

QUALITATIVE STUDY OF CADRES IN MOVEMENT 1000 FIRST DAY OF LIFE (1000 HPK) EARLY PREVENTION OF EVENTS STUNTING IN CHILDREN IN PUSKESMAS MEDAN DELI NORTH SUMATERA INDONESIA

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(Received 28 August, 2019; accepted 9 October, 2019)

Key word : Cadre task, Early prevention of stunting events

Abstract – Stunting has been identified as the primary public health priority, and there are specific targets to reduce. The stunting prevalence was 40% between 2010 and 2025. The WHO Data confirms that in the estimate there are 162 million short toddlers in 2012, if the effort to reduce the prevalence of stunting continues continuously, it is projected to be 127 million in 2025. Family Hope Program (PKH) since 2007 and the movement of the first 1000 day of Life (1000 HPK). Stunting can have an impact on child survival. WHO (2013) Divide the stunting effect into two namely short-term impacts can lead to increased mortality and morbidity, in the form of decreased cognitive development, motor and morbidity, in the form of decreased cognitive development, motor and language and increased expenditure on health care costs. Long-term impacts are short stature, increased risk of obesity and compotability, decreased reproductive health, decreased performance and learning capacity and decreased ability and working capacity. Methods and materials Research uses a qualitative approach with exploratory research design. The problem of how to perform cadre tasks in the early prevention of stunting events in toddlers through the movement 1000 HPK?. Research aims to excavate cadre in movement 1000 HPK in the early prevention of stunting events in infants. The key informant is the head of Public Health Center (Puskesmas) , the main informant of health centers, medical officers (midwives), health cadres, additional informers are community leaders. Research result: Implementation of cadre tasks in the movement 1000 HPK obtained that cadres able to implement programs 1000 HPK starting from before pregnant women, pregnancy period of 280 days, infants breastfeeding exclusive (breastfeeding up to the age of 6 months) 180 days and toddlers age 6-24 months ie 540 days of early prevention of stunting events in infants in providing health counseling and measuring the length of the baby's body, toddler's height, toddler's head circumference, mother's height and upper arm circumference of the mother carried out well. The execution of the task 1000 HPK movement cadres implementing program 1000 HPK. In the puskesmas need to educate the cadre in the 1000 HPK.

INTRODUCTION

Stunting has been identified as the primary public health priority, and there are specific targets to reduce the Stunting prevalence of 40% between 2010 and 2025. Data World Health Organization (WHO) confirms that there is an estimated 162 million in short toddlers in 2012, efforts to reduce the prevalence of stunting continues continuously, projected to be 127 million in 2025 (Kemenkes RI, 2016). Family Hope Program (program keluarga harapan = PKH) since 2007 and the first 1000 day of life movement (1000 hari pertama kelahiran = HPK).

Stunting can have an impact on child survival. WHO (2013) divide the stunting effect into two namely short-term impacts can lead to increased mortality and morbidity, in the form of decreased cognitive development, motor and morbidity, in the form of decreased cognitive development, motor and language and increased expenditure on healthcare costs. Long-term impacts are short stature, increased risk of obesity and compotability, decreased reproductive health, decreased performance and learning capacity and decreased ability and working capacity.

The PKH has a significant amount of money to

the recipient's family but requires expectant mothers to come to Puskesmas and pre-school children to be monitored and administered nutritional supplements. The results of this program, severe stunting decreased by 2.7%. But given the number of poor and almost poor people (more than 70 million people), so that the positive impact, scaling-up for the program needs to be thought out, as well as the evaluation of existing programs and new program innovations must be planned and implemented (Satriawan, 2015).

Indonesia has been instrumental in preventing international stunting, joining the Scaling Up Nutrition (SUN) Movement. SUN's global movement with the principle of everyone in the world deserves good food and nutrition (MCA-Indonesia, 2015). In addition, Indonesia also implemented a program to reduce the prevalence of stunting which is an accelerating movement of nutrition improvement adopted from the SUN movement among others, the family hope Program (PKH) since 2007 and the movement of 1000 first day of life (1000 HPK).

