders who can mobilize communities and help identify community health needs (Setianingsih et al., 2022). Cadres have an important role to play in helping communities participate in carrying out health missions. However, according to Hendrawan (2020), cadres are considered unable to carry out comprehensive detection and early intervention. Cadres conduct early detection and intervention in the form of weighing and measuring height only, so cadres are not optimal in carrying out their role. There are 69 active cadres, most of whom are retired health workers who serve in eight posyandu in the Kutai Health Center area.

At Puskesmas Kutai, it was recorded that Bencogan Indah Village had 694 children, 15 of whom were stunted, in October 2023. According to the Indonesia Ministry of Health (2023), the WHO standard of stunting prevalence should be below 20% while there are 70% of 15 children are stunted, or 10 of them are stunted children in Kampung Dadap. This happens because parents do not understand the signs and symptoms of stunted children. Meanwhile, the pregnant women in Kampung Dadap until October 2023 were recorded as 18 pregnant women and four of them experienced high-risk pregnanciesBased on the description above, stunting remains a critical issue that requires ongoing efforts to reduce new cases. This research focuses on evaluating the knowledge of community health workers (cadres) regarding the latest antenatal care practices for pregnant women. The goal is to enhance their preparedness to implement these practices effectively, as proper prenatal care is essential for preventing stunting in children from an early stage.

Based on the description above, stunting is a problem that continues to be pursued in reducing the occurrence of new cases. This research focuses on cadres' knowledge of the examination of pregnant women to prevent stunting, which will be carried out to support cadres' readiness to run the program. This study aims to analyze the relationship between cadres' knowledge level and their readiness to implement the pregnancy examination program to prevent stunting at Puskesmas Kutai. Specifically, this study aims to identify the cadres' knowledge level regarding the implementation of the pregnancy examination program for stunting prevention, analyze the cadres' readiness in the implementation of the pregnancy examination program for stunting prevention, and evaluate the relationship between the cadres' knowledge level and their readiness in the implementation of the pregnancy examination program for stunting prevention at Puskesmas Kutai.

METHOD
The research design used in this study is quantitative, using a cross-sectional approach to evaluate the relationship between the level of knowledge and the readiness of cadres. Respondents in this study were all cadres under the auspices of the Kutai Health Center, with a total of 69 cadres. The sampling technique in this study used total sampling, where the entire population was sampled. This study used two types of questionnaires. The first

questionnaire used discusses the cadres' level of knowledge about stunting, adapted and modified from the questionnaire by Julianti & Elni (2023), "The Intervention Package Increases the Readiness of Health Post Cadres to Prevent Stunting in Children". This questionnaire consists of 15 questions using the Guttman scale. The second questionnaire used in this study discusses the readiness of cadres, adapted and modified from the questionnaire by Septiana (2016), "On the Job Training Experience and Job Readiness in Diploma III Economics UII Students". This questionnaire consists of 15 questions using a Likert scale. The measuring scale used in this study is the ordinal scaleThis research has received approval from the Research Ethics Committee of the Faculty of Nursing of Pelita Harapan University (No: 170/FoN-UPH/Ext/II/2024). The ethical considerations in this study are autonomy, beneficence, justice, non-maleficence, and confidentiality.

Researchers have conducted validity and reliability tests on the knowledge level and cadres' readiness questionnaires on 30 cadres under the auspices of the Puskesmas Binong. The validity test results show that there are 14 valid statements for the knowledge level variable and 15 valid statements for the cadres' readiness variable, with a value of r count> r table. This test uses a significance level of 5% with the number of samples (n = 30), so the r table value used is 0.361 (Hastono, 2018). Invalid statements are not used because the remaining statements can still represent the variables under this study. In addition, reliability tests were conducted using Cronbach's Alpha method, with results of 0.713 for knowledge level and 0.882 for cadres' readiness. This value indicates that the questionnaire used has met the reliability standard with a Cronbach's Alpha value > 0.6 which indicates good reliability.The data analysis used was univariate and bivariate using computerized analysis by calculating the frequency in the form of presentations of the independent and dependent variables and testing using the Chi-square test. Data collection begins with taking care of the ethical review letter, VR test permit, and research permit. After the letter was issued, the researcher collected data for the VR test, processed the data, and, after obtaining valid and reliable results, the research was conducted. When the sample has been met, the researcher then tabulates the data, codes the data, and analyzes the data so that the researcher can conclude from the research results. In this study, there are four steps used, according to Kusumawaty et al. (2022), which include editing, coding, processing, and cleaning.

