

# Efforts to Prevent Stunting by Enhancing Cadres Knowledge and Attitudes on Infant and Young Child Feeding

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## Abstract

Stunting is a global health issue that affects physical growth, cognitive development, and future productivity. WHO (2022) reported that 22.3% of children under five years old experience stunting worldwide, with a prevalence of 26.4% in Southeast Asia. In Indonesia, the stunting prevalence is 21.7%, while in Bandung City, it reaches 16.3% (Kemenkes, 2023). One of the efforts to prevent stunting is educating community health cadres on Infant and IYCF as agents of change in society. This study employed a descriptive method with a cross-sectional approach involving 400 community health cadres in Bandung City. The training was conducted using a blended learning approach, combining online and offline sessions over four stages. Evaluation was performed through pretest and posttest assessments to measure knowledge improvement and attitude changes among cadres. The results showed an increase in cadre knowledge from 49.7% before the training to 67.8% after the training. However, negative attitudes toward IYCF increased from 46.2% to 56.4%, likely due to implementation challenges in the field. These findings highlight that while training effectively enhances cadre knowledge, practical application in communities still faces obstacles. Therefore, policy support, cross-sectoral involvement, and more effective communication strategies are needed to enable cadres to optimize their role in stunting prevention.

## A. Introduction

The World Health Organization (WHO) reported in 2022 that 22.3% of children under the age of five globally were affected by stunting (WHO, 2022). Likewise, data from the 2023 Indonesian Health Survey shows that the prevalence of stunting in children aged 0-59 months in West Java is higher than the prevalence rate in Indonesia. Meanwhile, the prevalence in Bandung City reached 16.3% (Kemenkes, 2023). Stunting is a condition in which toddlers have height growth that is not in accordance with their age, due to chronic malnutrition during the first thousand days of life (HPK), starting from pregnancy to the age of two years. This condition makes children more susceptible to disease so that they have the potential to have less productivity in the future, so it can increase poverty and social inequality. Stunting remains a major public health concern, particularly in low- and middle-income countries, due to its long-term effects on child growth, cognitive development, and future productivity. In Indonesia, the prevalence of stunting continues to pose a significant burden, prompting national strategies aimed at prevention through multisectoral approaches (Tarmizi, 2024).

Stunting is influenced by factors when toddlers experience growth and development, such as parental health and genetic composition, even before conception. These factors affect height in adolescence and fetal health because every stimulus during fetal development results in permanent changes in the later part

of life. In addition, socio-economic factors can affect children's growth and development because they are related to nutritional intake in children from conception to the age of two years. During this period, the child's brain develops rapidly and the immune system begins to form, so nutritional needs must be met adequately to support optimal development. Meanwhile, in the period after that, which occurs along with cognitive development, most of the nutrients are used for physical growth (Ramli et al., 2024).

Adequate nutrition refers to the intake of nutrients that meets the body's minimum requirements, as stated in the Recommended Dietary Allowance (RDA) (Peraturan Menteri Kesehatan Republik Indonesia Nomor 28 Tahun 2019, 2019). This nutrition includes macronutrients (carbohydrates, proteins, and fats) and micronutrients (vitamins and minerals) that must be provided according to the child's developmental stages. To meet these needs, mothers must understand what their children require and how to provide the appropriate intake. The WHO and the United Nations International Children's Emergency Fund (UNICEF) have developed the Infant and Young Child Feeding (IYCF) guidelines, which were later adapted by the Indonesian Ministry of Health into Pemberian Makan Bayi dan Anak (PMBA) to suit the nutritional needs of Indonesian children. IYCF includes Early Initiation of Breastfeeding (IMD), Exclusive Breastfeeding for children aged 0 to 6 months, continued breastfeeding with Complementary Feeding (MP-ASI) from 6 to 24 months, and the provision of balanced nutrition through family meals for children aged 2 to 5 years (Peraturan Menteri Kesehatan Republik Indonesia Nomor 41 Tahun 2014, 2014).

Therefore, one of the roles of community health cadres is to provide education to mothers about Infant and Young Child Feeding (IYCF) (Anwar et al., 2024). Hence, nutrition training for health volunteers is essential to improve the quality of services and nutritional interventions within the community (Jamilah et al., 2023). Community health cadres, as frontline actors in health promotion at the grassroots level, are strategically positioned to support efforts in stunting prevention through education and monitoring of maternal health. Training for community health cadres can strengthen their knowledge and skills in addressing public health issues, including stunting prevention (Haryanti et al., 2021).