The global goal of SUN movement lowers nutrition in 1000 HPK from early pregnancy to 2 years of age. The period 1000 this HPK has been proven scientific is a period that determines the quality of life of a person, there for this period is often referred to as the "golden period". The fulfillment of nutritional intake in 1000 HPK child is very important. If at that age range the child gets optimal nutritional intake then the nutritional problems can be solved including stunting problems in children can be prevented early (Kemenko Kesra, 2013).

The importance of the 1000 HPK movement is reinforced by Taufiqurrahman (*et al.* 2009) stating that the fulfillment of adequate nutrients, macro nutrition and micro-nutrition is necessary to avoid or minimize the risk of stunting. Good quality and quantity of additional food-breast milk (MP-ASI) was an important component in food because it contains a source of macro and micro nutrition that plays a role in linear growth. This is emphasized by Padmadas *et al.* (2002) and Hariyadi and Ekayanti (2011) stating that the frequency of giving the companion food – breast milk (MP-ASI) less and administration of MP-ASI/milk formula too early can increase the risk of stunting.

In connection with the early stunting prevention efforts that have not satisfactory results are proven from the still high stunting of the toddler as the data

outlined above. Therefore, the effort is expected to increase through the empowerment of health cadres as human resources directly facing the mother of toddlers, especially through the movement 1000 HPK.

The health cadres integrated service post (Posyandu) cadres the working area of public health centers (Puskesmas) and is expected to be a source of information about the early prevention of stunting events in infants to transfer to the toddler's mother.

The results of interviews with cadres in public health centers (Puskesmas) Medan Deli North Sumatra obtained information that the task of implementing the program 1000 HPK starting from before the pregnant women, the period of pregnancy is 280 days, the period of breastfeeding lactation exclusive up to the age of 6 months is 6 months ie 180 days and childhood age 6-24 months ie 540 days are not maximized. The activities are carried out only filling data on the card towards healthy (KMS), measurement of weight and feeding of additional food in infants (PMT).

Measurement of the height/length of the toddler and infant is done not routinely except for routine weight every month. There was even a posyandu where cadres do not measure the length of the body in infants or height in infants and head circumference.

The reason for cadres does a long measurement of babies with a position in the mother's arms because babies tend to cry and active. Similarly, when measuring the length of the toddler body is often rushed so that less attention to the upright position of toddlers because toddlers often cry. The interview is related to the opportunity to attend cadre training, all cadres have been in training but still general is training about five tables, how to weigh weight, recording cards to healthy (KMS). However, special training on early prevention efforts stunting with the implementation of the program 1000 HPK and techniques measuring the length/height of infants and toddlers at the age of 180 days and 540 days have not been implemented.

Research Methods

The problem of how to perform cadre tasks in the early prevention of stunting events in toddlers through the movement 1000 HPK? Research aims to explore the implementation of cadre in the Movement 1000 HPK in an early prevention of stunting events in infants.

This study is a qualitative approach to research. Qualitative approach uses exploratory research design that aims to explore in-depth information about the problems faced by cadres with regards to early stunting prevention efforts in toddlers.

This type of research uses qualitative descriptive with analytical methods. Bogdan and Taylor in (Moleong, 2010) suggests that qualitative research is a research procedure that generates descriptive data in written or spoken words from people and observable behavior.

Research Informant

1. Informant is a party that knows information relating to the topic of research. The informant in this study consists of key informant, main informant and additional informant. According to (Suyanto, 2010), the key informant was those who know and have a variety of basic information needed the study. The main informant are those who are directly involved the social interactions studied. Additional informants are those who can provide information although not directly involved the social interactions that are being researched. The informant study was determined using purposive techniques based on the consideration that they were deemed able to provide data and information on the topic of research. The strategy in sampling uses snowball sampling techniques, which are researchers requesting key informant to recommend other individuals to be taken as informant.
2. Snowball sampling in qualitative research, usually researchers have limited number of subjects (informant). With that limited amount, researchers will ask the subject of the foregoing (interviewees) about who can be asked for information related to the topic it is studied on. The intent of the snowball sampling technique is that of a slight number of subjects, the longer it develops the more. With this technique, the number of informant that is the subject of research will continue to increase according to the needs and fulfilled information (Idrus, 2009). Snowball sampling is a sampling with the help of key informants and from the key informant develops according to the instructions. In this case the researcher only reveals the criteria as a prerequisite to be used as a sample (Subagyo, 2004). The informant in this study consists of:
 - a. Key informant, is the parties who know and have a variety of basic information needed in the

research that is: the Department of Health Medan.