RESULT

Table 1.
Respondent characteristics

Respondent characteristics		f	%
Age	26-35 years old	2	2.9
	36-45 years old	10	14.5
	46-55 years old	26	37.7
	56-65 years old	26	37.7
	>65 years old	5	7.2
Educational Level	Elementary school	6	8.7
	Junior high school	9	13.0
	Senior high school	36	52.2
Length of Service	<5 years	15	21.7
	5-10 years	31	44.9
	>10 years	23	33.3

Based on the data in Table 1, it was found that 26 cadres (37.7%) had ages ranging from 46-55 years, 26 cadres (37.7%) had ages 56-65 years, and two cadres (2.9%) had ages 26-35 years. From the data in the table, it is concluded that there are 36 cadres (52.2%) who work under the auspices of Puskesmas Kutai and have a high school education level, and there are six cadres (8.7%) who have a primary school education level. In addition, it was found that 31 cadres (44.9%) had 5-10 years of service, 23 cadres (33.3%) had >10 years of service,

and 15 cadres (21.7%) had <5 years of service.

Table 2.

Cadres Knowledge Level

Category	f	%
Low	1	1,4
Moderate	23	33,3
Good	45	65,2

Based on the data in Table 2, 45 out of 69 cadres (65.2%) had good knowledge about implementing the pregnancy-women stunting prevention examination program.

Table 3.

Cadres Readiness

Category	f	%
Low	1	1,4
Moderate	5	7,2
High	63	91,3

Based on the data in Table 3, it can be concluded that 63 out of 69 cadres (91.3%) showed high readiness for implementing the pregnancy-women stunting prevention examination program.

Table 4.

Cross Tabulation Based on Chi-Square Test Results

		Readiness			Total	*P-Value*
		Low	Moderate	High		
Level of Knowledge	Low	0	0	1	1	0,702
	Moderate	0	2	21	23	
	Good	1	3	41	45	

The Chi-Square test results in Table 4 show a p-value of 0.702 (t > 0.05). This indicates rejection of the hypothesis. It indicates that there is no significant relationship between the level of knowledge and the readiness of cadres to implement the pregnancy-women stunting prevention examination program.

DISCUSSION

The results of the analysis in Table 4 show that there is no significant relationship between the level of knowledge of cadres and their readiness to implement the pregnant women's examination program for stunting prevention, with a p-value of 0.702. This finding indicates that a good level of knowledge is not always directly proportional to practical readiness in running public health programs. While cadres demonstrated a good understanding of stunting prevention, this understanding did not always have a direct impact on their readiness to implement the program. The readiness to implement stunting prevention programs can be influenced by other factors besides knowledge, such as motivation, experience, and institutional support.Although Table 2 shows that the level of knowledge of cadres regarding stunting prevention is good (65.2%), the effectiveness of stunting prevention programs still depends on other factors. Age, education level, and health education also have the potential to influence cadres' knowledge level, but these factors were not examined in this study. Research conducted by Wulansih (2021) found that age is one of the factors that contribute to increasing cadre knowledge. The results of the analysis show that cadres with older age groups have a higher level of understanding than those with younger age groups. This is in line with research conducted by Sari & Mulyani (2023) which shows that age influences the level of knowledge of cadres. This is also stated through research conducted by Rahmawati et

al. (2023), that factors significantly related to stunting knowledge are age, education, and information. The older the age, the level of maturity and the ability to receive information is better when compared to younger or immature age (Sagita & Afriyani, 2022).

Another factor that plays a role in cadre knowledge is education level. Based on Table 1, most posyandu cadres at Puskesmas Kutai have a high school education level, with some of them having a background in health education. Based on the results of research conducted by Sudirman & Rahayu (2023), there is a relationship between the education of posyandu cadres and the ability to detect early stunting. The study also emphasized that highly educated posyandu cadres will have broader knowledge because the higher the level of education, the easier it is for cadres to receive information. In line with research by Juniarti et al. (2021), which states that the level of education is related to the ability to receive information. The higher the level of education, the easier it is for cadres to receive information that can increase the knowledge possessed by cadres (Putra & Yuliatni, 2016).Research conducted by Hariani et al. (2020) emphasized that cadres need to have a good understanding of stunting to play an optimal role in preventing and overcoming stunting in the community. To increase the capacity of cadres, regular training and knowledge refreshers are needed so that they can carry out early detection of stunting and stimulate children's growth and development. Wulandari & Lusiana (2024) emphasized the important role of cadres in monitoring pregnant women through basic examinations, such as weight measurement, blood pressure monitoring, upper arm circumference, nutritional status, and fundus uteri height. In addition, cadres are also responsible for monitoring the consumption of blood supplement tablets, immunizations, and providing education during pregnancy and postpartum. With adequate knowledge, cadres can provide more effective protection for pregnant women and children in preventing the risk of stunting. Therefore, continuous health education is essential to maintain and improve the cadres' knowledge level (Astuti & Ratnawati, 2022).