With continuous training, community health volunteers can not only enhance their ability to educate the community but also update their knowledge on appropriate nutritional practices and child health management (Maidelwita et al., 2021). Regular training will help volunteers create an environment that supports efforts to prevent health problems, including stunting, and strengthen the health system at the community level (Pujihastuti, 2025). However, the role of cadres in posyandu activities has not been maximized because the provision of additional food from the Health Center is not consumed by children but is consumed by other family members. Thus, cadre training is needed on PMBA in this community service activity as an effort to prevent stunting in toddlers in Bandung City. This study is guided by a conceptual framework that links improved cadre capacity through knowledge enhancement and attitude shaping to better maternal health behaviors, which in turn are expected to contribute to stunting prevention. The training intervention was designed based on this framework, emphasizing the importance of equipping cadres with accurate information and practical skills to support pregnant women. The specific objective of this study is to evaluate the effectiveness of a cadre training program in improving knowledge, attitudes, and practices related to stunting prevention. By assessing the impact of the intervention, the study aims to provide evidence to inform future community-based strategies for maternal and child health improvement.

## B. Methods

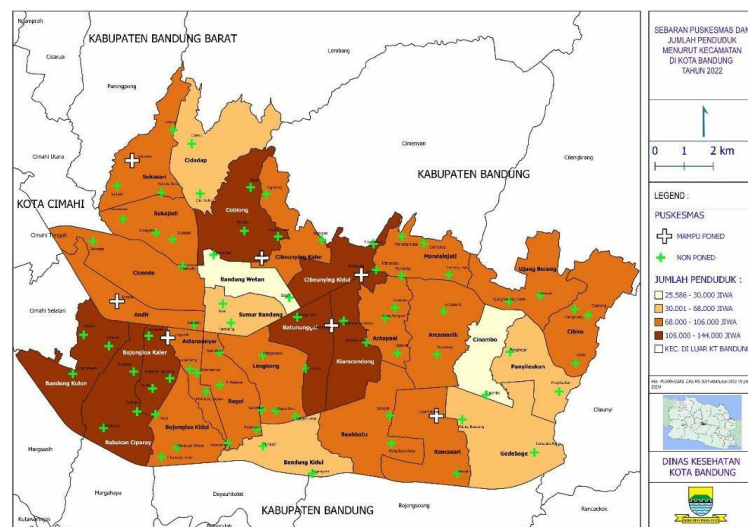
The research method used in this study is descriptive with a cross-sectional approach, conducted from January to February 2025, involving 400 posyandu cadres within the working area of community health centers (Puskesmas) in Bandung City. This community service program consists of training sessions for cadres on Infant and Young Child Feeding (IYCF) using a blended learning approach. The training is conducted in four stages due to space limitations. This study involved 114 community health cadres who participated in a structured training program. Participants were selected using purposive sampling based on the following inclusion criteria: being an active community health cadre, having attended at least one previous health-related activity, and being willing to participate in both pretest and posttest sessions. Exclusion criteria included cadres who were unavailable during the entire training period or who did not complete the evaluation forms. The sample size was determined based on practical feasibility and the need to obtain statistically meaningful results in non-parametric tests such as Wilcoxon Signed-Rank. The

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instruments used in this study included a structured questionnaire developed to measure cadres' knowledge, attitudes, and practices related to the training material. The questionnaire underwent a validation process. The results of the validity test showed that all items had a correlation coefficient greater than 0.138, indicating that the items were valid. Additionally, the reliability test produced Cronbach's alpha values ranging between 0.499 and 0.599 across all categories, which is considered sufficiently reliable for early-stage field research. The community service activities are divided into three phases:

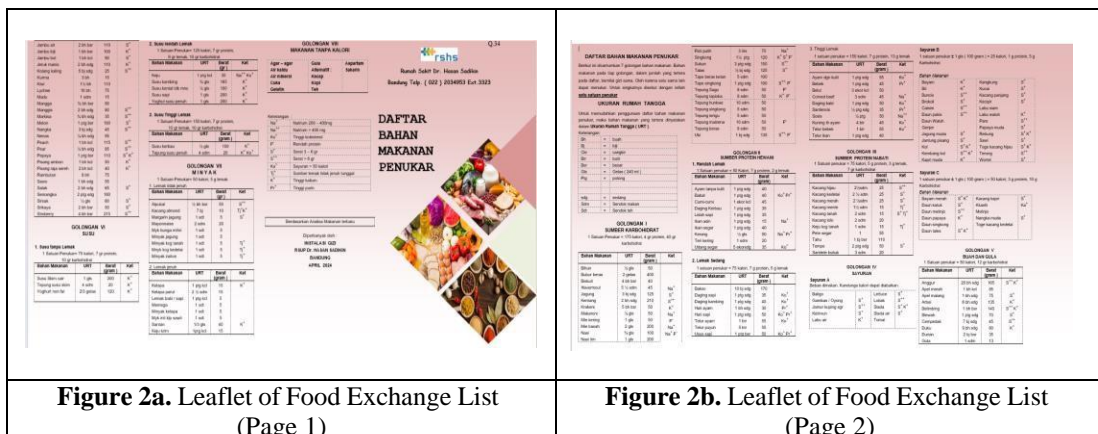
### 1. Preparation

This phase involves obtaining approval from the Bandung City Health Office and the Agency for National Unity and Politics in Bandung. Subsequently, permission letters are distributed to 80 community health centers (Puskesmas) across Bandung City. A registration link for cadres is then shared via WhatsApp.



**Figure 1.** Distribution of Community Health Centers (Puskesmas) in Bandung City

Bandung City has 80 community health centers (Puskesmas) spread across 30 districts. Therefore, each Puskesmas is expected to send cadres from its respective working area. The training materials include hardcopy leaflets distributed during the sessions, as well as video materials and PowerPoint presentations.



**Figure 2a.** Leaflet of Food Exchange List (Page 1)

**Figure 2b.** Leaflet of Food Exchange List (Page 2)

### 2. Implementation

This community service program is conducted every Sunday on January 12, 19, 26, and February 9, 2025, at the Auditorium Room of the Mother and Child Health Center (MCHC) Building, Hasan Sadikin Hospital, Bandung. The training consists of the first session on the nutritional needs of

pregnant and breastfeeding mothers, delivered synchronously (online via Zoom meeting) for the first group and asynchronously (using video materials) for the second, third, and fourth groups. The second session focuses on breastfeeding and IYCF, conducted offline. In this session, cadres are trained to prepare infant and young child meals by calculating calorie intake based on nutritional components according to the child's needs.



**Figure 3.** Synchronous Material  
(Phase 1 Volunteer Training)



**Figure 4.** Asynchronous Material  
(Phase 2, 3, and 4 Volunteer Training)



**Figure 5.** Direct Material Presentation (Offline)

### 3. Activity Evaluation

The evaluation of this activity was conducted by distributing questionnaires in the form of Google Form links to community health volunteers before and after the training. The pre-training questionnaire was given to 338 volunteers through the link ([https://bit.ly/PreTest\\_KaderBandung](https://bit.ly/PreTest_KaderBandung)) while the post-training questionnaire was distributed via the link ([https://bit.ly/PostTest\\_KaderBandung](https://bit.ly/PostTest_KaderBandung)) to 114 volunteers. However, not all volunteers completed the questionnaires due to limited access to smartphones and inadequate device capabilities.

### C. Results and Discussion

Stunting has an impact on increasing the risk of illness and death, delays in motor development and mental growth, increased risk of overweight and obesity, and increased risk of degenerative diseases.. Children's nutritional needs will not be adequately met if they experience difficulties in eating or feeding practices. One way to address this issue is through community service activities by empowering posyandu volunteers with training programs to enhance their knowledge and skills in Infant and IYCF (Puspita, 2024). Stunting prevention requires a comprehensive approach involving various sectors, such as health, education, social affairs, and economy. One proven effective strategy is through the empowerment of community health volunteers. As the front line in delivering community-based health services, volunteers play a vital role in promotive and preventive activities. Their direct involvement in the community enables them to understand local conditions and specific community needs. Therefore, enhancing volunteers' capacity and skills through training programs is a crucial step in efforts to reduce stunting rates (Munir, 2024).