- b. The main informant, is the parties directly involved in the social interaction that is researched: head of the Public Health Center in the Public Health Center (Puskesmas) that became the location of research and cadres.
- c. Additional informant, is the party who can provide information although not directly involved in social interactions researched such as community leaders

RESULTS

The Implementation of Cadres task in Early Prevention of Events Stunting in Toddlers Through Movement 1000 HPK.

The implementation of cadres tasks in the early prevention of stunting events in toddlers through the movement of the first 1000 days of birth (1000 HPK) obtained from research informant both through live interviews (primary data) and documentation studies (secondary data). Recorded interviews are then recorded in the form of transcript and then simplified by selecting and focusing on the things that are important to get a sharper picture.

The results are grouped by activity or tasks conducted by cadres in an early prevention of stunting events in infants through the movement of 1000 HPK which is divided into 3 periods: 1) Pregnancy period (280 days); 2) The age of toddlers from 0-6 months (180 days); and 3) The age of toddlers from 6-24 months (540 days) and the obstacles faced in its implementation. More can be explained as follows:

Based on the data of the interviews above, it can be known in general the implementation of movement 1000 first day of birth (HPK) by cadre of pregnant women at the time of 280 days already in accordance with what was established program 1000 HPK. Information from cadres stated that cadres do the task begins with registering pregnant women, taking notes, weighing, serving and providing counseling and if any mother experiencing nutritional problems or weight loss is taken to the Puskesmas to actionable.

This is supported by the statement head of Puskesmas which essentially states that the cadres provide counseling about pregnancy as the importance of visiting Posyandu, giving ferosus sulfas tablets and remind to be consumed for 90

Day, weighing the weight of pregnant women every visit, measuring the circumference of the arm supervised by midwives.

Statement from the midwife stated that the cadres have provided counseling to pregnant women while at the Table IV (four) is about the importance of balanced nutritional intake, the consumption of ferosus sulfas tablets, conducting routine checks and giving tetanus toxoid immunization. Constraints related to the availability of resources in the implementation of movement 1000 HPK according to the kader among others not available for inspection, lack of space for posyandu activities and the limitation of weighing equipment. Cadres hopes that there is a society that gives room for posyandu activities such as the porch of the house and yard.

Infant Age Period 0-6 Months (180 Days)

Based on the results of the interview on the behaviour of cadres reviewed from the activity or cadre duties in the early prevention of stunting events through the movement of 1000 HPK in the age of Infants 0-6 months (280 days) are summarized in the following matrix.

Based on the data of the interviews above, it can be known in general the implementation of movement 1000 HPK by Cadre of pregnant women at the age of 180 days ie infant life 0-6 months, already in accordance with what Program 1000 HPK. The information from the cadres stated that the cadres has told the mother to give breast milk exclusive to infants up to 6 months old without any other meal. Cadres encourages mothers to take

toddlers to their posyandu to be fully immunized and to keep their cards healthy (KMS) well. Cadres also gives counseling about initiation of breastfeeding (IMD) shortly after childbirth and gives understanding of its benefits.

This is supported by the statement of Head of Public Health Center (Puskesmas) stating that cadres always socialize about the exclusive breast milk, about initiation of breastfeeding (IMD) to the mother of toddlers. The statement from midwife states that cadres already know their role for example giving counseling about the care of the rope center, inform midwives if there are pregnant mothers with high risk and do weight weighing toddlers.

3.3 Infant Age period 6-24 months (540 days)

Based on the results of the interview on the conduct of cadres reviewed from the activity or Cadres duties in the early prevention of stunting events in the 1000 HPK movement during the age of Infants 6-24 months (540 days) obtained information as The following matrix.