The results of the univariate analysis in Table 3 show that 63 out of 69 cadres (91.3%) had high readiness to implement the stunting prevention program. However, this percentage may not fully reflect the effectiveness of program implementation, given that factors such as length of service and motivation were not considered in this study. Hidayati (2021) research showed a significant relationship between tenure and cadre skills, which is one aspect of readiness. The longer the tenure, the more knowledge and experience cadres have in carrying out their duties. Cadres with more than three years of service show better skills and experience, which indicates that experience contributes to readiness and effectiveness in implementing health programs (Hidayati, 2021). Most of the cadres at Puskesmas Kutai have a working period in the range of 5-10 years or more than 10 years. Research conducted by Damayanti et al. (2022) also showed that one of the factors associated with the activeness of cadres in stunting prevention is the length of service of cadres. The longer the cadre works, the more the ability and skills of a cadre increase, and the more active the role of cadres in posyandu activities. This can help improve cadres' readiness to implement stunting prevention programs.

Apart from tenure, motivation and other supporting factors such as the number of personnel are also important factors in cadres' work readiness (Kamba et al., 2021; Sulaeman, 2022). Research by Ridharahman et al. (2021) found a relationship between motivation and work readiness of posyandu cadres in the Mundu area. Low motivation in cadres is thought to be caused by the absence of salaries or incentives from related institutions because posyandu cadres work voluntarily. Incentives are only given to cadres who are appointed to attend training as compensation for transportation costs. This study is in line with research by Susan et al. (2024), who found that the readiness of posyandu cadres to provide services is influenced by cadres' motivation. Reward is very influential in cadre performance because

rewards can increase cadre motivation. The higher the reward obtained, the higher the motivation of the cadres to carry out their duties. Motivation and other support factors were not examined in this study was critical to readiness. Cadres with higher motivation and better support systems are more likely to be effective in their roles (Kamba et al., 2021; Sulaeman, 2022).

The absence of a significant relationship between knowledge and readiness suggests that readiness is influenced by more than just the level of knowledge. The results of this study are in line with research conducted by Wulandari & Lusiana (2024) which states that knowledge and stunting prevention during pregnancy have no significant relationship because these conditions may be influenced by several factors. Factors such as age, education level, health education, length of service, and motivation that were not examined in this study may play a greater role. The readiness to implement a health program is the result of the interaction of various factors, not just limited to knowledge. Previous studies have shown that knowledge alone is not enough to change a person's readiness or behavior, as such changes require a complex and continuous process (Marini et al., 2023). Therefore, a more comprehensive approach, including motivational support and ongoing practical training, is needed to ensure that increased knowledge can lead to effective implementation of stunting prevention programs in pregnant women.This study focused only on two variables, knowledge, and readiness, and was conducted at a single health center, limiting the generalizability of the findings. Future research should include a larger and more diverse sample from multiple health centers to validate the findings and explore additional variables such as motivation, support systems, and the impact of longer service tenure on readiness. Expanding the research scope will help in understanding the full range of factors influencing program implementation and effectiveness. This could lead to more targeted interventions to enhance both knowledge and practical readiness among cadres.

CONCLUSION
The findings emphasize that while knowledge is a critical component of stunting prevention programs, it must be complemented by practical readiness and support factors. Effective program implementation requires addressing a range of factors, including motivation, experience, and support systems. Future research should explore these additional factors to provide a more comprehensive understanding of how to enhance cadre readiness and ultimately improve stunting prevention outcomes.This elaboration connects the findings to practical implications for improving program effectiveness and outlines areas for future research, providing a more thorough understanding of the study's results and their relevance to stunting prevention.

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