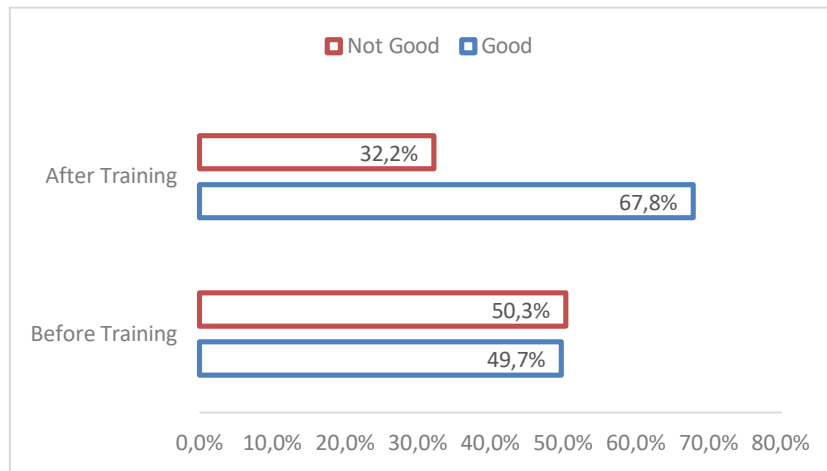


Figure 5. Knowledge of Community Health Cadres on IYCF Before and After Training

Figure 5 shows cadres who have good knowledge before training (49.7%) and after training (67.8%) so that cadres have good knowledge about PMBA. The Wilcoxon Signed-Rank Test was conducted to evaluate changes in knowledge, attitudes, and practices among community health cadres before and after training. The test revealed statistically significant differences across several variables. There was a significant difference between pretest and posttest scores related to knowledge ( $Z = -3.830$ ,  $p = 0.000$ ). The mean rank of positive ranks was higher than negative ranks, indicating an increase in knowledge following the training intervention.

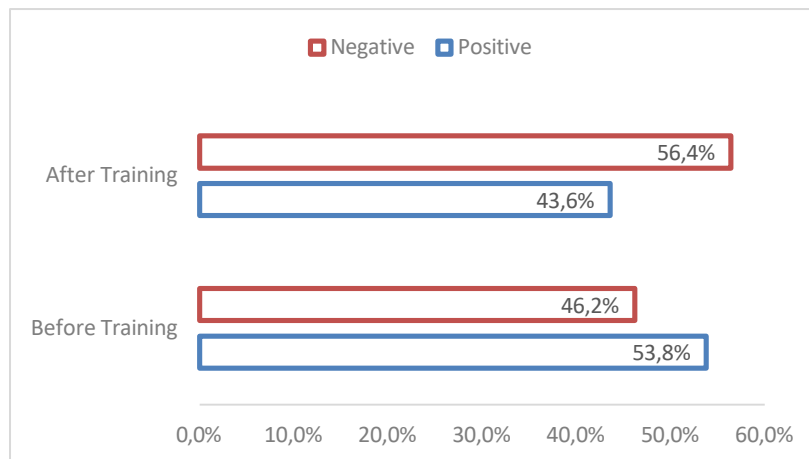


Figure 6. Attitudes of Community Health Cadres on IYCF Before and After Training

Figure 6 shows that before the training, 53.8% of the cadres had a positive attitude towards PMBA of 53.8% and after the training there was a change in attitude to 43.6%. A statistically significant improvement in attitudes was observed ( $Z = -5.828$ ,  $p = 0.000$ ), suggesting that the training positively influenced participants' perspectives on the subject matter.

Cadre training can improve cadre knowledge and skills in providing nutritious food for toddlers. Cadre mentoring and empowerment are carried out using various methods such as counseling and training using various training tools and media (Ramli et al., 2024). Based on the results of this activity that has been carried out, there is an increase in cadre knowledge regarding Infant and Young Child Feeding (IYCF). Knowledge is not only obtained from formal education, but can also be obtained from training (Himmawan, 2020). Cadre training in increasing knowledge about PMBA has an impact on understanding, awareness, and implementation of behaviors that support maternal and child health. Trained cadres are able to become agents of change who can disseminate evidence-based information to the community, so that the information received is more accurate and relevant to local needs (Ekasanti et al., 2023). This is due to an effort/action in the form of health education with various training methods.

The results of the evaluation of this activity are in accordance with the results of research conducted in the Padasuka Health Center area that cadres have the ability to provide counseling to mothers about PMBA after participating in training (Marlina et al., 2022). These findings suggest that the training intervention significantly enhanced the knowledge, attitudes, and practices of community health cadres, although some aspects did not show measurable improvement. The observed changes may be attributed to the interactive nature of the training and the relevance of the materials to the participants' roles. These results highlight the importance of cadre training as a community-based intervention to improve the quality of basic health services. Continuous and locally tailored training is recommended to maintain and enhance cadre performance. Local governments and relevant institutions may consider using these findings as evidence to support policies that strengthen the role of community health workers.