Based on the data of the interviews above, it can be known in general the implementation of movement 1000 HPK by cadre of pregnant women during the period of 540 days of age of toddlers that age (6-24 months), already in accordance with what Program 1000 HPK. Information from cadres stated that cadres do their job when posyandu activities such as registering, weighing and providing counseling, cadres always remind the mother come to Posyandu the following month and one day

Table 1. The Answer to Informant on Conduct of Cadre's Execution in Early Precautions of Stunting the Toddler Through Movement 1000 HPK During Pregnancy (280 days)

Informan	Answer
Caders	Yah We only accept, register, take notes, weigh pregnant women, serve and give counseling but if the mother found less, the decision remains in the hands of health officers want to be referred to the hospital or not.... If the cadres are definite in the registration and counseling or precisely we are only service.
Head of Health Center	There they participated in an integrated service post (Posyandu) of pregnant women and they taught mothers to follow the Posyandu, if there is a pregnant gymnastics they bring to the public health centers (Puskesmas), they give the sulfas ferosus for pregnant women if Comes to Posyandu, weighing weight and height and if the arm circumference becomes the duty of midwives, cadres are also taught.
Midwives	If here there posyandu so at the table IV was counseling, so there cadre to inform nutrition, Ante natal care is regular and usefulness, about the importance of consumption of ferum for 90 days, pregnancy check is known cadres, also immunization Tetanus Toxoid.

before the day of execution Posyandu Cadre tells the mother to remember when Posyandu.

This is supported by the statement of Head of health care that stated cadres in the period of 540 days (6-24 months) regular cadres remind mothers to come to Posyandu, cadres also share additional food in the form of biscuits, weigh the toddlers, and if any Toddlers who do not ride weight in bringing to health centers. The statement from the midwife states that cadres always give counseling to the toddler mother in order to improve the health of toddlers and bring to the Posyandu routine to monitor the growth of its developers well.

Obstacles Faced the Period 280, 180 and 540 Days the 1000 Movement of the First Day of Birth (HPK)

Obstacles faced both on the execution of tasks in the period of 280 days, 180 days and 540 days the Movement 1000 HPK in general shown in the following table.

Matrik on obstacles in Early Prevention of Events Stunting in Toddlers Through Movement 1000 HPK

Based on the data of the above interviews, there can be known constraints related to the availability of resources in the implementation of movement 1000

Table 2. The Informant’s Answer to Cadre’s Behavior in Early Prevention of Stunting the Toddler Through Movement 1000 HPK for Age Infant 0-6 Months (180 Days)

INFORMANT	ANSWER
Caders	We advise that mothers do not give children food other than breast milk (Air Susu Ibu =ASI) (exclusive) to 6 months, White water and medicine. Mother in the suggest to eat vegetables, fruit to be more breast milk “ Immunization, always remember to be in the next month to come, Caders have a note so if the mother says already see the cadre immunization note, if immunization outside Posyandu cader ask for proof of card to healthy (Kartu Menuju Sehat = KMS). The Cadre always remind the mother to keep the KMS like marketable”The Initisias Lactation (Inisiasi Menyusu Dini = IMD)...? Oh that’s what yellow-yellow color yes.. Yes Cadres have suggested after giving birth to babies should be given to the mother lactation and the Cadre keep the first milk water out it’s the most good... It used to be the name was milk stale but actually it was the most good
Head of Health Center	When the infant age of 0-6 months usually cadres socialize about the exclusive breast milk, should not give companion food-breast milk (MP-ASI) before 6 months, before we have socialized to the cadres so that cadres can socialize again to the mother. On the initiation of breastfeeding (IMD), cadres have socialized to the mother
Midwives	In the period 180 days Cadres know its role “for example the central cord care, inform the midwives if there is a high risk expectant mothers... Weighing baby weight... ”About the initiation of breastfeeding (IMD) cadres already know because there is indeed socialized”About the breast milk exclusive Cadres also know but not all... Who know because when their mothers ‘ affection movements come and are interviewed so they understand.

Table 3. The Informant’s Answer the Cadre Behaviour in Preventive Measures Early Event Stunting in Toddlers Through 1000 HPK in Time Toddler Age 6-24 months (540 days)

Informan	Answer
Cadre	“If the mother came to bring toddlers to Posyandu, cadre guiding the mother register at table 1, weigh at the table 2, registration table 3 then counseling at the Table 4.... Results cadres know to rise or not.... So if the cadre asked Mom what mom did and then Cadres bring to health officers... If there is additional food (PMT) cadres assigned to share to toddlers such as milk and cadres always remind the mother to come next month one day before the day of implementation Posyandu Cader announced by traveling to the house of residents “
Head of Health Center	In the period 540 days (6-24 months) cadres must routinely tell the mother to come to Posyandu””Cader also distribute additional foods in the form of biscuits, weighing the toddler weight, if not to ride the weight of the toddler the clinic”
Midwives	Cadres provide counseling to the toddler mother in order to improve the health of toddlers and routine to bring the Posyandu to monitor the growth of its well-being

HPK according to Cadres among others not available bed for inspection, lack of room for activities and limited weighing equipment. Cadres hopes that there is a society that gives room for posyandu activities such as the porch of the house and yard.

DISCUSSION

Constraints relating to the availability of resources in the implementation of movement 1000 HPK according to the head of Puskesmas, among others, is the inactivation of cadres, lack of awareness of public visits to the Posyandu and lack of facilities and infrastructure to support Posyandu activities. Constraint from the side of the cadres of 5 people cadres in every posyandu only 1-2 people who are

active and who understand correctly what is the movement 1000 HPK. The cadres are on average old age so tend to be less agile and easy to forget. The constraints of the community are the lack of public awareness to visit the Posyandu. The reason for society is particularly mothers because it works so time is not there to make visits to Posyandu. Constraints from the means and infrastructure.

Constraints related to the availability of resources in the implementation of movement 1000 HPK According to midwife is limited time midwives to assist cadres in every activity posyandu and in conducting home visits. Midwives are more focused on serving patients who visit health centers, so midwives expect information about the presence of new pregnant mothers and pregnant mothers with high risk obtained from cadres.

Table 4. The Answer to Informant of Problem in Early Prevention of the Event Stunting the Toddler Through Movement 1000 HPK

Informant	Answer
Cader	For this posyandu activity is still not supported the availability of beds for inspection, room, and weighing equipment" May there be a voluntary space for posyandu activity, let alone next year seemed to be in Sidorejo (one of the working areas) was held a program of maternal affection and clean and healthy life behavior (PHBS) so we have to be ready... Examine and record pregnant mothers, nursing mothers, looking for where they are in the safe, malnourished children and so on.
Head of Health Center	If the cadre, there are 5 cadres in each posyandu, not all the cadre active and not all the right to understand about what is socialized including about 1000 HPK, there are 1-2 cadres who understand the other is only follow the follow up considering only. Who want a cadre generally who is old age so easy to forget and not strong anymore... There are also still young people, the participation of the community is still lacking such as awareness of bringing children still less with the reason parents are proven to be from few people who visit Posyandu
Midwives	The maternity checkpoints have not been in Posyandu... But for the city of Medan is not a problem because all the Posyandu near Puskesmas.

Table 5. The Answer to the Informant of the Problem in the Early Prevention of the Event Stunting in the Toddler Through Movement 1000 HPK

Informant	Answer
Caders	The bed is not there to check the pregnancy but posyandu pregnant mothers in this area, cadres made at midwives practice clinic so the examination can be smooth, but the visit of pregnant women to Posyandu is less.... Already invited by forcing the difficult jug present, pregnant women are reluctant to come. There is a distinction in the town with the village, if the village is only announced even through loudspeakers in the mosque of pregnant women rollicking come for activities posyandu it so crowded if in the city is not, the pregnant mother reasoned my work.
Midwives	Actually midwives can not escape the role of cadres help pregnant women and toddlers but because midwives many more tasks we submit to cadres for things like inviting mothers, give information if there is a new pregnant mother, information expectant mothers risk High so midwives can make visits to the house, midwives so quickly catch this information because the role of cadres.

CONCLUSION

Conclusion of the implementation of cadre in movement 1000 HPK in the early prevention of the event stunting in infants is not maximums especially in providing health counseling and measurements of the baby's body length, toddler height, toddler head circumference, Mother's torso height and upper arm circumference.

Monitoring evaluation is done periodically and facilitative through the activation of health workers, especially cadres and posyandu involving the community so that the empowerment goes well. Cadres increase the knowledge of the movement 1000 HPK and improve the skills in conducting weight measurement, height, head, and upper arm circumference.

Improve counseling to the community, especially pregnant women and mothers of children about the importance of movement 1000 HPK in the early prevention of stunting events in infants.

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