Based on research conducted in Gatak District, Sukoharjo Regency, health education using media tools in health services can improve volunteers' knowledge (Irdawati et al., 2024a). Although PMBA training has succeeded in improving cadre knowledge about nutrition and child health, the decline in attitudes indicates challenges in implementing this knowledge in the community, which is most likely caused by the lack of support from the social environment and policies that do not fully support implementation in the community (Sari, 2024). Meanwhile, the social environment can encourage behavioral change because individuals find it easier to implement healthy habits if supported by their environment. In addition, policy advocacy is very important to ensure regulations that support cadre empowerment programs and nutrition interventions are more effective in the community (Kemenkes, 2024).

Cadres who have better understanding and skills will be able to provide optimal health services and nutritional counseling in the community. Nutrition training for Posyandu cadres is a strategic step to improve children's nutritional welfare (Thapa et al., 2024). Cadres provide nutritional counseling to mothers related to reducing stunting rates and improving feeding practices in early childhood (Irdawati et al., 2024b). In addition, the use of technology-based training has been shown to improve cadres' understanding of nutrition and counseling skills regarding nutritional problems in children (Murcittowati et al., 2023). Participatory cadre training involving the community can increase the success of stunting prevention programs. Community-based programs can strengthen cadres' abilities to provide education on nutrition, maternal and child health, and improve the quality of local health services. As seen in the success of community-based programs in urban and rural areas through cadre training involving the community and stakeholders in the region will be more effective in increasing the implementation of sustainable health programs (Kanu et al., 2024).

With the evaluation of training on cadre knowledge about IYCF, the insight, skills, and motivation of cadres will increase, encouraging them to continue practicing these skills. Training activities can provide opportunities for cadres to follow a more comprehensive learning process, facilitating the development of cognitive, affective/emotional domains, and skills (Murcittowati et al., 2023). Cadre training contributes to improved health services, changes in behavior, knowledge and attitudes, and health status (Ti Ripan et al., 2021).

In this community service activity, the media used were modules and food ingredients for direct menu preparation, as both are common educational tools that are easy to create, effective, and easily understood (Anggerainy et al., 2024). With good knowledge, Posyandu cadres can provide counseling to mothers so that they can provide exclusive breastfeeding and prepare complementary foods that are suitable for each family as well as skills in growth monitoring and mentoring skills (Sudiyanti et al., 2023). Nutrition training for health cadres is an important aspect in improving the quality of nutrition services and interventions in the community (Ekasanti et al., 2023).

This study has several limitations that should be acknowledged. First, the use of a pre-post design without a control group limits the ability to establish causality, as external factors may have influenced the outcomes. Second, the sample consisted of relatively homogeneous participants, which may restrict the generalizability of the findings to broader or more diverse populations. Third, the absence of long-term follow-up data prevents the assessment of whether the observed improvements in knowledge, attitudes, and practices were sustained over time.

#### D. Conclusion

The findings of this study demonstrate that training significantly improved the knowledge, attitudes, and practices of community health cadres. Despite some dimensions showing no statistically significant change, the overall results highlight the positive impact of structured educational interventions on cadre performance. These outcomes underscore the importance of continuous capacity building to enhance the quality of community-based health services. Future programs should consider incorporating follow-up evaluations and control group comparisons to strengthen the evidence base. In addition, tailoring the training content to local needs and ensuring long-term support may help sustain behavioral and practice improvements among cadres. Stunting is a health issue that must be a top priority due to its widespread impact on children's health and development. Efforts to prevent stunting require a comprehensive approach involving multiple sectors, including health, education, social, and economic sectors. One proven strategy is the empowerment of health cadres at the community level. Cadres play a crucial role in providing education, supporting the community, and facilitating the proper implementation of Infant and Young Child Feeding (IYCF) practices. Training for health cadres has been shown to enhance their knowledge regarding nutrition and IYCF. Studies indicate that cadres who receive training are better equipped to communicate information to mothers of young children and the community, leading to improved feeding practices. Furthermore, technology-based training contributes to enhancing cadres' understanding of nutrition, counseling skills, and the care of children with nutritional issues. However, despite the positive impact of IYCF training on knowledge, challenges persist in its application within the community. Negative attitudes toward nutrition practices may arise from a lack of social support, policies that do not fully support field implementation, and limitations in changing community habits. Environmental factors also play a role in determining the success of nutrition interventions within communities. Therefore, more structured training standards, stronger policy support, and the creation of a supportive social environment are necessary to ensure that cadres not only understand IYCF theory but are also able to apply it effectively in stunting prevention efforts.

#### E. Acknowledgment

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